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Preceptor Training and Nurse Retention

Laurie Lynn Squillaci
Walden University

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Laurie Squillaci

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Review Committee
Dr. Cassandra Taylor, Committee Chairperson, Health Services Faculty
Dr. Jennifer Nixon, Committee Member, Health Services Faculty
Dr. Oscar Lee, University Reviewer, Health Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
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Abstract

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MSN, Walden University, 2011

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Nurse turnover is a significant problem that has led to a nursing shortage in hospitals, particularly in rural hospitals. The nursing shortage will continue to grow if changes are not implemented to retain qualified nurses. Nurse turnover puts patients at risk for substandard care and increases healthcare-related costs, as organizations try to recoup costs to train and orient new nurses. Retention, turnover, and quality of care are important organizational drivers. One strategy that targets each of these drivers is to have newly hired nurses partake in a preceptorship, where a preceptor facilitates the assimilation and amalgamation of newly hired nurses into their role. Guided by the preceptor conceptual framework, the purpose of this project was to develop and plan a preceptor-training program, which targeted the field sites specific needs. Preceptor and preceptee roles were defined and training modules were created on topics such as communication, adult learning, diversity, time management, assessment, critical thinking, and problem solving. One master binder was created that contained the content required to teach each module of the preceptor-training program. The field site will use this information in conjunction with different delivery methods to implement and evaluate the program. The evaluation plan is to perform formative evaluation after each module is presented and summative evaluation at the conclusion of the allotted training days, using a Likert scale questionnaire. Establishing an instructive program for preceptor training may assist and support preceptors in their role; this program may also affect the preceptee's job satisfaction and ultimately, retention. Safe, efficient, quality care is the cornerstone of the social change implications in practice. Preceptors may feel better about the precepting process and patients may benefit from improved care.

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Dedication

I dedicate this project to my infinitely patient husband. He has supported and encouraged me throughout my educational journey. He has unselfishly allowed me to accomplish my dream, and for that, I am eternally grateful.

I also dedicate this project to my daughter, for her consistent acceptance of my parenting and for her continued love and support, despite my shortcomings. I want her to know that anything is possible, if you are truly motivated and focused. Go after your dreams sweet child of mine!

My love of education stems from the influences of my mother and father, my stepfather, and my grandparents. I appreciate their gentle nudging to always strive for more and to excel in all that I do. This accomplishment has been realized through their support and guidance, and therefore, this is also dedicated to them.

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I would like to thank my preceptor, for without her, there would be no project. She is truly amazing and inspirational.

I would like to thank the field site for allowing me to complete my practicum in their organization and I would like to thank the staff for accepting me as one of their own.

I want to thank all of the many people who have supported me and encouraged me on my educational journey; I cannot express my heartfelt thanks and gratitude.

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Section 1: Nature of the Project

Introduction

The ability of organizations, such as hospitals, to retain qualified nurses has become increasingly difficult for a number of reasons. Reasons range from low pay and long hours to high acuity and patient load. Nursing turnover may contribute to deterioration in care (Reitz, 2009). Retention, turnover, and quality of care are important organizational drivers. Each of these drivers has organizational financial implications and is costly in economic terms. Costs include loss of talent and organizational knowledge as well as the direct cost of hiring and training new staff (Cottingham, DiBartolo, Battistoni, & Brown, 2011).

One nurse retention strategy is to have newly hired nurses partake in a preceptorship. Precepting is a way to enculturate new employees into their role. A preceptorship in nursing creates a professional, collegial relationship between an experienced nurse and a newly hired nurse, within an organization (Smedley, 2008). The preceptor facilitates the assimilation and amalgamation of the newly hired nurse into their role, focusing on professional growth, interprofessional relationships, and clinical skills required for the job. Establishing an instructive program for preceptor training will assist and support the preceptor in their role, will maximize their strength's, and subsequently, may affect the preceptee's job satisfaction and ultimately, retention.

In this project study, I created a preceptor-training program that could be used as a retention tool. I developed this training while working at a hospital field site. The purpose of this project was to develop and plan a preceptor-training program. The project

objective was to create the materials needed for the field site to implement and evaluate a preceptor-training program.

Problem Statement

Nurse retention and turnover is a significant problem that has led to a nursing shortage in hospitals. The nursing shortage will continue to grow if changes are not implemented to retain qualified nurses in rural communities, as rural hospitals have a limited pool of qualified nurses from which to choose. This puts patients at risk for substandard care and increases healthcare related costs, as organizations try to recoup costs to train and orient new nurses. According to Bland Jones and Gates (2007), nurse turnover can cost an organization upwards of $60,000 per nurse.

Bland Jones and Gates (2007) also indicated that there are several hidden costs that are not apparent with nurse turnover, such as the cost of advertisement and recruitment, hiring, and orientation and training. In the interim, organizations pay high prices for agency nurses, pay overtime, and some have to close units for lack of staff. These situations can lead to decreased productivity, potential patient errors, and compromised quality of care (Reitz, 2009).

Another consequence of nurse turnover is the loss of organizational knowledge. As nurses leave organizations, they take with them the established organizational knowledge, norms, cultures, and mores (Cottingham, DiBartolo, Battistoni, & Brown, 2011). This means that part of the organizations history leaves with the employee. The loss of organizational knowledge may compromise initiatives related to quality and process improvement.

Organizations with high nurse turnover also experience lower fiscal profitability (Cottingham, DiBartolo, Battistoni, & Brown, 2011). Most rural hospitals do not have a new graduate program and will not invest in training new graduates and new staff in a lengthy orientation process (Baker, 2010). The increasingly arduous everyday workload of hospital nurses has led to a crisis in recruitment and retention (Hart, 2005).

This problem has two origins: the nursing shortage and nurse turnover. The nursing shortage directly effects nurse retention and contributes to increased nurse turnover. According to Reitz (2009), the nursing shortage aggravates and intensifies nurse turnover and related costs. This is directly linked to problems with increased patient workloads, scheduling difficulties, poor leadership, the work environment, interpersonal and interprofessional relationships, and lateral violence (Christmas, 2008). Subsequently, a high turnover rate disrupts the organizations capability and capacity to provide safe, quality care. This is especially prominent in organizations with high nurse patient ratios (Christmas, 2008).

Nurses also struggle with new information and new technology, as our healthcare environment is ever changing. The result of these combined problems results in difficulty for new nurses to acclimate to their role. Currently, there is a lack of reliable, consistent education, and support for the preceptor at the field site, this relates to unfavorable turnover and retention rates.

Purpose Statement and Project Objectives

The purpose of this project was to develop and plan a preceptor-training program. The project objective was to create the materials needed for the field site to implement and evaluate a precepting training program.

Significance/Relevance to Practice

According to a human resource liaison, currently, the demand for qualified nurses at the field site exceeds the available surplus in the rural community, and the nurse turnover rate averages 15% per year. Examining strategies to attract and retain nurses in this complex health care environment is required in order to decrease current turnover rates. The current processes were examined and analyzed by the field site; the results necessitated this practice change in order to facilitate and influence nurse retention, quality of care, and patient safety.

A substantial body of knowledge exists on the consequences of high nurse turnover. Organizations with nurse turnover rates of 12% to 44% have higher risk-adjusted mortality rates, poorer quality of care, decreased patient satisfaction, and longer patient length of stays (Bland Jones & Gates, 2007). This is a significant issue; especially, looking at an organization's fiscal longevity, as these are organizational drivers that are directly related to CMS reimbursement scales. Professional nursing practice is challenging and nurse shortages may negatively affect patient care.

The nursing profession is known for horizontal violence and nurse bullying (Dowdle-Simmons, 2013). One of the contributing factors in nurse turnover is bullying. According to Embree and White (2010) lateral or horizontal violence negatively

influences quality patient care and safety. Lateral or horizontal violence is extremely expensive for healthcare organizations, as nurses leave positions and poor quality outcomes lead to decreased reimbursement (Embree & White, 2010). This is, in part, due to the use of quality indicators, as part of reimbursement scales. Preceptor training may help alleviate some of this lateral or horizontal violence, currently seen in nursing.

Equally important, assimilation into a new role can be exigent and stressful for any nurse, without proper support and guidance. A preceptor can help facilitate this process; however, many preceptors feel ill prepared to assume this role (Foy, Carlson, & White, 2013). According to Romp and Kiehl (2009), preceptor training has an impact on the satisfaction of the preceptor, as well as the new nurse employee (preceptee). This is important because the cost of training new employees is extensive.

Once an employee is trained, the goal of any organization is to keep the employee in their employment. DeWolfe et al. (2010) indicated that preceptor-training programs are essential for educating and strengthening preceptor abilities. A preceptor-training program will provide preceptors with the essential tools they require to be successful in performing the preceptor role. Dedicated and skilled preceptors may play a vital role in nurse retention.

Benefits of nurse retention include improved patient safety and quality of care, patient satisfaction, nurse satisfaction and socialization, and nurse safety (Bland Jones & Gates, 2007). Preceptorships encompass other benefits as well. Both the preceptee and preceptor experience improved job satisfaction (Foley, Myrick, & Yonge, 2013). This effectively translates into effective patient care, leads to patient satisfaction, increases

quality care and safety. Both the preceptor and preceptee experience achievement of planned learning outcomes, as they gain skills and knowledge that facilitates professional development (Foley, Myrick, & Yonge, 2013). Preceptors foster a supportive, caring environment that encourages professional growth and nurse leadership (Foley, Myrick, & Yonge, 2013). Preceptee's provide the seasoned nurse with an opportunity to contribute to the growth of a colleague and pass on key information and experience related to nursing and the unique needs of the organization. Together, they provide a supportive and healthy workplace environment.

Evidence-Based Project Significance

Employee turnover is one of the most disruptive and costly problems facing organizations today. This effectively impacts rural hospitals substantially, as rural hospitals have a limited pool of qualified nurses to choose from, due to the rural setting. According to Christmas (2008), in the first year of employment, the turnover rate for new nurses is over 27%. According to Bland Jones and Gates (2007), organizations can implement various strategies that will improve nurse retention. These strategies include strong organizational leadership, involving nurses in decision making related to patient care delivery and practice, ensuring safe staffing levels, improving nurse's wages, and attention to the enculturation process. According to a human resource liaison during exit interviews, nurses leaving the field site organization discussed the disjointed assimilation and precepting processes. Due to this fact, leadership partnered with nurses and found that, in order to meet the organizations diverse needs and budget constraints, a preceptor-training program was needed to address concerns with nurse retention and turnover.

According to the American Nurses Association (ANA, 2010), advanced practice nurses have the responsibility to mentor other nurses and colleagues, and serve as a role model by advancing clinical and professional practice and experience. Preceptors serve a vital role in supporting a new employee's transition and assimilation into their new role, and should be selected and carefully trained based on pedagogical concepts (Carlson, 2013; Robitaille, 2013). Preceptors welcome new employees into an organization and guide them through the orientation process and beyond. Preceptor responsibilities should be clearly defined and training should include communication and conflict management, as well as prepare the preceptor for potential challenges that may arise and provide strategies on how to address these issues (Carlson, 2013; Robitaille, 2013).

A plethora of research exists on implementing preceptor-training programs. It is important to assess and address factors that will improve nurse retention, as training new staff can be an expensive expenditure rural hospitals do not have the financial resources for. This is in part due to changes in the healthcare payer system, the increasing demand for qualified and trained nurses, and the limited pool to recruit nurses from in rural communities. According to Holtom and O'Neill (2004), the cost of recruiting and orienting new RN's can cost upward of $67,000. Benefits of precepting programs include retention of talent, increased professional competency, reduction in turnover and orientation cost, cost-effective staff development, and decreased lateral violence (Embree & White, 2010).

Implications for Social Change in Practice

This project may make a difference in nursing practice and may change the lives of nurses. Nurses may feel better about what they are doing and, as a result, patient safety and quality of care may improve. In addition, the organizational costs of turnover may decrease.

Safe, efficient, quality care is the cornerstone of this social change in practice. Social change is accomplished by creating a more collegial, cooperative, work environment. This social implication may translate to increased nurse retention, improved socialization, and administration of safe, efficient, quality care. Social change is thereby effected by creating personal relationships, improving job satisfaction, decreasing lateral violence, creating a healthy workplace environment, and providing the opportunity for a seasoned nurse to pass the torch in career development.

Definitions of Terms

Preceptor - An experienced and competent professional staff nurse who has received formal preparation to aid in the training of a new nurse employee; serves as a role model and resource; mentor; incorporates own experience into learning; supports and encourages another, as that individual grows and develops professionally and personally; helps preceptee realize potential (Shinners, Mallory, & Franqueiro, 2013; Smedley, 2008; Smedley, Morey, & Race; 2010; Van Stolk, 2003).

Preceptee - Nurse who is the recipient of planned learning, as a new employee; orientee; is new to a facility, department, and/or unit and participates in a planned

orientation program; an active learner who is engaged in learning from a preceptor; new hire, adjusting to new environment (Sandau, Cheng, Pan, Gaillard, & Hammer, 2011).

Preceptorship - A learning opportunity for professional nurses to gain hands-on experience in a healthcare setting, under the guidance of someone who is experienced in their field; provides support for the new nurse in the work environment; a planned program that helps to introduce and integrate the preceptee into the work setting (Smedley, 2008; Smedley, Morey, & Race; 2010; Woloschuk & Raymond, 2012).

Retention - Ability to keep a nurse in employment within an organization; retain nurse; focus is to prevent nurse turnover (Bland Jones & Gates, 2007).

Turnover – Refers to nurses leaving employment within an organization; leads to increased vacancy of nursing positions (Bland Jones & Gates, 2007).

Rural hospital – Has 100 or fewer beds; serving a population of less than 10,000 people; geographically separate from large cities and towns; country (Newhouse, Morlock, Pronovost, & Breckenridge-Sproat, 2011).

Preceptor-Training Program – An educational training program that is targeted to improve the skills, knowledge, and abilities of the preceptor to precept the preceptee (Smedley, 2008).

Assumptions and Limitations

Assumptions are necessary in the context of the project as they identify aspects of the project believed to be true but cannot be confirmed to be true. Assumptions regarding this project included that the preceptor-training program will increase the skills and abilities of the preceptor to precept the preceptee. I also assumed that the program would

advance nursing practice and improve the quality of care provided and ensure patient safety. Conversely, I assumed that the preceptor may not be competent to assume the role or possess the educational qualifications and lived experience that may be required to adequately assimilate a preceptee into their role. Lastly, a final assumption was that preceptorships are mutual, respectful, and collaborative and that the preceptor wants to collaborate with and assist the preceptee to assimilate into their new role.

Limitations come in many forms and will be reasonably addressed to eliminate potential bias. There are limitations with this project and one is stakeholder buy in. There may have been a lack of interest in the preceptor role as there is no incentive, compensation, recognition, or advanced title associated with becoming a preceptor. Another limitation was the possibility of a rouge preceptor who may not utilize all of the skills presented in the training program when dealing with the preceptee. Preceptor personality and behavior may have been a limiting factor in their ability to implement the precepting role. Lastly, the approach to selecting preceptors and the approach to project implementation may also have been a limitation. Cottingham, DiBartolo, Battistoni, and Brown (2011) indicate that there are innumerable reasons nurses leave their positions. The reasons cannot be accounted for in this project and may not necessarily be related to the preceptee's enculturation into the organization. According to Reitz (2009), retention is an outcome, not a linear process (as is turnover).

Summary

Substantial evidence supports the position that nurse turnover is costly. A preceptor-training program has the potential to affect nurse retention and staff turnover

on many levels (Smedley, 2008). It is a safe and structured way for nurses to master the skills they need to succeed. Effective preceptorships affect the workplace by creating a continuous learning environment. Nurses that serve as preceptors feel more connected to the organization and have a sense of purpose. New nurse preceptee's develop confidence in the clinical setting and appreciate having a preceptor that is invested in their success. Preceptor-training programs are essential in equipping preceptors with the tools they need to be successful in the role and to effectively assimilate nurse preceptee's into their role.

Section 2: Review of Literature and Conceptual Framework

Review of Literature

This section includes a critical review of the literature that documents the value and importance of preceptor-training programs. For this study, I conducted a comprehensive synthesis and analysis of the literature by searching the Walden Library Databases. Databases that I used for the search included: ProQuest, Ovid, and Ebscohost. Key search terms included: *precepting, preceptorships, preceptor preparation, preceptor, preceptee, clinical competence, new graduate nurse, nurse, nursing, retention, turnover, cost, perceptions, mentor, mentoring, adult learning, novice to expert,* and *lateral and horizontal violence*. Over 90% of the articles that I referenced and analyzed were published within the past 5 years. Articles older than 20 years were excluded for analysis.

Retention and Turnover

According to the existing research, reasons for nurses leaving their jobs include the nursing shortage, high pressure, overtime work, burnout, heavy workload, interpersonal and interprofessional relationship problems with colleagues, inadequate assimilation into their role, and inadequate support from administrators (Rajan & Chandrasekaran, 2013). One way to curtail this exodus is to establish a preceptor-training program (Dowdle-Simmons, 2013). Researchers have indicated that nurse turnover is a serious issue that hospitals must address (Reitz, 2009).

According to Bae, Mark, and Fried (2010), nurse turnover affects workflow processes that impact patient outcomes. Organizations with low turnover rates have less adverse patient outcomes and increased patient satisfaction (Bae, Mark, & Fried, 2010).

High nurse turnover leads to an increased reliance on contract labor or paying high prices for overtime work (Trepanier, Early, Ulrich, & Cherry, 2012).

According to Trepanier, Early, Ulrich, and Cherry (2012), overtime work increases nurse burnout, which potentially has a negative influence on patient safety. Cho, Lee, Mark, and Yun (2012) suggested that in order to reduce turnover, organizations could implement strategies to improve job satisfaction. Improving the processes for interpersonal communication and assimilation, via a precepting program, may be a way to improve job satisfaction.

According to Friedman, Cooper, Click, and Fitzpatrick (2011), first year retention ranges from 25% to 64%. Specialized precepting programs can help support new nurses in their role and have been documented to decrease turnover and improve retention (Friedman, Delaney, Schmidt, Quinn, & Macyk, 2013). A study by Trepanier, Early, Ulrich, and Cherry (2012) indicated that a new nurse precepting program decreased turnover from 36% to 6% in a 12-month period of time. A 12-week precepting program by Orsini (2005) decreased nurse turnover from 22% to 7%. These are significant findings that have direct financial implications.

In economic terms, nurse turnover can be costly for organizations. The nursing shortage and the instability of the continuous decline in reimbursement has organizations examining factors that could improve fiscal longevity (Trepanier, Early, Ulrich, & Cherry, 2012). Ulrich, Krozek, Early, Ashlock, Africa, and Carman (2010) indicated that there are direct and indirect costs related to turnover. These costs directly influence and affect quality of patient care. Temporary staff can cost more than 10% of the nurse

staffing budget (Friedman, Delaney, Schmidt, Quinn, & Macyk, 2013). Filling vacant nursing positions with contract labor creates a financial liability for organizations, as these services are costly and may negatively affect patient care with the loss of knowledge regarding the organizational culture. Trepanier, Early, Ulrich, and Cherry (2012) noted that as the nurse turnover rate dropped, the use of contract labor decreased. This directly led to a cost savings of upward of $19,000, per average daily census.

According to Trepanier, Early, Ulrich, and Cherry (2012), the cost of replacing a new nurse could cost upwards of $90,000 per nurse. Friedman, Cooper, Click, and Fitzpatrick (2011) conducted a retention study and found that annual organizational finances were positively impacted by specialized precepting programs and that they decreased nursing turnover. They go on to mention that reducing nursing turnover may have a cost savings of two times a nurse's annual salary. In the study, Friedman et al. note that retention of nurses may result in an annual savings of $300,000. This number factors in the reduced cost of travelers and the reduced cost of advertisement and recruitment.

Nurse turnover is especially proliferating with new nurses. The rural environment presents unique challenges to the new nurse (Dowdle-Simmons, 2013). New nurses can experience extreme role stress when transitioning into the workforce. Mitigating forces include the reality shock of high performance expectations, complex technology, high acuity environments, perceived mistreatment by colleagues, decreased length of stay, and increased accountability (Trepanier, Early, Ulrich, & Cherry, 2012). This is especially prominent in the rural setting, as these nurses lack anonymity regarding their success and

failures, which can lead to incidences of lateral violence (Dowdle-Simmons, 2013). Nurses that feel unsupported in their role transition have higher rates of turnover. According to Kovner, Brewer, Greene, and Fairchild (2009), within the first year of employment, almost 20% of new nurses leave their job and over 25% will leave within the first 2 years of employment.

Friedman, Delaney, Schmidt, Quinn, and Macyk (2013) indicated that first year turnover can be upwards of 75%. Part of the problem in transitioning new nurses stems from their inexperience, ineffective clinical judgment, and the inability to translate knowledge and theory into practice (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). According to the Institute of Medicine (2011), carefully managing this transition can help reduce turnover rates. One way to manage this transition is with a preceptorship. According to a 10-year study by Ulrich, Krozek, Early, Ashlock, Africa, and Carman (2010) participation in programs that facilitate assimilation, such as preceptorships, decreases nurse turnover. The consequence of not nurturing new nurses is professional discouragement, decreased moral, and of course, turnover (Dowdle-Simmons, 2013).

Preceptorship

Preceptorships are an approach to enhanced clinical competence. Preceptorships have been used in business, education, health care, medicine, and more specifically, nursing. A preceptorship in nursing pairs a new nurse (preceptee) with a seasoned, experienced nurse (preceptor) for a specified duration of time (Shinners, Mallory, & Franqueiro, 2013). A preceptorship is an organized instructional program in which a preceptor facilitates the assimilation of a new nurse into their role responsibilities, in the

work setting (Myrick, Yonge, & Billay, 2010). Preceptorships help the preceptee to develop confidence and autonomy, refine skills, critically think, and successfully transition from a novice nurse to a competent practitioner. A preceptorship helps support the new nurse by providing collaboration, constructive feedback, emotional support, promoting professional behaviors, and creating a professional relationship that is welcoming.

Rural hospitals have limited resources in which to maintain formal preceptorship programs; subsequently, they experience a higher rate of nurse turnover (Dowdle-Simmons, 2013). Rural preceptorships are a vehicle for recruitment and retention (Yonge, Myrick, & Ferguson, 2011). Morgan, Mattison, and Stephens (2012) noted that preceptorships increased job satisfaction, which translates into improved retention. However, the success of the preceptorship is directly dependent on the preceptor-preceptee relationship (Yonge, Myrick, & Ferguson, 2011). Yonge, Myrick, and Ferguson (2011) indicated that conflicting literature exists on whether the preceptor and preceptee should establish a personal relationship during the course of the preceptorship. Establishing criteria to match the preceptor and preceptee will be a vital component of the preceptor-training program, as this relationship will help support the preceptee's' transition to practice.

Rodrigues and Witt (2013) conducted a study and concluded that, before a preceptorship begins, formal preceptor education (based on pedagogical concepts) is required; thus, necessitating the need for a preceptor-training program. Eddy (2010) noted that preceptor preparation lags behind the need and that preceptor-training

programs lead to successful preceptorships. Yonge, Myrick, and Ferguson (2011) noted that rural preceptors lack access to "preceptor preparation programs, networking opportunities, and other teaching-learning professional development" opportunities and that useful strategies should be utilized to support the preceptor role (p. 1.). This can be accomplished through a preceptor-training program.

The value of preceptorships in nursing has been well defined in the literature. Preceptorships support lifelong learning, professional development, and promote a multidisciplinary approach to patient care (Duteau, 2012). Preceptorships create personal relationships and foster inclusion and acceptance into the established organizational social network, as well as creating a safe setting for clinical skill acquisition (Duteau, 2012). According to Duteau (2012), well planned preceptorships improve a nurse's socialization and confidence, boost their organizational knowledge and skills, improve their communication, and contribute to higher clinical efficiency. Preceptorships decrease lateral violence and create a work environment that is ripe for learning, exploring, and questioning, without the fear of reprisal (Foley, Myrick, & Yonge, 2013).

According to Shinners, Mallory, and Franqueiro (2013), preceptorships create a pathway to success that includes staff development opportunities, offering support for workplace stress, sharing of information, and increased job satisfaction. Singer (2006) noted the benefit of preceptorships to include improved recruitment and retention of nurses, professional growth of nurses, and development of nurse leaders. Rodrigues and Witt (2013) noted that preceptorships create leadership opportunities, improve communication and conflict management skills, promote professional autonomy, and

facilitate teamwork. Morgan, Mattison, and Stephens (2012) noted the benefit of preceptorships on patients, indicating that nurses that participate in preceptorships are more confident and knowledgeable, which translates into a safer environment for care delivery. Preceptorship programs control organizational costs through retention and improved quality of care (Bland Jones & Gates, 2007). These combined benefits have been shown to improve quality and patient safety.

Preceptorships serve multiple purposes and have several desired outcomes, from improved retention to improved quality of patient care. Morgan, Mattison, and Stephens (2012) indicated that the preceptor and preceptee experience increased professional competency, increased job satisfaction that in turn produced patient satisfaction, and that they became more knowledgeable and confident in their abilities to perform their role. These combined benefits have been shown to improve quality and patient safety (Duteau, 2012). As a result, the organization can experience a decrease in patient complaints and adverse outcomes and greater recruitment and retention of talent, which leads to a reduction in turnover and orientations costs (Duteau, 2012).

Development of a Preceptor Training Program

Preceptors lack effective support in understanding their role, in training, and from colleagues (Duteau, 2012). In order to support preceptors and facilitate an effective preceptorship, a preceptor-training program must be developed. Organizational commitment and a collaborative evidence based approach are required to implement and facilitate a successful preceptor-training program (Smedley, 2008). A preceptor-training program is simply a dedicated educational program designed to train and equip the

preceptor with the skills and abilities required to effectively precept the preceptee. A preceptor-training program should provide preceptors with the tools needed to effectively fulfill the role (Duteau, 2012). The preceptor-training program should include educational elements focused on understanding learning styles, conflict management, evaluation and assessment, clinical teaching strategies, collaboration, and establish how to best match a preceptor and preceptee (Duteau, 2012).

Matching the preceptor and preceptee is not an easy task. Personality clashes can occur. In order to minimize poor placements, criteria for preceptor characteristics, qualifications, and selection should be designed as part of the program. According to Duteau (2012) "Criteria should include clinical expertise, willingness to act as a role model, the desire to teach and foster learning, excellent communication skills, and evidence of ongoing teamwork (p. 41)." Preceptors should be welcoming, nurturing, supportive, foster growth and professional development, and skilled at providing feedback.

How to best accommodate learning needs and schedules should also be taken into consideration when planning to develop a preceptor-training program. According to Krampe, L'Ecuyer, and Palmer (2013) when planning a preceptor-training program, the learning needs of both the preceptor and preceptee should be examined, along with the logistics of when and how the training will occur. Krampe, L'Ecuyer, and Palmer (2013) developed a five-module curriculum in which they covered topics such as innovations in nursing education, clinical learning, student issues in clinical education, the dynamic relationship of preceptor and preceptee, and the nurse preceptor's role in evaluation.

Characteristics of each module included an outline, objectives, a PowerPoint presentation, a five-question post-quiz, and specific learning objectives. The course was approximately 4 ½ hours long, offered 4.5 contact hours of continuing education credit, and was also time that was compensated by the organization (Krampe, L'Ecuyer, & Palmer, 2013).

According to Sandau, Cheng, Pan, Gaillard, and Hammer (2011) preceptors require specific tools to effectively perform their role and to develop critical thinking in themselves and in their preceptee's. Preceptors should be provided guidance on how to share their stories with preceptee's, in order to facilitate critical thinking. Training should also include deflection of lateral violence and respect for diversity; this can be accomplished by role play (Sandau, Cheng, Pan, Gaillard, & Hammer, 2011). Sandau, Cheng, Pan, Gaillard, and Hammer (2011) also stated that training should include information on how to actively coach the preceptee, how to deal with the preceptee that may have a different personality, leaning style, and ethnic background, and how to provide effective feedback.

Ulrich (2011) discusses the need for preceptors to be competent at precepting. While there are varied ways for preceptors to gain competency, Ulrich (2011) suggested that the preceptor have knowledge and training of adult learning theories and learning styles, specific learner populations, teaching and precepting strategies, communication and coaching strategies, and have an understanding of learner assessment and evaluation. A preceptor-training program should include the development of competence, critical reasoning and judgment, and confidence (Ulrich, 2011).

According to Singer (2006), untrained preceptors may contribute to turnover, early burnout, and job dissatisfaction. Preceptor-training programs maximize support for preceptors and must be carefully designed. Singer (2006) presents the preceptorship conceptual framework that was developed by Craven and Broyles. This framework includes interlocking rings that include and depict the preceptor, preceptee, administrative support, educational support, and incentives. These five areas create the foundation for a successful precepting program. Preceptors should learn how to identify characteristics of Benner's stages of novice to expert during precepting training (Sandau, Cheng, Pan, Gaillard, & Hammer, 2011). During training preceptors should be taught how to tailor their approach to the preceptee based on these stages and adult learning principles.

An effective preceptor-training program should include clearly identified preceptor-preceptee roles and responsibilities, and delineate where to find the time for precepting (Sandau, Cheng, Pan, Gaillard, & Hammer, 2011). Preceptor-training should include a clinical coaching plan that outlines specific goals, activities, and measurable outcomes, which should encompass and consider adult learning principles in order to foster the progression of the novice through all core competency requirements. Specific planning for critical thinking development can occur through weekly meetings, case scenarios, documentation tools, discussion and/or problem solving, and valid and reliable tools for competency verification that identify specific, measurable criteria for assessment (Sandau, Cheng, Pan, Gaillard, & Hammer, 2011).

Conceptual Models

Three conceptual models will be explored and incorporated into the design of the precepting training program. Conceptual frameworks will help guide the preceptorship and assist in alleviating some of the difficulties experienced by the preceptor and preceptee. The Preceptor Conceptual Framework will serve as a basis for the development of the preceptor-training program, which will include elements of adult learning theory and Benner's novice to expert nursing theory. This collaborative, integrative approach will promote, support, and enhance effective training for both the preceptee and preceptor.

Preceptor Conceptual Framework

The preceptor conceptual framework proposes a synergistic model of interlocking rings that link the preceptor, preceptee, administrative support, educational support, and incentives (Singer, 2006). The preceptor is critical to the success of the preceptor-training program and preceptorship. Preceptors are a valuable resource that help guide and support new nurses in their role assimilation. They share their learned and lived nursing expertise and clinical knowledge, provide teaching and support, socialization, and objectively evaluate and critique the preceptee, while acting as clinical role model (Ulrich, 2011). Preceptors should be carefully chosen based on criteria that is important to the organization. The preceptee could be new nurse graduate, newly hired to a new specialty, a new hire with experience, or a nursing extern. Preceptor and preceptee's should be matched based on preferred learning styles (Hyrkas, Linscott, & Rhudy, 2014). Administrative support is required to support and move the preceptor-training program

forward. Administrative support shows the preceptee that the organization is invested in their success (Singer, 2006). The administration has the responsibility to ensure that appropriate preceptor candidates are selected and trained (Ulrich, 2011). Administration can also validate the preceptor through incentives. Educational support includes the training that the organization will provide that covers the various dimensions of teaching the preceptor on how to best orient the preceptee. Incentives for the preceptor are a critical component that provides an extrinsic factor to motivate preceptors to participate in the training program (Singer, 2006). Incentives include monetary compensation or differential in pay, recognition dinners, and award ceremonies (Biggs & Schriner, 2010).

Adult Learning Theory

Various approaches exist that discuss and explain how adults learn best. Adults have different leaning needs than children, and adult learning should be approached from a perspective that has adult learning needs in mind (O'Neil, Fisher, & Newbold, 2009). Understanding how adults learn is an important component in developing the preceptor-training program. Adult leaning theory, or andragogy, is based on a series of assumptions that provides a foundation that facilitates adult learning in a way that is meaningful and appropriate to the learner, which is based on one's life experience (O'Neil, Fisher, & Newbold, 2009). Life experience acts as a resource and stimulus for adult learning (Orsini, 2005).

McEwin and Wills (2011) noted the six key assumptions of adult learners, according to Knowles' adult learning theory. The six assumptions include a) Need to know: Adults need to know the reason why they need to learn something, b) Self-

concept: As people mature their self-concept moves from a state of dependency to one of self-directedness, c) Experience: Maturation provides experiences that serve as a resource for learning, d) Readiness to learn: Real life issues create a readiness in the adult to learn, e) Orientation to learning: Maturation changes ones time perspective from one of postponement to immediacy of knowledge application, f) Motivation: Maturation allows an adult to respond better to internal motivators versus external motivators (McEwin & Wills, 2011).

The adult leaning theory was successfully used by Curran (2014) to examine the teaching styles of professional nurses. Curran (2014) discussed Knowles adult learning theory and noted that adult learners are self-directed, motivated to learn, and that teaching styles can influence learner outcomes. Learning activities should actively and collaboratively engage adult learners. Curran (2014) noted several key points related to andragogy which include that a) learners will resist learning if they feel others are imposing on them, b) learning is collaborative, c) experience will impact the learners' approach to learning; peer learning is emphasized and encouraged based on the experiences of individual learners, d) learning needs assessments, both formal and informal, identify learner needs, e) learning is not generally acquired through subject matter content, adults are life centered, not subject matter centered; active learning activities are more meaningful and relevant to adult learners, f) motivation is both external (i.e., better jobs, promotions, higher salaries) and internal (i.e., desire to increase job satisfaction, self-esteem, quality of life, sense of purpose), and g) learner needs assessments; case and problem solving scenarios, role-play, interactive discussions,

storytelling, learning games, work examples, and simulation; short periods of lecture interspersed with interactive learning activities should be part of the teaching methods.

Important features of adult learners include the idea that learning is a self-directed process that incorporates past learning experiences and critical reflection to form new meaning (Billings & Halstead, 2009). Adult learning is experiential learning that should include critical thinking and problem solving components, which focus on matters that are of immediate significance to the needs of the learner (Gatti-Petito, Lakatos, Bradley, Cook, Haight, & Karl, 2013). Adult learners bring different backgrounds, interests, and motivation to the learning environment. They bring previous experiences as learners and these experiences must be built upon and instructors, or preceptors in this case, must be responsive to it (Billings & Halstead, 2009).

Adult learners have preferred learning styles, bring previous experience to the learning environment, and develop competency at different paces. Consequently, consideration should be given to how previously learned knowledge and experience influences new learning (Billings & Halstead, 2009). The preceptor-training program and preceptorship should provide opportunities where preceptors and preceptee's engage in real world application to demonstrate competency in cognitive knowledge, clinical reasoning, and ethical comportment. Adult learners are active in the learning process when they feel that the information presented is pertinent to their individual needs, whether professional or personal.

According to Billings and Halstead (2009), adult learners accept responsibility for collaborating in the planning of their learning experiences, adopt goals, actively

participate in the learning experience, pace their leaning, and monitor their progress. The preceptor and the preceptee will both benefit from understanding the progression of thinking from lower forms to higher forms, as they participate in the preceptorship and move along the continuum from novice to expert. This way, the process of learning becomes the focus not the content, and concepts such as physical comfort, mutual trust and respect, openness, and acceptance are reinforced. The use of adult learning theory supports self-directed learning and will support a self-directed, learner-centered preceptor-training program design and teaching methods that will promote transference of knowledge into the workplace (Curran, 2014).

Benner's Novice to Expert Nursing Theory

Learning is the process where knowledge is created through the transformation of experience. Experience is then translated through reflection into concepts, which in turn is used as a guide for active experimentation in new experiences (Curran, 2014). Benner's nursing theory identified five levels of experience: novice, advanced beginner, competent, proficient, and expert. These five levels or stages identify the acquisition of knowledge and skill through nursing experience and portray the steady progression from novice nurse to expert nurse, as each stage builds upon the previous one (DeSandre, 2014; Dracup & Bryan-Brown, 2004; Koontz, Mallory, Burns, & Chapman, 2010).

Novice - According to Hnatiuk (2012), the novice nurse takes on a new or unfamiliar role and generally has no practical experience in which to relate to patient outcomes. Novices tend to be nursing students and use rule and fact governed logic to base their actions, and are limited and inflexible when it comes to considering the context

of a situation. Novices have limited confidence, limited critical thinking, and clinical judgment, and therefore are unable to use discretionary judgment, they have difficulty seeing the big picture, are task oriented, and tend to memorize; tell them what to do and they will do it (Downey, 1993; Hnatiuk, 2012). Therefore, they may have difficulty prioritizing patient care and organizing tasks. Preceptors should understand that nurses in the novice stage are learning to translate new knowledge as they gain experience, and that this process takes time (Downey, 1993). Novice nurses should be told and shown what to do, while provided with one-on-one support, and as they gain more experience, they will progress to the advanced beginner stage.

Advanced beginner - The advanced beginner tends to be a new nurse graduate, in the first few years of practice that demonstrates marginally acceptable performance (Downey, 1993; Hnatiuk, 2012). They tend to view all aspects as being equal, have trouble multitasking, and concentrate on remembering rules in order to provide safe patient care (DeSandre, 2014). According to Koontz, Mallory, Burns, and Chapman (2010) advanced beginners focus on task completion, not patient management. The teaching focus for the novice and advanced beginner lies with priority setting, aspect recognition, and confidence building. The preceptor will help the novice nurse and advanced beginner to gain the inherent proficiency required in an uncertain clinical setting (Dracup & Bryan-Brown, 2004). According to Downey (1993), preceptors should encourage critical thinking skills and provide individualized support that targets organization and priority setting, as these nurses perceive recurrent, meaningful patterns in the clinical setting.

Competent - The competent nurse has insight and an awareness and ability to distinguish important information from non-important information; clinical experiences contribute to this development (Koontz, Mallory, Burns, & Chapman, 2010). Koontz, Mallory, Burns, and Chapman, (2010) indicated that the competent nurse is patient focused and can more easily manage multiple patients, demonstrates efficiency by careful planning and time management skills, and has confidence in their actions; however, still lacks visualization of the whole picture. The competent nurse has been in practice for about 2 to 5 years and the teaching focus of the competent nurse should focus on decision-making games and simulations that provide practice in planning and coordinating patient care (Downey, 1993). Competent nurses will then progress to the proficient stage as they continue to gain experience and the acquisition of knowledge.

Proficient - The proficient nurse has broad experience and is intuitive with expanded personal and professional awareness (Koontz, Mallory, Burns, & Chapman, 2010). The proficient nurse has the experienced based ability to look at the whole picture, and as they perceive meaning from different situations, they anticipate and recognize subtle patient cues, in order to understand situations as complex entities (Koontz, Mallory, Burns, & Chapman, 2010). The teaching focus of the proficient nurse would emphasize case studies and inductive teaching strategies (Downey, 1993).

Expert - The expert nurse has extensive experience, demonstrates clinical reasoning, anticipates the unexpected, and can make holistic decisions, as they have an intuitive grasp of the situation; they understand what is needed and why (Koontz, Mallory, Burns, & Chapman, 2010). According to Dracup and Bryan-Brown (2004)

expert nurses do not get caught up in the technical aspects that the novice might and they use critical thinking and judgment to adapt care to the unique condition of each patient. The teaching focus for the expert nurse lies in finding new challenges and professional development. Dracup and Bryan-Brown (2004) suggested that the expert nurse become a preceptor. The expert nurse can advance clinical and professional practice experience by becoming a preceptor and participating in a preceptor-training program.

Summary

According to the ANA (2010), advanced practice nurses have a professional responsibility to mentor other nurses and colleagues, and serve as a role model by advancing clinical and professional practice and experience, which can occur through preceptorships. Preceptorships may help reduce nurse turnover and improve retention; however, preceptors should be prepared with an essential understanding of guiding principles associated with the teaching and learning relationship. The preceptor conceptual framework, adult learning theory, and Benner's novice to expert model methodology will help nurses in preceptorships develop in their clinical competence in practice.

Section 3: Approach

Introduction

The purpose of this project was to develop and plan a preceptor-training program. The project objective was to create the materials needed for the field site to implement and evaluate a preceptor-training program. In this section, I will outline how the project will realize these activities, using the following steps:

1. Assemble a project team
2. Review pertinent evidence, resources, and literature
3. Develop materials for piloting the preceptor-training program
4. Develop an implementation plan
5. Develop an evaluation plan

Assemble a Project Team

An interdisciplinary team of stakeholders, from within the organization, was chosen to act as advisors, as the project was realized. Benefits of including representatives in this process include cultivating interest, gaining trust, support, buy in, and identifying a dedicated champion to advance the initiative through the implementation and evaluation phases (Hodges & Videto, 2011). Each member brought their knowledge and expertise regarding preceptor-training programs and preceptorships to the team, in hopes of creating a collegial community of support that fostered sharing and learning.

Administrative and educational support, as noted in preceptor conceptual framework (Singer, 2006), provided the foundation for the team. The CNO acted as a

resource and figurehead as the project moves forward. The education program director functioned as the team lead and facilitator, and is a content expert. The clinical nurse educator is also a content expert, and is aware of specific unit educational needs. The writer's role in the team was to create the materials needed for the field site to implement and evaluate a precepting training program.

Review Pertinent Evidence, Resources, and Literature

The field site was a 108 bed rural hospital (48 primary care beds and 60 long-term care beds), with approximately 500 employees. According to a human resources liaison, the demand for qualified nurses exceeds the available surplus, and the nurse turnover rate averages 15%, at the field site. Organizations with nurse turnover rates between 12% and 44% have higher risk-adjusted mortality rates, poorer quality of care, and longer patient length of stays (Bland Jones & Gates, 2007).

Examining strategies to attract and retain nurses in this complex health care environment is required in order to decrease current turnover rates. The current processes at the field site were examined and analyzed by the education program director; the results necessitated this practice change, in order to facilitate and influence nurse retention, quality of care, and patient safety. The education program director at the field site indicated that a preceptor-training program could improve nurse retention and decrease nurse turnover within the facility.

In this project, I explore the strategic plan for the education department at the field site. This project not only relates to the educational strategic plan but it also connects to the organizations mission, vision, and values. These are essential to the

organization and focus on safety, character and integrity, quality and service excellence, accountability, and teamwork. These five core values guide the organizational goals and incorporate scholarship and research inquisition. These core values also drove this project forward as the team collaborated together to realize this project.

The members of the project team will collaborate to review pertinent resources and literature. I have already located several evidenced based articles relating to developing a preceptor-training program, and the education program director purchased *The Ultimate Guide to Precepting DVD Series* by Donna Wright. This precepting resource has six sessions, plus bonus material that was incorporated in the program. The six sessions included:

- Session 1 - Preceptoring: Orientation and Beyond
- Session 2 - Crash Course on Adult Learning
- Session 3 - Secrets to TRUE Collaboration (Ms-mS Formula)
- Session 4 - Orientation (Parts 1 & 2)
- Session 5 - Partnership: Manager and Preceptor (What Every Manager Needs to Know)
- Session 6 - Partnership: Educator and Preceptor
- Bonus Session - How Do We Move the OJR (On-the-Job-Retired person) Forward?

The DVD video collection covered an array of topics related to precepting and was a valuable resource. The six sessions total 6 hours of training material, which was accounted for in the program. Based on the project team's recommendation, the program

was structured to be 3 to 5 days in length for approximately 6-8 hours each day. The remaining content was constructed through the existing materials at the field site and best practices noted in the literature, in order to fill in the remaining 12 to 32 hours of training.

The field site also had a few different hodgepodge preceptor-training binders with precepting material in them; however, none was a complete and current preceptor-training program. I assessed and compared this information to current evidence based literature, in order to identify current gaps in the training materials and then build on them. The preceptor-training program was built on this material and incorporated the DVD series from Donna Wright.

The 3 to 5 day class was designed to provide general preceptor information on the roles and responsibilities of the preceptor, principles of teaching, adult learning and learning styles, critical thinking, communication, coaching and feedback, and strategies for evaluating others. These classes were designed to support and assist the preceptor by providing information and resources to improve their skills and abilities related to precepting, and will also give the preceptor time to grow in this professional area. The preceptor can then use this knowledge to individualize the preceptorship for the benefit and wellbeing of the preceptee. Individualization will then be based on the preceptee's individual learning styles and preferences, much like any nurse would individualize a patient's care.

Developing the Materials

The purpose of this project was to develop and plan a preceptor-training program. The project objective was to create the materials needed for the field site to implement

and evaluate a preceptor-training program. Several aspects needed to be developed by me in order to be ready to pilot, implement, and evaluate the preceptor-training program. I transcribed the various precepting training binders available from the field site into one cohesive word document. I then took this information and built on it with the additional resources described in this document. Lastly, I created one master binder that contains the content required to teach each day of the preceptor-training class. Additionally, this information was provided to the field site via a flash drive with one master document word file.

Content included instructional material on the topics and themes the program team deemed most important. Content was supported with evidence based practice literature, previous training materials at the field site, and any supplemental precepting material provided by the field site. An implementation plan and evaluation plan was created as part of the deliverable given to the field site; however, I was not responsible for developing the preceptor application and selection process, delivering the class (implementing the project), or evaluating the deliverable (collecting data).

The project team decided that a preceptor application process needed to be created by the education program director along with preceptor selection criteria. The project team decided that the education program director, the clinical nurse educator, and department managers would carefully select the first batch of potential preceptors. Potential preceptor candidates will be any interested RN, on any unit, that meets the selection criteria, based on the application process, and recommendations form coworkers and department managers. Not all nurses are designed or destined to be preceptors;

preceptors need to want to do this role. Preceptors should have a desire to be a leader, an educator, a nurturer, and a desire to make a difference in nursing.

Design Elements

Core content incorporated in the preceptor-training program included:

- Roles and responsibilities
- Characteristics of adult learners and adult learning concepts
- Learning styles and cultural diversity
- Benner's novice to expert model: Working with beginner behaviors and thinking
- Helping with time management
- Critical thinking and problem solving
- Maintaining motivation
- Feedback and evaluation: Assessing the preceptee's progress

Objectives were written for each of these content areas. Each area had approximately 1 to 3 hours of content that was covered. The current information, available from the field site, on these topics, was included in this training material. Once the resources and literature were thoroughly examined, materials were revitalized with current, relevant, meaningful information. In the future, the field site will use this information in conjunction with different delivery methods, to implement the preceptor-training program.

Other elements that were discussed by the project team in planning the preceptor-training program was holding preceptor forums every 3 months after program

implementation and holding yearly preceptor recognition events. Phillips, Wilkinson, and Buck (2012) suggested that the use of preceptor forums allows preceptors to exchange ideas that spur suggestions for potential precepting practice issues and resolution. Rewards and incentives will help preceptors feel appreciated (Singer, 2006).

Implementation Plan

The project team developed the implementation plan upon project approval from Walden University; however, the proposed implementation plan was tentative and has changed, as the program unfolded. Nonetheless, it provided a starting point for further discussion, which will develop into the full implementation plan for piloting the preceptor-training program. I will not be responsible for delivering the class (implementing the project); instead, this will be the responsibility of the education program director, clinical nurse educator, or assigned representative.

The deliverable was ready for the field site to assume possession in late November, 2014. At this point, the field site began to plan their implementation of the pilot preceptor-training program and specific classes to be presented over the three to five days allotted for training. In order to be ready for implementation, the education program director needed to have prescreened and selected a convenience sample of voluntary participants that are appropriate preceptor candidates. The convenience sample consisted of staff nurses who were recommended by their unit managers and peers, and desire to serve in a preceptor role.

Sections of the preceptor-training program and application process may be posted on the field site intranet; however, I am not responsible for this aspect of implementation.

The education program director, clinical nurse educator, or other team representative will schedule the three to five day class and will book a training room for each of the days allotted. The team, with the exception of myself, will conduct the preceptor-training program and will teach and train the selected preceptors, over the course of the allotted days, with the content prepared as the deliverable. Preceptors will be required to attend all of the allotted days in order to complete the preceptor-training program.

Evaluation Plan

Evaluation will be essential to fully realize preceptor's perceptions of this programs effectiveness on improving skills and abilities related to precepting and nurse retention. The evaluation plan will be fully developed by the project team over the next 3 to 6 months. However, the current plan is to perform formative evaluation throughout each of the allotted training days and summative evaluation at the conclusion of the allotted training days. Together, the formative and summative evaluation will be used examine the effectiveness of the preceptor-training program. I will not be responsible for evaluating the deliverable (collecting data). These evaluation processes will be carried out by the education program director, clinical nurse educator, or other assigned representative at the field site.

According to Hodges and Videto (2011), formative evaluation will provide information to develop or improve the program (Hodges & Videto, 2011). Two types of formative evaluation will be performed throughout the allotted training days. One type will be a post test, which will simply contain true and false or multiple choice questions to assess knowledge, status post training on individual topics. A Likert scale

questionnaire will be used at the end of each training day session, to assess preceptor satisfaction and experience with the topics, and to assess relatability to practice.

Summative evaluation will occur on the last day of the preceptor-training program, which will determine if the program met its objectives (Hodges & Videto, 2011). A Likert scale evaluation will be created with an open response section that will include questions such as which of the topics was most satisfying and valuable, and which topics were the most problematic or confusing. Other areas that will be examined during this evaluation include demographics, if the course met the stated objectives, the quality of the video/presentations, the quality of the reading material in the binder, and the quality of quizzes. This evaluation will be administered upon conclusion of the allotted training days by the education program director, clinical nurse educator, or other assigned representative at the field site. Preceptee's perceptions of effectiveness will also be evaluated at 3 months post conclusion of the preceptorship, to examine if the training program influenced and affected their retention. Retention and turnover will also be measured by the human resources department at the field site. The department will conduct exit interviews with any new hire that leaves the organization during or up to one year after the preceptorship ends.

Summary

Intervention strategies aimed to improve nurse retention may positively influence quality of care. Nurse retention may be improved through the structured process of preceptorships. In order to prepare preceptors for preceptorships, preceptor training must occur. The project objective is to create the materials needed for the field site to

implement and evaluate a preceptor-training program. This section outlined the steps in realizing this project. Activities included assembling a project team, reviewing pertinent evidence, resources, and literature, and developing materials for piloting the preceptor-training program. I was not responsible for developing the preceptor application and selection process, delivering the classes (implementing the project), or evaluating the deliverable (collecting data).

Section 4: Findings, Discussion, and Implications

Introduction

Nurse retention and turnover has been a significant issue that organizations must address. Researchers have indicated that preceptorships may help improve retention and in fact, decrease turnover as a result (Christmas, 2008; Cottingham, DiBartolo, Battistoni, & Brown, 2011). However, in order to engage in a preceptorship, the preceptor must first be properly trained; focusing on skills and abilities needed to successfully engage in a preceptorship. The purpose of this project was to revitalize a preceptor-training program, in order to improve nurse retention. The project objective was to create the materials needed for the field site to implement and evaluate a preceptor-training program. The preceptor-training program ties into the strategic plan for the education department at the field site. This project not only relates to the educational strategic plan but it also connects to the organizations mission, vision, and values.

Discussion of Product

The process of developing the preceptor-training program was multifaceted. A project team was created which included myself, the director of education, and the clinical nurse educator at the field site. Upon receiving IRB approval from Walden University (record number 11-03-14-0127650), the three of us collaborated and devised an outline of topics that were to be included in the program. Upon evaluating the different topics, I organized them in a sequential format that would enhance learning (Billings & Halstead, 2009).

The team decided that each topic would become a *module*. Each module would be separate and distinct and build on the different preceptor-training tools already in use at the field site, in order to create one cohesive preceptor-training program. For each module, separate learning objectives and an evaluation tool was developed. A total of 14 modules were created for the preceptor-training program, which are outlined below.

Module 1 was an introduction to the course, which provided a general overview of the course and explores the importance of the team concept in precepting. The purpose of the program was discussed along with a philosophy statement. The preceptor-preceptee relationship was touched on, as well as the benefits of preceptorships. The organizations mission, vision, and values, was also incorporated into the module. Learning activities included icebreakers and team building exercises. Module and course objectives were provided, as well as a module evaluation tool.

Module 2 started with a discussion of the need for establishing effective preceptorships. Preceptor attributes were identified. The preceptor role and essential responsibilities, the preceptee role, and the organizations role in the precepting process was then discussed and outlined. Everyone involved needs to know their roles, as well as the roles of others, if the experience is going to be effective. Activities included a role-play activity to welcome a preceptee to the workgroup. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 3 included ethical, legal, and regulatory issues that should be considered in the precepting experience. Ethical issues and ethical principles were discussed. Legal considerations for precepting were identified and discussed. Regulatory issues were also

identified and discussed. Examples include immunizations the preceptee should have, preceptor qualifications, liability concerns, and other considerations. Module objectives were provided, as well as a module evaluation tool.

Module 4 consisted of all aspects related to the adult learner, from characteristics and assumptions, to principles and ways to apply this knowledge in the preceptor-preceptee relationship. The information in the module considers how individuals access and process information through preferred learning styles. Generational learning differences were also covered. Learning styles were then identified and discussed. Activities included a self-analysis of learning style. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 5 included beginner behaviors, thinking, and Benner's novice to expert model. This understanding will help the preceptor get off to a good start with the preceptee and describes classic beginner behaviors and ways of dealing with them so that skill progression moves smoothly along. Activities included several case studies. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 6 was about diversity. Cultural competence, generational diversity, biases, mental health considerations, and crisis prevention intervention (CPI) were included and discussed. Activities included identifying triggers that elicit fear, anxiety, and discomfort and a potluck. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 7 was about facilitating a safe emotional environment. Communication, listening, crucial conversations, lateral violence, and conflict management were all

discussed in detail. Focus was placed on the importance of verbal and nonverbal communication in preceptorships, and featured communication patterns used by preceptors and preceptee's. Activities included the importance of detailed directions, case studies, and a conflict resolution exercise. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 8 was about ways to promote critical thinking and problem solving in others. Critical thinking and problem solving were discussed and activities included solving the chicken, dog, and rice dilemma and problem solving case study activities. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 9 was focused on time management skills and how polychronic and monochronic cultures view time differently. When one is new to an environment, it is often difficult to estimate the time required to complete learning objectives and tasks. Due to this fact, and lack of experience, unexpected events may interfere with efficient organization in the preceptee. Activities included recovering time lost and group discussion. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 10 was about enhancing and maintaining motivation. Motivation is a critical factor for facilitating skill progression and professional socialization. Activities included writing a philosophy of nursing and goal setting. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 11 included all things documentation related, which are specific to the organization. Topics included Paragon, McKesson Patient Folder (EMR), FormFast,

Relay Health, and eClinicalWorks. Activities included live mock trailing of the different documentation tools. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 12 was about assessing progress. Feedback, evaluation, and the one-minute preceptor tool were discussed and the module focused on providing effective feedback and performance evaluation. It is important to keep track of improvements as well as needed changes. How one assesses and offers feedback can significantly influence a successful precepting experience. A Preceptorship Experience Evaluation form was created along with a Weekly Performance Feedback Record. Activities included drawing a house and providing various types of feedback, case studies, and role-play. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 13 included the development continuum and transition from preceptorship to mentorship and contained a mentor application form. Activities included a discussion of how a preceptor views things differently from a mentor. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Finally, Module 14 contained resources and references. Resources included all of the charts, graphs, and activities provided in each module. Module objectives were provided, as well as a module evaluation tool.

Once the outline was created, I assessed the different precepting materials available at the field site to identify current gaps in the training materials and then build on them. The available, pertinent training materials were then transcribed into the proper

corresponding module, which laid the foundation for informing the remaining content. I conducted an extensive literature search, to assess for best practices in preceptor-training and build on this material. Therefore, the remaining content was developed based on current evidence based literature.

Once the resources and literature were thoroughly examined, I revitalized the field sites existing material and enhanced it with current, relevant, meaningful information, which was then transcribed into the corresponding module. I created one master binder that contains the content required to teach each module of the preceptor-training program. Additionally, this deliverable was provided to the field site as one master word file document, via a flash drive. The field site will then use this information in conjunction with different delivery methods, to implement and evaluate the program.

The implementation plan has not yet been finalized by the project team at the field site. The current plan is to conduct a pilot run of the program with key stakeholders from within the organization, in order to get substantial feedback. The pilot run will be evaluated based on content and relevance to practice. The project team decided that a Likert scale evaluation tool will be developed by the education program director and will be utilized along with open-ended questions. The education program director and the clinical nurse educator will use the feedback from the pilot run to enhance the program, before going live. In order to be ready for full implementation, the education program director will have to have prescreened and selected a convenience sample of voluntary participants that are appropriate preceptor candidates. The convenience sample will consist of staff nurses who are recommended by their unit managers and peers, and desire

to serve in a preceptor role. The team, with the exception of myself, will conduct the preceptor-training program and will teach and train the selected preceptors, over the course of the allotted days, with the content prepared as the deliverable.

The evaluation plan for both the pilot run and for the entire program implementation has not yet been finalized by the field site. The intent of the evaluation process is twofold. The first is to evaluate each module to ensure that the module objectives have been met and that the content is relevant and applicable to preceptor-training. The second area of evaluation is to assess whether the preceptor's perceptions of the program effectiveness has improved their skills and abilities related to precepting and to determine the impact on nurse retention. The current plan is to perform formative evaluation after each module is presented and at the end of each allotted training day. According to Hodges and Videto (2011), formative evaluation provides information to develop and improve the program. I did include an evaluation tool for each module. Summative evaluation will occur at the conclusion of the allotted training days. Summative evaluation will determine if the program met the stated program objectives (Hodges & Videto, 2011). The education program director has a Likert scale evaluation tool that will be used for the summative evaluation at the end of the program. Together, the formative and summative evaluation will be used examine the effectiveness of the preceptor-training program. The team, or assigned designee, with the exception of myself, will be responsible for evaluating the deliverable.

A presentation of the preceptor-training program was provided to an initial group of stakeholders from within the organization. Stakeholders responded to questions about

the quality of the content and ease of use, if the course met the stated objectives, least and most helpful program components, and areas for future improvement. Suggestions for improvement included creating online modules for clinical and non-clinical employees; having online modules instead of classroom training. Other suggestions included a preceptor application process and the creation of individual handbooks for the preceptor and preceptee with key tips. Lastly, it was suggested that the education department at the field site organize bi-monthly preceptor forums to include a lunch and discussion on a specific educational topic areas. This could be a time to come together and have an open forum to discuss best practices, experiences, difficult situations, thoughts and ideas, ask questions, or simply advise each other.

There were some challenges in finding enough information to assimilate into the program on a few of the module topics. While areas of critical thinking, problem solving, and motivation were identified as topics to cover in preceptor-training programs, limited information was available that detailed activities to help preceptors with these tasks. Strategies to assist the preceptor to improve their skills and abilities were not clearly defined. Due to this fact, I devised role-play activities to model desired preceptor behaviors in these areas. Role-play is an appropriate active leaning strategy that enhances content retention (Billings & Halstead, 2009). Another challenge included communication difficulties and a lack of response from the field site to emails. To overcome this, I resorted to phones calls, which yielded improved communication and collaboration results.

A complex barrage of insight was gained on this journey. First, the investigative process is not easy. Finding the "right" peer reviewed journal articles was challenging. In hindsight, consulting with the librarian would have probably helped. Working with others, is also not an easy task, especially, if they are not as invested in the project as you are. Completion of the product culminated in the ability to function as a collaborative team member. On the scholarly journey, I was able to function as a leader and a detective; investigating best practices for preceptor-training, based on evidenced based literature. Through this process, I was able to create a viable premise, proposal, and project. The totality of the DNP process and this project has reinforced the values of perseverance, patience, and flexibility.

Implications

The nursing shortage will continue to grow unless changes are implemented to improve nurse retention and decrease turnover. As the nursing shortage grows, a potential decline in patient care arises (Bland Jones & Gates, 2007). Examining implications allows for a segue to future research.

Policy

Most rural hospitals do not have preceptor-training programs or offer preceptorships. This is in part due to the rural local and limited financial resources available for procurement of educational opportunities such as this (Dowdle-Simmons, 2013). Opportunities exist to advocate for local, state, and federal collaboration regarding national standardization and implementation of preceptor-training programs. Not only would this provide a vehicle for recruitment and retention, it would be at no cost to

organizations (Yonge, Myrick, & Ferguson, 2011). Organizational policy, within the institution, may also be influenced, as there is discussion of creating a preceptor policy to accompany the program; however, this is in its infancy and further investigation of existing policies needs to occur. Preceptors will have to engage in this training and maintain competency by attending bimonthly preceptor forums.

Practice

The value of preceptorships in nursing has been well defined in the literature. Preceptorships support lifelong learning, professional development, and promote a multidisciplinary approach to patient care. Preceptorships create personal relationships and foster inclusion and acceptance into the established organizational social network, as well as creating a safe setting for clinical skill acquisition.

This project may make a difference in nursing practice and may change the lives of nurses. Nurses may feel better about what they are doing and as a result, patient safety and quality of care may improve, while the organizational costs of turnover may decrease. The practice change is thereby effected and supported by creating personal relationships, improving job satisfaction, decreasing lateral violence, creating a healthy workplace environment, and providing the opportunity for a seasoned nurse to pass the torch in career development; thus, fostering lifelong learning.

Research

Preceptor-training programs are essential for educating and strengthening preceptor abilities. Preceptor-training programs may provide preceptors with the essential tools, skills, and abilities they require to be successful in performing the preceptor role

(DeWolfe et al. 2010). Morgan, Mattison, and Stephens (2012) noted that preceptorships increased job satisfaction, which translated into improved retention; however, the efficacy of preceptor-training programs as a predictor of success for enhanced transition to practice is scare; additional research would be recommended. Further research could also be justified to specifically examine which teaching strategies and topics potential preceptors find most valuable in order to achieve preceptor-training program objectives and the objectives of the preceptorship. Larger long-term studies, across multiple states and organizations that utilized the same preceptor-training program, could follow the preceptee to quantify retention statistics post engaging in a structured preceptorship program, with preceptor's that have engaged in the same training. Examining variations between different preceptor-training programs and outcomes could also be examined.

Social Change

The preceptor-training program has the potential to affect the nursing shortage and impact nurse retention. Safe, efficient, quality care is the cornerstone of this social change in practice. Social change is accomplished by creating a more collegial, cooperative, work environment that is conducive to the administration of safe patient care. Positive social change develops from the establishment of a more dedicated, encultured workforce. This social implication may translate to increased nurse retention, improved socialization, and administration of safe, efficient, quality care. Subsequently, this project may have the potential to improve patient safety and patient outcomes within the community.

Project Strengths, Limitations, and Recommendations

The project underpinnings was created based on the preceptor conceptual framework, the incorporation of adult learning elements, and an understanding of beginner behaviors compared to a more experienced nurse. The triad of these frameworks strengthened the project by creating a solid foundation in which to build on. Another identified strength is the thoroughness of the literature review and the application of findings used to inform the project. Several journal articles discussed the value of including core information related to preceptor roles and responsibilities, characteristics of adult learners, adult learning concepts, learning styles, diversity, time management, critical thinking, problem solving, maintaining motivation, and providing feedback and evaluation. Program strengths include the attention to detail put into each of the content areas covered in each module. The teaching methods for delivering the program include active learning activities, such as case studies, discussion, games, puzzles, drawings, and role-play, which will reach a wide variety of diverse learners. This instructive program for preceptor training may assist and support the preceptor in their role, may maximize their strength's, and subsequently, may affect the preceptee's job satisfaction and ultimately, retention. The program can be easily adapted and used in other organizations.

There are several limitations to this project. First and foremost, the field site has not piloted, implemented, or evaluated the preceptor-training program. This makes it difficult to establish if the program objectives have been met. This also makes it difficult to identify strengths, and validate statistics related to cost savings or retention of new employees. Another limitation is seen with potential transferability, as the participation of

other organizations was not utilized, which may limit generalization. While there was collaboration among the team members, there was limited collaboration with other stakeholders within the organization. Other limitations involve the lack of criteria at the field site for preceptor selection and pairing preceptors and preceptee's.

Recommendations for future work include implementing and evaluating the program, following recruitment and retention statistics, and refining the application process for potential preceptor candidates, possibly based on leadership style and establishing criteria to match the preceptor and preceptee. A good match will be a vital component of the preceptorship, as this relationship supports the preceptee's' transition to practice (Yonge, Myrick, & Ferguson, 2011). Another recommendation is to involve the interdisciplinary team in establishing educational processes for the preceptor-training program, to assist in critical situations that require collaboration, critical thinking, and problem solving.

Analysis of Self

As scholar, I have identified a gap in current practice and I have been able to use and incorporate theory and systematic evidenced based practice investigation to guide my DNP project, by establishing connections between theory and practice and incorporating it into a scholarly project. This scholarly inquiry assisted to inform my knowledge and effectively integrate that knowledge by application into practice through synthesis of information, data collection, and knowledge integration. This ties into DNP Essential I and III, as I have been able to identify and investigate a practice issue and connect it to scholarship (American Association of Colleges of Nursing Essentials, 2006).

As practitioner, I have matured and I am committed to the wellbeing of my profession, patients, and colleagues. I am dedicated to learning about strategies that will advance my practice as well as influence the success of all nurses. Establishing a collaborative relationship with the stakeholders at the field site allowed me to further examine organizational issues and develop as a leader in the practice arena, and contribute to social change. During this process, I have also been able to reflect on and assess the impact of my project from various perspectives. This ties into DNP Essential II and VI (AACN, 2006).

As project developer and manager, I was a nurse leader; honing leadership abilities was not only a program goal, but a personal goal. The project gave me an opportunity to apply critical thinking processes and apply concepts, methods, models, and theories in practice; I became a detective, as I investigated the many facets of retention, turnover, preceptor-training programs, and preceptorships. I collaborated with stakeholders and analyzed their various perspectives in order to identify organizational needs related to developing the project. I was able to create a solid deliverable that has been disseminated at the field site. This ties into DNP Essential III and IV (AACN, 2006).

In consideration of future professional development, I am a lifelong learner dedicated to social justice and change. This project has contributed to my personal professional development not only as a scholar practitioner, but as a lifelong learner. As problems arise in professional practice I am now equipped with the knowledge, skills, and background information to address the issue systematically and find, plan,

implement, and evaluate solutions to the practice issue. I have a greater understanding of how this effort can meaningfully contribute to nursing practice and enhance the existing body of knowledge. My future plans include becoming a certified nurse educator, a certified emergency nurse, and establishing my own home care agency. Engaging in lifelong learning ties into DNP Essential VIII (AANC, 2006).

Summary

The conception of the preceptor-training program provided an opportunity to grow as a scholar practitioner and develop competencies in leadership and education. The preceptor-training program may advance the nursing profession and may improve nurse retention and patient outcomes. Further investigation is warranted regarding how to best choose preceptors and how to match potential preceptors and preceptee's. Engaging in the project process prepared me with the information and experience I needed to make a positive contribution to the nursing profession, through integration and application of knowledge.

Section 5: Scholarly Product

Project Summary and Evaluation

The purpose of this project was to develop and plan a preceptor-training program. The project objective was to create the materials needed for the field site to implement and evaluate a precepting training program. The goals that would ultimately be achieved include positively influencing nurse retention and decreasing nurse turnover within the organization, increasing job satisfaction, and improving patient safety and quality of care. The project may improve preceptor abilities to precept and enculturate new nurse employees into the organization, through a structured well-defined program.

Background and Nature of the Project

Nurse retention is a significant issue that the field site is actively seeking to improve; especially, taking into consideration the impact of nurse turnover and the nursing shortage on the organization. The organization is a small rural hospital with a limited pool of nurses to choose from when it comes to available, qualified applicants. It is imperative that the organization retain the qualified nursing candidates that are hired.

According to a human resources liaison, two factors spurred this project forward. First, during exit interviews, nurses leaving the organization discussed the disjointed assimilation and onboarding processes. Secondly, the demand for qualified nurses exceeds the available surplus, and the nurse turnover rate averages 15% per year, within the organization. The literature indicates that organizations with nurse turnover rates between 12% and 44% have higher risk-adjusted mortality rates, poorer quality of care, and longer patient length of stays (Bland Jones & Gates, 2007). Not only does nurse

turnover affect workflow processes, it impacts patient outcomes. Organizations with low turnover rates have less adverse patient outcomes and increased patient satisfaction (Bae, Mark, & Fried, 2010).

In economic terms, nurse turnover can be costly for organizations. The nursing shortage and the instability of the continuous decline in reimbursement has organizations examining factors that could improve fiscal longevity (Trepanier, Early, Ulrich, & Cherry, 2012). According to Bland Jones and Gates (2007), nurse turnover can cost an organization upwards of $60,000 per nurse. Cho, Lee, Mark, and Yun (2012) suggested that in order to reduce turnover, organizations could implement strategies to improve job satisfaction. Specialized precepting programs can improve job satisfaction, can help support new nurses in their role, and have been documented to decrease turnover and improve retention (Friedman, Delaney, Schmidt, Quinn, & Macyk, 2013). Improving the processes for interpersonal communication and assimilation, via a precepting program, may be a way to improve job satisfaction. However, preceptors lack effective support in understanding their role, in training, and from colleagues (Duteau, 2012).

In order to support preceptors and facilitate an effective preceptorship, a preceptor-training program must first be developed. Organizational commitment and a collaborative evidence based approach are required to implement and facilitate a successful preceptor-training program (Singer, 2006). A preceptor-training program is simply a dedicated educational program designed to train and equip the preceptor with the skills and abilities required to effectively precept the preceptee (Smedley, 2008). A preceptor-training program should provide preceptors with the tools needed to effectively

fulfill the role. The preceptor-training program should include educational elements focused on understanding learning styles, conflict management, evaluation and assessment, clinical teaching strategies, collaboration, and establish how to best match a preceptor and preceptee (Duteau, 2012).

According to Sandau, Cheng, Pan, Gaillard, and Hammer (2011) preceptors require specific tools to effectively perform their role and to develop critical thinking in themselves and in their preceptee's. Preceptors should be provided guidance on how to share their stories with preceptee's, in order to facilitate critical thinking. Training should also include deflection of lateral violence and respect for diversity; this can be accomplished by role-play (Foley, Myrick, & Yonge, 2013). Sandau, Cheng, Pan, Gaillard, and Hammer (2011) indicated that training should include information on how to actively coach the preceptee, how to deal with the preceptee that may have a different personality, leaning style, and ethnic background, and how to provide effective feedback.

Ulrich (2011) suggests that the preceptor have knowledge and training of adult learning theories and learning styles, specific learner populations, teaching and precepting strategies, communication and coaching strategies, and have an understanding of learner assessment and evaluation. A preceptor-training program should include the development of competence, critical reasoning and judgment, and confidence (Ulrich, 2011). According to Singer (2006), untrained preceptors may contribute to turnover, early burnout, and job dissatisfaction. Preceptor-training programs may maximize support for preceptors and must be carefully designed.

Research Design

In order to realize the project, a project team was assembled, pertinent evidence, resources, and literature was reviewed, materials for piloting the preceptor-training program were developed, and an implementation and evaluation plan were developed. Three conceptual models were explored and incorporated into the design of the preceptor-training program. Conceptual frameworks help to guide the preceptorship and assist in alleviating some of the difficulties experienced by the preceptor and preceptee. The preceptor conceptual framework served as a basis for the development of the preceptor-training program, which included elements of adult learning theory and Benner's novice to expert nursing theory. This collaborative, integrative approach may promote, support, and enhance effective training for both the preceptee and preceptor.

Existing Program and Setting

The organization is a 108 bed rural hospital (48 primary care beds and 60 long-term care beds), with approximately 500 employees. This project ties into the strategic plan for the education department and was already on their agenda for implementation in 2015. The organization did not have a definitive, well-planed preceptor-training program; however, they did have several hodgepodge preceptor-training binders with varied precepting material in them; however, none of them was a complete and current preceptor-training program. This information was assessed and compared to current evidence based literature, in order to identify gaps and build on them.

Development of the Preceptor Training Program

After I identified the gaps in the current materials, stakeholders met to discuss what topics were to be included in the program; topics were then organized into an outline. Upon evaluating the different topics, I organized them in a sequential format that may enhance learning (Billings & Halstead, 2009). It was decided by the team that each topic would become a *module*. Each module would be separate and distinct and build on the different preceptor-training tools already in use at the field site, in order to create one cohesive preceptor-training program.

Once the topic outline was created, I assessed the different precepting materials available at the field site to identify current gaps in the training materials and then build on them. The available, pertinent training materials were then transcribed into the proper corresponding module, which laid the foundation for the informing the remaining content. I then conducted an extensive literature search, to assess for best practices in preceptor training and build on this material. Therefore, the remaining content was developed based on current evidence based literature.

Once the resources and literature were thoroughly examined, the material provided by the field site was revitalized with current, relevant, meaningful information, which I then transcribed into the corresponding module. For each module, separate learning objectives, preceptor tips, activities, and an evaluation tool was developed. A total of 14 modules were created for the preceptor-training program.

Presentation of Results

Module 1 was an introduction to the course, which provided a general overview of the course and explores the importance of the team concept in precepting. The purpose of the program was discussed along with a philosophy statement. The preceptor-preceptee relationship was touched on, as well as the benefits of preceptorships. The organizations mission, vision, and values, was also incorporated into the module. Learning activities included icebreakers and team building exercises. Module and course objectives were provided, as well as a module evaluation tool.

Module 2 started with a discussion of the need for establishing effective preceptorships. Preceptor attributes were identified. The preceptor role and essential responsibilities, the preceptee role, and the organizations role in the precepting process was then discussed and outlined. Everyone involved needs to know their roles, as well as the roles of others, if the experience is going to be effective. Activities included a role-play activity to welcome a preceptee to the workgroup. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 3 included ethical, legal, and regulatory issues that should be considered in the precepting experience. Ethical issues and ethical principles were discussed. Legal considerations for precepting were identified and discussed. Regulatory issues were also identified and discussed. Examples include immunizations the preceptee should have, preceptor qualifications, liability concerns, and other considerations. Module objectives were provided, as well as a module evaluation tool.

Module 4 consisted of all aspects related to the adult learner, from characteristics and assumptions, to principles and ways to apply this knowledge in the preceptor-preceptee relationship. The information in the module considers how individuals access and process information through preferred learning styles. Generational learning differences were also covered. Learning styles were then identified and discussed. Activities included a self-analysis of learning style. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 5 included beginner behaviors, thinking, and Benner's novice to expert model. This understanding will help the preceptor get off to a good start with the preceptee and describes classic beginner behaviors and ways of dealing with them so that skill progression moves smoothly along. Activities included several case studies. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 6 was about diversity. Cultural competence, generational diversity, biases, mental health considerations, and crisis prevention intervention (CPI) were included and discussed. Activities included identifying triggers that elicit fear, anxiety, and discomfort and a potluck. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 7 was about facilitating a safe emotional environment. Communication, listening, crucial conversations, lateral violence, and conflict management were all discussed in detail. Focus was placed on the importance of verbal and nonverbal communication in preceptorships, and featured communication patterns used by preceptors and preceptee's. Activities included the importance of detailed directions, case

studies, and a conflict resolution exercise. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 8 was about ways to promote critical thinking and problem solving in others. Critical thinking and problem solving were discussed and activities included solving the chicken, dog, and rice dilemma and problem solving case study activities. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 9 was focused on time management skills and how polychronic and monochronic cultures view time differently. When one is new to an environment, it is often difficult to estimate the time required to complete learning objectives and tasks. Due to this fact, and lack of experience, unexpected events may interfere with efficient organization in the preceptee. Activities included recovering time lost and group discussion. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 10 was about enhancing and maintaining motivation. Motivation is a critical factor for facilitating skill progression and professional socialization. Activities included writing a philosophy of nursing and goal setting. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 11 included all things documentation related, which are specific to the organization. Topics included Paragon, McKesson Patient Folder (EMR), FormFast, Relay Health, and eClinicalWorks. Activities included live mock trailing of the different documentation tools. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 12 was about assessing progress. Feedback, evaluation, and the one-minute preceptor tool were discussed and the module focused on providing effective feedback and performance evaluation. It is important to keep track of improvements as well as needed changes. How one assesses and offers feedback can significantly influence a successful precepting experience. A Preceptorship Experience Evaluation form was created along with a Weekly Performance Feedback Record. Activities included drawing a house and providing various types of feedback, case studies, and role-play. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Module 13 included the development continuum and transition from preceptorship to mentorship and contained a mentor application form. Activities included a discussion of how a preceptor views things differently from a mentor. Module objectives were provided, as well as preceptor tips, and a module evaluation tool.

Finally, Module 14 contained resources and references. Resources included all of the charts, graphs, and activities provided in each module. Module objectives were provided, as well as a module evaluation tool.

I created one master binder that contained the content required to teach each module of the preceptor-training program. Additionally, this deliverable was provided to the field site as one master word file document, via a flash drive. The field site will then use this information in conjunction with different delivery methods, to implement and evaluate the program.

Interpretation of Findings

There are several limitations to this project. First and foremost, the field site has not piloted, implemented, or evaluated the preceptor-training program. This makes it difficult to establish if the program objectives have been met. This also makes it difficult to identify strengths, and validate statistics related to cost savings or retention of new employees. Another limitation is seen with potential transferability, as the participation of other organizations was not utilized, which may limit generalization. While there was collaboration among the team members, there was limited collaboration with other stakeholders within the organization. Other limitations involve the lack of criteria at the field site for preceptor selection and pairing preceptors and preceptee's.

Recommendations for future work include implementing and evaluating the program, following recruitment and retention statistics, refining the application process for potential preceptor candidates, possibly based on leadership style, and establishing criteria to match the preceptor and preceptee. A good match will be a vital component of the preceptorship, as this relationship supports the preceptee's' transition to practice (Yonge, Myrick, & Ferguson, 2011). Another recommendation is to involve the interdisciplinary team in establishing educational processes for the preceptor-training program, to assist in critical situations that require collaboration, critical thinking, and problem solving.

Implications for Evidence-Based Practice

The nursing shortage will continue to grow unless changes are implemented to improve nurse retention and decrease turnover. As the nursing shortage grows, a potential

decline in patient care arises (Bland Jones & Gates, 2007). Examining implications allows for a segue to future research.

Preceptor-training programs are essential for educating and strengthening preceptor abilities. Preceptor-training programs provide preceptors with the essential tools, skills, and abilities they require to be successful in performing the preceptor role (DeWolfe et al. 2010). The preceptor-training program may have the potential to affect the nursing shortage, impact nurse retention, and influence the administration of safe, efficient, quality care.

Evaluation

A presentation of the preceptor-training program was provided to an initial group of stakeholders from within the organization. Stakeholders responded to questions about the quality of the content and ease of use, if the course met the stated objectives, least and most helpful program components, and areas for future improvement. Suggestions for improvement included creating online modules for clinical and non-clinical employees and having online modules instead of classroom training. Other suggestions included a preceptor application process and the creation of individual handbooks for the preceptor and preceptee with key tips. Lastly, it was suggested that the education department at the field site organize bi-monthly preceptor forums to include a lunch and discussion on a specific topic area. This could be a time to come together and have an open forum to discuss best practices, experiences, difficult situations, thoughts and ideas, ask questions, or simply advise each other.

Conclusion

It is imperative that retention strategies be closely examined and analyzed to ensure effectiveness. The preceptor-training program was developed to assist preceptors to improve their skills and abilities to precept and to assist with retention of new nurse employees. The anticipated outcome is that this program will provide positive outcomes for all stakeholders. Continued discussion and refinement of the preceptor-training program is suggested.

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Curriculum Vitae

Laurie Squillaci, MSN, RN

EDUCATION:

2012 – Present	**Doctor of Nursing Practice** Walden University Minneapolis, MN 55401-2511
2007 – 2011	**Master of Science in Nursing Education Specialization** Walden University Minneapolis, MN 55401-2511
1988 – 1993	**Associate of Science in Nursing** Southwestern College Chula Vista, CA 91913
1989 – 1990	**Licensed Vocational Nurse** Maric College of Medical Careers San Diego, CA 92123

PROFESSIONAL EXPERIENCE:

2014 – Present	**RN MSN** **Adjunct Online Instructor** Pinnacle Career Institute Kansas City, MO 64131
2014 – Present	**RN MSN** **DNP Internship** St. Johns Medical Center Jackson, WY 83001
2013 – Present	**RN MSN** **Associate Dean & Faculty Health Services** Independence University Salt Lake City, UT 84107
2013 – Present	**RN MSN** **Evaluator & Faculty Health Professions** Western Governors University Salt Lake City, UT 84107

2012 – Present	**RN MSN** **Adjunct Online Instructor** Wright Career College Overland Park, KS 66210
2011 – 2013	**RN MSN** **Lead Instructor/Clinical Instructor** **Medical Specialties Program/CNA** **Online LMS/Blackboard Specialist** California College San Diego San Diego, CA 92108
2010 – 2011	**RN** **MSN Internship** California College San Diego San Diego, CA 92108
2009 – 2011	**RN/Office Manager** Desert Rose El Cajon, CA 92020
2007 – 2007	**RN/School Nurse** **Director of Staff Development (DSD)/Supervisor** **DD School/Facility** Friendship School Imperial Beach, CA 91932
2001 – 2009	**RN CN III** **Critical Care Team** **LVL III NICU, PICU, ED** Rady Children's Hospital and Health Care Center San Diego, CA 92123
1997 – 2001	**RN CN III** **Staff Nurse/Advanced Clinician/Relief Charge** **LVL III NICU** Mary Birch Hospital for Women San Diego, CA 92123
1991 – 2000	**RN CN III** **Staff Nurse/ Team Leader/Relief Charge/** **Relief House Supervisor** **LVL II NICU, PICU, L&D, ICU, M/S**

	Scripps Memorial Hospital Chula Vista, CA 91910
1990 – 1992	**LVN** **Charge/House Supervisor/Department Manager/DSD** **LTC: SNF, Sub Acute, M/S** Physician and Surgeons Hospital San Diego, CA 92102
1988 – 1991	**LVN** **Charge/House Supervisor/DSD/In-Service Coordinator** **LTC: Sub-Acute, SNF, Psych, DD** Hilldale Habilitation Center La Mesa, CA 91942

CERTIFICATIONS:

2012	Director of Staff Development
2001 – 2016	Pediatric Advanced Life Support Provider
1995 – 2015	Neonatal Resuscitation Provider/Instructor
1995 – 2015	Wilderness First Responder
1995 – 2015	Wilderness Remote First Aid
1985 – 2016	CPR/AED/First Aid Provider/Instructor
1994 – 2017	Advanced Cardiac Life Support Provider
1990 – 1994	IV/Phlebotomy
1989 – 2016	Basic Life Support Provider/Instructor

PUBLICATIONS

Squillaci, L. (2013, June 11). Building Rapport between Students and Instructors [Blog post]. California College San Diego. Retrieved from http://www.cc-sd.edu/blog/building-rapport-between-students-and-instructors

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PROFESSIONAL ORGANIZATIONS:

2013 – Present	**National League for Nursing** Western Governors University Salt Lake City, UT 84107
2011 – Present	**Honor Society of Nursing** Sigma Theta Tau International Phi Nu Chapter
2008 – Present	**Walden University International Nursing Honor Society** Walden University Minneapolis, MN 55401-2511
1993 – Present	**National Honor Society in Psychology** Psi Beta Western/Rocky Mountain Region Chapters Southwestern College Chula Vista, CA 91913

HONORS and AWARDS:

2012	**Third Quarter Attendance Award** California College San Diego San Diego, CA 92111
2007 – 2015	**Nursing Honors/Academic Achievement** Walden University Minneapolis, MN 55401-2511
1988 – 2004	**Dean's Honor List/Academic Achievement** Southwestern College Chula Vista, CA 91913
1989 – 1990	**Salutatorian/Academic Achievement** Maric College of Medical Careers San Diego, CA 92123

SERVICE:

2014 – Present	**St. John's Medical Center** Volunteer Instructor – BLS for Healthcare Providers, CPR, First Aid Jackson, WY 83001
2014 – Present	**St. John's Medical Center Auxiliary** Volunteer Jackson, WY 83001
2013 – Present	**National League for Nursing** NLN Ambassador Western Governors University Salt Lake City, UT 84107
2012 – 2013	**California College San Diego** Volunteer Instructor – BLS for Healthcare Providers San Diego, CA 92108
2011 – 2014	**San Diego Rural CERT** Volunteer – Community Emergency Response Team Jacumba, CA 91934
2010 – 2013	**Smith Youth Center** Volunteer – Youth Advisor Jacumba, CA 91934
2010 – 2012	**Feeding America** Volunteer - Field Coordinator Jacumba/Boulevard Sites Jacumba, CA 91934
2010 – 2011	**California College San Diego** Volunteer - Teaching Assistant San Diego, CA 92108
2008 – 2013	**Jacumba Community Women's Club** Healthcare Advocate/Activist/Parliamentarian Jacumba, CA 91934
2008 – 2012	**Back Country Support Services** Volunteer - Field Coordinator Jacumba Site

Jacumba, CA 91934

2001 – 2008 **Camp Laurel**
Volunteer - Camp Nurse
Pasadena, CA 91105

2000 – 2008 **Walden Family Services**
Volunteer - Foster Parent
San Diego, CA 92120

1994 – 2001 **Search and Rescue**
Volunteer - Medical
San Diego, CA 92123

1985 – 1990 **Chula Vista Community Hospital**
Volunteer Candy Striper
Chula Vista, CA 91911