



Adult Learning Principles

APPLICATIONS FOR PRECEPTOR PROGRAMS

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A preceptor program that uses principles of adult learning helps new employees adjust more effectively to working in the OR. Most people teach as they have been taught. Unfortunately, the most enduring teacher role models for many come from schooling experienced as children. Studies, however, have been done that show that children and adults learn differently. Therefore, different approaches are needed to help adults learn. To make preceptor programs successful, adult learning principles and their implications for program development, implementation, and evaluation must be considered.

Principle #1. *"Learning is a normal adult activity."*¹

Adults learn throughout their lives. Adult learning takes place not by a teacher initiating and motivating the learning process, but rather, by the teacher removing or reducing obstacles to learning, and enhancing the process after it has begun.

In a preceptor program, the best way a preceptor can help a new employee learn is to create an environment with few obstacles (eg, time constraints, anxiety about being successful, conflicts between family, work, and learning responsibilities). A preceptor needs to let adults learn at their own pace, reduce threat in the learning environment, and help them focus on learning instead of obligations.

Principle #2. *"Adults with a positive self-concept and high self-esteem are more responsive to learning."*²

The adult wants to be productive as an employee, spouse, parent, and citizen. Adults see themselves as achievers, and therefore want to be treated with respect. They avoid situations they

cannot control. They do not want to be told what they can or cannot do, be talked down to, or judged. Adults learn best in an environment that does not threaten their self-concept and self-esteem.

In a preceptor program, learning should be conducted in a safe, nonthreatening environment. For example, learning to position a patient on the OR bed should not be done during the actual surgery. It should be practiced first in a simulated lab or classroom setting where mistakes can be made and corrected without harm to the patient or to the learner's self-esteem.

Principle #3. *Adults learn best when they value the role of adult learner and possess skills for managing their own learning.*³

The child learner is different from the adult learner. A child is a passive learner-receiving and storing information adults have deemed necessary. Because adults like to think of themselves as achievers, they often have difficulty in the role of an adult learner. Adult learning is an active, self-directed process. After being reoriented to learning, adults can take responsibility for their own learning as they have done with other facets of their lives.

Preceptors are excellent models of the adult learner because most are willing to learn as they teach. Preceptors must be willing to learn as they teach. Preceptors must be willing to learn about the new employees with whom they work and be responsive to individual needs and learning styles. In a preceptor program, the adult learner is responsible for sharing in planning, implementing, and evaluating his or her learning. This collaborative approach helps both the preceptor and the adult learner become interdependent learners.

Preceptors must be willing to learn about the new employees with whom they work and be responsive to individual needs.

Principle #4. *Immediate descriptive feedback is essential if adult learners are to modify their behavior.*⁴

As adult learners practice new skills, they need feedback about how they are progressing toward their objectives. The timing of feedback is important: immediate feedback affects learning the most. The longer the interval between performance and feedback, the less likely it is that feedback will have a positive affect on learning. Ideally, a preceptor should provide feedback to an adult learner immediately after a skill has been performed.

Adult learning is facilitated when the learner has a clear idea of the behavior to be learned. Objectives that describe the skill and how it is to be demonstrated are important. Feedback should be in terms of the stated objective, and be descriptive rather than judgmental. The new employee should not have to wait until the end of the day to learn about violating aseptic technique during the first case. The violation should be pointed out immediately after it occurs, and the correct method should be explained. For example, “You are holding the sterile water container too far over the sterile field. Only the lip of the bottle should be held over the edge of that basin.” This type of feedback conveys exactly what corrections are needed, and it gives the employee a chance to practice it immediately.

Principle #5. *“Success reinforces changes already made and provides a motive for further learning.”*⁵

For the adult learner, meeting established objectives reinforces the newly acquired skill and motivates more learning. The earlier satisfaction and success come in the learning program, the more likely it is that further learning will take place. In designing a preceptor program, opportunities should be created that have a built-in success factor. Learning activities should be sequenced so that the learner will experience success on the first few skills taught.

One way to do this is through “reverse chaining,” in which the nurse learns the new skill in reverse order. The preceptor lists the steps involved in a new skill and demonstrates all of them except the last one. The adult learner then finishes the procedure and has the satisfaction of completing the entire skill, thus motivating him or her to learn all the steps. For example, a preceptor teaching a new staff member to drape a patient applies all layers until the laparotomy sheet, and then allows the new employee to apply that one. Next time, the new employee applies the side sheets and the laparotomy sheet; other steps are added

accordingly. Although it sounds backward, reverse chaining allows the learner to experience success by reinforcing completion of the task.

Principle #6. *Adults tend to begin learning programs with some anxiety and further stress can interfere with learning.*⁶

Excessive anxiety interferes with adult learning. Stress comes from the fact that they are beginning a new learning program, but it also comes from family and financial obligations. And, if the preceptor’s actions arouse anxiety in the learner, he or she will experience further anxiety, and the ability to learn diminishes. Adults do not like to appear upset in public, so they use most of their energy to mask emotions—energy which is therefore not available for learning. Stress, however, is revealed through confused thinking, withdrawal, confusion, inability to listen, or repetitious speech.

In a preceptor program, initial activities should be planned that reduce anxiety. A preceptor can relieve anxiety by:

- Reducing threatening situations in the learning environment.
- Creating an environment of acceptance and support for learning.
- Providing time for learning and opportunities to practice new behaviors, and
- Providing opportunities to talk through anxieties related to learning as they occur.

By applying these principles of adult learning, preceptor programs can be responsive to the needs of adult learners, ensuring that they will become oriented to the operating room quickly, effectively, and in a way that is satisfying to them and to their preceptors

¹ D. H. Brundage, D. Mackeracher, *Adult Learning Principles and Their Application to Program Planning* (Toronto, Ontario, Canada: Ministry of Education, 1980) 97.

² *Ibid*, 100.

³ *Ibid*, 101.

⁴ *Ibid*, 105.

⁵ *Ibid*, 106.

⁶ *Ibid*, 107.