Literature Reviews

Preceptorship Program Development

UEXCEL Level III Credentialing Project

Article Reviews Condensed Notes:

1.) *Journal of Nursing Management*, 2010, 18, 697-703

Staff nurses’ experiences as preceptors and mentors: an integrative review

**Level of Evidence: 5**

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2834.2010.01145.x/pdf>

**BACKGROUND**

o Florence Nightingale built her educational model around the concept of training accomplished by nurses “who were trained to train”

o Minimal research has been done or documented on preceptor role from mentor perspective

o Preceptor role implemented in undergraduate nursing education in the 1970’s as a result of difficult transition from theory to application skills at work

*(Relatively young practice (approx. 45 years), still establishing management support, staff member significance and qualitative data with retention, patient outcomes etc.)*

o Identifies role requirements to include teaching both clinical skills and clinical/critical thinking

o Clinical experience is conjunction with preceptor placement yields “make-or-break” experience for both mentee and mentor

**THEORETICAL FRAMEWORK**

o Preceptors found to be stressed due to unclear delineation of expected behaviors or workload issues

*(Mentee unaware of scope of practice, expectation to precept effectively outside service specialty (i.e. scrubbing), difficult or new procedure and/or patient instability)*

o Preceptorship is a complex and dynamic issue with both positive and negative aspects

o Preceptorship has both intrinsic rewards and extrinsic demands

o Role ambiguity results as a lack of role definition

*(i.e. large gap between envisioned role and reality of role)*

o Role perspective disagreement between clinical instructor versus manager, versus preceptor and finally versus preceptee

**ROLE CONFLICT & OVERLOAD**

o Little to no information on preceptor assignment prior to date

o Lack control of on assignment as preceptor

o Minimal recognition from peers or management alike

o Supplemental stress and realization of significant patient safety issue/liability concerns related to preceptee functioning under preceptor license

o Fallacy of additional help versus additional responsibilities

**RECCOMENDATIONS**

o Decrease patient assignments

o Allocate scheduled teaching time

o Overload awareness

o Schedule and support ongoing education

o Advanced communication and preparation for preceptorship

o Formalize the role to give the preceptor more control over their practice

**CONCLUSION**

o Definition of the preceptor role within the preceptors’ job description is needed

*(Reduce role ambiguity, support advancement, supplement to role model status with annual evaluation etc.)*

o Development of manual the clearly addresses the philosophy and responsibilities of the preceptor

*(In conjunction to ULEARN preceptor workshop, informal OR preceptor discussion etc.)*

o Provides a future positive pathways for development of formal recognition

o Need for support surrounding safe delegation to unlicensed personnel

2.) *Contemporary Nurse* (2008) **30**: 89-94

Towards a conceptual framework for preceptorship in the clinical education of undergraduate nursing students

**Level of Evidence: 7**

<http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=32eef66e-6227-4919-ad2d-78dcf2ea2775%40sessionmgr4005&vid=1&hid=4214>

**BACKGROUND**

o Clinical practice experiences influenced by continuity of preceptors, student attitudes, clinical environment and expectations

*(establish a “make or break” relationship for the clinical experience)*

o Preceptors benefit comes full circle by intrinsic rewards

*(increased teaching opportunities, skill refreshment and enhancing knowledge base)*

o Nurses that enjoy the preceptor role and feel supported report high levels of job satisfaction

o Preceptorship is a multi-faceted relationship

**THEORETICAL FRAMEWORK**

o Proposes that leadership qualities demonstrated by preceptors enhance both student learning and generate increased positive patient outcomes

*(Matching preceptor qualities with student characteristics establishes optimal orientation)*

o The Synergy Model

*(phenomenon occurring when staff work together in mutually enhancing ways to promote and provide care)*

o Optimal care is achieved when patient needs are matched with nurse competencies

*(i.e. surgical teams: specialized staff competent in a service to provide best possible care)*

**APPLICATION AND DISCUSSION**

o Link concepts of leadership, preceptorship, learning and environment

*(defined by the need of the learner, personality of staff and clinical circumstances)*

o Learners rate competence high as desired leadership quality

o Competency reflects effective clinical practices and enhance student learning and application

*(i.e. learn one, see one, do one, teach one…) (form of evidence based practice)*

o Competent preceptors produce students in the form of “work-ready nurses”

*(lower attrition and higher completion rates)*

o The relationship formed between preceptor and student dictate the approach the preceptor needs to adopt to provide a positive learning experience

*(communication is essential to achieve and understand this relationship)*

**CONCLUSION**

o Successful learning is achieved by competent mentoring and preceptorship

o Student preparation and defined expectations can facilitate functional preceptorship

o Mandatory training and competencies for preceptors can support and identify the importance of the preceptor role

3.) *The Journal of Continuing Education in Nursing*, 2012, 43, 37-43

Making a difference: The value of preceptorship programs in nursing education

**Level of Evidence: 1**

<http://www.healio.com/nursing/journals/jcen/2012-1-43-1/%7B3d51ebd0-b641-45d7-a898-65b1c1bb9183%7D/making-a-difference-the-value-of-preceptorship-programs-in-nursing-education.pdf>

**BACKGROUND/ABSTRACT**

o Nursing education has achieved required hospital-based clinical training with experience stemming from those who were “trained to train”

* Early 19th century the U.S. accepted formal education for nurse training and began classroom instruction in conjunction with clinical practice settings
* Clinical preceptorship can be effective in the development of professional nurses through clinical education and experience

o Preceptorship requires assessment and understanding of clinical environment, individual learning styles and conflict resolution

o The role can be enhanced by a proficient and well-planned preceptorship program

**THEORETICAL FRAMEWORK**

o Professional obligation to support preceptee in order to develop quality competencies required for safe, ethical and effective practice

o Professional practice guidelines of the preceptor identify accountability and stimulate success in professional practice

* Preceptors are the vital link of evidence-based practice approach to care and the reality of current practice

**DEVELOPMENT OF PRECEPTORSHIP**

o Definition of a preceptor:

* Specialized staff who provide practical training and support
* Supervision via a “one-on-one relationship” during a clinical care experience
* Mentor who actively teaches, counsels and inspires
* One who serves as a role model and effective bridges the theory-practice gap

o Characteristics of a preceptor:

* Exceptional communication skills, positive attitude, ability to stimulate critical thinking
* Actively demonstrate leadership qualities and emits compassion and care
* Continuously reflect the values and beliefs of nursing profession
* Professional conduct and competent conflict resolution skills
* Commitment to understanding and facilitating goal achievement
* Promotion of critical thinking and supporting independent thought
* Perceptions of a preceptor:
* Expectations of clinical experience are specifically preceptee directed and require constructive feedback
* Teaching abilities of clinical skill alongside of socializing into the work environment
* Assistant with learning objectives and facilitating care planning
* Confident for professional issues as well as providing emotional support, empathy and understanding

o Preceptor Education:

* Essential to provide tools and resources to support safe and adequate care practices
* Education and understanding of conflict management is required for the clinical relationship
* Exposure to clinical teaching strategies, understanding of personal learning style and acknowledgement of all learning styles
* Importance of constructive feedback to both facilitate personal and professional growth of the preceptee
* Utilizing evidence-based practice literature for skill and procedure rationale
* Role of Clinical Educator & Faculty related to Preceptorship:
* Clinical nurse educators are essential in the potential matching of preceptor and preceptee in the informal role of liaison
* Collaborative effort between the Educator and Preceptor to understand and demonstrate the preceptorship’s teaching philosophy, objectives and role expectations
* Clinical nurse educators are invaluable to fostering the clinical experience by the support and mentorship they provide the preceptor-preceptee relationship
* Preceptorship Program Development & Design:
* Preceptor program development is an innovative and effective way to facilitate learning
* Formal preceptorship results in higher levels of role performance and socialization
* Preceptor program has been shown to support cost control through staff retention, increased quality of care and guides professional development
* Well-planned preceptorship program supports clinical efficiency, may increase staff confidence and assist in organizational skills, improve communication and expand clinical knowledge
* Development of a preceptor program curriculum includes clear set of criteria and characteristics alongside a define job description and clinical experience qualifications
* Electing/hiring staff who associate a strong positive correlation between experiences of the preceptor role and their level of interest in precepting

**BARRIERS AND CHALLENGES**

o Lack of consistent staff alongside varying competency levels of preceptee

o Enhanced sense of responsibility and accountability adds to role conflict and burnout

* Preceptorship often defined by clinical hours versus development of preceptee and content
* Lack of experience nursing staff results in inadequate number of clinical preceptors
* Preceptor-preceptee relationship conflict related to expectations and ultimately make or break successful transition into the professional role and quite possibly have long-term effects on staff retention

**RECCOMENDATIONS**

o Essential need for regular preceptor contact to create an effective clinical environment

o Use of a liaison between faculty/preceptor/preceptee to bring awareness of strengths, identify improvement strategies in order to achieve success

o Preceptorship planning is an essential component in the retention of perioperative staff

o Matching of preceptor and preceptee learning styles to increase job satisfaction levels

o Instituting a formal Preceptorship program to significantly reduce turnover rates

*(Preparation for Preceptorship through a structured and formal process will improve unit and individual staff success and long-term outcomes)*

**CONCLUSION**

o Preceptee’s are seeking to be welcomed, supported and nurtured through the preceptor-preceptee relationship

o Promising preceptor candidates actively reflect professionalism, are consistent, reliable staff members, are welcoming and skilled in providing constructive feedback for professional growth

o Creation of delineated role descriptions will support a successful preceptor program

o Consistent access to support and continuing education are important to achieve positive outcomes

* Preceptorship program must be seen as a priority program and receive ongoing evaluation and refinement to guarantee sustainability
* An organized and well-implemented preceptorship program promotes a safe environment for conductive learning and the consistent development of future preceptee

4.) *Journal For Nurses In Staff Development*, 2002, 18,3 117-126

Operating room registered nurses internship program: A recruitment and retention strategy

**Level of Evidence: 7**

<http://ovidsp.tx.ovid.com/sp-3.13.1a/ovidweb.cgi?WebLinkFrameset=1&S=ILGCFPMOLGDDGLJPNCLKAHLBHIHCAA00&returnUrl=ovidweb.cgi%3f%26Full%2bText%3dL%257cS.sh.22.23%257c0%257c00124645-200205000-00001%26S%3dILGCFPMOLGDDGLJPNCLKAHLBHIHCAA00&directlink=http%3a%2f%2fgraphics.tx.ovid.com%2fovftpdfs%2fFPDDNCLBAHJPLG00%2ffs046%2fovft%2flive%2fgv023%2f00124645%2f00124645-200205000-00001.pdf&filename=Operating+Room+Registered+Nurses+Internship+Program%3a+A+Recruitment+and+Retention+Strategy.&pdf_key=FPDDNCLBAHJPLG00&pdf_index=/fs046/ovft/live/gv023/00124645/00124645-200205000-00001>

**BACKGROUND**

o Shift in education from hospital to college/university programs reduce the exposure of students to the nursing specialty of the Operating Room

o Recognition that the Perioperative Services encompasses multiple areas including the Operating Room, perianesthesia care areas and providers, central processing/materials management s well as ancillary support services

o Need for strategic plan to meet the need for qualified nursing staff in this nursing specialty resulted in the creation of the Operating Room Internship program

* Preceptors are an integral part of the clinical education for the Internship program

**THEORETICAL FRAMEWORK (THE PROGRAM)**

o Active recruitment and interviewing resulted in limited hiring numbers with hospital commitment agreement for program completion

o Program curriculum was established based on AORN Standards and Recommended Practices as well as hospital and unit policies and procedures

*(Generic Competency Statements)*

o The clinical component was supported and guided by preceptors focusing on the role of the circulator and limited scrub exposure

o Development of an evaluation tool to address both classroom and clinical aspects of the program to increase effectiveness of the preceptors

o The evaluation tool supported need for change identified by preceptors including limiting the number of learners, sequencing of class and clinical components, clinical requirements and learner selection (learning style matching) as well as mentor selection

*(Mentor selection i.e. Nettie’s Buddy System for Precepting)*

* Mentor pairing within the Internship program was not responsible for evaluation but primarily to help in socialization and moral support
* Recognition that staff with less then 1 year of experience lacked organization, problem solving skills and critical thinking
* Limited number of new hires was requested to ensure equal distribution of clinical learning experiences
* A sequential “Standard for Successful Completion” was developed in conjunction with the Internship program to clearly identify the high standards of the role and clearly outlined components of successful program completion
* The principles and practices of perioperative nursing were directly presented, studied and applied through the program with the support of interdisciplinary team work and practice based skills

*( hands-on lab practice integration as much as necessary i.e. “Scrub Class” with Jimmie/AA)*

* Areas of strength and need that were identified were then put into an action plan and documented as part of the Internship program to achieve continuity of education
* The PRIDE Award (Preceptor Recognition of Internship and Dedication to Excellence) established to publicly recognize efforts of the preceptor and boost morale. Intern will submit staff member name with rationale as to why and how the nominated staff member expresses excellence in their role and for the unit
* Internship program developers met with learners on routine basis to review progress, identify learning needs and address problems
* A specific preceptor selection criteria was developed to identify staff as quality preceptors
* Preceptor preparation for the Internship program a specific preceptor class for the staff in the Perioperative Services was conducted

**CONCLUSION**

o The development of the Internship program was successful in the recruiting, preparation and retention of staff in the Operating Room

o The preceptor selection criteria was ideal in the selection and education of preceptors

o The mentor selection was identified as a significant support to new staff

5.) *International Journal of Nursing Education Scholarship*, 2006, 3, 1, 1-18

Preceptor selection, orientation, and evaluation in baccalaureate nursing education

**Level of Evidence: 2**

<http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=9&sqi=2&ved=0CEoQFjAI&url=http%3A%2F%2Fwww.researchgate.net%2Fpublication%2F7134282_Preceptor_selection_orientation_and_evaluation_in_baccalaureate_nursing_education%2Flinks%2F0fcfd50edb62c73ce8000000&ei=sSKHVOndA8-RyASKl4B4&usg=AFQjCNFI5V8qIKtmhOgKwFeIVXipwNjS9w>

BACKGROUND

* Theoretical knowledge and clinical experience should be provided through cost-effective and feasible means, one strategy to achieve this is with the use of clinical preceptors
* A clinical preceptor is recognized as an experienced staff nurse who assumes the role of clinical teacher and acts to bridge the gap between theory and practice
* Preceptorship is only useful when well-designed criteria are employed to guide preceptor selection, education, orientation and evaluation
* Criterion-based selection of preceptors assures a measure of standardization and quality
* Preceptor’s require orientation to the role in order for successful preceptorship to take place

LITERATURE REVIEW

* The increasing body of preceptorship literature in nursing education and practice is testimony to the increased interest generated in preceptorship
* Early work on clinical preceptor selection results show 45% of programs define specific preceptor selection criteria but only 30% always used the criteria

- *Criteria included in selection are clinical competence, commitment to the role, communication skills, use of nursing process and professional conduct*

PRECEPTOR SELECTION/ORIENTATION/EVALUATION

* Reality that preceptors are often selected solely on availability
* *Current state of last 18 months, AIP OR Staff #’s versus the Orientee #’s*
* Many research studies outline the need for more definitive selection criteria, and propose qualities for clinical preceptors
* *Proposed criteria/qualities included greater than two years of full time experience, personal qualities, positive attitude toward teaching and learning, excellent communication skills and ability to stimulate critical thinking*
* Benner’s five stages of skill acquisition can be applied to determine performance characteristics and learning needs of the preceptee as well as the preceptor characteristics require to teach the preceptee
* *5 stages: novice, advanced beginner, competent, proficient and expert*
* Benners’ adaptation of the Dreyfus Model of Skill Acquisition supports evaluation of developmental and facilitates the selection of appropriate clinical preceptors accordingly
* Clinical preceptors need to be able to display the guidelines and principles that support the preceptee into the clinical situation in a safe and efficient manner
* Evidence supports that a substantial formal orientation and preparation for preceptors is needed
* The main theme cited in that guidance is needed to adequately perform in the clinical preceptor role
* Formal and informal orientation/guidance should highlight communication, teaching techniques and methods, adult learning styles, conflict resolution and evaluation

- *Formal guidance through a course training*

*- Informal guidance through observation*

* Evaluation has been identified as an integral part of nursing and the nursing process
* Evaluation is necessary to determine individual and program effectiveness, to understand how the experience affects practice and to provide feedback
* Evaluation provides empirical data and facilitates improvement or refinement
* *Act to Hold Gain in FOCUS PDCA*
* Studies indicate that clinical preceptors want and need evaluation and feedback
* A perioperative staff orientation utilized and recommends a modified Invitational Teaching Survey that assesses various teaching practices
* *Finger and Pape (2002) AORN Journal (see Journal article #6 for analysis)*
* Literature related to the use of preceptorship in clinical teaching is primarily anecdotal or theoretical at this time

RESEARCH DESIGN

* Utilized an exploratory, descriptive, comparative study replication with the intent to determine use of preceptorship programs, use of clinical preceptor selection criteria, extent of preceptor orientation offerings, program commonalities and discrepancies and whether clinical preceptor evaluation was used
* *Purpose was to determine if there is weakness in the use of preceptorship as a teaching/learning strategy*
* *Second purpose was to explore a direction for future use and research of clinical precetorships*
* Utilized a 3-part questionnaire containing forced choice, rank-order, dichotomous and open-ended questions distributed to a random sampling of deans and directors of undergraduate BSN programs
* Results of the 226 questionnaires mailed, 156 (69.0% ) were appropriate for data analysis

1. 85.9% of respondents indicated structured preceptorship programs were used and 1.9% reported programs were being planned
2. When asked to rank order a list of qualities used for preceptor selection, “clinical competence” was ranked highest followed by “commitment to the preceptor role” and third was “interest/ability/willingness to teach” as the top selection factors
3. The data also revealed that preceptor orientation time averaged 2.5 hours

DISCUSSION

* Results indicate that preceptorship programs are a common teaching method used in the clinical setting
* More programs from the survey report the use of a document with preceptor selection criteria
* The study revealed the primary reason for use of preceptors was congruence with faculty philosophy and the second most common reason for using preceptors was availability of qualified preceptors
* *This data is especially interesting in light of the recent nursing shortage*

*+ Increased staff turnover and high hiring rate at UCH AIP OR*

*+ may not be permitted to attend an orientation during working hours due to shortage*

*+infrequently offered monetary compensation*

* Use of selection criteria improved related to the survey intervention
* The educational requirement for a preceptor also increased while clinical experience acceptable for the role decreased (l year minimum) related to the survey intervention
* Preceptors should be comfortable demonstrating new techniques and imparting knowledge in an organized manner on a one-to-one basis.
* The average preceptor orientation program appears to be inadequate (2.5 hours) given the information and training required per survey results
* Survey recognized that evaluation was perceived as consequential to preceptor use

IMPLICATIONS AND RECOMMENDATIONS

* Results of the study demonstrate a continued need for improving the design of preceptorship programs
* Preceptorship programs allow staff to enter practice with more clinical experience and more solid knowledge base
* Preceptorship facilitate personal and professional growth with opportunity for career advancement and increased job satisfaction
* Research findings suggest that formal preparation of preceptors impacts positively on preceptee learning white also contributing to the professional growth of the preceptor, ultimately facilitating an improved workforce.
* Research indicates that insufficient time is allotted to preceptor orientation
* Design and implementation of cost-effective and time efficient alternative teaching methodologies to provide clinical preceptor orientation is recommended \*\*\*\*
* *Teaching methodologies should be succinct, brief and interesting with modules, online instructions, continuing education or credit for preceptor orientation should be an added benefit*
* Preceptorship is a supported means of recruitment and assessing potential new hires as well as a way to retain current staff
* Preceptorship is a common teaching-learning strategy with the ability to highlight and produce clinically competent role models

CONCLUSIONS

* Preceptorship and use of preceptors remain a viable and important teaching support for faculty
* Most structured programs document specific preceptor selection criteria including clinical experience, competence and commitment
* Proficient staff members (based off Benners’) who can demonstrate advanced levels of clinical judgment should be the primary staff chosen to precept
* The primary recommendation from this study is the development and utilization preceptor orientation programs, placing more emphasis on preceptor teaching ability, increasing support from nursing administration and improving preceptor evaluation

6.) *AORN Journal*, 2002, 76, 4, 630-642

Invitational theory and perioperative nursing preceptorships

**Level of Evidence: 4**

<http://www.nursingconsult.com/nursing/journals/0001-2092/full-text?issn=0001-2092&full_text=html&spid=12643658&article_id=544935>

BACKGROUND

* A number of factors contribute to the current shortage of perioperative nurses including the growing demand, fewer new graduates who did not have curricula that included OR experiences as well as other opportunities for perioperative nurses
* *Areas affected most by the shortage are specialty, high stress areas and those requiring additional training such as ICU, OR and Obstetrics*
* *Educational programs for perioperative nurses can take up to 6 months to complete and often are followed by 12 months of further training due to the unique requirement to provide technical as well as clinical skills*
* The average age of RN’s is increasing steadily and average is even higher among specialized nurses including perioperative RN’s
* Orientation programs that offer a positive experiences influence the effectiveness of the orientation process and studies show a direct correlation between adequate orientation and nurse retention
* *Orientation goal setting has been shown to reduce turnover rates from 53% to 17%*
* Perioperative nurse preceptors should be knowledgeable about recruitment and retention of new perioperative staff
* Perioperative nurses are viewed as personally and professional “inviting” or “disinviting”
* *Invitational theory is an educational framework and is based on two theoretical viewpoints, perceptual tradition and self-concept theory*

*- Perceptual tradition maintains that people do what they do because they exhibit unique behaviors based on their perceptions*

*- Self-concept theory maintains that individuals analyze situations according to past experiences and preconceived notions*

*- Invitational theory encourages characteristics of optimism, respect, trusting of self and others*

*- Disinviting theory may be intentional or unintentional but the end result is the disintegration of the Precepting relationship*

*- Disinviting theory creates a sense of frustration, fear and failure on the part of both members*

* The research study outlined in this article examines the usefulness of an adapted version of the invitational teaching survey (ITS) to the perioperative setting and is renamed the invitational operating room teaching survey (IORTS)

NOVICE TO EXPERT

* The novice to expert theory utilizes a model of skill acquisition and development when describing nurses’ perceptions of clinical practice and various levels of proficiency
* The novice to expert theory *(Benners)* highlights 5 stages of technical and clinical skill progression in the order of novice, advanced beginner, competent, proficient and expert
* ***Novice:*** *an individual with no previous experience or knowledge, expected to follow rules to develop skills but has limited understanding of the conceptual meaning of learned behaviors*
* ***Advanced beginner:*** *an individual who has experienced some situations and can perform a desired skill, has difficulty grasping the severity of a situation because it is too new, requires concentration to remember rules, needs coaching to recognize clinical problems and to understand situations*
* ***Competent:*** *an individual who is cognizant of actions and who view actions in terms of goal achievement, is organized and deliberate, lacks flexibility and speed in accomplishing goals, utilizes emotional responses as part of thought process, have adequate experience and can discuss clinical situations intelligently*
* ***Proficient:*** *an individual who is able to view situations in relation to experiences and previous knowledge, modify actions based on internal worldview, comprehend a clinical situation and respond appropriately, ability to reason, maintain emotional awareness, recognize subtle changes in clinical situations, utilize experience when teaching to be most beneficial*

*- give just the right amount of information based on a given situation, and therefore, are the most effective preceptors*

*- able to articulate nursing knowledge to novice nurses more effectively than expert preceptors*

* ***Expert:*** *an individual who uses vast amount of experience and knowledge to guide each situation intuitively, ability to accomplish multiple tasks concurrently, grasp the desired outcome and act immediately to problem solve, cannot always clearly express why actions are necessary but intuitively know the action is required in a situation, have integrated knowledge and cognitive experience to help them respond*
* Understanding each level and the gradual increase in expertise improves the ability to select the most appropriate nurse preceptor

THE PRECEPTING RELATIONSHIP

* Precepting is an agreement where two individuals work together to achieve a common goal
* *More than a one-way instructional experience because it involves personal sharing as well as professional instruction*
* Precepting includes both personal and professional involvement and facilitates competence and confidence in practice while decreasing the reality shock that a new nurse encounters
* Characteristics and roles of a preceptor are identified as: teacher, counselor, inspires, role model, competent, experienced, nurturer and educator and support the growth and development of an individual
* A well-planned preceptorship program could improve recruitment and staff member satisfaction and reduce staff turnover and are currently viewed as effective methods for preparing staff
* Utilizing preceptors also maximizes hospital resources
* The process of staff development and preceptorship requires several stages before optimal levels of function and are best supported by the novice to expert theory
* *Effective preceptors recognize when guidance is needed to direct novice and advanced beginner nurses through unfamiliar clinical situations*
* An inviting preceptor assesses the OR surroundings and modifies those surroundings to promote a helping environment
* An inviting preceptor designs and molds an orientations program so that the preceptee’s individual needs and desires are respected
* Orientation programs should be designed to enhance the goals and objectives of the organization yet remain flexible enough to help preceptee’s maintain a sense of confidence, thus increasing independence and accountability
* An effective preceptor continually evaluates the orientation program and if necessary alters it to meet the needs of the learner
* A perioperative preceptor in a helping relationship uses personal as well as professional behaviors to present inviting experiences, decrease disinviting events and help the perioperative Preceptee develop future goals

STUDY PURPOSE

* To determine whether the IORTS could be used as a reliable instrument in a clinical setting as specialized as the OR
* To define the characteristics of preceptors’ professional practice
* To recognize professional inviting practices used by the perioperative preceptor
* To delineate preceptee’s view of preceptors’ expertise as defined by the novice to expert model

METHODS OF STUDY

* A five-point Likert-type scale designed to measure the prevalence of preceptors’ personal and professional inviting practices in the teaching learning relationship
* A convenience sample of 113 nurses with experience in the preceptorship relationship in the past two years were sampled
* *Sample drawn from seven midsized hospitals in the central region of North Carolina*
* *Hospitals consisted of three individual health care institutions and one health care system with four hospitals*
* Responses to the IORTS are tallied to determine total score as well as subscores for the professionally and personally inviting behaviors
* Analysis of the data was performed using the Statistical Package for the Social Sciences (SPSS)
* Reliability of the adapted instrument was determined using the Cronbach α reliability coefficient computation

FINDINGS

* A prevailing number (65%) had OR experience and many (74%) had more than five years of experience in nursing
* Majority (91%) of preceptee’s did not know their preceptors previously and 26% indicated never having served as a preceptor in the past
* Preceptees rated 42% of preceptors as expert level nurses
* Analysis of the personally inviting commitment subscale revealed that Preceptee perceived that their preceptors occasionally shared out of-work experiences, were sensitive to their needs, encouraged self-confidence, made a special effort to learn their names yet lacked enthusiasm for surgical procedures
* Preceptees believe preceptors show respect for them and acted friendly toward them
* Preceptors involving preceptees in decision-making process was in the moderate range
* Most preceptees believed their preceptors chose appropriate activities for them and answered questions clearly
* The provision of adequate overview of procedure was only in the moderate range
* Analysis of the professionally inviting commitment subscale revealed preceptors demonstrate up-to-date knowledge of surgical procedures, presented understandable objectives to preceptees
* Preceptees believed preceptors were accountable because they consistently arrived to work on time and used work time efficiently
* Respondents believed their preceptors expected successful performance of them

DISCUSSION

* This study revealed attributes of the perioperative preceptor associated with high scores on the IORTS
* The perioperative preceptors in this study were perceived to be proficient/expert clinicians who expected successful performance from preceptees
* A strong relationship was revealed between preceptor skill acquisition and preceptee learning practices
* Although preceptors demonstrated respect and friendliness to preceptees, they lacked intentionality
* *Decisions were made regarding the relationship without the support of both parties involved, which may have been due to time constraints*
* Preceptors answered questions clearly yet were unable to provide an adequate overview of each procedure
* *Fast paced OR environment may prevent preceptors from providing procedural reviews to preceptees in advance*
* Proficient/expert nurse expect and elicit successful performance from preceptees
* The results indicate that the IORTS is useful in evaluating preceptorship programs, improving adult learning and enhancing preceptors’ teaching practices and behaviors
* *Using this instrument, preceptees’ attitude toward their preceptors may be identified and professionally inviting practices determined*

CONCLUSION

* Today, perioperative nurses are expected to maintain clinical and technical expertise during time of rapid change. Unsuccessful performance may result in negative or adverse patient outcomes; therefore, a high degree of successful performance is desired and often demanded of personnel in the OR
* Expert practitioners may not be able to outline the steps necessary so preceptees can learn therefore proficient practitioners utilize a better presentation of perception and actions to support preceptees
* The IORTS’ usefulness in providing feedback to preceptors about their teaching practices and behaviors
* A different Precepting method is need for novice nurses that for experienced nurses
* Knowing an individual’s skill level based of the novice to expert theory before entering into the helping/learning relationship may further invitational teaching practices
* A closer look at invitational teaching practices coupled with appropriate preceptorship training may be one way to improve orientation programs for new and experienced perioperative nurses
* Recruitment and retention of perioperative nurses during nursing shortage may be achieved by redesigning teaching practices
* Nursing administration should help plan appropriate preceptorship programs and encourage staff members to continue professional development
* Nurse preceptors should be encouraged to evaluate their inviting or disinviting tendencies