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Evaluation of a Preceptor Education Program for the Adult Burn Center

Yvette Wilson
Walden University

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Walden University

College of Health Sciences

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Yvette Danielle Wilson

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Walden University

2018

Abstract

Evaluation of a Preceptor Education Program for the Adult Burn Center

by

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MSN, Walden University, 2010

BSN, Notre Dame University of Maryland, 2007

Project Submitted in Full Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

November 2018

Abstract

The nursing shortage in the United States is increasing and directly affects the turnover of staff in the adult burn center of the facility that is the focus of this project. In addition to the institution's traditional leadership education, which includes preceptor and charge nurse modules, a burn-focused supplemental preceptor preparation education program (SPPEP) was developed and delivered to address the expressed needs of the staff preceptors. The purpose of this quality improvement evidence-based project was to develop and deliver a program evaluation tool for the adult burn center leadership to assess the effectiveness of the SPPEP in this specialty area, including whether a supplemental preparation program for adult burn center preceptors would increase their confidence and competency, and lower attrition rates of nurse orientees. A preprogram survey was administered to all participating preceptors identifying perceived gaps in preparation to fulfill the expectations of the preceptor role. Benner's novice-to-expert and Knowles's adult learning theory concepts provided the framework for the SPPEP. The quality improvement program evaluation was based on reported confidence and the perception of competence of the preceptors who participated ($N = 11$). This research revealed that the SPPEP increased the preceptor's confidence and perceived competence level from 64.12% to 89.28% after the first SPPEP delivery. By systematically preparing the preceptors, the SPPEP can reduce overall orientation expenditure while improving patient outcomes, preceptor confidence, perceived competence, and the satisfaction of registered nurses.

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Section 1: The Problem Identified

Introduction

Nursing preceptors play a critical role in orientation by guiding the novice nurse through the transition of becoming a competent and confident member of the care team. Providing the nursing preceptors with education and resources to effectively complete this mission is integral to the safety of patients as the long-term sustainability of the care team members. The emerging trend to recruit new graduate nurses for critical care is due to the large number of new graduate nurses entering the profession and the decreasing number of experienced nurses looking for placement in the critical care areas (Friedman, Cooper, Click, & Fitzpatrick, 2011). This makes the task of providing a comprehensive and multi-faceted orientation program even more challenging.

Kirkpatrick (2015) described a preceptorship as a short-term, goal-oriented event. The author described a mentor relationship as one that is a “long-lasting relationship that serves to enhance a protégé’s career” (Kirkpatrick, 2015). When a preceptor is properly prepared for the task of orienting new graduate nurses, they sometimes transition to being a mentor within the area they are working (Tracey & McGowan, 2015). In turn, preceptors appropriately trained and provided with evidence-based resources feel valued and appreciated for mentoring the new generation of nurses (Sims & Bodnar, 2012).

Nursing stress may be exacerbated by the acuity of the patient, family needs, demands of the care team, and the potential for rapid rate of decline of the critically ill patients in a specialty environment such as burn (Ganz, 2012; Hee Kim, Subramanian, Rahmat, & Phang, 2014). Due to the increased vacancy rate in the adult burn center

(consisting of both a burn intensive care unit [ICU] and a burn step down), the journey began to improve the preparation of the adult burn center preceptors. Preceptor preparation will improve the safety of the patients in the adult burn center by increasing the preceptor's confidence and competency and staff retention (Neilsen et al., 2017). With both critical and less acute patients in the adult burn center, it is not uncommon for the staff to be caring for a mix of high acuity, critical and lower acuity patients at the same time, which requires a mixed skill set. In the adult burn center, the lack of dedicated preceptors has been identified as a problem for more than a decade with little success in finding a solution (Krout, 2015).

Currently, the American Burn Association reports 486,000 burn injuries per year (American Burn Association, 2015). More than 200,000 of the 486,000 patients required admission to a burn center from 2006 through 2015 (American Burn Association, 2017). The events of September 2001, the terrorist attack on the United States reminded the public of the need for burn beds and trained nurses and personnel in the event of future burn emergencies. The total number of burn beds nationally is monitored by the Department of Defense in conjunction with the American Burn Association (American Burn Association, 2017). In 2006, the total burn bed capacity was 1,835 (American Burn Association, 2017). Proportionally, the national number of nurses capable of providing on-going management of burn patients is limited and in the event of another major casualty, resources may not meet the needs of the injured (American Burn Association, 2017). Unlike the abundance of trauma centers nationwide, there are only 128 burn centers with only 43 holding the American Burn Association verification status

(American Burn Association, 2017). These facts and the ever-present danger of other events leading to burn injuries present the need for dedicated, prepared preceptors for the incoming staff in the adult burn center.

Problem Statement

Local Context for Gap-In-Practice

The adult burn center is composed of a 10-bed intensive care unit (ICU) and a 10-bed acute step-down burn wound unit. Many of the staff are novice nurses with less than 6 years of experience in acute care nursing (Batis, 2018). This poses a challenge in finding prepared preceptors for the incoming staff in both areas of the adult burn center. There has been a shortage of nurses working with burn patients in the adult burn center for more than a decade and over half of the verified burn centers nationwide reported a shortage of nursing in the specialty of burn management (Krout, 2015; Yurko, Coffee, & Yowler, 2004). There is a gap in the nurses' preceptor resources regarding burn injury management as well as a lack of formalized education for the preceptor prior to orienting nurses entering the adult burn center (Krout, 2015; Reilly, 2018; ABA, 2015).

Historically, novice nursing staff in the adult burn center have been exposed to the burn patient population in a non-standardized manner leading to varying levels of competence at the completion of the orientation process (Reilly, 2018). Standardizing the preparation of the preceptor will minimize the need for the preceptor to draw from experience instead of education and preparation to address clinical situations during orientation. This provides each orientee with the same information delivered to them regarding the variety of patients that require burn management. The staffing ratio in the

burn ICU is approximately 2:1 patient to nurse ratio and the burn wound unit is 5:1 patient to nurse ratio (Reilly, 2018). This is often an overwhelming reality for new nurses entering into the adult burn center as reported by the patient care manager because the assumption is that the standard nurse ratios would not apply to the burn clinical areas (Reilly, 2018). The preceptor education program was developed with the goal of standardization of preceptor preparation to improve staff confidence, perceived preparedness, and retention rates (for both the current and new staff) within the adult burn center. The intent of this quality improvement EBP project is to evaluate the perceived preparation and competence of preceptors in the adult burn center after delivery of a standardized educational program. Although this is not the sole purpose of the preceptor education program, it is also predicted that the nurses' attrition rate in the adult burn center will decrease as a result of a preceptor education program for the adult burn center preceptors.

Practice-Focused Question for the Quality Improvement Program Evaluation

Will a supplemental preparation program for adult burn center nurse preceptors increase their confidence, competency and lower attrition rates of their nurse orientees?

P = Nurse preceptors for the adult burn center.

I = Preceptor education program.

C = No preceptor education.

O = Increased perceived preceptor confidence and competency (measured by post-SPPEP survey and active competency validation in the clinical setting).

T = By end of Q2 2018.

Purpose Statement

The current preceptors in the adult burn center identified a need for increased education and exposure to resources for use during and after the orientation period for the new nurses in the adult burn center. This request was through email and conversation with adult burn center leadership (Krout, 2015). By allowing the staff to voice their needs through the preprogram survey tool (designed by this author in conjunction with the adult burn center leadership team) to identify gaps in preparation and perceived value, it was confirmed by the adult burn center leadership that a need existed for additional exposure to an education program focusing on preceptor preparation. In response to this presurvey and in addition to the institution's traditional leadership education (which includes preceptor and charge nurse modules), I developed a burn-focused supplemental preceptor preparation education program (SPPEP) in conjunction with the adult burn leadership team. I delivered the SPPEP to the adult burn center novice preceptors to address their expressed needs. This was to increase the preceptors' confidence, competence, and retention rates of their nurse orientees.

My intent in this education was to determine whether a preceptor preparation program for adult burn center preceptors would increase confidence, competency, and increase retention/decrease attrition rates of nurse orientees. My purpose in this quality improvement EBP project was to develop and deliver a program evaluation for the institution to assess the effectiveness of the SPPEP in the adult burn center. Both Benner's novice to expert and Knowles adult learning theory concepts provided the framework for the SPPEP. The quality improvement program evaluation was based on

reported confidence and the perception of competence of the preceptors who participated ($N = 11$). For long-term sustainability of the SPPEP evaluation and appropriate ongoing revision is essential.

Nature of the Doctoral Project

A systematic review of the evidence shows that the financial influence of orienting new staff to a specialty area can be more than \$60,000 for each new staff member (ANCC, 2018; AFSCME, 2018; Sorrentino, 2013). Organizations hold orientation as a major expenditure, thus providing a foundation for the preceptor that can be a cost-saving initiative and an effort to increase retention of both the preceptor and the orientee, and improve patient safety and satisfaction scores (Sandau & Halm, 2010; Tracey & McGowan, 2015).

Nursing preceptors are difficult to attract and more difficult to retain in the adult burn center due to the high acuity and the specialty population increasing the stress levels and reluctance to serve in the preceptor role (Krout, 2015). In the adult burn center and especially in the burn ICU, the lack of dedicated preceptors has been identified for more than 10 years and a solution has not been found (Krout, 2015). By evaluating each preceptor using pre and post education surveys, the intention is to provide evidence-based data that supports improved preceptor preparation, improved preceptor competence and decreased attrition rates in the adult burn center after delivery of a standardized and specialty-specific supplemental preceptor preparation education program. There will also be tangible resources for use and continued mentoring for novice staff post orientation.

Significance

Currently, no education guide exists for the nursing preceptor to use for orientation of the nurse that is new to the adult burn center (Reilly, 2018). Most of the orientation process depends on nursing preceptors drawing on their own experience to train new nurses. This is problematic as the information or exposure focus can vary depending on the preceptor's level of confidence and areas of experience with burn management. During staff competency evaluations, it was reported by the adult burn center staff that one of the biggest dis-satisfiers for the novice nurses is the lack of a standardized orientation process and preceptor variance in burn expertise and information shared (Krout, 2015, Reilly, 2018). From this, the organizational leadership agree that there is a need for the development of a standardized and specialized preceptor education quality improvement program for the adult burn center. The adult burn center staff has willingly accepted this opportunity to participate in this specialty specific educational program and its quality improvement evaluation. Although initially this program will be used in the adult burn center, it is this authors intent that this program will be adaptable to be applied for use in any inpatient area, thus ultimately providing a more positive experience for the nursing staff thus potentially also improving patient outcomes throughout the institution.

Local Terms and Definitions

Adult burn center: The 20-bed mixed acuity burn center at adult burn center participating in the supplemental preceptor preparation education program.

Burn intensive care unit: 10 critical care beds with a 2:1 nurse ratio.

Burn wound unit: 10 acute care beds with a 5:1 nurse ratio.

Supplemental preceptor preparation education program (SPPEP): The educational program that I developed in conjunction with the adult burn center leadership team as the basis for the evaluation discussed in this doctor of nursing practice quality improvement EBP project.

Summary

The need for a standardized approach to nursing orientation is enormous in the burn arena with the ever-present risk of local industrial accidents, environmental disasters and terrorist attempts that result in mass casualties that involve burns. That, along with the individual events that bring a burn victim to the inpatient area, make burn management expertise a necessity among the adult burn center staff nurses. The need for prepared nursing preceptors is greater than ever and with the present shortage in nursing staff, the challenge is growing exponentially. In the next section, I focus on the literature that supports the SPPEP in the adult burn center.

Section 2: Review of Scholarly Evidence

Introduction

The staff in the adult burn center expressed concern and identified a gap in practice regarding the preparation of the staff acting (or considering to act) as a preceptor (Krout, 2015). As a result of a pre-SPPEP survey, I created and delivered the quality improvement program to the current staff acting or wishing to begin to act as a preceptor in the adult burn center. The practice question investigated was: "Will a preceptor preparation program for adult burn center preceptors increase their confidence, competency and lower attrition rates of their nurse orientees?" Delfino, Williams, Wegener, and Homel, (2014); Panzavecchia and Pearce, (2014); Sandau and Halm, (2010); and Baltimore, (2004) discussed the importance of preceptor preparation programs to prepare the preceptors to develop safe and competent practitioners. These authors also collectively place emphasis on the support a preceptor program provides for the participants and identifies that many health care organizations use them in some form. The purpose of this quality improvement EBP project is to develop and deliver a program evaluation for the institution to assess the effectiveness of the quality improvement SPPEP in the adult burn center.

A literature search was conducted using the Cumulative Index for Nursing and Allied Health Literature (CINAHL) plus, Medline, PubMed, and ProQuest Central through the Walden University Library Online and my Institutional Online Library. Search terms used for this EBP were *orientation, preceptor, preceptorship, preceptor program, program evaluation, preceptor perception, preceptor support, and adult*

learning as well as combinations of these terms/keywords. The search revealed an abundance of research on preceptorship and orientation but little on specialty unit orientation or perception of preceptor preparedness. The selection process included relevance to a standardized and comprehensive preceptor program, preceptor perception, and the evaluation process of programs for sustainability in the acute clinical setting.

Concepts, Models, and Theories for the SPPEP

Two different but related conceptual models were utilized in the development of the SPPEP. By using specific frameworks and components of proven effective models the SPPEP will have the foundation that is needed to provide the most comprehensive and integrated program to the preceptors (McEwen & Wills, 2014). Combining the adult learning theory with Benner's novice to expert concepts allows for a multifaceted approach to program creation and delivery (McEwen & Wills, 2014).

Malcolm Knowles has been identified in the research for making adult learning a popular focus (Knowles, Holton, & Swanson, 2012). This author and colleagues remind us that adult learners need trust, comfort, respect, acceptance and a true understanding of why they need to learn (Knowles et al., 2012; McEwen & Wills, 2014). Self-direction, past experience, and motivation are other details of Knowles adult learning theory while engagement of the learner helps to ensure success in the learning process (Knowles, et al., 2012; Leigh, Whitted, & Hamilton, 2015). This is the approach to adult learning that was taken while developing and delivering the SPPEP to the adult burn center preceptors. The involved participants within the adult burn center preceptors were vested stakeholders in their own learning process, committed to completing the education and

motivated to share experiences during the SPPEP. It is these factors that will lead to the success of the quality improvement program if the evaluation shows that it is effective, sustainable and replicable. Benner's model of skill acquisition within the novice to expert (2001) and Benner's expertise in nursing practice (2009) framework drove the development of the SPPEP. Identifying the concepts of skill acquisition outlined within the model was integral in the module components as well as the outline for the program flow. As all of the preceptors bring something different to the clinical arena, their differences place them at varying levels within the Benner model (Benner, 2001). By using the five levels of skill acquisition to identify where each preceptor perceived their educational needs to be, an individual self-directed learning approach was used to drive the education focus for each individual preceptor (Benner, 2001). This approach allows the preceptor to evolve from a systematic rule-driven caregiver to an intuitive provider (Sorrentino, 2013).

Evaluation Framework

As I discussed in previous sections, pre-evaluations were used to determine the preceptors' perceived confidence and competence while acting as the primary preceptor for the incoming staff. The intention was to repeat the process in a posteducation evaluation to determine the preceptor's perceptions post engagement in the SPPEP and to determine the level of confidence and competence while acting in the role of the preceptor. A logic model was developed to maintain consistency during program evaluation (appendix C).

Relevance to Nursing Practice

EBP is the driving force for nursing in the clinical setting. This allows the bedside nurse to practice using the most supported theories (such as the adaptation model, from novice to expert, or nursing as caring to name a few) and theorists (such as Benner, Watson, Henderson, Rogers, Orem, or Roy) providing research, and approaches to the care they deliver (McEwen & Wills, 2014). With a growing nursing shortage and the prediction of new nurses entering into practice reaching an all-time high, it is vital to create a standard for nursing preceptors to provide a comprehensive and complete orientation to the practice, in particular, the burn management for the nurses new to the adult burn center (Blake, 2017; Nursing Solutions, 2016). A recent report from AACN Bold Voices reveals “The Bureau of Labor Statistics predicts more than 1 million registered nurse openings by 2024, twice the number in previous shortages” (2018, p. 20).

The research reviewed for this quality improvement EBP evaluation reveals support for the need for systematic preceptor preparation in order to provide an environment that is conducive to safe learning, patient safety, skill development and theoretical understanding. The importance of the development of the preceptors’ skills to “expertly guide” the new nurse to act safely and independently in a challenging acute care setting cannot be minimized by the limited resources offered by some organizations (Cotter & Dienemann, 2016, p.192). It is critical for the safety of the patients, the satisfaction of the staff, and the continuity of a detailed orientation process to provide the staff acting as preceptors the time for transition into the role (Asselin & Fain, 2013).

Local Background and Context

Limited research is available that describes specialty area preparation for preceptors. Acting as a preceptor in a specialty area can present additional challenges such as consistently demonstrating a complete understanding of the policies and protocols for the specialty area, the clinical and emotional challenges that new nurses entering into the area may have, and the ability to advocate for the new nurse in a complex specialty (Baltimore, 2004; Neilsen et al, 2017; Sims & Bodnar, 2012).

Role of the DNP Student

As the clinical nurse specialist for several specialty areas, an experienced preceptor in multiple clinical settings, and a mentor for the preceptors within the department of my charge, I have a depth of understanding regarding the preceptor role and the needs of the staff interested in acting as preceptors. After a needs assessment within the adult burn center, it was determined that there was a need for standardized and specialty-specific preceptor preparation. I developed the SPPEP in conjunction with the adult burn center leadership and delivered to both the current and interested preceptors in the adult burn center as the focus of my practicum experience for Walden University. The evaluation of the SPPEP is the goal of this quality improvement EBP project as the final component of the DNP program.

Summary

Supplementing the traditional preceptor preparation with a specialty area focus will prepare the individual preceptors to act instinctively while guiding the new nurse for the adult burn center environment. This approach to orientation helps encourage the staff

to be life-long learners, to take the initiative to research independently the most current best practice guiding care and allows them to be mentors for others along a similar journey and transition. The next section will focus on the analysis of evidence to support the SPPEP and the evaluation used for this quality improvement EBP project.

Section 3: Collection and Analysis of Evidence to Support the SPPEP Project

Introduction

The shortage of prepared and qualified preceptors in the adult burn center has been a problem for more than a decade (Krout, 2016; Reilly, 2018). The staff serving as preceptors now are experiencing fatigue with the constant inflow of new nurses (Reilly, 2018). As a result of a staff preceptor survey, a preparation program was developed (SPPEP) for the novice and interested seasoned preceptors to standardize preceptor professional development and reduce variation during orientation. The purpose of this quality improvement EBP project is to develop and deliver an evaluation of the adult burn center SPPEP program. The proposed outcome of this program would be increased support for adult burn center preceptors. This would meet both institution and unit expectations regarding the SPPEP.

Specialty care areas (such as the adult burn center) pose unique challenges during orientation as the patient population and course of stay is unpredictable. With variable admissions during orientation exposure to clinically relevant experiences can dramatically decrease for the orientee. Creativity and the ability to make any situation that arises during a teaching moment can be a prerequisite for the preceptors in the adult burn center.

Practice-Focused question

Currently, there are limited resources available for the preceptors in the adult burn center (Krout, 2016; Reilly, 2018). The current institutional preceptor program consists of basic leadership techniques which is mandatory for anyone who wishes to enter into

the preceptor role. This basic preceptor program lacks specific guidance and education needed for unique situations for those wishing to enter into such the specialized in-patient area of adult burn management. As a result of preceptor requests in the adult burn center for additional education and exposure, the SPPEP was developed to meet the needs of the preceptors and answer the question, “Will a preceptor preparation program for adult burn center preceptors increase their confidence, competency and lower attrition rates of their nurse orientees?” With continued vacancies in the adult burn center, there is a constant need for prepared and committed preceptors. The ultimate goal of this quality improvement program is to give the preceptor the tools necessary to provide a supportive transition to the practice environment in a very high stress/high acuity unit for new nursing staff and helping the preceptor to have increased confidence and perceived competence.

Sources of Evidence

In response to the expressed need from the staff in the adult burn center for additional preceptor preparation, the SPPEP I generated in collaboration with the leadership team. Addressing the preceptor need for additional education and resources is paramount for the SPPEP quality improvement EBP project. The existing and aspiring preceptors are vested in both the success of the program and the professional success of the staff that enters the adult burn center as indicated in the post-survey comments. The practice-focused question was, “Will a supplemental preparation program for adult burn center preceptors increase their confidence, competency and lower attrition rates of their nurse orientees?” could be addressed and answered in multiple ways during the review of

the relevant primary research. By collecting and analyzing the relevant research data and outcomes it is the intent to use the results to support the practice focused question mentioned previously in this section. Using thematic analysis, common themes found in the research review included the need for appropriate preceptor preparation, evaluation, and program or course revision on a regular basis. This type of program can lead to additional aspects of the preceptor role as the professional development of the preceptor evolves beyond the bedside.

Need for Appropriate Preceptor Preparation

Consistently and continually identified in the literatures' primary sources is the efficacy of preceptor preparation and how it allows for improved nursing outcomes, satisfaction and professional development for both the preceptor and the orientee (Baltimore, 2004; Conneely, 2012; Cotter & Dienemann, 2016; Yonge et al, 2011; Panzavecchia & Pearce, 2014). Baltimore discusses the organizational responsibility to the preceptors to properly prepare them for the role and give them “practical information for immediate application” (2004, p. 134). This along with clearly defined responsibilities and expectations gives the preceptor the confidence and preparation to deliver orientation experiences as intended (Baltimore, 2004; Panzavecchia & Pearce, 2014). The need for relevant and valuable information is another important component of the preparation. As described by Chang, et al (2015), the traditional information and methods of preparation do not remain the most efficient and effective for current practice. Preceptors value tools that are clinically useful and meet the learning needs of the individual as well as the collective group (Chang, 2015; Neilsen, 2017). Communication skills, clear role

definition, and feedback techniques with a scenario based environment also contribute to a well-rounded and complete preparation for the preceptor (Chang, et al, 2015; Sorrentino, 2013).

Need for Evaluation and Program/Course Revision

Chavez (2010) emphasized the importance of regular evaluations of the course to appraise the need for revision. My intent was to annually review the SPPEP comparing current practices and expressed needs from the preceptors thus providing program revisions accordingly, including the preceptors in this process will continue to solidify the relationship between the preceptors and the program's success. Conneely (2012) discussed including mentors for long-term relationships, which further supports the available resources that the novice nurse could use after orientation. This concept was considered during the development process of the SPPEP by the adult burn center leadership and will be part of the revision recommendations long term.

Preceptor Role Beyond the Bedside

Using additional education to elevate the professional role of the preceptor was found to be an unexpected outcome of the research reviewed. Engagement in shared governance, information technology design/implementation of the electronic health record (EHR) and a higher level of evidence-based practice (EBP) understanding for clinical application was found in multiple studies (Cotter, et. al, 2016; Sorrentino, 2013; Nielsen, et. al, 2016)

Published Outcomes and Research

Outcomes are a primary focus of today's healthcare systems (Nielsen et al, 2017). Literature shows that in qualitative analysis postprogram retention and use of knowledge learned during the program delivery was not only positive but sustained (Mitchell, et. al, 2018). Other data shows that perceived preparation and readiness to act in the preceptor's role was increased and merit was given to the structured learning process (Maringer & Jensen, 2014; Tracey & McGowan, 2015; Valizadeh, Borimnejadn Gholizadeh, & Shahbazi, 2016).

Analysis and Synthesis

Supporting the preceptor in the role and addressing challenges as well as triumphs will help to ensure the longevity of the staff acting in the preceptor role (DeWolfe, Laschinger, & Perkin, 2010). Without education, support, and the tools to perform to the best of their ability, preceptors are likely to decline additional orientation assignments or request leave of absence from the role. The results of the systematic literature review support the need for structured and systematic preparation for the preceptors. Some studies were performed with other disciplines but easily translate to the novice or entry to practice nurse. Search criteria were limited in years from 2003 to 2018 with the majority of relevant finds being less than ten years old. Using CINAHL Plus, Medline, PubMed, and ProQuest Central, a comprehensive collection of data was retrieved. Sources included were mostly peer-reviewed journals, editorials, and organization web page information that all consistently supported the need for proper resources and education for those staff acting in the role of the preceptor. This comprehensive search includes world-wide evidence that there are gaps identified regarding preceptor preparation.

Consistency in data from the systematic review of the literature shows little to be gained by expanding the time frame for search or additional resources. As the literature review continued, secondary sources found consistently referenced many of the same primary sources included in this program literature review, for that reason, the literature review was concluded and considered complete as no new information was being found within the secondary sources.

Evidence Generated for the Doctoral Project

Pre- and postprogram survey evaluations will be collected and data collated (Appendixes A and B). Participation is voluntary and the list of current or aspiring preceptors was generated by the patient care manager staff list. Each staff member on the list was asked about their interest in participation. Enrollment for the initial program delivery session included 11 staff preceptors (eight novices and three aspiring to become a preceptor).

Each participant was given both the pre and postsurvey under the same situation and criteria. In addition, vacancy data is being collected for the adult burn center to examine changes in vacancy and employee retention post SPPEP, this report is retrieved from the department of finance and payroll from the institution (Batis, 2018).

Engagement scores can be used to determine satisfaction rates among the staff and can be compared for evidence of change. All tangible data was secured and locked for the duration of the program and evaluation of the efficacy of the program. Electronic data are located on a secure server by the institution (Batis, 2018).

Approval was obtained through the Walden University IRB (IRB approval number 06-01-18-0137786) and through the institution's department of Professional Development for the SPPEP delivery and subsequent evaluation for this EBP project. Mandatory enrollment and completion of the institutional basic preceptor program is required for any new preceptor. Participation in the initial SPPEP for the adult burn center was voluntary. There was an implied consent for participation in the pre and post survey data collection and all of 11 the participants volunteered to contribute with completion of both surveys. The surveys were locked and the information from them was reported in aggregate report

Summary

Through literature review, survey interviews, individual discussions, observations and review of records, an identified gap was addressed and a program was initiated to address needs identified by preceptors and meet the requests for additional resources and recognition. Taking this approach has allowed the staff to be open and engaged throughout the process of the initial program delivery session. Evaluating the program efficacy will allow for future revisions of the program leading to continued improvements in staff engagement and participation and, hopefully, adding to the confidence and competency of each preceptor. Additional benefits could be the improvement of staff satisfaction, preparation, and retention rates. The next section focuses on the findings and recommendations for the evaluation of the quality improvement SPPEP.

Section 4: Findings and Recommendations

Evaluating the Supplemental Preceptor Preparation Education Program

Introduction

Before having the ability to actively participate in the orientation of a new nurse a preceptor must first be prepared for the task. The local (unit based) problem in the adult burn center was a lack of a standardized, injury specific preparation program for the preceptors who now consistently have less than 6 years' experience in the adult burn acute care environment through reports from the retention department of the institution (Creel-Zacharias, 2016). The Supplemental Preceptor Preparation Education Program (SPPEP) was created by this author in collaboration with the adult burn center leadership addressing the identified deficits in preparation of the above mentioned current novice preceptors. The components of the quality improvement SPPEP were based on specific burn injury management described in the adult burn center care guidelines, Socratic questioning practices, and orientation gaps identified by the staff in the adult burn center (Appendix D).

The SPPEP was delivered during quarter four of 2017 and quarter one of 2018 to the 11 individuals that indicated (by survey) additional preparation and supplemental resources would benefit their ability to provide a comprehensive orientation to the novice nursing staff entering the adult burn center. The practice-focused question, "Will a supplemental preparation program for adult burn center preceptors increase their confidence and competency and lower attrition rates of their nurse orientees?" was

addressed with the SPPEP. The SPPEP was originally created for the adult burn center but could easily be replicated for use in other areas of the institution with unit/area specific modifications. The institutional administration and leadership of the adult burn center agreed that there was a need for additional preceptor preparation and supported the continued use of the SPPEP. The evaluation of the SPPEP's efficacy is the purpose of this evidence-based doctor of nursing practice (DNP) quality improvement (QI) initiative project. A logic model outlining the SPPEP process was developed and will be used in addition to feedback from the preceptors regarding needed revisions for additional program delivery sessions. (Appendix C)

Evidence Summary

A systematic review of the evidence was conducted resulting in primary and secondary research involving preceptor support and preparation programs. Little was found where specific specialty unit preparation of the preceptor was the focus of the research. Within the evidence review, the authors consistently focused on the importance of preceptor support, continued education regarding orientation, preparation to act as a preceptor and the abundant lack of standardized/formal preceptor preparation in many healthcare organizations.

Findings and Implications

Both the presurvey and the postsurvey used a Likert type method to quantify the results. The comments were reported using thematic analysis and quotes from participants. All 11 participants engaged in both the pre and post surveys using purposive sampling methodology. Using this method allowed for the novice preceptors to be

surveyed for this initial program delivery evaluation and feedback from them will guide future program delivery.

Presurvey information. The pre-survey (Appendix A) was delivered by this author prior to the SPPEP development and delivery based on an expressed need of the staff in the adult burn center. The survey was developed by this author in conjunction with the adult burn center's leadership team to capture the confidence and perceived preparation levels of the staff preceptors. The survey participants reported in the pre-survey comments that they were not completely confident that they could deliver the orientation that is needed in the adult burn center with the knowledge and training that they presently have at the initiation of the SPPEP. Results from the survey given to the participants in this EBP had mean perceived confidence and competence score of 35.909 out of a possible 56 reflecting a 64.12% confidence and perceived competence level. The individual survey scores ranged from 24 to 49 using the same scale. This evidence obtained from this pre-survey supported that the participant preceptors required supplemental education prior to being a preceptor in the adult burn center.

The preprogram survey comments are as follows:

1. I feel there was not enough education and tools provided to know how to precept a new employee. There should be guidelines/classes/educational videos or "myLearning" modules that outline what should be taught and how it should be taught so the preceptor has a clear understanding.
2. Would like to see a preceptor program implemented so that orientation is complete for all orientees. While I understand the concept of being a preceptor, this unit

has not had any formal guidelines or training for the position but relies on the experience of the RN performing his/her duties in an acceptable manner. The more knowledge imported to the orientee the better, for the entire unit and in a positive learning environment.

3. A formal orientation program would be beneficial. Outlined areas of study and possible testing or assessment of understanding. All potential preceptors should receive training on how to effectively teach clinical skills.

4. It would be great if there were a burn specific preceptor orientation program.

I feel new hires for night shift spend too long training on day shift and do not get enough nightshift orientation. They need more exposure to the environment on the “off” shift.

5. To have guidelines to follow for each orientee to enable a smooth transition for all staff. It would also be an advantage to be aware of the days when an orientee is on the floor and the employee to precept them ahead of time.

6. I feel confident that I can provide a positive learning environment. I'm not entirely sure what I can and cannot do but feel that I have enough knowledge to be able to direct the orientee toward solutions. I do not necessarily feel that my efforts will be/are appreciated but I am honored for the opportunity to make a difference and handle the responsibility. It makes me feel proud regardless of whether I was first choice or a desperate last choice.

7. I feel confident in my ability to provide an educational, realistic orientation to oncoming orientees based on the training I've received at JHBMC on their Burn/wound unit. I'm looking forward to watching them grow and allowing myself an opportunity to grow as a nurse and a person.

8. There is no formal/written expectation that I have been given as a preceptor. I have not received any education on precepting new hires, a lot of what I teach (especially at the end of orientation) is from nursing school instruction. Examples include critical thinking relating to interventions and preventable care and legally covering yourself with documentation. I strongly believe there should be training/requirements for preceptors so that all orientees are all gaining a similar experience.

These comments and suggestions were used in the development of the SPPEP. The descriptive frequency of lack of preparation, lack of standardized education, or lack of preceptor resources was identified by five of 11 of the respondents.

Postsurvey information. The postsurvey (Appendix B) was delivered after the SPPEP was completed for the same 11 participants. Survey results showed that the participant preceptors had a mean perceived confidence and competence score of 50 out of a possible 56 reflecting an increase to 89.28% from 64.12% (reported on the pre-survey prior to the SPPEP) confidence and perceived competence level. The individual survey scores ranged from 39-56 on the same scale. The range of responses decreased to 17 from the original range of 25. There were an additional three questions on the post-survey that identified the participant's perceived the professional value of using the

SPPEP. The maximum score of the additional questions on the survey was 12. The average score received from the additional questions was 11.54 indicating that the participants valued the program and felt prepared to deliver a more comprehensive orientation than they did prior to the program. Thus, the evidence for the SPPEP seems effective in increasing the participant preceptor's confidence and perceived competence when acting in the preceptor role.

Postsurvey comments are as follows:

1. The preceptor resource binder is a great tool that helps provide insight and subtleties to guide the preceptor during the 12-week orientation program. In addition to the preceptor program class as the other available resources. The binder is a great tool to utilize not only for obscure items not seen on a daily basis, but for a reference for keeping up to date on the unit day to day procedures and policies. It is well organized and easy to follow.
2. Overall, the preceptor binder will be extremely helpful. It covers topics our preceptees will address-clinical, administrative, EPIC, etc. It is helpful to have the respiratory and CV anatomy review included. Scavenger hunt is broad enough for a new hire to have exposure to numerous areas in the hospital.
3. The questions at the end "Reflection: Socratic questioning during clinical experiences" is also a helpful tool for soliciting information from preceptee and assessing where they are at in their thinking process. I am confident that this manual will be helpful to our preceptors.

4. Add more information about burns-even if it's a reminder to look at the burn info on the intranet site
 5. I do not feel that my efforts are appreciated because it was basically like I had not that I'm complaining because I feel like a better nurse for it.
 6. I felt a little ill-equipped to precept because I have not done it before but if I didn't know something I found out the answer.
 7. The preceptor classes were good- a little long but the content covered a bunch of stuff.
 8. The preceptor program was especially helpful to talk through problems we were having during orientation.
 9. The program was very useful. I feel more prepared to be a preceptor.
 10. As a preceptor of numerous preceptee's-all resources that I have been given have been very instrumental in regards to resources I can reference. The binder was a huge help and will remain so going forward.
 11. I really enjoyed the program. I am glad I had the opportunity to participate.
- The descriptive frequency was identified for six of 11 of the postsurvey comments specifically reporting that the preceptors feel more prepared and there is improved resources for use during orientation.

Impact on practice/action. Collegial relationships, teamwork and confidence in the clinical setting have improved as well as post survey perceived competence as reflected in the post-program survey. The staff that participated in the SPPEP are now requesting to work with the new nurses to the adult burn center and show interest in

participating in the revision of the SPPEP in the future. A renewed interest in best practice has sparked the novice preceptors interest and will guide their focus both during orientation and when providing clinical bedside care.

Impact for future research. Future research is needed to support the long-term outcomes of a standardized program like the SPPEP. It is evident in this limited population ($n = 11$) that the program has improved the confidence and competence of the preceptors that participated but will need to be assessed on a cyclical basis to support the use of the SPPEP long term. There is little research with a specific focus on injury/area specific preceptor programs as stated earlier in the literature review.

Impact on social change. A standardized preceptor program with specific tangible resources is important to help support novice nurse's preceptors in their role within the acute setting. As these preceptors influence the development of the new nurses, they will ultimately influence the practice of others in the profession. Promoting EBP and current research in the clinical setting will help to improve patient outcomes and better support the team within the acute setting. The preceptors will be better prepared to mentor others after the program as this is a community of caring professionals with the ability to change the face of nursing. Decreasing the institutional cost of orientation as the turnover rates become more stable and stop increasing could be an added long-term benefit of the SPPEP (Wilson, 2018). The last 2 years of institutional data on turnover/attrition rates in the adult burn center for FY 16 and 17, are 9.0 out of 31.4 RN's and 7.2 out of 30.9 RN's respectively (Batis, 2018). The adult burn centers goal is to decrease the vacancy rate by 10% annually as reported by the institution's vacancy data

through the department of finance and payroll (Batis, 2018). Turnover rates will be compared after one, two and five years post SPPEP to evaluate changes in nurse retention and attrition in the adult burn center (Batis, 2018).

Strengths and Limitations of the Project

Strengths: The ability to develop and deliver a program specifically for the preceptors of the adult burn center in Baltimore, Maryland, is one of the main strengths of my involvement with this project. Collaboration with the leadership of the adult burn center was one of the most satisfying experiences I had during this DNP program. Another strength is staff engagement and buy-in as it has been overwhelming with all 11 of the participants participating in both the pre and post surveys. The comments and trend of responses showed a positive reflection of the SPPEP as well as increased confidence to act as a preceptor.

Limitations. The small number of participants limits the value of the data and by using only one specialty area, repeating the delivery of the SPPEP within the same specialty area will be needed to reach the staff that were unable to participate in the initial pilot delivery. In the future, the SPPEP will need to be revised regularly (after review of content) to meet the needs of the participant preceptors and the adult burn center standards as specialty practice can change quickly. Using the SPPEP in other areas of the institution would require some revision to allow for variance in practice and unit standards of care but could be easily adapted by others specialties in the organization.

Recommendations

Recommendations for Remediation of Limitations

1. Expand to the remaining preceptors and incoming experienced staff wishing to act in the preceptor role in the adult burn center as well as continued collaboration with the burn team to revise/improve the program as needed on a cyclical basis (initially bi-annually).
2. Revise the SPPEP to include other units within the organization to gain perspective outside of the limitation of acute burn management in the clinical area.
3. Develop a customizable version of the SPPEP for use outside of the adult burn center for future organizational use.
4. Possibly develop an electronic pre and post survey for future tracking purposes within the organization.

Summary

With positive results within the post-survey data, it is expected that the organization will promote continued use of the SPPEP in the adult burn center and possibly in other specialty areas within the organization. In the next section, I will focus on dissemination and analysis of self at the completion of the program.

Section 5: Dissemination Plan

Dissemination

The institutional administration, executive leadership and the leadership of the adult burn center have been briefed on the current status of the quality improvement SPPEP and its post-survey data to date. A list of participants who have completed the SPPEP is available to the leadership of the adult burn center for reference when placing new staff with a preceptor for orientation and subsequent mentoring. The organization's leadership will decide if the SPPEP will be used in other areas of the institution in the future.

Analysis of Self

As a scholar, I believe that I have addressed an expressed need, researched the gap which was identified and combined theory and evidence to create and deliver the SPPEP. Using best practices supported by evidence, an evaluation of the quality improvement program was created and delivered to the staff that expressed this need. As with any new program, there were difficulties during the creation but fortunately, the leadership of the adult burn center supported both myself and the SPPEP allowing me to complete both the delivery and the evaluation. Research proved to be both incredibly satisfying and terribly frustrating at times. This project has fostered my interest and growth as an educator, an academic scholar, a leader and a mentor.

As a project manager, I met the challenges head on but little did I know that was only a small part of this program and its trajectory toward the support and development of the future preceptors within the organization. I not only developed and designed a

quality improvement program (SPPEP) and evaluation tool based on the identified needs of the staff, I grew in ways I never imagined. I have more confidence and feel that I am a stronger clinical specialist as a result of this experience. As a leader in nursing, I believe that it is imperative to be connected to those you lead. To be visible, approachable and engaged with them while understanding and addressing their needs and I feel that I now have achieved this in my career. I am thankful for the opportunity to help the staff in the adult burn center become better prepared to deliver orientation to the new staff and ultimately better care to those on their team and in their unit beds as the needs of the burn patients extend well beyond physical. Their management requires a truly holistic approach to bedside nursing care.

Summary

To conclude, the purpose of this EBP DNP quality improvement project was to evaluate the efficacy of the SPPEP. The quality improvement program was delivered to a small number of participants ($n = 11$) in one specialty unit within the organization after a gap was identified by the staff preceptors. After delivery of the SPPEP, the postprogram evaluation revealed increased confidence scores, increased perceived competence and increased perceived preparedness. Improving the adult burn center preceptor preparation will undoubtedly improve the team dynamics, staff satisfaction, care delivery and patient outcomes. As an added benefit perhaps the vacancy rate will also decline. In the future, the SPPEP can be used in other areas of the institution if that is what is decided by executive leadership.

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Appendix A: Preceptor Program Presurvey

	Topic	Strongly agree 4	Agree 3	Disagree 2	Strongly disagree 1	Unable to comment /does not apply to situation 0
1	I have the tools to provide a complete and comprehensive orientation for my preceptee.					
2	I have been educated on how to handle problem situations during orientation.					
3	I have been educated on how to deliver information to the adult learner in a way that is conducive to both the preceptor and the preceptee while ensuring patient safety.					
4	I feel valued for the effort I put into orientation.					
5	I feel that local unit management and leadership value my efforts that I put into orientation for the preceptee.					
6	I feel that institutional administration, management and leadership value my efforts that I put into orientation for the preceptee.					
7	I understand the key concepts of general burn management and the points that need to be outlined for my preceptee.					
8	I understand the key concepts of electrical burn management and the points that need to be outlined for my preceptee.					

9	I understand the key concepts of inhalation burn management and the points that need to be outlined for my preceptee.					
10	I understand the key concepts of chemical burn management and the points that need to be outlined for my preceptee.					
11	I understand how to socialize my preceptee for a comfortable learning environment					
12	I understand the expectations of me as a preceptor to provide a comprehensive orientation while ensuring patient safety					
13	I understand that there will be times when I may need to consult leadership for guidance during orientation					
14	I am comfortable reaching out to leadership for assistance/guidance at any point during orientation					

Comments:

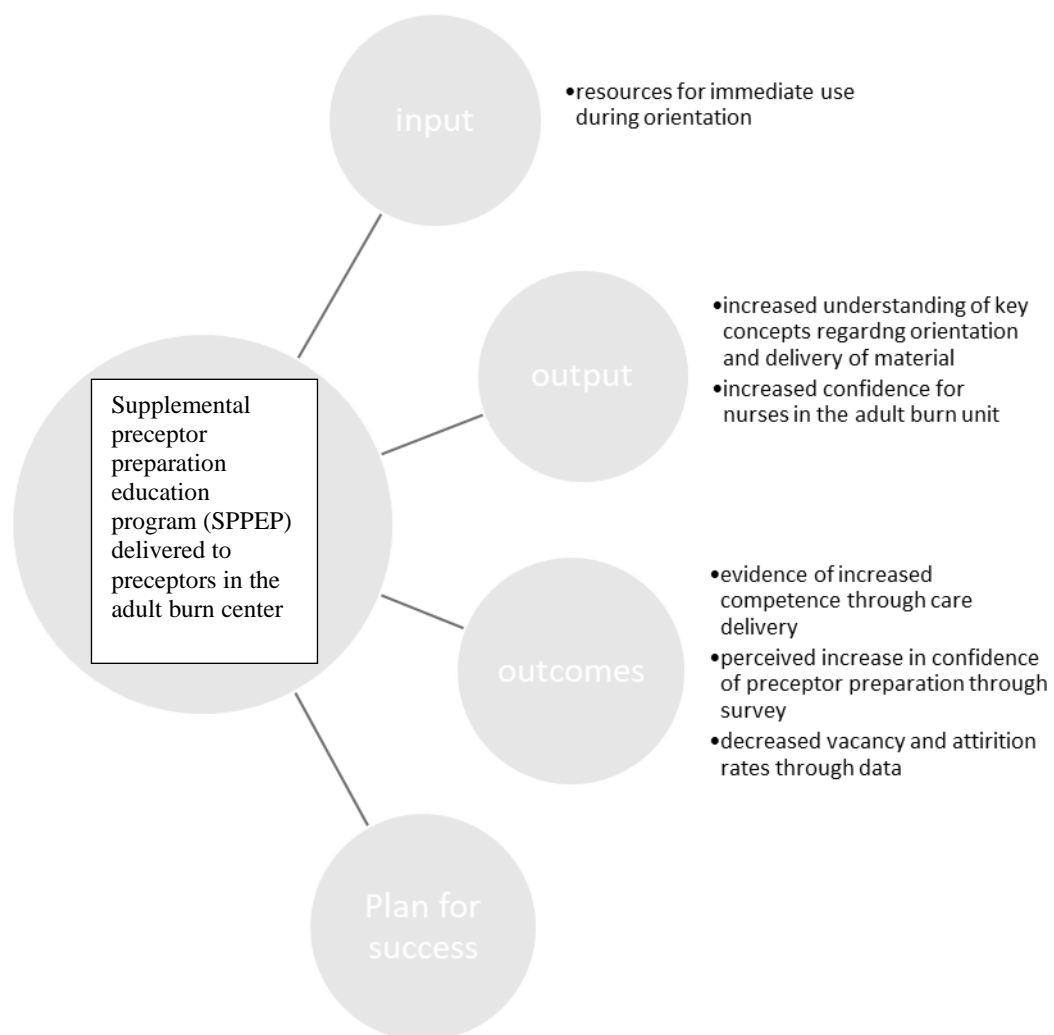
Appendix B: Preceptor Program Postsurvey

	Topic	Strongly agree 4	Agree 3	Disagree 2	Strongly disagree 1	Unable to comment /does not apply to situation 0
1	I have the tools to provide a complete and comprehensive orientation for my preceptee.					
2	I have been educated on how to handle problem situations during orientation.					
3	I have been educated on how to deliver information to the adult learner in a way that is conducive to both the preceptor and the preceptee while ensuring patient safety.					
4	I feel valued for the effort I put into orientation.					
5	I feel that local unit management and leadership value my efforts that I put into orientation for the preceptee.					
6	I feel that institutional administration, management and leadership value my efforts that I put into orientation for the preceptee.					
7	I understand the key concepts of general burn management and the points that need to be outlined for my preceptee.					
8	I understand the key concepts of electrical burn management and the points that need to be outlined for my preceptee.					

9	I understand the key concepts of inhalation burn management and the points that need to be outlined for my preceptee.					
10	I understand the key concepts of chemical burn management and the points that need to be outlined for my preceptee.					
11	I understand how to socialize my preceptee for a comfortable learning environment					
12	I understand the expectations of me as a preceptor to provide a comprehensive orientation while ensuring patient safety					
13	I understand that there will be times when I may need to consult leadership for guidance during orientation					
14	I am comfortable reaching out to leadership for assistance/guidance at any point during orientation					
P1	I feel that the preceptor program that I attended helped me to better understand the process of preceptorship and my roles as a preceptor					
P2	I feel better prepared as a preceptor and know what resources are available to me after attending the preceptor program					
P3	I feel that the preceptor program was beneficial to my overall professional growth as a preceptor					

Comments:

Appendix C: Logic Model of the Adult Burn center SPPEP Process

LOGIC MODEL OF THE ADULT BURN CENTER SPPEP PROCESS

- Regular updates about new research from institution library
- Engage staff at all junctures of program evaluation and revision
- Future project-active preceptor committee (quarterly) to allow for discussion amongst the aspiring and experienced preceptors about milestones, triumphs and hurdles

Appendix D-Outline of the Supplemental Preceptor Preparation Education Program

(SPPEP)

Day 1 - Injury specific discussion

General management

Chemical

Electrical

Inhalation

Wound care

Day 2 - Self – care

Dealing with behaviors

Staff roles

Delegation

Crisis prevention-contraband / weapons /psychiatric components / non-compliance/competence convincing patients to comply with therapies that are needed/ difficult family interaction/ too many visitors/ off service patients/using the translator services/tele - sitters/sitter policy

Integration to the new you/crucial conversations (Mirror exposure-scar management)

Day 3 - Family meetings / first visit

Difficult orientees-

No confidence, too much confidence, the “why” novice, clumsy with equipment, medication deficiencies, wound care challenges, interaction with others, going through the motions without understanding the clinical piece

Cultural differences

Immaturity/entitlement/lack of life experience/professionalism/inexperience