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Development of a Preceptorship Program for Novice Nurses in Long-Term Care

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Abstract

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by

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MS, Walden University, 2017

BS, Old Dominion University, 2015

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Turnover rates of novice licensed practical nurses (LPNs) are high. The practice–focused question addressed whether a preceptor program for LPNs in a long-term care (LTC) facility would increase their competency in serving as a preceptor for novice and newly hired LPNs. The purpose of this doctoral project was to address the significant gap in practice due to the lack of an onboarding process, which has led to a 62% turnover rate of novice LPNs at the project facility. Knowles's adult learning theory and Benner's novice to expert model framed the project study. The sources of evidence included pre- and posttests for knowledge and competency as well as program evaluation, discussions, case studies, role plays, and skills observations from the three participants in the preceptorship training. This was a week long program with competency and knowledge as the main tenets. Quantitative data were evaluated by analyzing mean and percentages for the competency and knowledge tests. The knowledge test results demonstrated an increase from 60% to 96.6%. The competency scores decreased from 25 to 14 on average, with lower numbers showing an increase in confidence. Qualitative data were compiled from discussions and observations of role plays and skills competency training. The findings were the basis for the development of a preceptor program designed to ease the transition of the novice nurse into practice. A preceptorship program may be beneficial to LTC facilities and is recommended for implementation. This program may yield competent nurses, increase staff confidence, and reduce turnover rates, hence promoting positive social change.

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Dedication

Dedication goes to my only brother Tom Kimaiga, who encouraged me to pursue my DNP program. He has been battling lymphoma for several years now, and I am thankful to God that he has kept him here so he can see me achieve this. Also, thank God for the opportunity he gave me to get this accomplished.

Table of Contents

List of Tables

Section 1: Nature of the Project

Introduction

The problem that was addressed in this DNP project was evidence based, and it was that of the gap in leadership and nursing practice at long-term care (LTC) facilities. At the site, the novice nurses attend a 1-week class orientation, and once they move to their facilities they are expected to assume up to 30 patients on their first day. Without an appropriate orientation, licensed practical nurses (LPNs) cannot function well independently. With a proper preceptorship program, the LPNs should be able to transition smoothly into their new roles. This educational DNP project involved the development of a preceptorship program in which two LPNs and the staff educator received training on how to be effective preceptors. The implementation of the program has led to positive social change by bolstering the confidence, competence, and workforce retention of staff nurses, decreasing the likelihood that the facility will have to spend more money on high turnover rates and increasing residents' ability to receive competent care.

Problem Statement

The LTC setting has continued to experience a high turnover rate in new nurses. This is a current problem in the facility where this DNP project took place. During the 10 years that I have worked in LTC, this has been a continuous issue. Novice nurses, mostly with the LPN title, will be hired, and within 6 months, they will be seeking employment elsewhere. According to the unit manager, there had been 24 LPNs hired in a 3-year period (2017-2019); of these, 15 have sought other careers or have otherwise left the site.

Thus, 15 nurses have already stopped working at the site resulting in a 62% turnover rate over the 3-year period of time. There are only 12 full time LPNs and two part time nurses who currently work at the site. Thus, the staff have turned over almost twice in the last 3 years. There are presently three open positions. More than half of these nurses were novice nurses who had just completed their training, according to the unit manager.

During exit interviews, departing staff have repeatedly cited a lack of onboarding support, which appears to be one of the main reasons why they have left the site. The present orientation for all newly hired nurses at the facility consists of a week-long corporate orientation held in a classroom. The nurses are then sent to their respective facilities where they possibly receive a week or two of unit orientation, all depending on staffing. No staff members are specifically assigned or trained to precept, and there is no preceptorship program presently in place. Fully functional staff are expected to manage up to 30 patients per shift. The transition from being a nursing student to a professional practice nurse is a complex process often described as the struggle to develop a new professional sense of self (ten Hoeve et al., 2018). Support and guidance from experienced colleagues and supervisors have been shown to be essential in providing novice nurses with skills and resources needed to deal with stressful events (ten Hoeve et al., 2018). The lack of onboarding support for novice nurses marks the key problem area and gap in nursing administrative practice at the site.

Onboarding refers to the period of time in which newly qualified staff nurses receive support from a qualified and more experienced nurse to smooth their transition into service (Tucker et al., 2019). These more experienced staff nurses, when properly

trained, are called preceptors. Novice nurses often have questions about procedures that they have never done or policies that they are not sure about how to implement. Furthermore, they have difficulty differentiating what is relevant to care, which can be particularly problematic in complex clinical circumstances (Flanders et al., 2017). At the DNP project site, novice nurses have no resource person when they start working on the LTC unit taking care of patients. There is no gradual progression to accepting a full assignment of 30 patients. The stress levels start to build up, and they become overwhelmed and decide to quit. At the site, supervisors cannot precept because they also have patient assignments, and they do not have preceptor training. During clinical, the nursing students have up to three patients, and within 2 weeks of hire, they may have as many as 30 patients. This is a shock and can be stressful without a smooth transition. One strategy that has been linked to improved retention for nurses in general is onboarding beyond the initial orientation period (Pennington & Driscoll, 2019). A poor transition from student nurse to newly qualified nurse may result in nurses' experiencing extreme levels of stress, to the point that they may have to leave the site, with some even leaving the profession (Tucker et al., 2019).

Several distinct aspects of LTC clinical environment make it a challenging care setting for novice nurses, especially where the institution lacks effective onboarding for the novice nurse (Cadmus et al., 2016). LTC patients now require more skilled care other than medication administration or activities of daily living. There are patients who need cardiac monitoring, extensive wound care, and even administration of antibiotics intravenously. These skills require time to perfect and a steady resource person. There is

a gap in practice at the project site as evidenced by the high rate of turnover, and deficits that exist in the present onboarding process for newly hired novice nurses with no previous work experience. This doctoral project holds significance for the field of nursing because it may provide knowledge that nursing leaders can use to reduce turnover rates, which may ensure that patients receive competent care and LTC facilities reap financial benefits. New graduate nurse attrition is costly financially and professionally, with an estimated cost of $82,000 or more per nurse, as well as negative implications for care quality, further emphasizing the need for structured preceptorship (Pabico, 2019). Preceptorship support for newly qualified staff has been associated with greater confidence and workforce retention (Tucker et al., 2019). Onboarding programs including preceptorship have multiple benefits for both individual nursing professionals and healthcare organizations, including job satisfaction, level of self- efficacy, support, knowledge, and quality of nursing care (Pennington & Driscoll, 2019). The beneficial outcomes for nursing professionals and healthcare organizations, in turn, benefit the patients as they receive quality nursing care.

Purpose

The purpose of this doctoral project was to address the significant gap in practice, the lack of an onboarding process, at the project facility. The lack of onboarding process has led to a 62% turnover rate of novice hires. The present onboarding process for novice and for the newly hired LPNs at the site consists of a 1-week classroom training off-site. The staff educator at the site presently has a brief checklist that is used to point out practical considerations for work. However, there is no formal clinical orientation or

onboarding process at the site. The absence of a formal process at the site represents a significant administrative gap in practice at the local long-term site that served as the setting for the project. Novice and newly hired LPNs are expected to take a full 30-patient assignment on their first day of work as stated by the unit manager.

The guiding practice-focused question for this doctoral project was, Will a preceptor program for LPNs in an LTC facility increase their competency in serving as a preceptor for novice and newly hired LPNs? With a preceptorship program, novice nurses are able to bridge the gap between their education and practice (Fawaz et al., 2018). A fully implemented preceptor program is effective in decreasing attrition rates and improving LPN performance in LTC (Tucker et al., 2019). This DNP project has the potential to bridge this gap in practice because it will involve training at least two LPNs and the staff educator at the project site on how to be preceptors. During the project, potential preceptors received training and were evaluated. They will then be responsible for onboarding the novice LPNs who will be hired at the facility. A well-trained and supported preceptor can help ensure successful transition of novice nurses as well as safe, competent patient care (McKinney & Aguilar, 2020).

Nature of the Doctoral Project

In my review of the literature, I found several sources that supported the need to address the problems that result from lack of preceptorship programs in LTC facilities. A preceptorship program can be based on Benner's stages of clinical competence from novice to expert. These programs have improved novice nurse confidence, clinical practice, role development, and personal satisfaction (Salmond et al., 2017). A preceptor

program is a bridge between theory and practice. A successful onboarding given by an adequately prepared nurse preceptor can improve the productivity of novice nurses and subsequently improve retention (Kennedy, 2019). Salmond et al. (2017) developed a preceptor training that included 5 days of didactic training featuring preceptor competencies, guidance from the Nurses Improving Care for Health-System Elders professional organization, geriatric resource nurse competencies, and an overview of the *nurse of the future* competencies. Salmond et al. developed core competencies and skills checklists to evaluate and document competency. Field experience was included in the learning. This program was 12-weeks long, and each participant spent time in the classroom as well as clinical time accompanied by a preceptor in the LTC setting. The essential contents were defined and included new admission assessment, wound care, patient discharge to hospital, how to handle emergency situations by use of provided algorithms, how to use situation background assessment and recommendations tool (SBAR), duty delegations and skills checkoffs, and intravenous and feeding pump use. Onboarding programs provide a safe environment in which new nurses can share experiences and debrief. In these programs, nurses share experiences and ask for guidance on how to handle unfamiliar situations (Blevins, 2018).

A core competency and skills checklist provides preceptors and participants a standardized method of evaluating and documenting competency and outlines clear, mutually understood expectations (Pennington & Driscoll, 2019). The preceptor's responsibility is to ensure patient safety while training the novice nurse. McKinney and Aguilar (2020) found that creating a preceptor tool kit, which included resources such as

preceptor interest forms, goal-setting forms, defined roles and responsibilities and evaluation forms, was helpful. Learning experiences can be appropriately sequenced to build on previous knowledge and, as the preceptorship program progresses, the new nurses can gradually increase productivity and assume more autonomy in the field (Pennington & Driscoll, 2019). Cadmus et al. (2016) summarized that in their newly developed onboarding program, the novice nurses were very satisfied with the program and indicated that they would recommend it to other novice nurses. Several of them indicated that the program made them want to stay employed in the LTC facility and that they had new confidence in working in this setting.

I developed the preceptor program for this project based on current, published research and presented it to the unit manager, the director of nurses, and the orientation leader for critique. The staff educator and 2 tenured LPNs (LPNs with at least 2 years of work experience in the LTC setting) at the facility participated in the DNP project preceptor training program. Preceptors had a week-long training (13.5 hours per week) on how to onboard novice nurses to a full-time or part-time role at an LTC setting. Preceptor educational sessions may be traditional (6 to 8 hours) in one day, or a 1- to 3-day workshop with e-learning online modules (Kennedy, 2019). Topics included the need for the preceptorship program, effective communication strategies, preceptor tasks, and preceptor tools. A key goal of the DNP project is to develop a formalized curriculum for the preceptorship program. The chosen preceptors should have a minimum of 2 years' experience at the facility. According to Blevins (2018), a preceptor should have the desire as well as training in effective methods of preceptorship.

The preceptors will then spend 6 weeks with the novice nurses upon hire to precept them as they gradually increase their patient loads. The preceptors will split the patient load with the novice nurses and gradually increase it as they near the end of the preceptorship program. This will be a 6-week program; new nurses will experience preceptor support for three 12-hour shifts a week, a full-time commitment.

I anticipate that the preceptorship program will continue after my project and that the staff educator will take over responsibility for training additional preceptors at the site. I presented her with all the materials I had developed for this program. The materials included videos, case studies, role plays, discussions, Microsoft PowerPoint presentations, and pre- and posttest questionnaires to evaluate effectiveness. She also had the checklist that the preceptors will use during the program. The tools for the preceptorship program were evidence-based, and effective; thus, full implementation at the site will occur after the DNP project is completed.

Program implementation can face various barriers. It is important to understand what they are and how they can be resolved or overcome. Availability of funds may be a barrier as leaders of some facilities may feel that the trained preceptors will require a higher pay. Organizations are also generally concerned about the time the nurses will be away from the units. Time away from the unit can create staffing problems and be perceived as creating a break in the continuity of care (Cadmus et al., 2016). With this in mind, there needs to be a schedule that will allow the preceptors to receive their training without causing a lack of staff. Nursing leaders may also want to offer incentives to the preceptors if novice nurses stay with the facility for at least a year.

I collected data using both qualitative and quantitative methods. Observations, interviews, and focus groups are the most common methods of gathering qualitative data (Gray et al., 2017). I used observations and discussions. Quantitative data was also gathered from numerical values of the pre and posttests. An expert panel had the opportunity to assess the program and provide verbal feedback on whether the proposal was practical and comprehensive enough for implementation. Thus, members of the administrative team had input on the curriculum and anticipated barriers. There was a pretest and posttest on content after the didactic preceptor training. Survey data were collected from the preceptors on their perceived level of confidence in their abilities to adequately onboard new LPNs.

The doctoral project addressed the significant gap in practice that was evidenced by the absence of an onboarding process at the facility. The lack of an onboarding process had led to a 62% turnover rate of the novice hires. In undertaking the DNP project, I sought to close the leadership gap in practice by developing a preceptorship program. As evidenced by the literature reviewed, this program is capable of reducing turnover rates and increasing patient and nurse satisfaction.

Significance

There are several stakeholders who may be positively impacted by addressing the local problem of lack of onboarding of novice nurses. The novice nurses are the first stakeholders who may be affected by having an onboarding program. Preceptorship support for newly qualified staff has been associated with greater confidence, competence, and workforce retention. According to Slate et al. (2018), preceptorship

programs' outcome measures include leadership skills acquisition, critical thinking, and interprofessional teamwork. The novice nurses may benefit from this project as they will be able to have a smooth transition into practice.

The director of nursing and administration are the other stakeholders. The cost of new graduate turnover supports the value of preceptorship programs, which can influence the financial health of an institution (Tucker et al., 2019). New graduate nurse attrition is costly financially and professionally, with an estimated cost of $82,000 or more per nurse, as well as negative implications for care quality (Pabico, 2019). These costs further emphasize the need for structured preceptorship.

Onboarding programs have multiple benefits to both individual nurses and healthcare organizations, including job satisfaction, level of self-efficacy, support, knowledge, and quality of nursing care (Pennington & Driscoll, 2019). These positive outcomes in turn benefit patients as they receive quality nursing care. The patients are the third stakeholders. They should benefit by experiencing a continuity in their care as turnover rates are reduced. A successful onboarding given by an adequately prepared nurse preceptor can improve the productivity of novice nurses and subsequently improve retention, thus bolstering continuity of care for patients (Kennedy, 2019).

The doctoral project has contributed to nursing practice in that it bridged the gap in leadership that was present in the LTC facility. I presented an onboarding process, which was lacking at the facility, to the nursing administration staff for implementation. There is sufficient evidence that lack of onboarding has led to an increase in novice nurse attrition rates, job dissatisfaction, high costs of turnovers, and poor patient care and

outcomes. This project may provide knowledge that nursing leaders can use to improve nursing care and patient satisfaction.

The doctoral project can be adopted in other areas like home health care. Most nurses and even patient care aides are hired and sent to patients' homes with inadequate training. These patients require skilled care, and so more training needs to be given to the staff being sent out to the homes. New graduate nurses lack the level of competence required to immediately assume full load responsibility for patient safety although they are expected to respond appropriately to full range of patient ages and care needs (Dannemeyer et al., 2017).

The potential implications for positive social change include a reduction in turnover rates for novice nurses, increased job satisfaction, and improved patient care and outcomes. There may also be a reduction in costs that are spent by organizations on addressing high turnover rates. Onboarding in LTC facilities may also provide a smooth transition into practice for the novice nurses at these facilities.

Summary

There is a gap in nursing leadership as evidenced by the lack of an onboarding program at the project facility. In undertaking this DNP project, I sought to bridge this gap by developing a preceptorship program that will enable novice nurses at the facility to have a smooth transition into practice. A smoother transition may have a positive social impact on the novice nurses, the organization, and the patients. Onboarding has been shown to have multiple benefits to both individual nurses and healthcare organizations, including job satisfaction, level of self-efficacy, support, knowledge, and

quality of nursing care (Pennington & Driscoll, 2019). In Section 2, I discuss the concepts, models, and theories that served as a framework for the project as well as key processes. In addition, the project's relevance to nursing practice and the role of the project team and the DNP student during the project will be further explained.

Section 2: Background and Context

Introduction

There is a gap in practice as evidenced by the high rate of turnover and deficits that exist in the present onboarding process for newly hired, novice nurses at the project facility. This doctoral project holds significance for the field of nursing as its findings may help nursing leaders to reduce turnover rates, which may ensure that patients receive competent care and nursing organization realize financial benefits. The guiding practice-focused question for this doctoral project was: Will a preceptor program for LPNs in an LTC facility increase their perception of competence in serving as a preceptor for novice and newly hired LPNs?

I addressed the significant gap in practice at the project facility. There is a lack of an onboarding process, which has led to a 62% turnover rate of novice hires. The present onboarding process for new graduate LPNs and for experienced, but newly hired LPNs at the site consists of a 1-week classroom training off-site. The staff educator uses a checklist to point out practical considerations for work. However, there is no formal clinical orientation or onboarding process at the site.

Concepts, Models, and Theories

Precepting is an act that facilitates the transition of new hires into their new job roles. When precepting occurs, the preceptor and preceptee participate in a preceptorship. There are several concepts that are related to nursing. These include mentoring, facilitation, clinical supervision, clinical instruction, and buddy the system (Ward & McComb, 2018).

Principles of Adult Learning

According to Knowles (1984), adults need to be involved in the planning and evaluation of their instruction. Their experience provides the basis for their learning, which is problem-centered, and adults are interested in learning subjects that have immediate relevance to their lives. Knowles' theory of adult learning became one of the most influential learning theories during the 1970s and 1980s and remains relevant today. This theory includes six principles:

- need to know and understand self

- need to be self-directed

- presence of various life experiences

- readiness to learn

- task-centered orientation to learning

- motivation to learn (Knowles, 1984; Twadder, 2019)

Constructivism emphasizes connecting new information with already existing information. This is a learner-centered model, with students actively constructing meaning based on new information and instructors facilitating learning by providing detailed feedback and asking guiding questions (Clark, 2018). Constructivists have asserted that learning is most effective when an individual can relate new knowledge to existing knowledge (Clark, 2018). Table 1 shows the alignment of adult learning theory with the project.

Table 1

Alignment of Adult Learning Theory With Project

Assumption	Application to project
Adults have a need to know about learning.	The preceptors need to learn why being an effective preceptor is important to the learner.
Adults have a need to be self-directed.	Adults are self-directed in their learning so once the preceptors understand why this is important, they will focus on improving their precepting abilities.
Adults attach life experience to learning.	The preceptors already have life experiences that they can attach to their learning.
Adults have a problem-centered orientation.	The problem is lack of preceptorship, and the learning will be centered on this.

Benner's Novice to Expert Model

Benner's novice to expert model provides a framework upon which experienced nurses, nurse educators, and researchers may view expectations of novice nurses. These expectations then provide a basis for mentoring and support during the transition process (Murray et al., 2019). According to Benner, there are five stages of nursing: novice, advanced beginner, competent, proficient, and expert. Murray et al. (2019) analyzed qualitative and quantitative data on novice nurses' perception and knowledge of patient safety during their transition to becoming practicing nurses. The findings showed that using this model was useful in understanding the learning experiences of the novice nurses as they transition towards the establishment of safe, quality nursing practice, and job satisfaction (Murray et al., 2019).

Definitions of Terms

Novice nurse: A newly graduated nurse who is unprepared for the task of working as a fully qualified nurse (Sterner et al., 2018).

New hire: A novice or experienced nurse who is entering into a new working environment (Chang et al., 2018).

Preceptor: An experienced, resourceful nurse who facilitates and evaluates learning and assists in critical thinking and development of nursing skills while fostering independence and socialization of the newly hired nurse (Kennedy, 2019).

Relevance to Nursing Practice

Preceptor Programs

Preceptorship is one method to ensure continuous professional development and the delivery of safe, ethical, and effective care. It has been documented to effectively facilitate learning and thus development of independent and competent nurses (Nielsen et al., 2017). Nielsen et al., (2017) conducted a study with 30 preceptees and 28 preceptors who participated in the study in a clinical setting. The researchers set out to investigate how preceptorship can be used in clinical practice to create learning and facilitate competency development. They conducted interviews and observations to collect data. The conclusion was that preceptorship is focused, situational learning where knowledge and skills are generated through participation in the care process of patients in clinical setting (Nielsen et al., 2017).

Nurses and Preceptors

Researchers have recognized newly graduated nurses' orientation as an important area in well-being at work and development as a competent nurse (Pasila et al., 2017). Orientation is one way to improve newly graduated nurses' well-being, self-assurance, competence, and satisfaction with the profession (Pasila et al., 2017). Pasila et al. (2019) conducted a systematic review of qualitative studies was conducted according to guidelines from the Center for Reviews and Dissemination using the Joanna Briggs Institute's user guide. According to Pasila et al. (2019), the purpose of orientation is to ease the transition process from student to qualified nurse, increasing both competence and commitment. In this review, newly graduated nurses viewed orientation as an aid for them to become providers of good and safe patient care within their scope of practice.

Irwin et al., (2018), also conducted a study on the relevance of preceptorship. The evidence from this study suggests that preceptorship does improve confidence and competence. There was a 39% increase in confidence in what is expected from the preceptees, a 5% increase in confidence in ability to make the correct clinical decision, and 9% confidence in that interpersonal skills sufficiently developed. There was also an increase in competence in drug administration of 68%, competence in health and safety of 68%, and competence in wound management of nearly 50%. Irwin et al. concluded that preceptorship should support the novice nurse through transition from basic safe practitioner to one who is competent and confident.

Newly graduated nurses describe their transition phase as being: "thrown in the deep end". Although nurses receive nursing education before getting licensed, it is

insufficient to prepare them for the realities of nursing (Quek & Shorey, 2018). Quek and

Shorey (2018), compiled an integrative review. There were six studies that repeatedly

found preceptorship to be an effective clinical education method for newly graduated

nurses starting their careers. There were nine quantitative study articles, nine qualitative

study articles and two mixed methods studies. The focus areas of study included role of

the preceptor, preceptor preparation and support, challenges of being a preceptor

preceptorship significance for newly graduated nurses and factors affecting the preceptor-

preceptee relationship. In one of the qualitative studies, a descriptive phenomenology

with semi- structured interviews was used. Quantitative study was done using

questionnaire surveys. The conclusion from these reviews were that the impact of

preceptorship is significant and preceptors need to receive pereceptor education to

effectively carry out their role.

Ke et al. (2017) showed that preceptorship significantly increased new nurses'

overall competence. This was done by the new nurse self-reporting during evaluation.

Three out of the four articles indicated that the nurses' self- reported nursing competence

increased significantly with preceptorship. Competence was 66.8% at pretest and 90.4%

at post-test. A systematic and planned preceptorship program could strengthen new

nurses' learning capabilities and clinical adaptation. The study was a systematic review

of six articles. One was a randomized control trial, one-quasi-experimental study and four

observational studies. Limitations include lack of random assignment, and concealed

allocation that could lead to selection bias. Most of the review articles were

observational, so accuracy of result inference may be limited (Ke et al., 2017).

According to Nielsen et al. (2017), and Pasila et al. (2017), preceptorship would increase the nurses 'competence, job satisfaction, self- assurance, and improved patient care. All this are relevant components of the nursing practice. Ke et al. (2017), also supports that through preceptorship, nurse competencies can be improved. Preceptorship is significant especially so newly graduated nurses can have a smooth transition into practice. For the preceptors to effectively carry out this role, they need to receive preceptor education (Qeuk & Shorey, 2018).

Novice Nurses in Long-Term Care Facilities

Novice nurses in LTC face the highest stress during the first 3 months of practice and approximately 30-70% quit their jobs or transfer to other facilities. The high turnover rates not only negatively affect new nurses' opportunities for professional development but also increase the facility operating costs (Ke et al., 2017). The novice nurses in these settings must respond appropriately to the full range of patient care needs. All forms of care must be delivered in a high- quality, competent and service- oriented manner (Dannemeyer et al., 2017). According to Dannemeyer et al. (2017), most of novice nurses lack the level of competence required to immediately assume full responsibility for patient safety and major risk areas include medication errors, difficulty following physician's orders, and not supervising their patients closely enough.

Preceptor Programs in Long-Term Care Facilities

Cadmus et al. (2016), found that preceptorship programs reduce nurse turnovers, provide staffing stability and support new nurses in development of clinical decision making. In this study, qualitative study, there were six preceptors and eight preceptees at

a LTC facility in New Jersey. The tools used to collect data were surveys. The limitations

included the fact that generally, there is only one hire at a time in LTC. The results were

that the preceptors noted that they had an increase in personal pride in being able to share

knowledge and the preceptees had new confidence in working in this setting.

Recommendation is that a preceptorship program is one strategy to help improve

recruitment and retention of novice nurses.

According to Salmond et al. (2017), a qualitative study was done in New Jersey

LTC facilities. There were 36 facilities which participated in the study. At those facilities,

there were 39 preceptors and 37 preceptees. Data were collected by use of various

surveys. The results showed that retention rate increased from 53.8% to 86% through the

first 12 months. Limitations included having coverage when preceptor or preceptee

attended an educational event. Recommendations included working with leaders in these

settings to ensure success.

Preceptorship Curriculum Development

Preceptorship is a demanding and complex specialty role that is vitally important

for a successful onboarding in healthcare institutions. A well trained and supported

preceptor can help ensure successful onboarding. To develop the curriculum, there needs

to be standardized selection criteria, role and expectations clarification, mandatory formal

initial training, competency verification, consistent evaluation practices, ongoing

development opportunities, and expanded recognition opportunities and support

(McKinney & Aguilar, 2020). The preceptor training needs to happen first, which could

take 5 days. Targeting preceptor competencies happens here. Then the nurse novice nurse

training which provided an application-based curriculum including core competencies which can take 19 to 20 days (Salmond et al., 2017).

The preceptor's role includes coaching, guiding, inspiring, teaching, and role – modeling. Preceptors are expected to create effective learning environments, establish a mutual relationship with openness in a supportive manner, and facilitate a constructive clinical learning experience (Bengtsson & Carlson, 2015). In this study, data were collected using a single written, self-administered global question. The question was; "What further knowledge and skills do you need to develop as a preceptor?" The sample size was 64 preceptors and was conducted online. The results included the fact that the preceptors needed further knowledge and understanding of their roles. They also wanted concrete tools and teaching strategy to handle stress and burden of supervision. Limitation in this study was the use of a one-single self-administered question which resulted in a deficiency in the depth of the answers (Bengtsson & Carlson, 2015).

Local Background and Context

This facility is located in the south Atlantic region of the United States. The LTC facility holds 30 beds on unit one and 60 beds on unit two. There are two unit managers, two charge nurses, a director of nursing, and a staff educator. The attrition rate of the novice nurses at this facility is 62%. At this time the facility has no organized preceptor program or assignment of only one preceptor that remains with the new hire for the entire precepted period. This lack of support and relationship building causes decreased staff satisfaction and turnover.

Role of the DNP Student

The role of the DNP student was to plan, implement, and evaluate the preceptorship program. I followed the guidelines of the Walden staff education manual. My motivations for this doctoral project include the fact that the residents are not receiving the appropriate care that they deserve due to the high turnover rates that have been related to the lack of preceptorship. There is no continuity of care, which leads to medication and procedural errors and other issues. There are also high costs related to the turnover rates. The funds being used for this can be used to improve the facilities and patient outcomes. The perspectives that may affect the choices about it include the evidence that preceptorship leads to job satisfaction, better patient outcomes and low turnover rates which deceases the hiring costs for the facility.

Summary

The identified gap in practice is that of a very high nurse turnover rate (over 62%) at the site. Presently, there is an ineffective onboarding process that could potentially facilitate a smooth transition from graduate nurse to practice. This has been shown by the evidence generated for the doctoral project, operational data, and published outcomes and research. Section 2 introduced the model that will frame the project, the evidence supporting the importance of the preceptor training, the nature of the project, my role and the role of the expert panel in this project. Section 3 will describe the planning, implementation, and evaluation of the DNP project as well as the plan for analysis and synthesis of the results.

Section 3: Collection and Analysis of Evidence

Introduction

There is a gap in practice as evidenced by the high rate of turnover and deficits that exist in the present onboarding process for newly hired, novice nurses at the project facility. The transition from nursing student to a professional practice nurse is a complex process that is often described as the struggle to develop a new professional sense of self (ten Hoeve et al., 2018). The present onboarding process for the novice and newly hired, experienced LPNs at the site consists of a 1-week classroom training off-site. The staff educator at the site presently uses a brief checklist to point out practical considerations for work. Taken together, these processes are ineffective in terms of promoting staff retention, as evidenced by the 62% nurse turnover rate at the site.

The purpose of this project was to create a preceptorship program for the site. With a preceptorship program, novice nurses are better able to bridge the gap between their education and practice (Fawaz et al., 2018). A fully implemented preceptor program will be effective in decreasing the attrition rates and improving LPN performance in LTC (Tucker et al., 2019).

Practice-Focused Question

The local problem was the lack of a preceptorship program in the LTC facility, which reflected a gap in leadership practice. The guiding practice-focused question for this doctoral project was: Will a preceptor program for LPNs in a long-term care facility increase their perception of competence in serving as a preceptor for novice and newly hired LPNs? The creation of a preceptorship program aligned to the practice focused

question because once the program is implemented and accepted, there may be a decrease in turnovers and increased job and patient satisfaction as evidenced by literature studies (Irwin et al., 2018, Tucker et al., 2019, & Ke et al., 2017).. Preceptorship support for newly qualified health care staff has been associated with greater confidence, competence, workforce retention, and a sense of belonging (Tucker et al., 2019). A successful preceptorship given by an adequately prepared nurse preceptor can improve the productivity of novice nurses and subsequently improve retention (Kennedy, 2019).

Sources of Evidence

Published Outcomes and Research

I obtained the sources of evidence from various Walden University Library online databases. The databases included CINAHL Plus with Full Text, ProQuest Nursing and Allied Health, and MEDLINE. Keywords for the search included *preceptor and long-term care*, *preceptor and novice nurse*, *preceptorship and long-term care*, and *preceptorship and novice nurse.*

Evidence Generated for the Doctoral Project

Participants

An expert panel assessed the preceptorship program and provided qualitative feedback on whether the proposal was practical, and comprehensive enough for implementation. The panel included the staff educator, the unit manager, the director of nursing, and the corporate orientation leader. Representing the administration, the expert panel had input on the curriculum and anticipated barriers.

The nurse educator for the facility selected two LPNs to attend this preceptor education program with her. The program was scheduled with the nurse educator in order to work with the schedules of the participants. The program was held in the conference room of the facility.

Procedures

I convened the expert panel to review the curriculum in depth. All three panelists have worked for the facility for more than 10 years and have experienced the high turnover rates. They have voiced concern that a 1-week orientation without a following preceptorship may be one of the factors that contribute to the nursing turnover at the site. A 1-hour meeting was scheduled for the four members of the expert panel to discuss the preceptorship program and have the opportunity to identify obstacles, barriers, and potential solutions. I will summarize these qualitative data thematically.

Based on participant calendars, the program (see Appendix A) was scheduled with the assistance of the nurse educator. Accompanying the program description was detailed information about preceptor competency in overseeing a novice nurse in a simulated setting, the role plays, and case studies to be used in the training (see Appendix B). The participants completed a pre- and posttest to assess baseline knowledge and present evidence of knowledge acquisition and increased level of confidence. (see Appendix C). An evaluation of the preceptor's level of confidence was conducted as part of the pre- and posttests (see Appendix D). Participants also completed a program evaluation (see Appendix E).

Protections

A representative from the site signed the site approval form for staff education doctoral projects in the Walden University DNP *Manual for Staff Education*. Participants who completed the pre- and posttest read and verbalized understanding of the consent form for anonymous questionnaires also found in the manual. Pre- and posttests had no identifying information. Walden IRB also approved this project. The approval number is 10-07-20-0609551.

Analysis and Synthesis

I used descriptive statistics to analyze the pre- and posttest scores and responses from the Likert scale program evaluation. Comments from the participants were analyzed for themes. Descriptive statistics were used to summarize the pre- and posttest results. The sample size ($N = 3$) was too small for any inferential testing, but positive results were seen (increased knowledge, increased confidence, and positive findings in role plays and case studies). I shared the results of the test scores and program evaluations with the expert panel.

Summary

In this section, I discussed the sources of evidence, participants, procedures, and protections. The plan for data collection and analysis were introduced. In Section 4, I will summarize findings from the analysis and synthesis of the evidence that was collected, the limitations, and outcomes. The recommended solutions to potentially address the gap-in-practice will also be discussed.

Section 4: Findings and Recommendations

Introduction

The local problem identified was the high turnover rate among LPNs at the project site. In a recent 3-year period, the turnover rate was as high as 62% a year. The gap in leadership and nursing practice is evidenced by the lack of a preceptorship program for newly hired LPNs at the site. As Kennedy (2019) and Tucker et al. (2019) noted, a preceptor program can improve nurses' confidence and bolster their retention. The practice- focused question for this doctoral project was, Will a preceptor program for LPNs in a long- term care facility increase their competency in serving as a preceptor for novice and newly hired LPNs? The purpose of this doctoral project was to address the significant gap in practice that is made evident in the nursing leadership at the facility.

The sources of evidence included pre- and posttests that had no identifying information that were administered to the participants. To measure confidence in these quantitative data, I used a Likert scale (1 = *very confident*, 2 = *somewhat confident*, 3 = *not at all confident*, and 4 = *not confident at all*). The knowledge test was scored as a percentage indicating the percentage of the questions that were answered correctly. I collected qualitative data by noting what was said during the discussion questions, role plays, and case studies. I measured skills by observing a return demonstration and noting each participant's ability to identify errors in the skills setups.

Findings and Implications

The findings that resulted from analysis and synthesis of the evidence were positive and supported the purpose of this doctoral project. The participants showed an

increase in competence and knowledge in most areas that were taught as demonstrated by their responses on the tests. They were able to state the importance of having a preceptor program and what preceptor roles were, how to give constructive feedback, and also how to resolve conflicts and evaluate the preceptee.

Regarding self-reported confidence, there was a mean average of 25 for the pretest questions and a mean average score of 14 for the posttest questions, which shows an increase in confidence. To measure confidence, I used a Likert scale where low scores indicated a lack of confidence and high scores indicated more confidence (1 = *most confident*, 2 = *confident*, 3 = *not confident*, and 4 = *not confident at all*). There were 10 confidence level questions; taken together, these questions result in a possible high score of 40 (indicating no confidence at all), and the lowest, best possible score is 10. Thus, the improvement from a score of 25 to a score of 14 is remarkable, showing a 78% improvement in confidence.

The knowledge test had 10 questions. The percentage for all three participants averaged at 60% for the pretest and 96.6% for the posttest. This was a 36.6-point improvement in knowledge. The knowledge questions addressed the key concepts presented in the curriculum (see Appendices A and C).

The average score on the education evaluation for the program was at 4.7. The evaluation used the Likert scale of 1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, and 5 = *strongly agree*. The program evaluation asked questions about the overall program and the degree to which participants valued the education. The average score for the 20 questions was 4.7, with 5 being the most positive rating. The high score was an

indication that the program was well organized and effective and addressed all learner objectives. One of the participants stated that the project was well rounded.

During the skills simulation, two of the preceptors in training were able to quickly identify that the foley catheter bag was on the floor and not well secured and that one mannequin was missing an arm band. The preceptors were also able to verbalize and demonstrate the steps of tracheostomy suctioning. One skill that was missed by all was the identification of a pressure area that needed treatment during an assessment. I then taught this skill to the preceptors. This was important as it presented an opportunity for me to give corrective feedback. The learners were able to experience what the preceptees would experience when given this type of feedback. One participant stated that she "did not feel too smart" for missing this assessment. This insight is also important because the preceptors will be assessing skills and the novice nurse needs to be able to demonstrate ability to perform certain skills. The insight also gave them an opportunity to learn how to assess and oversee competency in the novice nurse.

During the case studies and discussions session, the preceptors were able to verbalize the importance of having a preceptorship program, the qualities of a preceptor, and the roles of a preceptor. During role play, I observed corrective feedback with recommendation from two of the preceptees when the novice nurse made an error of giving a blood pressure medication to a patient who was going to dialysis. I also observed conflict resolution, use of the orientation checklist, provision of positive or corrective feedback, and evaluation during the role plays. One of the learners had the opportunity to describe how she would positively explain to the novice nurse that giving blood pressure

medication before dialysis would be harmful to the patient. The learners were also able to verbalize that the orientation checklist had to be reviewed daily. In the role play in which I was the novice nurse, Learner 2 was able to set limits with me, introduce me to the unit and resources, and give me a plan detailing her expectations.

One of the preceptors also verbalized that she had experienced lack of preceptorship and was assigned a 30-patient assignment when she had been in the facility for only 3 days. Lack of staffing could be an unanticipated barrier that could impact the full implementation of the preceptor model at the LTC site. This will not give the novice nurses the chance to be precepted; therefore, the gap in leadership could potentially be sustained. This finding and observation by the preceptors needs to be brought forward to the LTC leadership team so that a workable strategy can be devised. A possible solution for lack of staffing would be to try and schedule an extra nurse when there is a novice nurse on orientation.

I shared this project and the results with the director of nursing, the unit manager, and another director of nursing at a neighboring LTC facility that is under the same management as the facility in which my project took place. This was done on a set date when they were all able to sit and listen to my presentation. The leaders whom I shared this project with stated that it was well rounded and would be very useful for the novice and newly hired nurses. They all saw the benefits that it provides in terms of decreased turnover rates, continuity of care, and less financial burden to the organizations. They also stated that they could see that their patients would be happy to have the same nurses for a while instead of new ones every month or so. The only limitation that they all could

foresee with this project is the availability of time and staff during the preceptorship time. A solution to this barrier would be ensuring that an extra nurse is scheduled during the time when there is a novice nurse on orientation. Another suggestion is to have the charge nurse take at least five patients so that the preceptor can split the assignment with the preceptee. The staff educator was given a copy of all the case studies, videos, role plays, pre- and posttests, and program evaluation forms. She will continue with this project as the DNP project has been concluded.

The findings showed a satisfaction and confidence in the individuals who will be precepting. Having well-prepared preceptors should provide a smooth transition of the novice nurses into practice. A well-trained and supported preceptor can help ensure successful preceptorship as well as safe, competent patient care (McKinney and Aguilar, 2020). This in turn will be beneficial to the individuals and institution. The communities that the institutions serve should also benefit as their residents will likely experience quality care. A successful preceptorship given by an adequately prepared preceptor can improve the productivity of novice nurses and subsequently improve retention (Kennedy, 2019). These benefits should result in positive social change.

Recommendations

The proposed solution that will address the gap in practice is the full implementation of a preceptorship program in the LTC facility. The biggest obstacle faced by this nursing home is the staffing issue. This program is evidence-based and has been shown by various studies reviewed that it can lead to higher nurse retention rates, job satisfaction, and improved patient outcomes. This program can be adopted for the

certified nurse assistants (CNAs) in the facility. There are several novice CNAs who get hired and do not have a preceptor who can guide them through their first weeks. Just as with the LPNs, there have also been incidents when novice CNAs are left to care for about 20 patients with no resource person, and no prior experience except for 12 weeks of certification training. The staff educator could potentially develop similar curriculum and extend this to the CNAs.

The barriers of staffing could be overcome by scheduling an extra nurse during the orientation period or having the charge nurse have a certain patient assignment so that the preceptor and the preceptee can accomplish their set objectives. This will be a short-term challenge. In the long run, this will benefit the facility as the novice nurses will have a smooth transition into practice and reduce turnover rates

Strengths and Limitations of the Project

The evidence from the published literature is a strength as it shows evidence that having a preceptorship program in LTC has noted advantages of staff satisfaction, patient outcome improvements, and reduction in turnover rates. This project has the capability of being adopted by other LTC facilities and can also be expanded to be used with CNA orientation. This project can also continue after the DNP project is completed as the materials will be given to the staff educator as a resource. The use of case studies, role plays, discussions, videos and skills demonstration was another strength to ensure that materials were delivered well to the learners. Use of pre- and posttests to evaluate the learner outcomes is also a strength. Although the sample size was small, the analyzed data did show positive outcomes.

Section 5: Dissemination Plan

LTC facilities in my city are owned by one company. I plan to share the findings from this DNP project through a poster or a conference presentation at the company's regional meetings. I am also a member of the National League for Nurses. The association could be another forum that I could share my project with and maybe have it featured as a DNP project in one of its articles.

Analysis of Self

As a scholar, this project provided an opportunity for me to be able to work with leaders in different capacities to address the practice problem, which was the lack of a preceptorship program for, and high turnover rates among, novice LPNs at the project facility. During the rigorous project, I expanded my knowledge on how to analyze literature and how to find evidence-based practice that supported my answering of the project question. I also learned how to translate evidence into practice. As a nursing instructor, I was able to fully understand the Knowles (1984) theory of adult learning. This was very instrumental to me as I teach adult learners. As a project manager, I learned how to engage the stakeholders, present information, and evaluate the program. This makes me feel ready to join other DNP-prepared nurses as they tackle policy changes. Presently, there are many clinical and organizational issues that need change so that positive social change can occur. My long-term goal is to serve in committees where I can be an agent of change in areas where people have no voice.

Completion of this project came after a very intensive period of writing and researching the literature and analyzing and synthesizing data that were collected during

the project. There was a 78% improvement in confidence and a 36.6% improvement in knowledge. I summarized both qualitative and quantitative data in the findings. I obtained the qualitative data from observations of skills and discussions. The quantitative data were obtained from scores of the knowledge tests, self-reported confidence, and program evaluation. These data were used to show the effectiveness of the project. Finding participants and finding a time that all would be present for the teaching was a challenge. My mentor was great at making sure that all the participants were present. Communication was key. She worked with the staff educator to ensure that the participants were able to be present as I had scheduled. The insight gained from this scholarly journey is that it takes teamwork and leadership to attain goals that one sets. This was not an easy journey. Without my chair, mentor, and support from the participants and the facility that allowed me to practice there, this would not have been possible.

Summary

This doctoral project was successful in showing that the preceptors were able to increase their knowledge and competence so they can be able to precept novice and newly hired nurses. This project may close the gap in leadership that was evidenced by the lack of a preceptorship program in the facility. With a preceptor program in place, there may be lower turnover rates, increased job satisfaction, and improved patient outcomes. These outcomes may lead to a positive social change for nurses and the patients they care for.

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Appendix A: Preceptor Program Content

Learning Outcome: Successfully precept a new, novice nurse at the site			
Nursing Professional Development: Nurse preceptors will develop knowledge and confidence to successfully orient a new, novice nurse at the LTC setting.			
Organizational Outcome: Nurse turnover rate will improve to competitive levels.			
Topical Content Outline	Time Frame	References	Teaching method/learner engagement and Evaluation method
Welcome and Introductions • The need for the preceptorship program Describe qualities of an effective preceptor • Role of preceptor is coaching, guiding, teaching and creating an effective learning experience	Day 1: Didactic: 60"	Kennedy, 2019 Irwin et al., 2018	Video https://youtu.be/QLMCG0FewsI 7.5 mins Group discussion • What are the roles of a preceptor • How to be an effective preceptor • Importance of a preceptor in nursing… 30 mins Evaluation method Verbally ask the questions discussed above and evaluate their responses. Approximately 20 mins
Preceptor role as coach: • Identify effective communication strategies • Actively listening, providing objective guidance, setting limits, and establishing end dates.	80"	Ward & McComb, (2018) Twadder, 2019	Power point slides 1- 4 Video (you tube) https://youtu.be/1c-tXX24_WY 2.22 mins Group discussion. 30 mins *Discuss the ineffective communication to avoid seen in video *Discuss situations which the preceptors have experienced ineffective or effective communication Role play (I will be the novice nurse and will be asking the preceptor how to give an IM injection to a confused resident who will not be wearing an ID

			band) …30 mins Evaluation method. The preceptors will be asked to name three effective communication styles. 20 mins
Preceptor tasks: • Supervising new nurses in performing procedures • Assigning patients in an escalated and planned way • What to do when you run into problems	Day 2: Skills lab 3 hours on skills 1 hour on evaluation and role play =4 hours total		Group discussion *Talk about medication administration, *Wound care * What to do in emergencies 30 mins Role play Anita's patients. 30 mins Evaluation method? Skills evaluation with a check list.
• Explore methods of giving positive feedback • Use of consistent evaluation practices	Day 3 60"	Bodine et al., (2020)	Power point 10 minutes Group discussion *What is positive feedback *Has anyone ever received positive feedback *How can we give consistent evaluation? Case study practice Danisha's case 30 mins Evaluation method? Asking the learners to name two ways of giving positive feedback and of consistent evaluation
Preceptor tasks: • Socializing new nurse to unit routine and team • Identifying support resources when precepting has	90"		Role play to introduce me (the novice) nurse to the unit 30 mins Discussion on identifying resources when precepting has ended 30 mins You tube video https://youtu.be/1H3PbroZSRY

ended			7 mins Evaluation method? Assess their responses and critiques during the role play. Approximately 20 mins.
Preceptor tasks: • Conflict resolution, collaboration and teamwork • Describe effective conflict resolution strategies • Clarify role expectations • Use of expanded recognition opportunities • Establishing a mutual relationship with openness in a supportive manner	Day 4 2 hours	Bengtsson & Carlson, 2015 Ward & McComb, 2018	Power point slide 5 to 9 10 mins Group discussion *how conflicts can occur *how to prevent *how to solve Role play assignment issue…30 mins Case study practice Nurse John… 30 mins Evaluation method? Will evaluate their understanding by how the case study is answered. 30 mins
Preceptor tools: • Competency checklists • Summary feedback: written and verbal? • Coaching resources after the training is completed to solve educational and operational problems.	Day 5 2.5 hours	Bodine et al., 2020	Will go over competency checklist at facility Group discussion *When is the best time to do the evaluation *When the checklist should be completed. *What to do with a less that satisfactory feedback Role play… 30 mins Case study practice (Reynolds) 30 mins Evaluation method? Will use 5 true or false questions and will verbally ask

			the learners.

Appendix B: Evaluation Competency Checklists, Case Studies, and Role Plays

Day 1

Introduce the learners to each other and introduce myself. Introduce the program. Watch short video on importance of preceptorship. Group discussion.

Role play

I will the novice nurse and will be asking the preceptor how to administer an IM injection to a confused combative patient who will not be wearing an ID band

Day 2

Preceptor Competencies Case Studies

I will act as the novice nurse in each of the following six competencies in a simulation lab using manikins as patients. Each role play will include novice errors that need correction, that violate patient safety and positive behaviors that should be acknowledged.

Medication administration using the 6 rights

Dressing change (sterile) technique

Foley care

Foley insertion

IV care and insertion

Tracheostomy care

Feedback on preceptors' performance in the role play exercises.

1. Was the preceptor able to identify the error?

2. Was the preceptor able to intervene in a timely manner

3. Was the preceptor able to give either corrective or positive feedback with recommendations?

Role play

Anita is a new LPN nurse. She has come to you for assistance because two of her five patients have developed a sudden fever. What do you do and how do you respond to this

Day 3

Case study

Danisha is a new graduate LPN student. She has been on orientation for 2- weeks. Today is the beginning of her third week. She has ten patients today and one of them left for dialysis at 9 a.m. She was able to get the patient's weight and also gave him his BP meds. Is it possible to give positive feedback at this time? If so how?

Role Play

The preceptor will have the opportunity of introducing me (the novice nurse) to the unit. This will be my first day at the site.

Day 4

Role play

One of the learners will have the role of the preceptor and the other one will be the novice nurse. The novice nurse comes in on day 20 of her orientation which she is supposed to have 25 patients. She tells her preceptor she will not be able to take the 25 patients because 15 of them are total care patients. The preceptor needs to resolve this conflict effectively while clarifying roles.

Case study

John is one of the novice LPNs recently hired to your unit. He is to begin orientation on Monday. At the end of week one you hear him asking his preceptor what his roles will be, how long the program will be, and how the preceptor would like to be addressed. John also went in and inserted a foley catheter by himself because his preceptor gave him this instruction. He never received any feedback although he did an excellent job. List three tasks that were omitted by the preceptor.

Day 5

Role play

Learner 1. Will be the preceptor. Learner 2 will be the novice nurse on the last day of preceptorship. Leaner 1 is to evaluate learner 2. With positive feedback.

Case study

Reynolds has successfully completed her 12- weeks of preceptorship. Unfortunately, the preceptor does not have his competency checklist. He tells him not to worry about it because everyone knows that he did a great job. Do you agree with this response? If you were the preceptor how would you have handled this situation? How often should check lists be completed and brought to work?

Appendix C: Pre- and Posttest Knowledge Acquisition

1. Competency checklist should be looked at on the last day of orientation T/F?

2. Corrective feedback can be give during orientation. T/F?

3. As the preceptor, you can not involve your immediate supervisor if there is conflict between you and the preceptee. T/F?

4. A preceptor's role includes coaching, guiding, and creating an effective learning experience. T/F?

5. You will never have to care for your own patients while precepting. T/F?

6. List three things you must discuss with your preceptee on day one

7. Will all your preceptees be ready for a full assignment at the same rate?

8. What are the resources that can help you after the precepting training is completed? (Name 2).

9. How is a preceptor program beneficial to nursing?

10. List two qualities or requirements of a preceptor

Appendix D: Evaluating Self-Reported Confidence

How confident do you feel about your abilities to complete your responsibilities as a

preceptor? Please answer using the given key.

1. Very confident. 2. Somewhat confident. 3. Not at all. 4. Unsure.

1. To provide a safe environment for the residents while still overseeing the

   preceptee.

2. To provide positive feedback to a learner.

3. To provide corrective feedback to a learner

4. To set limits with a preceptee

5. To handle conflicts during preceptorship

6. To evaluate your preceptee's performance during the orientation period

7. To determine who will need more precepting time after the 6-week orientation

   period has ended.

8. To give recommendations to the preceptee

9. To assign patients to the preceptee

10. To handle your own patient load while precepting

Appendix E: Program Evaluation

EDUCATION EVALUATION FORM

As a learner please assist in the evaluation of this presentation. Please circle the number beside each statement that best reflects the extent of your agreement. Thank you.

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agrees 5=Strongly Agree

Content					
1. The content was interesting to me.. 1	2	3	4	5
2. The content extended my knowledge of the topic..................... 1	2	3	4	5
3. The content was consistent with the objectives......................... 1	2	3	4	5
4. The content was related to my job.. 1	2	3	4	5
5. Objectives were consistent with purpose/goals of activity........ 1	2	3	4	5
Setting					
1. The room was conducive to learning.. 1	2	3	4	5
2. The learning environment stimulated idea exchange................ 1	2	3	4	5
6. Facility was appropriate for the activity..................................... 1	2	3	4	5
Faculty/Presenter Effectiveness					
1. The presentation was clear and to the point.............................. 1	2	3	4	5
2. The presenter demonstrated mastery of the topic...................... 1	2	3	4	5
3. The method used to present the material held my attention...... 1	2	3	4	5
4. The presenter was responsive to participant concerns............... 1	2	3	4	5
Instructional Methods					
1. The instructional material was well organized........................... 1	2	3	4	5
2. The instructional methods illustrated the concepts well............ 1	2	3	4	5
3. The handout materials given are likely to be used as a					
future reference.. 1	2	3	4	5
4. The teaching strategies were appropriate for the activity.......... 1	2	3	4	5
Learner Achievement of Objectives					
1. Describe qualities of an effective preceptor.............................. 1	2	3	4	5
2. Identify effective communication strategies.................... 1	2	3	4	5
3. Explore methods of giving positive feedback…......... 1	2	3	4	5
4. Describe effective conflict resolution strategies.............. 1	2	3	4	5

Comments: