

2016

# Preceptor Program for New Graduate Nurses

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# Walden University

College of Health Sciences

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Abstract  
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## Abstract

The transition from student to new graduate nurse is a difficult conversion. The challenges of the new graduate are the demanding workload, lack of clinical skills, and incivility from staff nurses and unfamiliar institutional cultures. More than 40% of new graduate nurses report making medication errors and feel unprepared to recognize and intervene in life-threatening complications that keep the patient safe from harm. Preceptorship is a clinical instructive model in which a professional relationship provides new graduate nurses with access to a clinical expert and role model within a preset time frame. The goal of the program was to evaluate the outcomes of a preceptorship program that individualized a teaching-learning method in which a new graduate nurse was assigned a clinical expert in order to experience the day-to-day practice with a role model and a resource in the clinical setting. At the conclusion of the orientation process, the graduate nurse identified confidence in their ability to complete assigned skills, they were more motivated to remain on staff in the facility, and the retention of the new graduate nurses increased from 40% to 100% at the 1 year mark. The graduate nurses evaluated the program, the preceptor and the assigned competencies and the facility and the probability of continuing on staff. The surveys were collected by management, and evaluated for rigor, which revealed encouraging results of the program. The facilitation and integration of the preceptor program for new graduate nurses changed the perception of competency within the facility as it relates to the discipline of nursing and moves the graduate toward professional growth, establishing a changing environment in the facility's community of healthcare.

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## Dedication

This project is dedicated to my husband Wayne, who never let me give up the dream, my daughter Sarah, who encouraged me with her love and support, to Jan Roberts, who encouraged me to follow my passion for nursing and to the rest of my family and friends who only saw the best in me, never the stress or the tears and frustration. Thank you for your patience and support throughout this journey.

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## Section 1: Nature of the Project

### **Introduction**

Preceptorship is a clinical instructive model in which a professional relationship provides new graduate nurses with access to a skilled, clinical expert and role model that exists within a pre-set time frame (Baltimore, 2004). The preceptorship also facilitates the integration of the new graduate nurse into the role of professional nurse in a clinical setting and serves to augment their professional growth and clinical skills (Owens, 2013).

Preceptorship in nursing is defined as “an individualized teaching-learning method in which a new graduate nurse is assigned to a particular clinical expert in order to experience the day-to-day practice with a role model and a resource within the clinical setting”(Greene & Puetzer, 2002, 63-70). In this paper I will discuss the graduate nurse, the preceptor selection process, the setting for the practicum, the development and the approach design and the effectiveness of the program as defined by current literature (Aagaard et al, 2004).

### **Problem Statement**

The transition from student to new graduate nurse is often a difficult conversion. Aside from being challenged clinically, the new graduate nurse must adjust to a demanding workload, lack of competent clinical skills, incivility from seasoned staff nurses, and demanding institutional cultures. More than 40% of new graduate nurses report making medication errors and as the literature has stated, they are unprepared to recognize and intervene in life-threatening complications that keep the patient safe from harm (O’Keeffe, 2013). The National Council of State Boards of Nursing reported an

average turnover rate for new graduate nurses in the first year of practice ranging from 35% to 60% (Almada, 2004). Benner, author of the novice to expert model of nursing skills development, recognized that nursing education at the bedside can do a better job of closing the gap between education and clinical practice when partnered with a successful preceptorship program. Research has shown that clinical coaching using expert clinicians as preceptors has had a direct effect on the retention rate and job satisfaction of the new graduate nurse (Benner,2010).

### **Purpose Statement and Project Objectives**

The purpose of this improvement project was to evaluate the effect of a preceptor program on the retention and job satisfaction of new graduate nurses in the clinical setting (Beecroft et al, 2001). The current policy of orientation at the Kindred Hospital, the proposed pilot location, is to assign a clinical expert to work with a new graduate nurse with the goal of initiating them into clinical practice. The problem issue for this practicum is the lack of a reliable preceptor program that ensures the retention of graduate nurse and their permanence in the Kindred organization (Chan, 1997). Previously, the retention rate for new graduate nurses within the organization was less than favorable. The actual figures are not currently available, and would require investigation into the financial implication of the turnover rate (AACN, 2004). Menaker, (2010) noted that most staff are reluctant to take on the role of preceptor, citing lack of teaching experience and administrative support.

The objectives for the project are to promote a program in which the clinical nurse expert serves as a teach/coach, leader/influencer, facilitator, evaluator, socialization

agent, protector, and role model in order to develop and validate the competencies of the new graduate nurse in the clinical setting (Horton, 2012). The objectives would include effective communication and collaborative skills in the development and implementation of practice models. The communication and collaborative skills would be measured by determining which aspects of the communication and collaboration directly affect the mission and standards of the organization. Currently, no measurement tools have been developed to document this objective. Prior to the initiation of the proposed preceptor program, existing knowledge and attitudes of behaviors were determined as well as any other factors that would influence those attitudes and behaviors (Harrison, 2003).

Functional aspects of communication were measured by comparing baseline pre and post testing methods, using a Team Effectiveness Assessment Scale, as identified by The Mentors Guide, (200; samples in Appendix D and Appendix E). The Mentor Guide targets the features with the most relevance, ensuring that communication problems are isolated and addressed.

Peer review, practice guidelines health policy, and standards of care (Sandstrom et al, 2011) will be discussed with both an impact and outcome evaluation tool, again, not yet developed. Impact evaluation will assess the extent to which program objectives will be met and in turn reflect changes in knowledge, attitudes, behavior, or other intermediate outcomes. Ideally, these practitioners will use measures that have been tested for validity (the extent to which a measure accurately captures what it is intended to capture) and reliability (the likelihood that the instrument will get the same result time after time) elsewhere. The use of “The Behavioral Risk Factor Surveillance System (BRFSS)” the

largest telephone health survey in the world, and its website could offer a searchable archive of survey questions since the survey's inception in 1984. New survey questions receive a technical review, cognitive testing, and field testing before inclusion. A 2001 review summarized reliability and validity studies of the BRFSS (37; Nelson, 2001). As it takes so long to observe effects on health outcomes and because changes in these outcomes are influenced by factors outside the scope of the intervention itself, this type of evaluation benefits from more rigorous forms of quantitative evaluation, such as experimental or quasi-experimental rather than observational study designs, which is the proposed goal of the preceptor project (Nelson et al, 2001).

Advocacy for social justice, equity and ethical policies within all healthcare arenas is identified with the following explanation; Social justice means all citizens are entitled to the same rights and services and ethical considerations. Within the confines of ethical quality there is no gold standard for ethical behavior despite the vigorous argument on the topic that has been going on for centuries. In health care, these issues are made more complex by occasionally competing ethical standards based on business, public health, and personal and professional ethics (Woodstock, 1999). In the absence of gold standards for ethical behavior, if the ethical standards are upheld for every patient in the light of the organizations missions and goals? Four principals of Beauchamp and Childress autonomy, non-maleficence, beneficence and justice have been extremely influential in the field of medical ethics and are fundamental for understanding the current approach to ethical assessment in health care (Beauchamp & Childress, 1994). Individual medical preferences can be measured using the analytical hierarchy process.

The tool uses a demographic questionnaire to measure the individual medical ethical principles, again another potential measurement of success for the proposed program (Sullivan, 2011).

The demonstrated advanced levels of clinical judgment, systems thinking and accountability in designing, delivering and evaluating evidence based care, incorporated with in the Benner model were used to improve patient outcomes (Martinez, 2001). These models can be seen in Benner's novice to expert theory and the Dreyfus model of skills acquisition model (Benner, 2004). The model is measured using the Lasater Clinical Judgment Rubric (Appendix I), as another potential observational tool for this project. The Lasater rubric measures clinical judgment, clinical thinking, competence, and technical skills. This is an important aspect in identifying the validity and reliability standards necessary to complete the competency phase of the proposed preceptor program (Lasater, 2007).

Accountability for quality of health care and patient safety for populations with whom they work (Vincent, 2002) is directly related to leadership, critical thinking and effective communication skills to design, evaluate and improve the implementation of quality advanced nursing services for the new graduate nurses within the Kindred Hospital organization. Leadership has the responsibility to employ staff who will be accountable for the quality and care of the patients as well as a culture of stewardship. There is a "SIMPLE" acronym for this process; S- set the expectations, I- invite the staff to participate in the expectations and commitment to the organization, M- measure the results of their commitment based on their performance and the set goals, P- provide



feedback regarding staff performance, L- listen, making sure the staff have the tools to meet the goals, and E- evaluate the effectiveness of productivity (Goehring, 2002).

Inter-professional and intra-professional collaboration to facilitate and improve desired health care outcomes for nurses, patients and systems in the Kindred Hospital (Stewart, 2000), focuses on developing and maintaining professional relationships within the organization and allow for a collaborative partnership with management and staff. This will be accomplished by removing bias and the stigma of a management that does not care, and by effectively and efficiently providing quality patient care and safety. Using the goals of teamwork and collaboration allow the organization to function effectively within nursing and inter-professional teams. Fostering open communication, mutual respect, and shared decision-making are goals towards achieving quality patient care (Barr et al, 2005).

### **Significance and Relevance to Practice**

As nursing has evolved into a profession, nursing standards of practice have also evolved. The American Nurses Association (ANA) Code of Ethics for nurses provides a concise statement of the ethical obligations and duties for every nurse (AACN, 2004). In the development of an evidence based model for the transition from student to graduate nurse, dedicated and competent nurse preceptors are vital to the success of healthcare organizations and the retention of nurses in the profession (Horton et al, 2012). The effective transition from graduate nurse to practicing registered nurses in nursing has been studied and documented for more than 70 years (Benner, 2004). The consensus is that new graduate nurses are not prepared to practice as competent nurses in the clinical

setting. Based on these studies, the National Council of State Boards of Nursing (NCSBN) as well as the American Association of Colleges of Nursing (AACN) developed a comprehensive plan for the transition to practice for new graduate nurses. The lack of a standardized preceptorship in nursing has led to a high turnover rate and patient safety issues (Benner, 2001).

Preceptorship has become the approach of choice for the clinical preparation of the graduate nurse (Paton, 2010). It is a teaching-learning approach in which the graduate nurse is assigned to a skilled nurse in the clinical setting. The premise is that the new graduate nurse acquires experience on a one-to-one basis with a role model and a resource that is immediately available to them in the clinical area (Myrick & Yonge, 2005). The development of teaching and learning skills is essential in supporting the transition from student to nurse and require knowledgeable preceptors in the framework of nursing education (Yonge, 2003). The teaching practices and educational opportunities for preceptors originate from research evidence that implicates such practices are well-informed and up to date and result from information that is beneficial in effectively instructing the new graduate in the clinical setting (Neher 1992).

The importance of nurse preceptors in helping to educate new nurses cannot be overstated. They mentor new nurses and help them picture the kind of roles they would perform in a variety of clinical settings (Richards, 2012). Preceptors guide new nurses as they transition from academic institutions to the professional world. Nurse preceptors use the principles of professional practice and patient care experience as a basis for clinical teaching (Casey et al, 2004). These clinical experts draw on their own experiences of

providing patient care to anticipate and understand patient conditions the graduate nurse will encounter (Greene & Puetzer, 2002). The nurse preceptor's practical experiences at the bedside translate theory into action (Ohrling, 2001). Nurse preceptors are charged with illuminating their knowledge into a teaching venue that makes sense to new graduate nurses who are under their direction in a patient-care setting (Myrick & Yonge, 2005). Achieving the expected outcomes within the allotted time, and with the available tools and resources is the ultimate goal (Cardillo, 2001).

### **Project Questions**

There are five significant project questions relevant to this venture. Question 1 is the following: What is the influence of the clinical nurse to the new graduate nurse at the end of the designated orientation process, and in connection to Question 1, does the new graduate nurse's ability to affect theory and application to clinical experiences within the orientation process using Benner's theory of novice to expert, the clinical expert identifies the skills level and immediate needs of the new graduate. The significance of Benner's theory reflects the movement from dependence on past principals to a change in awareness of practical hands on situations.

In Question 2, I identified each step in Benner's theory as it builds on the experience as the new graduate nurse gains clinical expertise, with the clinical expert acting as guide and mentor through the process (Benner & Wrubel, 1982a, 2010): Will using Benners novice to expert theory achieve safe patient care in the clinical setting? The learning objectives and performance measurement will use Blooms cognitive taxonomy, a concept of differentiation that is crucial in the development, progression and

achievement of safe patient care in the clinical setting.

In Questions 3 I defined the particular knowledge level and education of the preceptor - Was that education process sufficient for the orientation process and what additional preparation should the preceptor experience in order to successfully orientate the new graduate nurse in the clinical setting. Baltimore, (2004) looked to the essential preparation of the clinical preceptor. Hospital have a responsibility to the public to provide preceptors with competent skills in critical thinking, clinical reasoning, socialization of the new graduate nurse and incorporate interactive learning with creative teaching strategies.

In Question 4 I determined what education process is sufficient for the orientation process and what additional preparation the preceptor should experience in order to successfully orientate the new graduate nurse in the clinical setting. Nurse preceptors use the standards of professional practice and patient care experience as a framework for clinical teaching. They draw on their own memories of providing patient care to anticipate and understand patient conditions new graduates will encounter. Nurse preceptors are charged with translating this combined knowledge into a format that makes sense to new nurses who are under their guidance in a patient-care setting and achieving the expected outcomes within the allotted time, and with the available tools, is the ultimate goal (Flynn, 2006).

In Question 5 I looked to the advanced knowledge of the preceptor and his or her understanding of the policies and procedures the mission statement and vision of the organization. Does the preceptor have advanced knowledge and an understanding of the policies and procedures, the mission statement, and vision of the organization? The

formal and informal education process for the preceptor is determined by the organization and acuity of the patient and nursing needs. As each facility differs, the need for specific requirements is changed to accommodate the preceptor's interaction with the new graduate nurse. The National League of Nursing offers a clinical preceptor workshop, as well as multiple in-house nursing venues of the preceptor's ongoing educational needs (Aagaard, 2004).

### **Evidence-Based Significance of the Project**

New graduate nurses transitioning into professional practice lack the knowledge and skill set to be an efficient and effective clinical practitioner (Aiken et al, 2002). With that lack of knowledge and skills, the nurse preceptor becomes the clinical expert in the development of the graduate nurse to expert nurse (Myrick & Yonge, 2005). Clinical preceptors have an enormous responsibility while guiding and mentoring the graduate. In the Kindred Hospital, where this project was completed, the skill set for the new graduate involves critical thinking skills as well as clinical reasoning, in order to care for complex, acutely ill patients (Stewart, 2000).

Over the last few years, preceptorship has become the approach of choice for the clinical preparation of the graduate nurse (Paton, 2010). It is a teaching-learning approach in which the graduate nurses are assigned a skilled nurse as a preceptor in the clinical setting. The idea is to guarantee that the new graduate acquires experience on a one to one basis with a role model and a resource person who is immediately available to them in the clinical area (Myrick & Yonge, 2005). The development of teaching and learning is essential in supporting the transition from student to nurse and requires knowledge and

expertise for the preceptor in the context of nursing education (Yonge, 2003). Therefore, the teaching practices and educational opportunities for preceptors originate from research evidence that implicates such practices are knowledgeable and up to date and result from information that is beneficial to the most effective ways to instruct in the clinical setting (Neher, 1992).

### **Implications for Social Change in Practice**

Improving patient safety and other dimensions of health care quality requires a change at four levels of the health care system: (a) the experience of patients during their interactions clinicians; (b) the functioning of microsystems of care delivery; (c) the practices of organizations that house the microsystems; and (d) the environments of policy, regulation, accreditation, and factors that shape the context of how that health care is delivered (Page, 2004). Understanding and respecting the change policies that already exist can help nursing and the health care industry to respond to and work with a set of problems and needs. In doing so, the health care industry has the ability to develop more successful and measurable practices that include monitoring, processing and planning practice changes that affect the quality of care and patient safety (Page, 2004).

Reeler (2007) identified the need to observe and understand the change process that is already in place in order to move forward with project interventions. Reeler stated that problems are visible to the practitioner and the solutions can be analyzed and posed as predetermined outcomes. Reeler's use of the participatory process in the planning phase of change allows for all of the stakeholders to pave the way for ownership and sustainability by introducing the preceptor as a key stakeholder (Croyle, 2005). Communication and

clearly defined expectations draw the stakeholder, the preceptor to the program as an advent to socializing new graduates into qualified peers, with the intent of longevity within the organization (Ellerton, 2003). For the preceptors to “buy into the program” a positive learning environment must be established as well as a mode of positive, open, interactive communication. Involving the preceptors in research that validates their roles as well as allowing the preceptors a vested interest in clinical decision making, using evidence based concepts gives them ownership of the program (Craddock, 1993). The implication for this role will assure the improved patient safety, quality of care, and assimilation of the graduate to the mission and policies of the organization. In doing so, the organization can develop a more successful and measureable practice that includes monitoring, processing, and planning practice changes that will affect the quality of care of the patient in the future.

### **Definition of Terms**

**Clinical Expert:** A registered nurse with a recognized high degree of knowledge, skill, and competence in a specialized area of nursing, and usually having a master’s degree in nursing

**Mentorship:** A mentorship is a relationship formed between a mentor and mentee with the goal of sharing knowledge and expertise between the mentor and the mentee. It can be a formal relationship with written goals and scheduled meeting times or it can be as informal as an occasional chat or email exchange.

**Preceptor –:**An instructor or specialist who teaches, councils and serves as a role model and supports the growth and development of an initiate in a particular discipline

for a limited time, with the specific purpose of socializing the novice to a new role.

**Preceptorship:** A defined period of time in which two people (a nurse with a student nurse or an experienced nurse with a new graduate) work together so that the less experienced person can learn and apply knowledge and skills in the practice setting with the help of the more experienced person. This role is a one on one clinical association utilizing Benner's novice to expert theory.

**Retention:** The process of holding back or keeping in position the new graduate nurse.

**Stakeholder:** A person, group or organization with an interest in the project.

### **Assumptions**

The assumptions of this project are that the initiation of a preceptor program would advance the nursing process, allowing for excellent care and protection for the patient. The preceptor, with clinical expertise, would assume the role of leader, mentor, confidant, and role model in guiding the willing and eager new graduate in applying not only clinical skills, but the theoretical basis for that skill with the preceptor's guidance. The collaboration between preceptor and new graduate nurse becomes a partnership, with a positive impact on patient safety, and quality throughout the orientation process.

Preceptorship is a teaching-learning method in which a new graduate nurse is assigned to a clinical expert in order to experience the day-to-day practice with a role model and a resource within the clinical setting (Greene & Puetzer, 2002). The assumed variable that exists suggests that the clinical expert may not have the educational qualities and experience to be the competent preceptor, crucial to the development of the novice to



expert transition of the new graduate nurse (Benner, 2010).

### **Limitations**

In contrast, the limitations of this particular preceptor program are that there were no previous formal programs in place, offering only an unsatisfactory, difficult and fragmented orientation process, and leaving the concept of a more formal program a difficult concept to incorporate into the organization. As a pilot program for precepting new graduate nurses in this practicum setting, there would be an ongoing reassessment of the degree of education needed for the preceptors to be effective, and an evaluation of the lack of interest by the clinical experts as stakeholders in precepting and mentoring new graduates, demonstrating a weakness that the theoretical findings of Benner and Dreyfus could change for a more positive learning outcome (Benner, 2010).

### **Summary**

The job satisfaction and retention of new graduate nurses in the Kindred facility is the focus of this project. The high turnover rate for new graduates affects the safety and quality of care for the patients, as well as job satisfaction and retention (Beecroft et al, 2001). The goal of the program would be to develop an educational program for preceptors, and ensure that new graduate nurses are retained past the 1 year date of hire by incorporating into the orientation process the application of theory as it applies in the clinical setting (Almada, et al, 2004). It is anticipated that ongoing evaluation and modification of the program will be needed to improve the program as it moves forward (Chen, 2001).

## Section 2: Background and Context

### **Introduction**

The relationship between preceptors and new nurses cannot be underestimated. Those who accept the responsibility of preceptorship should be rewarded for their willingness to devote time, and share knowledge and skills as well as professional anecdotal insight with a new or future colleague. It is the professional responsibility as licensed professional healthcare team members to help others to rise up to meet their potential. Reciprocal respect and support must be embedded in the nursing profession for those learning or new to the professional role. The clinical experience is an essential component to nursing education. The identification of formal preceptors grows increasingly difficult as competition for clinical sites and nursing faculty shortages continue to place a strain on the system (Billay, 2008).

### **Specific Literature**

In addressing this literature search, the following databases and libraries were accessed: The Cochrane Library database, EBSCO host, Health Literature (CINAHL) Medline, and Agency for Healthcare Research and Quality (AHRQ). A number of studies were located that met the broadly identified criteria. Some were eliminated as they focused only in nursing students or medical resident's education. The end result was that the studies included in this review, spanned the time-frame from 2011 to 2015, and included seminal studies, theoretical literature, dissertations, foundational and peer-reviewed literature.

Clinical experience is an indispensable element to nursing education. The use of a competent, educated and clinically expert nurse to fill the preceptor role is becoming more difficult to identify. New graduate nurses require additional time and training before they are able to capably care for patients in the clinical setting. Educating the preceptors varies significantly from organizations to educational facilities, with the formal preparation lasting from a few hours to weeks. There is a distinct lack of prescribed preceptor preparation and ongoing education that influences the motivation and ability to serve in the capacity of preceptor (Sandau, 2010).

Preceptors new to the discipline experience a lack of professional guidelines, resources, support, organizational leadership and the recognition of their abilities to work effectively with new nurse. Lack of learner objectives and expectations of the preceptors and the inability to verbalize theory to application are also cited as professional issues that are not addressed as expectations for the preceptor and the graduate nurse in the clinical setting. As more demands are made on the clinical expert to perform in the role of preceptor, these experts, feel unappreciated, under paid and overwhelmed by the responsibilities to guide the new graduate from novice to expert (Baltimore, 2004).

The role of preceptor is seen as a fundamental element in addressing the theory to application gap for new graduates. Supporting, socializing, increasing the new graduate level of confidence and promoting job satisfaction, teaching styles of communication, behavioral expectations, and decision making under pressure are venues that define the success of the preceptors' intervention with the new graduate (Boyer, 2008). Content that is integral to the education of preceptors is the knowledge of adult learning, proctoring

phrases, and facilitation of critical thinking skills; evaluating performance, conflict resolution and giving feedback are key factors in the beginning phase of the preceptors' experience with the new graduate. Moreover the ideal preceptor has a positive attitude and exudes confidence and calmness in stressful situations, a role model for the new graduate nurse (Messmer, 2004).

New graduate nurses are especially sensitive to their new surroundings and many times are not enthusiastically accepted by seasoned staff because of their apparent inexperience; however, effective preceptorship can influence the level of acceptance as well as the interaction with seasoned staff to encourage and promote teamwork and continuity of care for the patient (Zilembo, 2008). Strategies necessary for the development of clinical context and adaptation must be adapted to the level of the learner and the acuity of the patient in the clinical setting. Burns, (2006), questioned preceptors about the challenges of the role and acknowledged some of the ongoing issues that needed a solution or resolution. Some of the most significant issues were the lack of time for teaching, lack of continuity of patient assignments, limited opportunities for reflection and debriefing after critical events and the limited time frame for orientation (Sawin, 2001). The challenges to the job of preceptor for new graduate nurses are the rapid pace and complexity of the patient's diagnosis. There are times when the work load is so enormous that teaching and feedback are not variables that supply positive outcomes for the new graduate (Neher, 1992).

One of the strategies for effective clinical teaching is a tool developed by Copeland and Hewson, physicians from the Cleveland Clinic, that is theory based and

provides positive and negative feedback to the preceptor to rate clinical teaching effectiveness. The tool contains 15 items on clinical teaching behaviors, one general item, and space for written comments. Each item is rated on a 5 point scale. The trainees are asked to specify how much time was spent with the preceptor and their level of training. The results were then used to measure the effect of the clinical teaching. The objective of the tool is to test the validity, reliability and usability of formal education components in the preceptor training. The tool was originally developed to measure all clinical staff, but has been refined to evaluate the preceptor's interaction with the new graduate nurse (Copeland, 2000). This tool will be incorporated into the Kindred preceptor program as a way to define the needs of the preceptors as well as those of the novice learners.

The importance of knowledge development, utilization and application of nursing theory to the practice of nursing are prominent views defined in literature (Mitchell, 2003). Stakeholders can help or hinder a program before, during or even after its initiation. The stakeholder, the preceptor in this instance, is much more likely to support the program when included in the decision making processes (Marcum, 2004). By including the stakeholder in this process, the program becomes more credible; the responsibilities of teaching and the advocacy for change all become a part of the preceptor's ownership in the program. These nurses are also the front line, experienced nurses with a vested interest in the success of the program as well as the organization (Myrick & Yonge, 2005).

### **General Literature**

Nurse preceptors have an exclusive and crucial role in the clinical education of

new graduate nurses, and remain the key providers of individualized, practical learning opportunities for the new graduate in the professional practice setting (Myrick & Yonge, 2005). To maximize the learning opportunities necessary for the successful transition from student to professional practice, nurse preceptors need skills in clinical teaching, role modeling and the socialization of the new graduate nurse to the professional role (Yonge, 2002). The problem and the focus of this premise is that preceptors, while expert practitioners do not have formal education in clinical teaching. The preceptors require support in the execution of their educational roles in developing their clinical teaching skills (Patton, 2010). The theoretical strategies for the project included Benner's novice to expert theory (Benner, 2001) as well as Roy's theory of adaptation (Roy, 2009).

The high turnover rate for new graduate nurses is a global problem that is addressed in a study by Kovner et al, (2007). Some of the problems identified in the study cited a lack of clinical skills and experience, an inability to deal with complicated situations, and a lack of social support by seasoned nurse and administration. These issues have demonstrated a 55% to 61% increase in the turnover rate for new graduates and an estimated \$35,000 to \$52,000 per year in lost revenue (Lee et al, 2009). With the initiation of a preceptor program that uses clinical nurses with advanced to expert skills and the support of administration, data suggests that the turnover rate for a successful preceptor program can be decreased to 50% of the above stated statistics (Marcum & West, 2004). The institute of Medicine (IOM, 2015) and other agencies and associations have published a number of studies related to nursing and the health care system. The result of the studies acknowledges quality and safety as two of the most significant

effects to health care system (IOM, 2015).

Critical to precepting new graduate nurses are the quality and safety issues previously mentioned. The IOM (2015) has recommended four key issues in the safe delivery of health care that directly affects the preceptor and the new graduate nurse's interaction. The recommendations are that the nurse should achieve a higher level of education, nurses should practice to the full extent of their education, nurses should be full partners with physicians and other health care providers, and effective workplace planning and policy making requires improved data collection and information structure (as cited in Aspden, 2004).

Experience in critical thinking and clinical reasoning in the practice setting, and the introduction of the preceptor program is the premise that will serve to improve the experience of transition from novice to expert for the new graduate nurse (Benner, 2004). Researchers have suggested that one of the most important aspects of that transition is the practicing preceptor in the clinical setting (Billay, 2008). A strategy developed by Neher, Gordon, Meyer & Stevens, (1992) and again by Sandau, (2010), is a preceptor specific teaching strategy that addresses teaching the rules, reinforcing the positive, supporting the evidence, correcting errors and misinterpretations and getting the new graduate to take a stand.

A review of specific teaching and learning strategies for preceptors addressed the view of which strategy to use for a given situation, that is, defining the specific needs of the new graduate and altering the approach as it applies. In order to move forward competently, the preceptor must have a large knowledge base of models to work with

(Patton, 2010). For some preceptors, modeling is a tool that demonstrates skills with patients as the new graduate observes. Benner's theory identifies this learner as the novice. The modeling theory can be integrated into each component of Benner's theory, with advanced students developing the integrations of complex problems and issues, by using critical thinking and can develop a passive strategy for consideration by the preceptor (Benner, 2004).

Using the theory of case presentation (Burns et al, 2006), the preceptor guides the graduate nurse through reasonable assumptions to the development of a plan of action. The case presentations are applicable to each level of the novice to expert theory, with the most sophisticated presented by the expert graduate. The use of the theory allows the preceptor to gain knowledge about the graduate and generates expectations of the graduate's level as a learner. Communication and clearly defined expectations draw the preceptor to the program as an introduction to socializing new graduates into qualified peers, with the intent of longevity within the organization (Ellerton, 2003).

As with any program, there is the inevitable sink or swim approach to teaching new graduates key objectives for the clinical experience. With this strategic approach to precepting the new graduate, the preceptor is ultimately responsible for every action of the new graduate, and is readily available as a resource. For some new nurses, this approach works well for the person needing a push to develop more independent skills and time management (Copeland & Henson, 2000). For the novice, this approach offers a high anxiety level, and may be more appropriate for the advanced beginner to the proficient learner (Benner, 2004). In contrast, the manipulated structure approach is more



suitable for the novice, with the preceptor selecting procedures and patients that improve the basic skills and offer the new graduate a boost to their confidence (Boyer, 2008).

Feedback for the new graduate nurse is critical to the learning process. Without the feedback, the new graduate has no way to make constructive changes in the process of delivering safe, quality patient care (Burns, 2006). Feedback needs to be specific, descriptive, respectful, demonstrative and positive. New graduates nurses need this positive intervention in order to make objective self-assessments of their skills and interventions with the patients. For the preceptors, this offers an opportunity for personal reflection and validity on the orientation process as well.

### **Conceptual Models and Theoretical Frameworks**

The theory/model that is the most appropriate for this project is Benner's novice to expert theory. The theory addresses the stages of clinical competency in which the novice or beginner has no experience in the situations in which they are expected to perform (Benner, 1982b). Health care professionals strive to maintain and improve knowledge and skills in the clinical environment in order to provide the highest quality of care possible for the patient (Fawcett, 2009). The characteristics of an effective clinician include advanced skills in communication, analysis, teaching and motivation (Kaplan, 1990). Benner, as a nurse in the medical surgical area of her facility, first noted the lack of knowledgeable skill sets in new graduate nurses in the clinical area. Benner's theory was adopted from the Dreyfus skill acquisition development model and influenced by the work of Virginia Henderson (Alligood, 2014). In fields other than nursing, Benner's novice to expert theory assumes the premise that the "beginner" must be given rules to

guide them and assumes that all practical situations are more complex than anticipated. Benner's theory can be applied to informatics in which skills acquisition (the Dreyfus model) is used to develop informatics skills and develop technological system competencies (Benner, 2010; Dreyfus, 1980). Benner's theory of clinical competency as defined in the Table 1 shows the progress from novice to expert and how the premise will define the outcomes for the new graduate nurses (Benner, 2009)

The premise of the program for the Kindred facility is that each graduate nurse aspires to the role of expert within the 1 to 3 year time frame. Benner (2010) suggested that the graduate reach the goal of proficient at the end of the orientation process and progress forward from that point. In the Kindred organization, this is the expectation and was the catalyst for the initiation of a more formal, structured, and in-depth orientation process. It is, however, noted that in many institutions this is an unrealistic goal,

Table 1

*Benner's Novice to Expert Theory*

Stages	Activities	Mission statement	Goals	Objectives
I – Novice – no experience, no confidence, unable to use discretionary judgment	Mimic ADLs	As stated above	Advance to Stage 2	Provide minimal care to patients with the direct supervision of the preceptor
II – Advanced Beginner - s demonstrate marginally acceptable performance	Provide ADL's with minimal instruction	As stated above	Advance to Stage 3	Able to provide some tasks with minimal supervision
III – Competent - demonstrate efficiency, is coordinated and has confidence in his/her actions	Provide ADL's, procedures, medication passes with instruction	As stated above	Advance to Stage 4	Maintains competent care of the patient, struggles with the application of theory
IV – Proficient - perceives situations as wholes rather than in terms of chopped up parts or aspects. learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events	Provide ADL's, procedures, medication passes and critically review changes in patient's status, modifying care plans as needed.	As stated above	Advance to stage 5	Proved clinically competent care to patients with minimal interaction from the preceptor in regards to the application of theory

Stages	Activities	Mission statement	Goals	Objectives
V –Expert - has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions	Able to independently provide all aspects of patient care, critically think and adapt to emergent situations without the intervention of the preceptor	As stated above	Clinical Expert	Provide clinically appropriate care to patient, utilizing best practices and the application of theory

Another evidence based practice model used is Orem's Theory of Self-Care Deficit (Orem, 1990). The general theory is comprised of three more-defined theories: the theory of self-care, which defines the activities patients need to complete to achieve optimal health; the theory of self-care deficit, which specifies when nursing is needed for a patient who is incapable of meeting his self-care needs; and the theory of nursing systems, which describes how self-care needs will be met by the patient, nurse or both of them working together. The mission of the practicum setting is to promote healing, provide hope, preserve dignity and produce value for each patient, resident, family member, customer, employee and shareholder we serve (Lubkin, 2006). The organization provides aggressive, specialized interdisciplinary care to medically complex patients who require extended recovery time (Orem, 1985). The self-care deficit nursing theory is a middle range nursing theory that was developed between 1959 and 2001 by Dorothea Orem. It is also known as the Orem model of nursing. It is particularly used in

rehabilitation and primary care settings where the patient is encouraged to be as independent as possible. The nursing theory is based upon the philosophy that all “patients wish to care for themselves”. They can recover more quickly and holistically if they are allowed to perform their own self-cares to the best of their ability. Although there is still a gap between many nursing theories and actual nursing practice at the bedside, Orem’s self-care deficit theory has been widely adopted in a variety of clinical settings. It has particular appeal in settings like rehabilitation nursing, with its focus on addressing self-care deficits in patients with physical disability or chronic illness, and home health nursing, which is aimed at making patients as safe and independent as possible in their own homes (Connelly, 1987). The major assumptions of Orem’s Self-Care Deficit Theory are in Table 2

Table 2

*Orem’s Self Care Deficit Theory Summary*

- 
- People should be self-reliant, and responsible for their care, as well as others in their family who need care
  - People are distinct individuals
  - Nursing is a form of action. It is an interaction between two or more people
  - Successfully meeting universal and development self-care requisites is an important component of primary care prevention and ill health
  - A person’s knowledge of potential health problems is needed for promoting self-care behaviors
  - Self-care and dependent care are behaviors learned within a socio-cultural context (Allison, 2007).
-

The model connects concepts in such a way as to create a different way of looking at a particular phenomenon. The theory can be used by nurses to guide and improve practice, but it must be consistent with other validated theories, laws and principles (Gast, 1996). Orem's theory of self-care deficit nursing states that a self-care demand exists when the patient or family member is not able to provide care for the patients and those self-care demands can then be met by the nurse (Masters, 2011). The theory of self-care delineates the demands of self-care requisites in order to stay healthy. When the patient cannot meet those demands, nursing care is needed. However, the nurse must be properly trained to assess the level of care the patient requires so that the nurse is able to assist the patient in meeting their individual needs. Orem's theory relates to Benner's novice to expert theory in that the new graduate nurse at the novice stage is unable to process this information, but as they become more competent and experienced and proficient, the new graduate has the ability to assess and direct the patient with their self-care needs (Benner, 2010).

The Self-Care Deficit Theory developed as a result of Dorothea E. Orem working toward her goal of improving the quality of nursing in general hospitals. The model connects concepts in such a way as to create a different way of looking at a particular phenomenon. The theory is relatively simple, but generalizable to apply to a wide variety of patients. It can be used by nurses to guide and improve practice, but it must be consistent with other validated theories, laws and principles (Gast, 1996).

In contrast to Orem's Theory of Self Care Deficit, Rogers' Theory of Unitary Human Beings defines the person as an indivisible, pan-dimensional energy field

identified by pattern, and manifesting characteristics specific to the whole, and that can't be predicted from knowledge of the parts. A person is also a unified whole, having its own distinct characteristics that can't be viewed by looking at, describing, or summarizing the parts. The nursing theory explains that nursing encompasses two dimensions: nursing as art and nursing as science (Phillips, 2000). From the science perspective, nursing is an organized body of knowledge specific to nursing, and arrived at by scientific research and logical analysis. The art of nursing is the creative use of science to better people, and the creative use of its knowledge is the art of its practice. Rogers claims that nursing exists to serve people, and the safe practice of nursing depends on the nature and amount of scientific nursing knowledge the nurse brings to his or her practice (Davidson, 2001). To prepare nurses to practice Rogers' model, the focus of nursing curriculum should be the transmission of the body of knowledge, teaching and practicing therapeutic touch, and conducting regular in-service education. Emphasis should be on developing self-awareness as a part of the patient's environmental energy field, as well as the dynamic role of the nurse pattern manifestation on the patient. There should also be an emphasis on laboratory study in a variety of settings, and the importance of the use of media in education (Barrett, 1988).

### **Summary**

Specific literature that addresses the education of the preceptors, the new graduate nurses and the responsibilities of administration has been addressed. In addition the conceptual models and theoretical frameworks that have been touched on show the reader that incorporating not just one, but multiple theories addresses the needs of the patient

from a dependent state, relying on total nursing care, to an independent state, where nursing is an adjunct to the healing process. The theories discussed also define the role of the preceptor in training the new graduate nurse in clinical skills as well as in the more abstract ideologies that nursing requires more than just the nurse or the patient, but both individuals to move to a state of healing and health prevention



### Section 3: Collection and Analysis of Evidence

#### **Project Design and Methods**

The reality of new nurse graduates entering clinical practice is often inconsistent with their expectations of their first nursing position (Casey et al, 2004). Preceptors, major stakeholders in this transition, play a key role in guiding and supporting the new graduate nurses. The framework for designing a program that reflects the immediate and ongoing needs of the new graduate is Benner's novice to expert theory (Benner, 2011). The significance of Benner's theory reflects a movement from dependence on past principals to a change in an awareness of practical hands on situations.

The objectives for this project were to promote a program in which the clinical nurse expert serves as a teacher/coach, leader/influencer, facilitator, evaluator, socialization agent, protector and role model in order to develop and validate the competencies of the new graduate nurse in the clinical setting (Horton, 2012). Additionally, the objectives included effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care and other scholarly products (Sandstrom et al, 2011). Advocacy for social justice, equity and ethical policies within all healthcare arenas demonstrate advanced levels of clinical judgment, systems thinking and accountability in designing, delivering and evaluating evidence based care to improve patient outcomes (Martinez, 2001). The accountability for quality of health care and patient safety for populations with whom they work (Vincent, 2002) as well as leadership, critical thinking and effective communication skills are necessary to design, evaluate and improve the

implementation of quality advanced nursing services for the new graduate nurses in the Kindred Hospital and are paramount to the success of the preceptor program. Inter-professional and intra-professional collaboration to facilitate and improve desired health care outcomes for nurses, patients and systems in the Kindred Hospital are also included as qualities that would enhance the program (Stewart, 2000).

Benner's (2010) novice to expert theory addresses the stages of clinical competency in which the novice or beginner has no experience in the situations in which they are expected to perform and moves forward to the clinical expert stage as the new graduate gains skills and knowledge. The preceptor, as the clinical expert, guides the new graduate nurse in the development of these skills, identifying the individual experiences as well as the level of awareness in moving forward to the next step in the program. Each new graduate nurse would be enrolled in the program for no less than 4 months and no longer than 6 months. The preceptor as the clinical expert would have the responsibility of ensuring that each preceptee is competent to perform on his or her own within the guidelines of the organization in a safe and effective manner (Boyer, 2008). As previously, stated Benner's theory was adopted from the Dreyfus skill acquisition development model and was influenced by the work of Henderson (Tomey, 1994). In fields other than nursing, Benner's novice to expert theory assumes the premise that the "beginner" must be given rules to guide them and assumes that all practical situations are more complex than anticipated (Benner, 2010; Dreyfus, 1980).

Performance measurement goals for Benner's novice to expert theory incorporate the effectiveness, efficiency, quality, timelessness, and productivity and safety measures

in caring for patients (see Table 3). Each stage of the novice to expert theory identifies succinct goals and objectives designed to move the new graduate forward in the transition process (Benner, 2004). An example would be a new graduate nurse, a novice, with no clinical experience, no confidence and no discretionary judgment. The novice would work directly under the supervision of the clinical expert, the preceptor, and mimic each activity, with the objective that the novice would be able to provide minimal care to the patient with direct supervision (Benner, 2010). Conversely, the proficient new graduate would be monitored by the preceptor and be able to perceive situations as a whole, employ evidence based practices, becomes clinical competent and requires little or no interaction from the preceptor. The proficient or expert new graduate nurse would be able to apply theory to practice with no discernible interaction from a preceptor (Dreyfus, 1980).

In conjunction with Benner's novice to expert theory and the Dreyfus skills acquisition model, the DACUM curriculum model will be used to define goals for preceptor training in response to the healthcare industry's need to increase the number of prepared preceptors in the workplace. The goal would increase job satisfaction for the preceptee, preceptor and all staff members and promote retention of the new graduate nurse. Providing a model preceptor curriculum would help to support the healthcare industry in this strategy for workplace reform (Piemme, Tack & Kramer, 1986). The DACUM model, (Table 3a, Table 3b) was designed to prepare health care providers for their role as preceptors. The program provides the tools and motivation for the preceptor to be effective in transitioning students or new staff members into a new job role.

Preceptor curriculum is based on the (DACUM) job analysis that identifies the preceptor as a staff member who demonstrates a high level of knowledge, clinical proficiency and professionalism (RHORC, 2001). The preceptor serves as a clinical instructor to new employees and students, assisting with the transition into the clinical environment. Four preceptor roles were identified in the job analysis: role model, educator, facilitator, and evaluator (Myrick & Young, 2002).

At the completion of core course content, the preceptor would be able to demonstrate and articulate the motivation for preceptorship which has become the approach of choice for the clinical preparation of the graduate nurse (Paton, 2010). It is a teaching-learning approach in which the graduate nurse would be assigned to a skilled nurse in the clinical setting. The premise is that the new graduate nurse acquires experience on a one-to-one basis with a role model and a resource who is immediately available to them in the clinical area (Myrick & Yonge, 2005). The development of teaching and learning skills are important in supporting the transition from student to nurse and require knowledgeable preceptors in the framework of nursing education (Yonge, 2003). The teaching practices and educational opportunities for preceptors originates from research evidence that implicates such practices are well-informed and up to date and result from information that is beneficial in effectively instructing the new graduate in the clinical setting (Neher, 1992). The importance of nurse preceptors in helping to educate new nurses cannot be overstated. They mentor new nurses and help them picture the variety of roles they would perform in a variety of clinical settings (Richards, 2012). Preceptors guide new nurses as they transition from academic

institutions to the professional world. Nurse preceptors use the principles of professional practice and patient care experience as a basis for clinical teaching (Casey et al, 2004). The preceptors would draw on their own experiences of providing patient care to anticipate and understand patient conditions the graduate nurse would encounter (Greene & Puetzer, 2002). The nurse preceptor's practical experiences at the bedside translate theory into action (Ohrling, 2001). Nurse preceptors are charged with explaining their knowledge into a plan that makes sense to new graduate nurses who are under their direction in a patient-care setting (Myrick & Yonge, 2005). Achieving the expected outcomes within the allotted time, and with the available tools, is the ultimate goal (Cardillo, 2001).

Table 3 the DACUM Competency Analysis Table identifies the duties of the preceptor in that the preceptor is responsible for serving as a role model, providing the educational components, facilitates the new graduate in competencies and then evaluates the process offering positive and timely feedback. Table 4 identifies the learning tools necessary for the preceptor to perform their duties, as well as the knowledge and skills, and behaviors expected in a collaborative leaning environment (Casey et al, 2004).

Table 3

*DACUM Competency Analysis*

Duties		Tasks				
A; Serve as a role model	A-1: Maintain Current Practice	A-2: Serves as a resource person	A-3: Participate in developing performance standards	A-4: Assist in defining the role of preceptor/preceptee		
B; Provide Education	B-1: Assess learning needs	B-2: Assess person and professional needs	B-3: Establish performance objectives/evaluation criteria	B-4: Orient learner to organization al documentation	B-5: teach how to locate resources	B-6: Review procedures/policies for standard of care
	B-8: Review theory and the procedure steps	B-9: Demonstrate clinical skills	B-10: Oversee return demonstration	B-11: Provide emotional support		
C: Serve as a facilitator	C-1: Orient to physical environment	C-2: Arrange clinical experience	C-3: Introduce employees to corporate culture Unwritten rules Social norms	C-4: Integrate new graduate to staff	C-5: Introduce to organization al resources	C-6: Communicate mutual objectives with dissimilar organizations /departments
D: Perform Preceptor evaluations	D-1: Communicate progress to new graduate	D-2: Provide Constructive feedback	D-3: Communicate progress to management	D-4: Document evaluation	D-5: Perform competency based evaluation	

Table 4

*DACUM Competency Analysis (cont).*


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<b>Tools, equipment, supplies and materials</b>	<ul style="list-style-type: none"> <li>● Reference resources</li> <li>● Access to continuing education</li> <li>● New graduate curriculum/teaching manual</li> <li>● Calendar for planning</li> <li>● Patients' bill of rights</li> <li>● Peer reporting mechanism</li> <li>● Check off list</li> <li>● Rotation list</li> <li>● Policy/procedure manual</li> <li>● Medical equipment</li> <li>● Evaluation tools</li> </ul>
<b>Traits and behaviors</b>	<ul style="list-style-type: none"> <li>● Ability to establish rapport</li> <li>● Initiative and punctuality</li> <li>● Communication – good skills</li> <li>● Dependent, efficient and loyal</li> <li>● Enthusiastic, professional;</li> <li>● Common sense, motivated</li> <li>● Level headed, logical, through</li> <li>● Patient, calm, intuitive, tactful</li> <li>● Team player, flexible, advocate</li> <li>● Interpersonal skills, responsible</li> <li>● Sense of humor, empathetic</li> <li>● Motivated, responsible</li> </ul>
<b>Knowledge and skills</b>	<ul style="list-style-type: none"> <li>● Possesses academic licensure and certifications</li> <li>● Serves as a resource to colleagues</li> <li>● Excellent assessment skills</li> <li>● Knowledge of learning styles</li> <li>● Cultural diversity</li> <li>● Excellent communication skills and time management skills</li> <li>● People skills/customer relations</li> <li>● Clinical expert and desire to teach</li> <li>● Listener and leadership skills</li> <li>● Ability to develop learning objectives</li> <li>● Growth and development</li> </ul>

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DACUM is a relatively new approach to occupational analysis (evaluation plan) by the Center for Education and Training for Employment at the Ohio State University in Columbus, Ohio (RHORC 2001). DACUM is an effective evaluation plan to determine competencies or tasks that must be performed by a person in a given occupation. It is the process for analysis of an occupation, or a process and function (Myrick & Younge, 2002). The philosophy of DACUM is that expert workers can define their jobs more accurately than anyone else and in turn as experts have the ability to relay that expertise to new employees (the new graduate nurses; Piemme et al, 1980). The intent of this proposed curriculum is to prepare the healthcare provider to assume the responsibility of a preceptor. They would also assist with the transition to the clinical environment in order to insure quality patient services, and maintain organizational standards, and continuity of patient care in a cost-effective manner (Bowen, 2006; Preparing the preceptor, 2001). The DACUM Competency Profile for the preceptor defines the role of the preceptor as one who demonstrates a high level of knowledge, clinical competency, and professionalism and serves as a clinical expert to the new graduate nurse in the clinical setting. The preceptor assists with the transformation into the clinical environment in order to ensure quality patient services, and maintain organizational standards and continuity of patient care cognizant of the financial impact of the program's success for the organization.

The primary purpose of the project is to determine the effectiveness of a preceptorship for new graduate nurses as opposed to an orientation process, without the benefit of clinical experts, to assess the long term outcomes of a preceptorship and to



determine the retention of new graduate nurses at one year of service. Collection of the data would fall to the Kindred Hospital Organization, and with IRB approval from Walden University, the data collected were analyzed, revised and used to move the project from a pilot program to a newly initiated orientation program for the facility. The revisions include factors that would determine long term functional goals based on interviews with the new graduates who will completed the preceptorship, as well as interviews with the preceptors to determine what, if any, additional learning or teaching models should be added to the program.

### **Population and Sampling**

In defining the population for this project, stratified random sampling methods were used. The populations determined were the new graduate nurses hired by the Kindred organization and the number of available preceptors and clinical experts, who will work with the new graduates during the orientation process. The population consists of the available clinical experts who would qualify as preceptors for the new graduate nurses (Chen, 2001). With the assistance of Human Resources and the recommendation by the clinical nurse educator and the nurse manager, each perspective preceptor was screened for attendance and any disciplinary actions (Menaker, 2010). Each potential preceptor had no less than 5 years of nursing experience and a minimum of 3 years of employment at the Kindred Hospital pilot facility. The selected preceptors were expected to participate in an education program specific to the preceptor program and guided in the evaluation process of the new graduate nurses (Gay, 1987; Johnson, 2004). Each potential preceptor would be contracted for a period of six months in order to fulfil the

learning needs of the new graduate nurse (See Appendix II; Burns et al, 2006).

Within the Kindred Hospital, each nurse has a specialty and a high probability of being chosen for the position of preceptor and the education program. The sampling of the staff, conducted by the nurse manager, nurse educator and Human Resources, have identified 6 nurses, 4 on the day shift and 2 on the night shift, that have the qualifications and the desire to become preceptors for the preceptor program for new graduate nurses. The use of the stratified non random sampling allowed for the identification of the sub group within the population, namely the 6 clinical experts who qualified for the positions (Gay, 1987; Johnson, 2004).

The premise for identifying the preceptors for the program draw on the framework of clinical expertise and the use of Benner's novice to expert theory as well as the Dreyfus skills acquisition theory (Benner, 2010). In the initial phase of the program, the role of the preceptor is defined using the Step Preceptor Program (Supporting and Training Employees through Precepting). The definitions of preceptor and preceptorship are defined as well as competency and competency assessment skills. In order to begin, each selected preceptor completed a survey/questionnaire, establishing professional skills, clinical expertise, learning objectives, supervision and learning preferences and time management strategies. In addition a questionnaire regarding establishing relationships was required. These questionnaires and surveys can be seen in Appendix III, IV and V.

### **Data Analysis**

To evaluate the preceptor program at this facility, research techniques would be

employed. To assess the effectiveness of the program, the assumption of an observational venue was used to determine if the new graduate nurses were able to perform skills based on the concept of Benner's novice to expert theory (Benner, 2004). This qualitative analysis would review why and how new graduate nurses and their preceptors make decisions to gain knowledge and general conclusions regarding the care of the patient in the acute care setting.

One of the first steps in analyzing the process of the improvement project, will be the initiation of a learning contract between the preceptor and the new graduate nurse (Appendix VI), and the use of direct observation of a situation that would occur through live observation. The observation will be conducted and analyzed by the Kindred Hospital management team, as defined previously in this paper. In this direct observation, specific skills and interactions of a situation will be determined, without influencing or participating in any way (Appendix III; Dreyfus, 1980). An example will be to observe direct patient care, with constructive interaction and redirection from the preceptor over the course of two to three days. The next step in the observational analysis would be the interview with both the new graduate and the preceptor, asking direct one on one questions using a structured preset set of questions.

Written questionnaires will be used to determine areas of concern that were not verbally communicated to the staff development leaders (Appendix II). The use of the anonymous surveys will then allow for the new graduate and preceptor to voice opinions they feel would not be appropriate in a one to one situation (Ratcliff, 2011). The final step in the observational analysis phase will be examining written documents, such as the

student's weekly reflection, the preceptor's daily progress notes regarding the new graduate and information garnered from the weekly meetings with the clinical nurse educator and the nurse manager (Appendix I). In this interview, the educational components of the Preceptor Program would be reviewed to determine if any additional information or training will be needed, or if the training is redundant (Menaker, 2008). The documentation at this point will become a part of the new graduate and the preceptor's personnel file. The documentation will also assist the clinical nurse educator and the nurse manager in identifying problems within the proposed preceptor program.

### **Project Evaluation Plan**

Summative evaluation for the proposed program will look at the value of the program as it applies to the increase quality of care of the patient, and patient safety (Glickman, 2009). This qualitative evaluation will look at the program as a whole to allow a better understanding of the change process and what can be improved moving forward. The evaluation will determine if the objectives and outcomes were met for the program. The methodology for the summative evaluation for the preceptor program will be the use of interviews with the new graduate nurses at the end of the allotted orientation time, questionnaires, and surveys that reflect the stated goals of the program and the projected outcomes. The proposed survey in Appendix I defines the qualifications of the preceptor, with the expectation of a minimum of 3 to 5 years of experience, and having moved through the novice to expert continuum to qualify as proficient or expert. The preceptor will be expected to have an attendance record that reflects a commitment to the organization, and will have no disciplinary actions within a 3 year time period preceding

the program initiation, as defined during the employee's semi-annual performance evaluations, conducted by the nurse manager and the nurse educator. The selected candidate will be current on all in-services offered by the organization, inclusive of yearly competencies that incorporate updated Evidence Based Practices, 2015-2016 Hospital Patient Safety Goals, Basic Cardiac Life Support (BLS), Advanced Cardiac Life Support (ACLS), Effective Leadership Strategies and Medication Administration documentation and updates. The specific program objectives will include attending all preceptor education classes, defining and a return demonstration of the Just Culture in-service objectives, Sensitivity Training, and Benner's novice to expert theory training. The programs goals and criteria will be measured by attendance and completion of the program in a timely manner and will be recorded and documented as seen in Appendix II. The management staff, as well as the DNP candidate will collectively review the criteria and objectives prior to the selected preceptor beginning the orientation of the new graduate nurse.

It is anticipated that the long term effects of the preceptor program at the Kindred facility will decrease the financial impact of orientating new graduate nurses who leave the facility within the first year of employment (Bowen et al, 2006). Prior to the initiation of the program, the turnover rate for new graduate nurses was estimated to be approximately 47%, (information supplied by the Nurse Manager to the DNP Candidate) in the first year of employment as compared to the national average of 30% to 60% turnover for the new graduate (AACN, 2004). The long term financial impact for Kindred will potentially amount to \$35,000 to \$52,000 of lost revenue per each new graduate that

leaves the organization within the first year (this information supplied by the Corporate Financial Officer). Short term effects of the program will be distinguished by an increase in quality patient care and safety issues for the patient, as well as a potential decrease in the overwhelming financial burden for the Kindred organization.

The design of the summative evaluation of the program is a pretest-posttest design that will examine the effectiveness of the collaborative preceptor training approach as seen in Appendix 1. The sample will be from voluntary participants in the program, and input from the nurse manager and the nurse educator. The selected preceptor will be clinical experts with no less than 3 years of experience, an excellent attendance record and no disciplinary actions on record. The selected preceptor will be committed to the program for a period of 8 to 12 weeks and will be willing to participate in selected training programs and in-services. The surveys will be presented to the preceptors as well as the new graduate nurses both pre and post orientation. The surveys will include demographic information, clinical experience of the preceptor and years as a registered nurse, including advanced education. The survey will be a 7 point Likert Scale (0=strongly agree to 7= strongly disagree). Included there will be an open response section sharing feedback, problems and positive reactions to the program, that were not covered in the Likert Scale. The nurse educator and the nurse manager will be asked to complete a survey using the same Likert criteria as above to determine recommendations for change, recommendations for continued partnership and contributions from nursing faculty. Evaluation of the collected observational data will be subjectively preformed using a nominal data analysis criteria by the senior management and the DNP candidate

with input from all ancillary management staff. Analysis could include a Bar Chart, to track the observational data and calculate the mean of the information presented. It is also suspected that a paired t-test of the preceptor's ability to motivate, guide and educate the new graduate nurses would reveal significantly increased confidence within the program.

### **Summary**

In summary, the job satisfaction and retention of new graduate nurses within the Kindred facility is the focus of this project. The high turnover rate for new graduates affects finances, the safety and quality of care for the patients (Beecroft et al, 2001). The goal of the preceptor project will be to develop an educational program for preceptors, to ensure that new graduate nurses are retained past the 1 year date of hire (Almada, et al, 2004). It is anticipated that ongoing evaluation and modification of the program will be needed to improve the program as it moves forward (Chen, 2001). The transition from student to graduate nurse is one filled with challenges. Numerous times the seasoned staff is less than civil and less than willing to assist the new graduate in the clinical area. The initiation of a structured preceptor program can affect the retention and job satisfaction of not only the new graduate but the clinical staff as well. Using evidence based practices and the development of a preceptor program is vital to the continued success of any organization.

## Section 4: Findings and Recommendations

### **Summary of Findings**

The summary of the findings of the Preceptor Program for New Graduate Nurses in the Kindred Organization show that the implementation of a detailed preceptorship increases the overall retention of new graduate nurses by 64%, a greater retention rate than the national average of 13 % to 75% (O’Keeffe, 2013). As previously stated in Chapter 1, the transition from student to new graduate nurse is a difficult adaptation into the real world of nursing. As such, many new graduates become dissatisfied and disillusioned within the clinical setting and the perspective of patient care (Almada et.al, 2004). The new graduate nurse may find him or herself in a distrustful position, feeling incompetent, ineffective and nonetheless are challenged clinically. These new graduates find they must adjust to the demanding clinical workload while lacking competent clinical skills to provide quality, safe patient care. The new graduates are also subjected to incivility from seasoned staff nurses and demands of institutional cultures (Cardillo, 2001).

### **Discussion of Finding in the Context of Literature**

In reviewing the findings of the pilot Preceptorship for New Graduate Nurses, the original program lacked significant training for the preceptor in specific areas. As such, the program was reviewed and the addition of ventilator trouble shooting training which included teaching the new graduate the significance of the alarms, the actual settings on the ventilator, (i.e. Assist Control, I:E ratio, C-PAP), how to correctly suction the patient



and the theoretical significance of the VAP Bundles, supported by evidence based research. Wound care training was also addressed in more detail for the new graduate nurses, taking into consideration sterile versus aseptic techniques, proper staging of wounds, and troubleshooting wound care equipment. The new graduates also received a revised Medication administration in-service that included nursing implications of adverse reactions to administering a medication, medication administration via a gastrostomy tube, IV infusions of antibiotics and protocols for addressing medication overdoses or toxic reactions to a medication. The changes reflected errors observed and reported within the first two months of the pilot preceptor program.

In addition, advanced cardiac life support (ACLS) classes were included in the preceptor program as well as an EKG course for new graduate nurses, a one on one session with the cardiac monitor technician, and a one on one session with the chief operating officer, to ensure that the standards of practice, the purpose, vision and values of the organization were clearly defined and understood by the new graduate nurse. Each new graduate nurse received a binder containing the learning contract, the preceptors personal contact information, a weekly objective schedule, a weekly journal and pre and post surveys for the program. The new graduates met with the clinical nurse educator, the nurse manager, the preceptor and me weekly, to address any concerns and to evaluate the progress of the new graduate nurse. Discussions lasted approximately 30- minutes. At the end of this time, the new graduate nurse was excused, and a 30 minute discussion followed to make sure that the new graduate nurse was progressing as expected. This time gave the preceptor an opportunity to speak more freely concerning any immediate

issues that needed to be addressed. If any issues needed to be re-addressed, the new graduate was called back to the meeting and these issues discussed. Of the five new graduates who entered the program, there was only one new graduate who was given additional time to complete the program. The rationale for this decision was directly related to an inconsistent preceptor at the beginning of the program. I advocated for the additional time, and was granted by the chief executive officer and the nurse manager. The result was a successful completion of the program.

### **Implications**

In reviewing the overall program, addressing the implications for social change, it was determined that the program improved patient safety and the dimensions of health care quality changes at four levels of the health care system: (a) the experience of patients during their interactions clinicians; (b) the functioning of microsystems of care delivery; (c) the practices of organizations that house the microsystems; and (d) the environments of policy, regulation, accreditation, and factors that shape the context of how that health care is delivered (Page, 2004). Patient satisfaction scores, phone conversations as described by the BRFSS protocols previously mentioned, and random interviews by the Quality Safety Officer of the organization, validates the improved patient experience.

Incorporating and accepting these changes and policies, the new graduate nurse is more competent to assist the profession of nursing and the health care industry to respond to and work with a set of problems and needs. In doing so, the health care industry has the ability to develop more successful and measurable practice that includes monitoring, processing and planning practice changes that affect the quality of care and patient safety

(Page, 2004).

### **Policy**

As preceptorship has become the approach of choice for the clinical preparation of the graduate nurse (Paton, 2010), our program employed a teaching-learning approach in which the graduate nurse was assigned to a skilled preceptor in the clinical setting. The goal for the new graduate nurse was to acquire experience on a one-to-one basis with a role model (the preceptor), who also acted as a resources and mentor at the end of the program (Myrick & Yonge, 2005). The development of the teaching and learning skills for the preceptor program were significantly important in the transition from student nurse to graduate nurse in the facility. The program supported the graduate nurse in addressing the practices and educational opportunities derived from evidence based research and the preceptor's practical experiences (Ohrling, 2001). The outcomes and expectations for the program were achieved within the allotted time, and the accessibility and availability of tools and resources for continued success and growth are accessible for the new graduate nurse (Cardillo, 2001).

### **Project Strengths and Limitations**

#### **Strengths**

In addressing the strengths and limitations of the preceptor program, was the interactive support from senior leadership. The Kindred organization characteristically hires and promotes from within the organization and as such a new staff member who is integrated into the mission and values of the organization is a more likely candidate to

move forward. The chief executive officer, the chief operating officer, and the chief financial officer all participated in the design of the pilot program. The objective for these officers of the organization was to decrease the expenditures of capital in recruiting new staff. Each of the officers expressed a desire to hire new graduate nurses, with the goal of educating and integrating the new graduates in the Kindred environment, with the hope that the new graduate would move upward within the organization. The nurse manager and the clinical nurse educator defined the objectives for clinical preceptorship based on the needs of the patient, taking into account patient safety, accountability and clinical expertise. Selection of the preceptors for this pilot program also included the individual connection and allegiance to the organization.

### **Limitations**

Conversely, the limitations of the program were the accessibility of qualified preceptors who were willing to participate in the preceptor training and to devote their time and energy to the new graduate nurse. Each selected preceptor was informed that there would be no additional compensation for participation in the program. In addition, the Kindred Hospital is a 34 bed facility, so qualified staff was sparse, and the inclusion of new graduate nurses was limited to five, three for the day shift and two for the night shift. An issue for the potential preceptors on the night shift was the availability of the training in-services. Scheduling for the training was the sole responsibility of the Nurse Manager, and was difficult at times to organize a time that was convenient for both the staff and the new graduate nurses.

### **Analysis of Self**

As a scholar and a practitioner, I am a professional grounded in theory with a goal to influence and to be influenced by and to collaborate with members of the learning community and the Kindred organization. In order to grow in practice, dissolving the boundaries that exist between theory and practice, senior management and staff and the community are principal features to success. The influence of practicing clinical experts and scholars has become the benchmark for me to achieve success. For this project, it was important to use the skills learned through experience as a staff nurse and bring them to the project as an objective approach to the design. As a practitioner, the benefits of a formal preceptor were the driving force and served to define the objectives and the design of the program. Having had the experience of an orientation rather than a preceptorship and observing and researching facilities without the benefit of a preceptorship, my observation was that a more formal and step-by-step program defined by Benner's novice to expert theory and the Dreyfus skill acquisition theory allowed the skills set of the scholar and the practitioner to meld into five definitive research question; a) What is the influence of the clinical nurse to the new graduate nurse at the end of the designated orientation process? b) using Benner's novice to expert theory, will the learning objectives and performance measurement use Blooms cognitive taxonomy achieve safe patient care in the clinical setting? c) was the preceptor education process sufficient for the orientation of the new graduate nurse, and what additional preparation should the preceptor experience in order to successfully orientate the new graduate nurse in the clinical setting? d) what additional preparation should the preceptor experience in order

to successfully orientate the new graduate nurse in the clinical setting? 5) Does the preceptor have advanced knowledge and an understanding of the policies and procedures, the mission statement and vision of the organization?

### **Project Developer**

As the project developer the goal is to connect with what is currently happening and observing what should happen and then move the project to the final objective. As the project developer, there is an understanding of the dynamics of the project and goals and how the goals can be achieved through constant reassessment and interaction with the use of the specified subjects of the project. As the project developer, I had the authority to develop objectives and to implement changes within the program to achieve the desired outcomes. Working in conjunction with the nurse manager and the clinical nurse educator, resources and follow-up documentation was constantly available for review.

In the role of project developer, leadership and management were willing participants as well as resources for the project developer. As the project developed, the skill set of each of the preceptors was carefully scrutinized to assure that the clinical expert selected was invested in the project. It was noted during the initial selection process and the first months of the program that some of the selected clinical experts had leadership skills, many others managerial skills, and many others development skills. As a project developer, these skills were pertinent to the success of the program.

### **What This Means for Future Professional Development**

For the future of new graduate nurses coming into the Kindred organization, the professional development of these new nurses is dependent on the quality of a preceptor program. The project addresses not only the acquisition of clinical skills, but also the policy, procedures, vision and mission of the organization. The concept of preceptorship for the clinical preparation of new graduate nurses has become the approach of choice in recent years and is supported by evidence based research (Paton, 2010). The development of a teaching-learning program supports the transition from student to nurse, and addresses the concept of a novice to expert theory (Benner, 2010). New graduate nurses transition from the novice to the expert staff member, providing safe and effective quality care for their patients.

The professional development of the preceptor program plays an important role in competency development, job satisfaction, and retention of the new graduate, long term, and has been the focus of this project. The professional development of the program addressed strategies that promote and stimulate critical thinking, conflict management and the advancement of nursing practices well in the future careers of the new graduates. The professional development of the program, while addressing the new graduate nurse and the preceptor, also assisted me as an advanced practitioner in the clinical setting. The improvement of leadership skills, program development, and fiscal responsibility, developing, collecting and analyzing data were also learning opportunities for my growth as a practitioner. The project has also allowed me to evolve the skills necessary to become a teacher/coach, leader/influencer, facilitator, evaluator, socialization agent,

protector and role model (Martinez, 200). In addition, I was able to improve effective communication and collaborative skills while developing and implementing practice models, peer reviews, practice guidelines, health policies, standards of care and other scholarly products (Sandstrom et al, 2011). The professional development included expanding my knowledge base regarding advocacy for social justice, equity and ethical policies within all healthcare arenas, demonstrating advanced levels of clinical judgment, systems thinking and accountability in designing, delivering and evaluating evidence based care to improve patient outcomes (Martinez, 2001). I also have an increased level of comprehension for the accountability for quality of health care and patient safety for populations with whom they work (Vincent, 2002). I have developed an increased knowledge of leadership, critical thinking and designing effective communication skills, evaluating and improving the implementation of quality advanced nursing services for the new graduate nurses in the Kindred Hospital, and inter-professional and intra-professional collaboration to facilitate and I have sought to improve the desired health care outcomes for nurses, patients and systems in the Kindred Hospital (Stewart, 2000).

### **Summary and Conclusion**

The significance of the project was to successfully develop a preceptor program for new graduate nurse to ensure retention within the time constraint of 1 year, working with a clinical expert on a one-to-one basis, following the Benner novice to expert theory. The implications for social change in the practice of nursing sought to improve patient safety and other dimensions of health care quality that required a change at four levels of the health care system: the experience of patients during their interactions clinicians, the



functioning of microsystems of care delivery; the practices of organizations that house the microsystems, and the environments of policy, regulation, accreditation, and factors that shape the context of how that health care is delivered (Aagaard, et al .2004).

The framework for the project was Benner's novice to expert theory adapted from Dreyfus skills acquisition theory identifying the progression of clinical competency from novice to expert within the project guidelines. The project design used a teaching-learning approach in which the graduate nurse is assigned to a skilled nurse in the clinical setting. The premise was that the new graduate nurse acquired experience on a one-to-one basis with a role model and a resource who is immediately available to them in the clinical area. Nurse preceptors were charged with explaining their knowledge and developing a plan that made sense to new graduate nurses who were under their direction in a patient-care setting (Marcum & West, 2004).

The overall premise/goal of the preceptor program was to increase the retention of new graduate nurses at the Kindred Hospital. This goal was to also decrease the cost of the orientation process. This goal was met. To ensure quality patient care by new graduate nurses. This goal was met. To ensure the safety of the patients at the Kindred Hospital. This goal was met.

## Section 5: Dissemination Plan

### **Introduction**

The project entitled “A Preceptor Program for New Graduate Nurses” is a quality improvement project aimed at a clinical instructive model in which a professional relationship between new graduate nurses and skilled clinical experts work to facilitate the integration of the new graduate nurse into the role of the professional nurse (Owens, 2013). Preceptorship addresses the difficult conversion from student to graduate nurse. The clinical challenges, demanding workload, lack of competent clinical skills, incivility from seasoned nurses and demanding intuitional cultures all serve to discourage new graduate nurses while augmenting their professional growth and clinical skills, keeping patients safe and offering quality nursing care (O’Keeffe, 2013). More than 40% of new graduate nurse report making medication errors and feel they are unprepared to recognize and intervene in life-threatening complications (Owens, 2013). The National Council of State Boards of Nursing reported an average rate of turnover for new grade nurse in the first year of practice ranges from 35% to 60% (Almada, 2004). Benner,(2010), recognized that nursing education at the bedside can do a better job of closing the gap between education and clinical practice when partnered with a successful preceptorship program.

### **Project Purpose and Outcomes**

The purpose of the project was to evaluate the effect of a preceptor program on the retention and job satisfaction of the new graduate nurses in the clinical setting

(Beecroft et al, 2001). The facility chosen to participate in the project, The Kindred Hospital, has a current policy of assigning a new graduate nurse to a clinical expert, the goal being an initiation into the clinical practice. The problem with the current orientation process is that the new graduate nurse is passed from one clinical expert to another, with no continuity of orientation or skills acquisition. Menaker (2010) stated that many times the staff are reluctant to take on the role of preceptor, citing lack of teaching experience and administrative support. The objectives for the project would promote a program in which clinical experts would be educated to serve as teacher/coach, leader/influencer, facilitator, evaluator, socialization agent, protector, and role model (Horton, 2012). The objectives included effective communication and collaboration skills in the development and implementation of practice models. Currently no measurement tools have been developed to document this objective. Prior to the initiation of the preceptor program, existing knowledge, attitudes, behaviors, communication barriers, and willingness to work closely with the nurse educator and nurse manager would be factors in determining the potential clinical experts working with the new graduate nurses. Functional aspects of the communication component could potentially be measured by comparing baseline pre- and post-testing methods using a Team Effectiveness Assessment Scale as identified by The Mentors Guide (2003; samples in Appendix D and Appendix E). The potential Mentor Guide would target the features with the most relevance, ensuring that communication problems are isolated and addressed.

### **Theoretical Framework**

The theoretical framework that would be most appropriate for this project would

be Benner's novice to expert theory (Benner 2010), and the Dreyfus skills acquisition theory (Dreyfus, 1980). Both theories address the stages of clinical competency in which the novice has no experience with patient care or skills. Benner's theory was adapted from the Dreyfus skills acquisition development model, and was influenced by the work of Henderson (Tomey, 1994). Benner's novice to expert theory assumes the premise that the "beginner" must be given rules to guide them and assumes that all practical situations are more complex than anticipated. Benner's theory as well as the Dreyfus model is used to assist the new graduate nurse develop informatics skills and develop technological system competencies (Dreyfus, 1980). Benner's theory of clinical competency is defined using a five step process from novice to expert, with the stage of expert at or after 1 year of service. In addition to Benner and Dreyfus, Orem's self-care deficit theory, a philosophy that "patients wish to care for themselves" is introduced to the new graduate nurse. The mission of this theory is to instruct the new graduate nurse that the setting of promoting healing, providing hope, preserving dignity, and producing value for each patient, resident, family member, customer, employee and shareholder are assumptions as valuable as the newly formed clinical skills (Orem, 1985).

### **Methodology**

The objectives for this proposed project are to promote a program in which the clinical nurse expert serves as a teacher/coach, leader/influencer, facilitator, evaluator, socialization agent, protector and role model in order to develop and validate the competencies of the new graduate nurse in the clinical setting (Horton, 2012). In addition, the objectives would include effective communication and collaborative skills

in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care and other scholarly products (Sandstrom, et al, 2011). Advocacy for social justice, equity and ethical policies within all healthcare arenas demonstrate advanced levels of clinical judgment, systems thinking and accountability in designing, delivering and evaluating evidence based care to improve patient outcomes (Martinez, 2001). The accountability for the quality of health care and patient safety for populations with whom they work (Vincent, 2002) as well as leadership, critical thinking and effective communication skills are necessary to design, evaluate and improve the implementation of quality advanced nursing services for the new graduate nurses in the Kindred Hospital and are paramount to the success of the proposed preceptor program. Inter-professional and intra-professional collaboration to facilitate and improve desired health care outcomes for nurses, patients and systems in the Kindred Hospital are also included as qualities that would enhance the program (Stewart, 2000).

The primary purpose of the proposed project would be to determine the effectiveness of a preceptorship for new graduate nurses as opposed to an orientation process, without the benefit of clinical experts, to assess the long term outcomes of a preceptorship and to determine the retention of new graduate nurses at one year of service. Collection of the data would fall to the Kindred Hospital Organization, and with IRB approval from Walden University, they would include factors that would determine long term functional goals based on interviews with the new graduates who will completed the preceptorship, as well as interviews with the preceptors to determine

what, if any, additional learning or teaching models should be added to the program.

To evaluate the preceptor program at this facility, research techniques would be employed. In order to assess the effectiveness of the program, the assumption of an observational venue would be used to determine if the new graduate nurses would be able to perform skills based on the concept of Benner's novice to expert theory (Benner, 2004). This qualitative analysis would review why and how new graduate nurses and their preceptors make decisions in order to gain knowledge and general conclusions regarding the care of the patient in the acute care setting.

One of the first steps in analyzing the process of the improvement project, would be the initiation of a learning contract between the preceptor and the new graduate nurse (Appendix F), and the use of direct observation of a situation that would occur through live observation. The observation would be conducted and analyzed by the Kindred Hospital management team, as defined previously in this paper. In this direct observation, specific skills and interactions of a situation would be determined, without influencing or participating in any way (Appendix C; Dreyfus, 1980). An example would be to observe direct patient care, with constructive interaction and redirection from the proposed preceptor over the course of 3 to 3 days. The next step in the observational analysis would be the interview with both the new graduate and the preceptor, asking direct one on one questions using a structured preset set of questions.

### **Findings**

The summary of the findings of the Preceptor Program for New Graduate Nurses in the Kindred Organization show that the implementation of a detailed preceptorship

increases the overall retention of new graduate nurses by 64%, a greater retention rate than the national average of 13 % to 75% (O’Keeffe, 2013). As previously stated in Section 1, the transition from student to new graduate nurse is a difficult adaptation into the real world of nursing. As such, many new graduates become dissatisfied and disillusioned within the clinical setting and the perspective of patient care (Almada, et.al, 2004). The new graduate nurse may find him or herself in a distrustful position, feeling incompetent, ineffective and challenged clinically. These new graduates find they must adjust to the demanding clinical workload while lacking competent clinical skills to provide quality, safe patient care. The new graduates are also subjected to incivility from seasoned staff nurses and demands of institutional cultures (Cardillo, 2001). In reviewing the overall program, addressing the implications for social change, it was determined that the program improved patient safety and the dimensions of health care quality changes at four levels of the health care system: (a) the experience of patients during their interactions clinicians; (b) the functioning of microsystems of care delivery; (c) the practices of organizations that house the microsystems; and (d) the environments of policy, regulation, accreditation, and factors that shape the context of how that health care is delivered (Page, 2004). Incorporating and accepting these changes and policies, the new graduate nurse is more competent to assist the profession of nursing and the health care industry to respond to and work with a set of problems and needs. In doing so, the health care industry has the ability to develop more successful and measurable practice that includes monitoring, processing and planning practice changes that affect the quality of care and patient safety (Page, 2004).

## Discussion

The professional development of the preceptor program plays an important role in competency development, job satisfaction and retention of the new graduate, long term, and has been the focus of this project. The professional development of the program addressed strategies that will promote and stimulate critical thinking, conflict management and the advancement of nursing practices well in the future careers of the new graduates. The professional development of the program, while addressing the new graduate nurse and the preceptor, also assisted me to develop as an advanced practitioner in the clinical setting. The improvement of leadership skills, program development, fiscal responsibility, and developing, collecting and analyzing data assists the graduate nurse in the transition from student to competent clinical expert. The project has allowed me to evolve the skills necessary to become a teacher/coach, leader/influencer, facilitator, evaluator, socialization agent, protector and role model (Martinez, 200). In addition, I was able to improve effective communication and collaborative skills while developing and implementation practice models, peer reviews, practice guidelines, health policies, standards of care and other scholarly products (Sandstrom et al, 2011). The professional development included expanding the knowledge base regarding advocacy for social justice, equity and ethical policies within all healthcare arenas; demonstrating advanced levels of clinical judgment, systems thinking and accountability in designing, delivering and evaluating evidence based care to improve patient outcomes (Martinez, 2001). There has been an increased level of comprehension for the accountability for quality of health care and patient safety for populations with whom



they work (Vincent, 2002), leadership, critical thinking and designing effective communication skills , evaluating and improving the implementation of quality advanced nursing services for the new graduate nurses in the Kindred Hospital, and inter-professional and intra-professional collaboration to facilitate and improve desired health care outcomes for nurses, patients and systems in the Kindred Hospital (Stewart, 2000).

The significance of the project was to successfully develop a preceptor program for new graduate nurse to ensure retention within the time constraint of one year, working with a clinical expert on a one to one basis, following the Benner Novice to Expert Theory. The implications for social change in the practice of nursing sought to improve patient safety and other dimensions of health care quality that required a change at four levels of the health care system: the experience of patients during their interactions clinicians; the functioning of microsystems of care delivery; the practices of organizations that house the microsystems; and the environments of policy, regulation, accreditation, and factors that shape the context of how that health care is delivered (Aagaard, Teherani, & Irby .2004).

The framework for the project was Benner's Novice to Expert Theory adapted from Dreyfus Skills Acquisition Theory identifying progression of clinical competency from novice to expert within the project guidelines. The project design used a teaching-learning approach in which the graduate nurse is assigned to a skilled nurse in the clinical setting. The premise was that the new graduate nurse acquired experience on a one-to-one basis with a role model and a resource that is immediately available to them

in the clinical area. Nurse preceptors were charged with explaining their knowledge and developing a plan that made sense to new graduate nurses who were under their direction in a patient-care setting (Marcum & West, 2004).

The overall premise/goal of the Preceptor Program was to increase the retention of new graduate nurses at the Kindred Hospital. This goal was met. To decrease the cost of the orientation process. This goal was met. To ensure quality patient care by New Graduate Nurses. This goal was met. To ensure the safety of the patients at the Kindred Hospital. This goal was met.

### **Implications for Practice**

As nursing has evolved into a profession, nursing standards of practice have also evolved. The ANA Code of Ethics for Nurses provides a concise statement of the ethical obligations and duties for every nurse (AACN, 2015). In the development of an evidence based model for the transition from student to graduate nurse, dedicated and competent nurse preceptors are vital to the success of healthcare organizations and the retention of nurses in the profession (Horton et al, 2012). The effective transition from graduate nurse to practicing registered nurses in nursing has been studied and documented for more than 70 years (Benner, 2004). The consensus is that new graduate nurses are not prepared to practice as competent nurses in the clinical setting. Based on these studies, the NCSBN as well as the AACN developed a comprehensive plan for the transition to practice for new graduate nurses. The lack of a standardized preceptorship in nursing has led to a high turnover rate and patient safety issues (Benner, 2001).

Preceptorship has become the approach of choice for the clinical preparation of

the graduate nurse (Paton, 2010). It is a teaching-learning approach in which the graduate nurse is assigned to acquire experience on a one-to-one basis with a role model and a resource that is immediately available to them in the clinical area (Myrick & Yonge, 2005). The development of teaching and learning skills is important in supporting the transition from student to nurse and requires knowledgeable preceptors in the framework of nursing education (Yonge, 2003). The teaching practices and educational opportunities for preceptors originate from research evidence that implicates such practices are well-informed and up to date and result from information that is beneficial in effectively instructing the new graduate in the clinical setting (Neher 1992).

### **Plans for Dissemination**

The pilot program for the Kindred Hospital was conducted at the facility on the St Anthony Hospital campus. Completion of the project and after reviewing the objectives and outcomes, it is probable that the Preceptor program could be rolled out to the Kindred Lindell and Kindred Mercy campuses. In addition, St Alexius Hospital in St. Louis, Mo is interested in reviewing the program with the possibility of revising the program to be a suitable option and that could be integrated into the mission and philosophy of the facility.

In terms of a wider dissemination of the Preceptor Program for New Graduate Nurses, a project summary could be presented to various nursing schools via a poster presentation that includes the objectives, outcomes and success of the program as it pertains to the student transitioning to the new graduate nurse role. Additionally, submission to a journal such as the Journal of Nursing Administration, the Journal for

Nurses in Staff Development, and the Journal of Nursing Education and Practice, to name a few potential submission sites. Through these potential suggestions, the impact of the receptor Program for New Grate Nurses would have more global impact in promoting the importance of the need for a program to transition the new graduate nurse into the clinical arena, and in doing so, promote evidence-based practices through clinical scholarship as evidenced in the DNP Essentials document (American Association of Colleges of Nursing, 2006).

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## Appendix A: Lasater Clinical Evaluation Plan

	Does Not Meet Expectations 0	Meets Expectations 1	Exceeds Expectations 2
Diagnosis: Ability to apply normal and or abnormal to case formulation and diagnosis	Unable to articulate relevant clinical symptoms as they apply to the presenting diagnosis	Articulate clinical symptoms as they apply to the admitting diagnosis	Thoroughly articulates clinical symptoms and problems
	Failure to consider all diagnostic considerations	Discusses all clinical symptoms as applicable to the admitting diagnosis	Thoroughly all clinical symptoms as applicable to the admitting diagnosis articulates
Assessment: Knowledge of appropriate assessment measures to answer diagnostic questions	Minimal knowledge regarding appropriate assessment measures to answer diagnostic questions	Demonstrates knowledge regarding appropriate assessment measures to answer diagnostic questions	Thoughtful and thorough discussion of rationale for selecting measure an appropriate assessment measures
Case Conceptualization: Ability to formulate and plan interventions using theory	Minimal ability to formulate and plan interventions using theory	Clearly articulates a plan to use interventions related to theoretical guidelines	Comprehensive Case concepts that include theory and application process for the patient
Treatment Planning: Ability to discuss Evidence Based interventions using empirical support, clinical judgment and client diversity	Minimal ability to articulate a treatment plan for the patient	Proposes a clear treatment plan including goals, interventions and characteristic relevant to the patients ethnicity, culture and disease process	Thoughtful and comprehensive treatment plan requiring specific treatment plans relevant to the patients ethnicity, culture and disease process
Ethical Considerations: Utilizing Ethical Principals and Code of Conduct and any other relevant laws, statutes, rules or regulations	Failure to recognize and pursue ethical issues or dilemmas	Ability to recognize ethical implications and discuss potential interventions and/or solutions	In-depth discussion of relevant, potential ethical issues
Professional Behavior: Use of clear and articulate expression	Poor ability to communicate and demonstrate professional language	Communicates clearly and articulately using verbal and non-verbal skills; demonstrates understanding of professional language	Very clear and articulate professional communication and use of professional language

## Appendix B: Pre-Survey for Preceptors

	0 = strongly agree	1 = moderately agree	2 = somewhat agree	3 = not sure	4 = somewhat disagree	5 = moderately disagree	6 = strongly disagree
At least 3 to 5 years' experience as an RN							
Excellent Attendance Record							
No Disciplinary actions for three years or more							
Ability to use Best Practice criteria							
Ability to offer constructive criticism in a non-threatening atmosphere							
Willing to attend specialized preceptor classes							
Willingness to support the development of the graduate nurses understanding of the RN role							
Attend periodic support sessions with and without the graduate nurse							
Willing to collaborate with Doctoral Candidate regarding feedback of the graduate nurse's progress							

Appendix C: Schedule of Learning Activities and Clinical Expectations for Preceptors and  
Graduate Nurses

WEEK ONE:

Objectives

WEEK TWO:

Objectives

WEEK THREE:

Objectives

WEEK FOUR:

Objectives

WEEK FIVE:

Objectives

WEEK SIX:

Objectives

WEEK SEVEN:

Objectives

WEEK EIGHT:

Objectives

Appendix D: Establishing the Relationship for Preceptors Questionnaire

Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone/Cell: \_\_\_\_\_

Date: \_\_\_\_\_

GENERAL INFORMATION

What are you clinical, interpersonal and professional strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Clinical and Professional skills would you like to improve during this training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations during for this program?

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What is a typical day on the unit like?

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Do you work as a member of the team or individually?

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What expectations do you have for the New Graduate Nurse?

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What do you think will be your greatest challenge? What will it take to overcome that challenge?

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How often would you like to meet with your preceptee?

Hourly \_\_\_\_\_ Scheduled as needed \_\_\_\_\_

Daily \_\_\_\_\_ Impromptu \_\_\_\_\_

Weekly \_\_\_\_\_

How often do you prefer to provide feedback to our preceptee?

Several times near the start and then infrequently \_\_\_\_\_

Fairly frequently until the preceptee has made progress \_\_\_\_\_

Frequently even after the skills are mastered \_\_\_\_\_

What is your teaching style?

Structured with specific expectations \_\_\_\_\_

Scheduled meetings and learning activities \_\_\_\_\_

Laid back \_\_\_\_\_

Preceptee takes the lead in ensuring that objectives are met \_\_\_\_\_

What methods do you prefer to use when teaching in the clinical setting?

Provide reading materials \_\_\_\_\_

Observe the Preceptee \_\_\_\_\_

Discussions with the preceptee \_\_\_\_\_

Showing hands on \_\_\_\_\_

Other \_\_\_\_\_

When teaching something new, do you prefer to:

Explain the rationale first and have the preceptee understand the whole process \_\_\_\_\_

Have the preceptee learn the theory after they "get their feet wet" \_\_\_\_\_

How do you prefer to supervise the preceptee when they are learning a new task?

Direct supervision and discussion during the task \_\_\_\_\_

Direct supervision during the task with discussion before and after \_\_\_\_\_

Distant supervision during the task with discussion before and after \_\_\_\_\_

Discussion before and after with no direct supervision \_\_\_\_\_

When providing feedback, which do you prefer?

Delayed feedback \_\_\_\_\_

Immediate feedback \_\_\_\_\_

How much time outside of regular working hours, do you expect your preceptee to spend in preparation for the assignment?

None \_\_\_\_\_

3 or more hours per week \_\_\_\_\_

1 to 2 hours daily \_\_\_\_\_

Other \_\_\_\_\_

Adapted from Grey-Bruce Regional Health Center/D'Youville College Placement Profile. Phillips-Jones (2003). The mentors Guide (revised edition). Grass Valley, CA:  
The Mentoring Group



## Appendix E: Establishing the Relationship - The First Meeting

Exchange preceptee and preceptor contact information

Preceptor Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Preceptee Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Learning Objectives:

The preceptor and preceptee will discuss and agree on the learning objectives at the beginning of the program. Every 1-2 weeks the objectives will be formally reviewed and modifications made if necessary.

Objective \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Objective \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Objective \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervision and Learning Preference Summary

How often would you like to meet with your preceptor?

Hourly \_\_\_\_\_ Scheduled as needed \_\_\_\_\_  
Daily \_\_\_\_\_ Impromptu \_\_\_\_\_  
Weekly \_\_\_\_\_

Besides Face to Face meetings what other means will you use to contact and

communicate with your preceptor?

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

What will be the frequency of feedback from your preceptor to the preceptee?

Several times near the start and then infrequently \_\_\_\_\_

Fairly frequently until the preceptee has made progress \_\_\_\_\_

Frequently even after the skills are mastered \_\_\_\_\_

Feedback from the preceptee to the preceptor will be

Only when a problem arises \_\_\_\_\_

Several times near the start and infrequently after that \_\_\_\_\_

Frequently during the orientation \_\_\_\_\_

Discuss the importance of communication on a routine or conflict basis with:

Patients and families \_\_\_\_\_

Preceptor and Preceptee \_\_\_\_\_

Other health care professionals and staff \_\_\_\_\_

### Learning Styles

The preceptee and preceptor have agreed on the following teaching styles:

Structured with specific expectations \_\_\_\_\_

Scheduled meetings and learning activities \_\_\_\_\_

Laid back \_\_\_\_\_

Preceptee takes the lead in ensuring that objectives are met \_\_\_\_\_

The preceptor and preceptee have agreed on the following teaching methods:

Provide reading materials \_\_\_\_\_

Observe the Preceptee \_\_\_\_\_

Discussions with the preceptee \_\_\_\_\_

Showing hands on \_\_\_\_\_

Other \_\_\_\_\_

The preceptor and preceptee have agreed on the following supervision methods when the preceptee is learning a new task:

Direct supervision and discussion during the task \_\_\_\_\_

Direct supervision during the task with discussion before and after \_\_\_\_\_

Distant supervision during the task with discussion before and after \_\_\_\_\_

Discussion before and after with no direct supervision \_\_\_\_\_

Based on the responses to the above questions, consider the implications of your different teaching and learning styles during this orientation:

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### Time Management

The preceptor and preceptee agree that this orientation will require the following time commitment outside of the regular working hours, for reading, preparation evaluation, planning and critical thinking related to the orientation process:

None \_\_\_\_\_

3 or more hours per week \_\_\_\_\_

1 to 2 hours daily \_\_\_\_\_

Other \_\_\_\_\_

What are the key dates and time lines the preceptor and preceptee need to be aware of during this orientation process?

Assignments \_\_\_\_\_

Evaluations \_\_\_\_\_

Clinical Checklist skills documentation \_\_\_\_\_

General Questions

How will the preceptor and preceptee know that the precepted relationship is successful?

Preceptee is meeting learning objectives \_\_\_\_\_

Formal evaluation of preceptee indicates they are meeting the criteria \_\_\_\_\_

Regular feedback provided is positive \_\_\_\_\_

Feedback results in required changes in knowledge and skills \_\_\_\_\_

Formal orientation evaluation is positive \_\_\_\_\_

Other \_\_\_\_\_

What role will the other members of the clinical team/department play in the preceptees orientation? \_\_\_\_\_

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Adapted from Grey-Bruce Regional Health Center/D'Youville College Placement Profile. Phillips-Jones (2003). The mentors Guide (revised edition). Grass Valley, CA: The Mentoring Group

## Appendix F: Learning Contract

### Instructions for Completion of the Learning Contract

Preceptee completes the preceptee section of the contract

Preceptor completed the preceptor section.

On the first day of orientation preceptor and preceptee determine the preceptees goals

Preceptor and Preceptee sign the Learning Contract

### At Midpoint in the Orientation

Preceptor and preceptee set a meeting for midpoint review to assess the contract goals and overall orientation.

Preceptor and Preceptee make necessary educational adjustments

### Final week of orientation

Preceptor and Preceptee set up meeting to review the clinical experience and evaluate progress on learning contract goals.

Preceptee Goals:

List three learning goals:

Strategies to achieve:

Evidence of  
Accomplishment:

What you would like to  
accomplish during  
orientation

List the strategies and action  
you will use to work on your  
goals

List how you achieved your  
goals

- 
- 1.
  - 2.
  - 3.
-

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Preceptor Goals:

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List three most important goals the preceptee must achieve

Strategies and actions you will use to assist the preceptee

Evidence of Accomplishment:

What will be used to measure and document the achievement of goal

- 
- 1.
  - 2.
  - 3.
- 

Adapted from Grey-Bruce Regional Health Center/D'Youville College Placement Profile. Phillips-Jones (2003). The mentors Guide (revised edition). Grass Valley, CA: The Mentoring Group.