



Editor's Note: Before you begin the exciting mentoring journey, consider your purpose and role as a mentor. It is not the same as precepting and can hold many growth opportunities for both you and your mentee.

The Difference Between Precepting and Mentoring

Precepting

When a nurse is hired or transfers to a new unit, she or he is intentionally paired with a trained preceptor for a set amount of time. This time is usually referred to as orientation and often is extended for new graduate nurses. The purpose of orientation is to introduce the new hire to policies, procedures and the social milieu of the hospital and to ensure competency with skill sets so that safe, competent care is delivered. The preceptor and the precepting process are the keys for success. The preceptor has many roles with the new hire that include being a role model, educator, socializer, friend and confidant. Preceptors model new skills, observe and help the new nurse with these skills and evaluate the new nurse accomplishing these skills. For example, the preceptor will explain the policy on what is documented, how to do it and then demonstrate documenting on a particular matter such as pain assessment. Then, the preceptor will observe the preceptee with this process and evaluate his or her competency to do this task independently. Precepting usually involves an intense time commitment and has well-defined outcomes. The formal precepting relationship ends with the completion of orientation, although the relationship may continue.

Mentoring

Ideally, after a nurse completes orientation, she or he will be mentored. Mentoring may be a formal or informal process that works best when it is intentional. The purpose of mentoring is to encourage, support and guide nurses in their positions so that they will continue to grow personally and professionally. Mentors are coaches, advisors, friends, cheerleaders and counselors. Mentors are not responsible for the nurse's day-to-day activities or for solving problems. Mentors do not evaluate the mentee and should have no direct link to the mentee's supervisor. Mentors generally do not teach specific position-related skills or tasks. Mentors offer a nonjudgmental listening ear for the mentee. Depending on what the mentee needs and desires, the mentor may help with continued socialization within the institution, communication issues, career goals and problem solving. Through their own experiences and expertise, mentors can help the mentee determine what steps to take and appropriate resources. The mentoring relationship is built on trust and is confidential. A formal mentoring relationship is usually time limited and ranges anywhere from six months to a year. However, some mentoring relationships become life-long.

This reference manual is called the Nurse Mentoring Toolkit. Its purpose is to enable mentors to develop an effective and meaningful relationship with their mentees.