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Program Evaluation of Preceptor Preparation and Effectiveness in a Local Nurse Residency Program

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Residency Program

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Abstract

PROGRAM EVALUATION OF PRECEPTOR PREPARATION AND

EFFECTIVENESS IN A LOCAL NURSE RESIDENCY PROGRAM

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Preceptors are vital to the success of new graduate registered nurses in their transition to practice as they assist the new nurse in developing skills, competency, and confidence. Most residency programs may include training for preceptors but there may not be evidence that preceptor preparation makes a difference in the retention of nurse residents or the relationship to favorable evaluations of preceptors from the residents. This study evaluated and compared the effects of preceptor training on competency levels of the resident and therefore retention.

The methodology was a post hoc descriptive study of variables that included demographics, surveys from residents of preceptors gathered from a local residency program. Added to the study is a survey developed to determine training methods, if any that preceptors utilized in preparation for the role. Data was analyzed for various programs of preceptor training against the preceptor training program from the National Council of State Boards of Nursing's *"Transition to Practice"* to determine if the training programs used by the preceptors was adequate or needed to be changed to meet the needs of the residents.

Results of the program evaluation indicated that resident evaluation of preceptors was significant for preceptor preparation (*tau b* = -0.34) and ongoing preceptor education (*tau b* = 0.25) as compared to favorable evaluations from nurse residents. Years of experience for preceptors is significantly (*tau b* = -0.30) but negatively associated with favorable nurse resident evaluations. In addition, it is noted that there is a potential relationship between the choice of preceptor using Patricia Benner's Skill Acquisition theory in that a competent or proficient nurse may be a preferable choice over the expert clinician. While a comparison of preceptor program contents could not be associated with improved performance due to lack of difference in the programs, they were not measured during the actual residency program study side by side and therefore it cannot be said one is better than the other. Evaluation therefore indicates that preceptor preparation is important to the success and retention of new graduate registered nurses.

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CHAPTER ONE

INTRODUCTION

PROGRAM EVALUATION OF PRECEPTOR PREPARATION AND

EFFECTIVENESS IN A LOCAL NURSE RESIDENCY PROGRAM

Nurse residency programs have been developed to ease the transition period for

new graduates in countries throughout the world. The transition period between

graduation and the end of the first year has long been an issue in the field of nursing

(Fink, Krugman, Casey & Goode, 2008). Evidence shows that turnover in the first year of

employment ranges from 20% to 40% (Fink, Krugman, Casey & Goode, 2008) related to

graduate nurses experiencing low self-confidence, high anxiety, role conflict and

ambiguity when they are not paired with an experienced preceptor during the transition

period (Boyle, Popkess-Vawter & Taunton). With the looming nursing shortage created

by the expected retirement of baby boomer nurses, new graduate nurses are flooding

hospitals that are ill-prepared to properly manage their transition. Goode, Lynn, Krsek

and Bednash (2009) cite the 2004 HRSA report that 55% of the nurse population is

expected to retire between 2011 and 2020, although this has been slowed by the current

economy. New graduates are one of the resources expected to fill these vacancies

(Goode, Lynn, Krsek & Bednash, 2009). Turnover of these nurses is a problem that

hospitals must avoid as they alone bear the costs associated with the training. Unlike

physicians, pharmacists and pastoral care interns, hospitals do not receive CMS pass

through dollars to offset the cost of training new graduate nurses (Goode, Lynn, Krsek &

Bednash, 2009).

This project will examine and evaluate a local nurse residency program by

measuring and analyzing turnover as well as reviewing the effectiveness of the preceptors

who provided the training to the new graduates. Based on the findings, recommendations for the program will be made to the Residency Coordinator and the Residency Program Advisory Committee.

Background and Significance

Barring any effect from the current economic situation, the current nursing shortage in the United States is expected to be 500,000 by 2025 (Krozek, 2008). The need for nurses will be exacerbated by the fact that the average age of nurses is currently 47 and these nurses will soon begin to retire (Krozek, 2008). It is also expected that the population of those aged 65 will double between 2000 and 2030, creating a large demand for nurses as retirees use more health care (Krozek, 2008). Hospitals will therefore be faced with the majority of their employed nurse having insufficient expertise to guide their practice.

Having insufficient expertise creates a multitude of issues in the clinical setting. The new graduate nurse has not developed the clinical judgment that experienced nurses possess. They may not recognize the early signs of patient deterioration, nor act upon the early signs, thus creating the possibility of increased morbidity and mortality amongst their patients (Orsolini-Hain & Malone, 2007). The graduate nurse may not recognize or is uncomfortable in calling an oversight of a colleague to the right person's attention (Levett-Jones, et al., 2010). They may not want to ask for help for fear of being labeled incompetent or not approach a colleague because their expertise or behavior is intimidating (Linder, 2008).

Alligood & Tomey note that as nurses develop, they uncover practical knowledge that is used in clinical judgment (2010). They also state that rules learned in training are

added to the discretionary judgment the nurse uses in clinical situations because clinical knowledge develops over time (2010). Expertise develops when actual practice situations are tested during multiple experiences over time (Alligood & Tomey, 2010).

Reinsvold (2008) states that in their first year of employment, new graduates quit between 35% - 60% of the time and 57% in their second year due to feelings of being overwhelmed and for fear of practicing unsafely. Nurse residency programs have been shown to decrease turnover and increase the competency and confidence of new graduates (Valdez, 2008). The use of nurse residency programs improves the expertise gap expected as large numbers of experts retire and large numbers of new graduates enter the workforce at the same time (Orsolini-Hain & Malone, 2007).

The National Council of State Boards of Nursing (2008, 2010) has recognized that new graduate nurses are likely to suffer from increased stress, turnover, and are 40% more likely to commit medication errors than experienced nurses. Their research has culminated in an effort to potentially require nurse residencies through regulation (NCSBN, 2008). Modules for education for new graduate nurses are being tested based on the Quality and Safety Education for Nurses (QSEN) method. Cronenwett, et al (2007) state that this education prepares nurses for the challenges they will face in gaining competency needed to improve the quality and safety of the environments in which they will work. The competencies include patient centered care, teamwork and collaboration, evidence based practice, quality improvement, safety, and informatics. Developing knowledge, skills and needed attitude (KSAs) to carry out these competencies will ultimately result in a safe, competent nurse (Cronenwett, et al, 2007).

The preceptor will be vital to the success of the program as the preceptor assists the new graduate in navigating the KSAs through everyday work (NCSBN, 2008).

Kowalski and Cross (2009) reported preliminary findings of research obtained from a nurse residency program developed in two local hospitals in Las Vegas, NV. The program fulfilled a need to structure the orientation programs at these hospitals, measuring stress, anxiety, the graduate nurse experience and the preceptor's evaluation of the resident (Kowalski & Cross, 2009). It also reported preliminary retention rates for the program which were obscured by voluntary turnover related to moving out of state back to home and taking positions elsewhere in the city. The retention rate for the first year cohort was reported as 78% (Kowalski & Cross, 2009). However, subsequent retention rates for the second and third year cohorts of this program have increased (S. Kowalski, personal communication, February 16, 2011). The program was developed with the use of dollars provided by a grant from the Department of Health and Human Services' Health Resources and Services Administration (HRSA). It involved up to 30 participants per year and the program is divided into two phases. The first phase consists of hospital orientation and twelve weeks of side-by-side work on the unit with an assigned preceptor (Kowalski & Cross, 2009). The second phase consists of monthly Resident Development Days which provides eight hours of educational and peer support on topics related to professional development, multicultural competency and end of life care. Clinical mentoring for each resident during Phase II continues from the previously assigned preceptor who functions in the role of a sponsor (Kowalski & Cross, 2009).

Purpose of the Program Evaluation

Scott, Engelke and Swanson (2006) remind us that orientation plays a critical role in the satisfaction and retention of nurses. Precepting new nurses in their clinical experiences facilitates critical thinking since the role modeling performed by the preceptor allows the graduate nurse to reflect on the context of the experience (Forneris & Peden-McAlpine, 2009). Nurses develop theoretical knowledge during training that is used as a base for the experience and practical knowledge gained during the clinical experience. Expertise in practice develops progressively as the clinician tests these expectations in actual clinical situations (Alligood & Tomey, 2010). There is a difference between "knowing how" and "knowing that." In other words, it is not enough to simply have a theoretical base without being able to apply it clinically and have good outcomes (Benner, et. al., 1997). Nursing judgment of new nurses is also enhanced through the social learning aspects of pooled expertise as nurses review clinical situations with each other and learn how to make the best decision (Benner, et. al., 1997).

The purpose of this study is to: 1) evaluate the preparation and effectiveness of the preceptor role in the new graduate nurse residency program at two local hospitals in Las Vegas through analysis of evaluation measures and 2) to plan for needed changes regarding the preceptor experience in order to optimize new graduate nurse transition to professional practice. As discussed, it is vital to improve retention rates of new graduates in hospitals in the face of the looming nurse shortage and complicating factor that the state of Nevada has the second lowest nurse to population ratios in the United States (Kowalski & Cross, 2009).

The significant question that will direct this study is: What is the preparation and role of nurse preceptors in the new graduate resident program at two local hospitals in

Las Vegas and how effective are they in contributing to the retention and transition of these new nurses into professional practice?

Policy Implications

The policy implications of the project include the process of development of future new graduate residencies in the five hospital system of which the two hospitals belong. The original nurse residency program was developed for two hospitals in the system. Changes in the program will be based on the research and evaluation conducted on the program thus far. The hiring practices of the system, how preceptors are chosen and prepared and how the data is used to make improvements in the program are essential implications that can be achieved through evaluation of this program.

CHAPTER TWO

REVIEW of the LITERATURE

Nursing Shortage

The current nursing shortage will create an impending expertise gap due to large numbers of expected retiring nurses and the need for younger, less experienced nurses to fill their positions (Orsolini-Hain & Malone, 2007). The shortage is expected to persist for decades and is due to the gap in age between baby boomer nurses and those who have recently graduated. According to a recent National Sample Survey of Registered Nurses (NSSRN), nurses over the age of fifty make up 44.7% of the nurse population in 2008 compared to 33% of the population in 2000 (DHHS, 2010). Between the years 2001 and 2008, 20% of the workforce was composed of recently graduated registered nurses. While the median age of a nurse has leveled off to age 46, there is an expected need of over 580,000 nurses needed by 2018 (BLS, 2010; DHHS, 2010). This means that hospitals, who hire 83% of new graduate nurses, will be replacing the seasoned nurses with less experienced new nurses who need extensive training (DHHS, 2010).

New Graduate Retention Rates

There are several examples in the literature about retention or turnover rates for new graduates both before and after the implementation of residency programs. The cost of replacing registered nurses can equal one hundred percent of new graduate registered nurse salaries (Reinsvold, 2008). In addition, there is documentation that 65-76% of new graduate registered nurses do not meet expectations for entry level clinical judgment and ability to translate knowledge and theory to practice (Ulrich, et al, 2010). This elevates the business cost in implementing nurse residency programs for new graduate registered

nurses. There are two common residency programs in the United States that have longitudinally measured retention or turnover rates for new graduates. The programs have large databases of information and include the University Hospitals Consortium / American Association of Collegiate Nursing (UHC/AACN) and the Versant program (Goode, et al, 2009; Ulrich, et al, 2010). The UHC/AACN program with a database of over 5000 new graduates indicates that since the implementation of their structured program turnover has declined from 12% on average to 5.7% in 2007 (Goode, et al, 2009). Versant has over 6000 residents in their program and has decreased turnover from 7% at the first twelve months of employment to 4.3% in 2009 (Ulrich, et al, 2010). Other examples include a program that reduced turnover from 27% to 12% (Thomas,); 35% to 6% (Reinsvold, 2008) and improved retention from 80% to 100% over a three year period (Hillman & Foster, 2011).

New Graduate Residency Programs

In response to the impending expertise gap, many hospitals have developed residency programs for new graduate nurses that are structured and evidence based (Fink, Krugman, Casey & Goode, 2008). Programs developed with a basis of skill acquisition are critical to retention and satisfaction of new nurses (Fink, Krugman, Casey & Goode, 2008). A review of a number of programs throughout the United States indicate that using this structure has resulted in reduction of turnover of new graduates in both year one and two of employment (Fink, Krugman, Casey & Goode, 2008; Anderson, Linden, Allen & Gibbs, 2009; Goode, Lynn, Krsek & Bednash; Pine & Tart, 2007; Rosenfeld, Smith, Iervolino & Bowar-Ferres, 2004; Kowalski & Cross, 2009). The need for programs such as these were evidenced in local study of recent nurse graduates by

Bowles and Candela (2005) that indicated that the nurse graduates experienced stress related to workload issues, lack of support and guidance, acuity of patients and feeling they have too much responsibility. In the study, the turnover was measured at 30% in the first year and 57% in the second, which is well over the reported national rate at that time (Bowles & Candela, 2005).

Preceptors

Nurse residency programs are successful when the resident is guided by an experienced and trained preceptor. Having one consistent preceptor is shown to alleviate frustration and improve satisfaction of nurse residents (Dyess & Sherman, 2009). The chosen preceptor should know the difference between experienced nurses and novices and have an understanding how to transition the new resident through the stages of skill acquisition (Baltimore, 2004). Training programs for preceptors should improve the capability of the preceptor to adapt to different learning styles (Myers, et al, 2010). Elements of such a program could include principles of teaching-learning, effective communication, role socialization, reflective practice, delegation and accountability, quality and safety tenets, teamwork, and patient centered care (NCSBN, 2010). Development of these programs to support preceptors increases their confidence levels as well as their understanding of the criticality of their role (Hyrkas & Shoemaker, 2007).

Preceptor Training Standards

Since there are no recognized national standards for preceptor training, most organizations have developed "homegrown" programs based on similarities such as adult learning techniques and how to provide constructive feedback. Recently, some states as well as the National Council of State Boards of Nursing (NCSBN) have written standards

for use. In addition, nursing organizations such as the American Association of Critical

Care Nurses (AACCN) have developed programs for purchase (VNIP, 2010; NCSBN,

2010; AACCN, 2010). Some of the programs are online and available for purchase.

There are advantages and disadvantages to online learning; however that should be taken

into consideration. Phillips (2006) states that advantages include access, convenience,

efficiency, flexibility, self-paced curriculum and those adult learners do well with online

programs. Disadvantages include lack of computer skills, computer availability, cost, and

release time from work schedules for the preceptor to participate (Phillips, 2006). Three

programs for preceptor training reviewed include objectives based on evidence that

provide the preceptor with the appropriate skills.

Overview of 3 preceptor preparation programs

Vermont Nursing Internship Program Content (2010)	AACN Preceptorship Program Modules (2010)	NCSBN Preceptorship Program Objectives (2010)
Effective skills in teaching techniques	Module 1: Your New Precepting Role Role Model Socializer Educator	Describe the role and responsibilities of the preceptor.
Listening, Observation, and Feedback		Examine the principles of teaching-learning.
Operationalizing the Competency Checklist		Demonstrate effective communication.
Provision of Constructive Criticism and Praise	Module 2: Dive In: Becoming an Educator Assessing Planning Implementing	Incorporate elements of NCSBN'S Transition to Practice when precepting.
Minimizing Reality Shock		
Facilitation of Conflict Resolution		* Note: Specific Interactive Exercises are specified for use in this program. See Appendix D for detailed components of program.
Assisting with Daily Goal Setting and Plans	Module 3: Dive Deeper: Advancing as an Educator Evaluating Preceptees Identifying Skill Levels Negotiating Pitfalls	
Coaching and Motivation Skill Sets		

The Vermont Nursing Internship Program's preceptor certification program includes topics required in a course of study that is standardized for all participants (VNIP, 2010). The AACCN (2010) program includes preceptor training modules in an online, self-paced program. The NCSBN (2010) program includes modules for preceptors and nurse residents and is currently being trialed in five states in the United States. It is comprehensive and provides elements of QSEN in the residents' curriculum, therefore giving the experienced nurse the background needed to continue reinforcement of these tenets. While in the pilot phase, the program is detailed, evidence based and will be used for regulatory purposes in the future in states that mandate residency programs for licensure.

Mentors

The differences between preceptors and mentors is that the mentor is committed to a long term relationship with the new nurse in which they agree to be role model, resource person, challenger and one who provides consistent and supportive behaviors towards the resident (Greene & Puetzer, 2002). Ideally this person personifies the job of nursing and accepts the resident socially while ensuring the resident seeks out learning opportunities (Greene & Puetzer, 2002). Instead of "eating our young," the mentor provides an environment where the new nurse wants to come to work each day (Greene & Puetzer, 2002).

Beecroft, et al (2006) says that mentors are nurses who provide a sounding board giving the new nurse someone to go to when they are experiencing distress. Socializing the new nurse is one of the most important things that can be done to decrease feelings of distress and low self-esteem (Beecroft, et al, 2006). Roman (2001) agrees that

transitioning of new nurses successfully is directly related to their relationships with tenured staff. The speed in which RN education is provided as well as lack of clinical space in some cities has led to less time in clinical areas and less confident new graduates (Mills & Mullins, 2008). Not only are residency programs with consistent preceptors needed, but also mentors who continue the process of transition past the initial one to one training time (Mills & Mullins, 2008).

Program Evaluation

Program evaluation is an important component of implemented programs in health care. Russ, et al (2008) state that an evaluation is commenced to lead to an action at some point. This action may or may not lead to an intervention depending upon the decisions of stakeholders. It is vital to communicate findings to these individuals from the start (Russ, et al, 2008). If the communication is done properly, steps would have included 1) provide stakeholders with a brief description of the program, 2) include the evaluation focus and research or significant question, 3) share the model or methodology used, 4) include expected timeline of completion, 5) prepare a communication plan, 6) share the budget and 7) describe any personnel needs to complete the process (Russ, et al, 2008). This process is needed to assess how the program has progressed and if it is reaching stated goals or objectives (Smith, 2010).

Programs should set aside 15% of their budget for program evaluation which when completed creates accountability for the expenditures (Smith, 2010). Research questions developed for program evaluation should answer whether or not the program was needed or if it should be changed or discontinued (Smith, 2010). Nursing scholarship definitions have expanded as the science of translation which is the expansion of

knowledge to application and significance to practice (Thomas, 2011). This expansion includes the systematic evaluation of current practice based on metrics developed to measure progress or the need to change a practice or program (Thomas, 2011).

Program evaluation is a significant part of nursing translation science. It is vital for organizations to be able to implement and evaluate the application of nursing research rapidly if we expect to improve health care (Thomas, 2011). Although several methods in the literature to evaluate programs were reviewed (Thomas, 2011; Russ, et al, 2008; Smith, 2010; CDC, 1999), the Center for Disease Control (CDC) has a structured process based on evidence for health care providers to utilize (CDC, 1999). Quality and cost effectiveness are questions that organizations want assessed to determine the value of any program and the need to continue it by answering what will be evaluated, what standards are expected to be reached, what evidence was used and what conclusions were reached (CDC, 1999). The steps include:

1. Engage stakeholders – include those involved, those affected and primary users of the information

2. Describe the program – reiterate statement of need, expected effects, activities, resources, stages of development, context and logic model if needed

3. Focusing evaluation design – purpose (gain insight, change practice, assess effects), users, uses, methods, agreements needed

4. Gathering credible evidence – indicators, sources, quality of instrument design, quantity, logistics

5. Justifying conclusions – When they are linked to the evidence gathered and judged against agreed upon values or standards

6. Ensuring use and lessons learned – design preparation of stakeholders for potential results, feedback, follow-up, dissemination.

These steps give a framework for the evaluation of the project using the Joint Committee on Standards for Educational Evaluation's four standards to produce fair and sound evaluations (CDC, 1999). These include utility, feasibility, propriety, and accuracy described as:

- Utility – meets the needs of stakeholders, evaluators are credible, addresses questions

- Feasibility – evaluation procedures are practical, cost effective, understands position of interest groups

- Propriety – designed to assist the organization, all agreements and IRB approval are gained, conflicts of interest identified, disclose all findings

- Accuracy – in documentation , analysis, conclusions

This project, based on review of the literature, will review the current nurse residency program at a local hospital system to determine if the preceptor preparation is adequate to assist the resident through the program and on to competency in the first year. An examination of retention rates and evaluation of assigned preceptors is needed to gain this understanding.

CHAPTER THREE

CONCEPTUAL FRAMEWORK

Patricia Benner's Skill Acquisition theory states that expertise in practice develops progressively as the nurse acquires experience during clinical situations (Alligood & Tomey, 2010). As previously discussed, Alligood & Tomey (2010) describes the main concepts of the theory, as follows:

1. Novice – The student nurse with no background that has only context free rules to govern practice and has difficulty seeing what is relevant in a situation.

2. Advanced Beginner – A graduate nurse who has had enough real experience to see the demands of the clinical situation during the task oriented routine of care without understanding or seeing patient responses or needs.

3. Competent – The nurse has moved to a consistent pattern of practice and is focused on time management. The nurse is learning what needs attention and what can be ignored in patient care situations.

4. Proficient – The nurse allows the situation to guide responses instead of a preset goal. The nurse is more involved with patients and their families at this stage. Intuition develops in problem solving.

5. Expert – The nurse "knows" the patient and understands typical responses that guide decision making about the patients under their care. The nurse's main goal is to meet and resolve the concerns and needs of the patient. Intuition guides responses.

The history of this theory dates back to Benner's work with Hubert and Stuart Dreyfus at the University of California at Berkeley in the early 1980s. The theory is

based on their work, entitled the *Five Stage Model of Adult Skill Acquisition* (Dreyfus, S., 2004). The stages in their theory can be adapted to any experience, job, or profession. Benner used it as she and her colleagues discovered that nurses follow the same path of development (Benner, 2004).The theory also includes seven domains of nursing practice developed from interviews with experienced nurses (Nelson, 2004). These domains are the basis of the determination of the skill level and progress of the nurse during her career (Alligood & Tomey, 2010, p. 146). The domains include:

1. The helping role

2. The teaching – coaching function

3. The diagnostic and patient monitoring function

4. Effective management of rapidly changing situations

5. Administering and monitoring therapeutic interventions and regimens

6. Monitoring and ensuring the quality of healthcare practices

7. Organizational work role competencies

Ensuring that the new nurse progresses to the competent level would be the goal of the residency program. Benner, et al. (1997) state that the beginner, due to inexperience does not know what they do not know. They rely on others to recognize what is important and call attention to it. Therefore, discussing observations with others enhances judgment. Benner, et al (1997) state that there is a benefit in sharing a pool of knowledge.

This theory was chosen primarily due to the ease of use in relation to development of nurse residencies. The theory can guide residency program development by understanding how skills are acquired so that interventions are chosen that create learning

experiences for the new nurse. Benner states that the learner develops intuitive practice through past concrete experiences (2004). Baltimore suggests that components of preceptor development are based on the understanding of socialization, skill building techniques, critical thinking facilitation, and assignment management (2004). This mirrors the tenets of the theory and should be a part of the development of a nurse residency program. In addition, the preceptor should be selected based on level of skill acquisition with the competent or proficient nurse used as the preceptor. This is validated by Henderson, Fox and Malko-Nyham (2006) who state that expert clinicians are not always effective preceptors as they cannot communicate their thought process to the new graduate.

In summary, Patricia Benner's theory of skill acquisition includes five major concepts, stages of progression in nursing development that are based upon seven domains of skills and knowledge advanced by experience. Her research showed that nurses advance through the stages as they experience different clinical events and patients and apply it to future decision making, finally able to determine the patient and family's highest needs.

The primary purpose of the preceptor role is to assist the new nurse graduate during the first year transition period. Thus, it is imperative to evaluate the preceptor role and preceptor demographics as a major component of the nurse residency program. Figure 1 displays the conceptual framework for the study of correlations between the variables of preceptor demographics and training and resulting resident retention rates.

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│ Demographics    │╲
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                       ╲
┌─────────────────┐     ┌─────────────────┐
│ Preceptor       │╌╌╌╌╌│ Nurse           │
│ Preparation     │     │ Resident        │
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│ Preceptor       │             │
│ Qualities and   │             ▼
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│ Effectiveness   │    │ Nurse Resident  │
│ in Role         │    │ Retention       │
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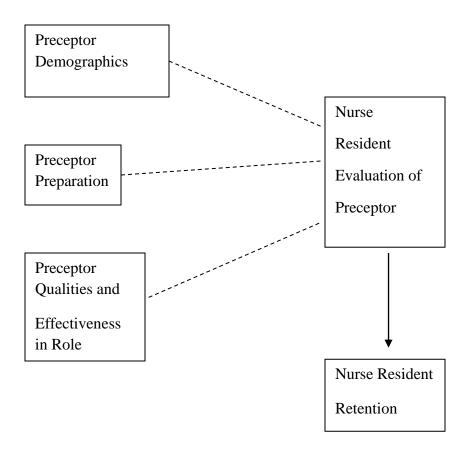
Figure 1: Conceptual Framework

CHAPTER FOUR

METHODOLOGY

Study Design

The design for this project was a post-hoc descriptive comparison study. It was a partial program evaluation that centered upon analysis of preceptor evaluations submitted by nurse residents during their residency program and correlates these evaluations with preceptor demographical information. In addition, a qualitative analysis was made between the curriculum of the hospital system's current preceptor training program and the curriculum suggested by the National Council of State Boards of Nursing (NCSBN, 2010).

Research Questions

The following questions directed this study:

1. What is the demographic and professional profile of preceptors who have participated in the nurse residency program at Desert Springs and Valley Hospitals?

2. What is the relationship between preceptor age, ethnicity, nursing education program, years of nursing experience, and hospital employed at, with scores received on the preceptor evaluation tool?

3. Are preceptor preparation, ongoing preceptor education, and years of preceptor experience related to preceptor evaluation tool scores?

4. What information is gained from an analysis of quantitative items on the preceptor evaluation tool at 4 months?

5. What is the retention rate of the program and reasons for nurse residents leaving employment?

6. How does the curriculum of the hospital system's preceptor preparation program compare with the curriculum suggested by the National Council of State Boards of Nursing (2010)?

Definitions

The following definitions were used in understanding the variables addressed in the research questions.

Preceptor – An experienced nurse who provides one to one instruction and support to the newly graduated registered nurse. The preceptor ensures that the new graduate moves through the developmental stages of Advanced Beginner to Competent nurse as described by Patricia Benner (1984).

Resident – The resident is a newly graduated registered nurse who is placed in a structured program to assist their transition to practice. The nurse is guided by a preceptor and may stay in contact with her as a mentor (Kowalski & Cross, 2009; Baltimore, 2004)

Nurse Residency Program – The 12 month structured program for residents at Desert Springs and Valley hospitals in Las Vegas, NV. The program enables the resident to receive standardized information and guidance in both didactic classroom and onsite clinical settings. The program is designed to enable transition to practice through the stages of skill development (Fink, Krugman, Casey & Goode, 2008; Goode, Lynn, Krsek & Bednash).

Demographic and Professional Variables of Preceptor – Variables include: age, ethnicity, type of nursing education program, hospital employed at, years of nursing

experience, years of precepting experience, preparation for preceptorship, and ongoing education for preceptorship (See Table 1) . Variables were measured using the Preceptor Survey (See Appendix A).

Preceptor Evaluation – Evaluation of the preceptor's abilities as completed by the resident. Scores were obtained using a 15-item evaluation tool with a 4 point Likert scale (See Appendix B).

Retention Rate – Measured rates of nurses who stay in their hospitals after employment. It is expressed as a percentage and measured year over year to ensure that efforts taken to retain staff are meeting financial and nurse satisfaction goals (Reinsvold, 2008; Ulrich, et al, 2010).

Participants

During the timeframe of the program that was studied there were 71 preceptors and 99 nurse residents who participated in the residency program at Desert Springs and Valley Hospitals. The residents entered the program in a staggered process based on their date of hire. There were 3 cohorts of approximately 30 residents apiece, with each cohort entering over a year's length of time. A preceptor was assigned to each resident at the beginning of the program. Some preceptors were assigned to more than one resident during the timeframe of this evaluation study as residents entered and graduated from the program.

Procedure

To understand the impact of the preceptor on the effectiveness of the residency program, it is important to have information related to the personal and professional demographics of the preceptors. This includes their initial and ongoing preparation for

the role of preceptor, as well as their clinical experience and experience as a preceptor. This information was gained by implementing a brief survey to collect further information from preceptors (See Appendix A). Preceptors were contacted for survey through their nurse managers and with assistance from the Resident Coordinator of the residency program. Hard copies of the survey were handed out on the units and collected each week by the nurse managers to ensure time to complete the surveys, taking into account time off by preceptors in units.

Existing data sets were obtained from the Principle Investigator of the HRSA grant which funded the residency program during the 4 years it has been in existence. These data files included demographic information on the residents and the names of their assigned preceptors. Files of preceptor evaluations from residents and the resident clinical competency evaluations from preceptors were obtained. Retention rates of the program were obtained, and reasons for any nurses leaving employment. The UNLV Office of Sponsored Programs has stated that files can be shared for this study as an additional IRB approval was obtained and deemed to be an extension of the original IRB approval.

Lastly, the National Council of State Boards of Nursing (NCSBN, 2010) curriculum for preceptor preparation was selected to use as a standard (as presented in Appendix E) Desert Springs and Valley Hospitals Chief Nursing Officers and the Valley Hospital System University educators were contacted to obtain a description of the Preceptor Training Program currently used to prepare new preceptors. A table was formed to compare the content.

Data Analysis

Using the Statistical Package for Social Sciences (SPSS), frequencies and descriptive statistics were completed for research question 1. Correlations were completed on Research questions 2 and 3. Question 4 was analyzed using measures of central tendencies. Reasons for nurse residents leaving employment (Research Question 5) were listed. For research question 6, a two-column table was created to align components of the Valley Health System Preceptor Program's curriculum with the NCSBN's curriculum.

The rationale for the type of analysis for question 1 is that descriptive statistics of sample via percentages and frequencies enabled categorization of the information collected that potentially will be used to understand results. If the demographics of the preceptors are known, there may be data available to determine the future direction of preceptor training programs.

Question 2 presents a polychoric and tetrachoric correlation index of preceptor demographics with scores received on the preceptor evaluation tool. A significant result of $p < 0.05$ would indicate if demographic variables are related to preceptorship effectiveness as perceived by residents.

Question 3 utilized correlations to determine if a relationship existed between preceptor evaluation scores and preceptor education, ongoing education, and years of preceptor experience. This can provide valuable information on which variables are significantly correlated and would have indications for future preceptor training programs, especially if the preceptor received no training prior to precepting.

The quantitative items of question 4 were analyzed using measures of central tendency and frequencies. This will reveal any particular strengths or weaknesses of preceptor abilities or behaviors.

Listing reasons for leaving employment and retention rates of the program as addressed in question 5 as it enabled the researcher to understand what factors may be the cause of turnover. It is important to discover whether reasons for leaving employment are personal or professional. If professional, consideration can be given to program content or preceptor effectiveness.

Comparison of the preceptor preparation program offered by the local hospital system with the NCSBN Preceptor Program Objectives addressed in question 6 allows the researcher a standard to use in the design of any needed changes to the program for preceptor preparation.

Timeline

The following timeline was utilized to complete the methodology section of the project:

1. Obtained Letters of Approval to Conduct Research at Facility from Desert Springs and Valley Hospitals by May 15, 2011 (See Consents).

2. Submitted application for IRB approval from UNLV prior to June 9, 2011 IRB meeting.

3. Distributed survey tool to preceptors following approval by UNLV IRB (See Appendix G).

4. Distributed reminders and allow a deadline for return of surveys following distribution.

5. Hire statistician to run statistics by June 15, 2011.

6. Analyzed pre-existing data from resident and preceptor evaluations using SPSS (Questions 4).

7. Analyzed Questions 5 and 6.

8. Analyzed data obtained from surveys distributed to preceptors using SPSS (Questions 1, 2, and 3).

9. Wrote up results and discussion of results with stakeholders in February, 2012.

10. Development of response to the results entails potential changes to the preceptor program. These recommended changes will be prepared as a report and shared with the Residency Advisory Board.

Resources and Support Required

Financial resources required for this project included costs associated with the survey for 71 preceptors including the original survey and subsequent reminders. This includes ink, paper, return postage and envelopes. The statistician cost was the largest cost of the study at $700. The cost was supported by scholarship dollars from Sigma Theta Tau. Resources included the use of the SPSS package and the time required to enter and analyze data.

Statement of Mutual Agreement and IRB Approval

A statement of mutual agreement was obtained from the two participating hospitals; Desert Springs and Valley Hospital (see Consents). IRB approval was obtained from the University of Nevada Las Vegas. Each participating preceptor was required to sign and informed consent letter advising them of their rights and notifying

them of the project's details and what is expected to be accomplished by participating (see Consents).

Evaluation Plan

The program evaluation's impact was measured by the degree to which the residents determine preceptor effectiveness. The ultimate goal of the project is to ensure that preceptor preparedness provides an effective residency program that improves retention rates of new graduates. Reviewing resident evaluation of the preceptors and comparing the results to retention rates of the residents will determine what, if any changes are needed to the preceptor program. The current program provides evaluations from the residents that will be used as the baseline data. Patricia Benner's Skill Acquisition Model is the framework against which the program is evaluated and revised as necessary. Using a survey tool to gather data regarding preceptor preparedness provided data for which the program was measured against the preceptor standards in the literature. The components of evaluation focused on the following:

- Assessing the need for change in preceptor preparation : This is based on information gathered from the survey of residents and retention rates

- Linking the problem with interventions and outcomes: Being able to answer the significant question using interventions to improve and measuring outcomes

- Synthesizing best practices in the literature: Translating the evidence in the literature to design the best preceptor preparedness program

- Design a change in the program if needed: Using metrics to determine if change is needed

- Implement and evaluate the change

- Integrate and maintain the change in the future: Using rapid cycle

  improvement to make changes if the program change is not successful

CHAPTER FIVE

Summary of Implementation

The project received IRB approval in a timely manner. Several barriers to completion of the needed surveys included a change in the Residency Coordinator, lag time for new coordinator to understand the project and need to remind preceptors to return surveys, slow return of surveys, researcher's unexpected barriers at her full time job placing restriction on time devoted to the project and duplicate surveys received from nurses who had already completed a survey.

Limitations

The barriers resulted in limitations related to receiving 30 out of 71 total number of preceptor surveys. Although the return rate is 42%, data could have been more robust had more preceptors returned surveys.

Data Analysis

Quantitative variables were first tested for requisite assumptions, including univariate normality (skewness and kurtosis). These data approximated a normal distribution across all relevant variables — skewness and kurtosis values $<|1|$. Descriptive statistics and zero-order correlations were also requested for all variables under investigation. Nonparametric correlations — more specifically, Kendall's *tau b* — was conducted due to the categorical nature of some of the variables of interest.

Preceptors' ($N = 30$) age ranged from 26-62 years ($M = 41.70$, $SD = 9.59$) and their years of experience practicing as a nurse ranged from 1.5 to 36 years ($M = 13.28$, $SD = 8.59$). The years of experience serving as a preceptor for those who reported this information ranged from less than one year to 20 years ($M = 6.98$, $SD = 5.25$). With

respect to ethnicity, 18 nurses (60.0%) reported being Asian/Pacific Islander, 11 (36.7%) reported being Caucasian and 1 (3.3%) reported being Hispanic. A majority of the nurses (66.7%) reported graduating from a BSN program, 7 (23.3%) from an ADN program, and 3 (10.0%) from a Diploma program. Only 2 of the 30 nurses reported having advanced degrees at the master's level. Twenty-three percent of the nurses work at Desert Springs Hospital, with the remaining (76.7%) employed at Valley Hospital. A little over half of the nurses (17; 56.7%) stated that they have received preceptor preparation/development courses. Of these, 9 (30%) received face-to-face training from: Valley Hospital, 2 (6.7%) from Desert Springs Hospital, 3 (10%) received training from Valley Health System University, and 2 (6.7%) from another institution; 1 (3.3%) reported receiving online training from Valley Health System. Finally, 12 (40%) reported having ongoing preceptor education, with 58.3% being hospital based and 41.7% being other (See Table 1).

Results

With respect to the second research question, the relationship between ethnicity and preceptor score was statistically significant, *tau b* = 0.41, suggesting that ratings were more favorable for the Asian/Pacific Islander preceptors than any other ethnicity. The association between employment hospital and preceptor evaluation score was also significant, *tau b* = 0.35, suggesting that preceptor ratings were higher for preceptors employed at Valley Hospital than Desert Springs Hospital. The correlation between age and nursing education program, *tau b* = -0.33, indicates that older nurses tended to have more education than younger nurses. Moreover, the association between years of experience and employment hospital, *tau b* = -0.34, suggests that the more experienced

nurses tended to be employed at Valley Hospital. Finally, years of experience as a nurse was inversely related to preceptor evaluation score, *tau b* = -0.30, indicating that nurses with less experience tended to receive higher preceptor evaluation scores. All other correlations did not reach statistical significance at the *p* < 0.05 level. Table 2 contains all bivariate correlations.

In regard to the third research question, the correlation between preceptor preparation and preceptor evaluation score was statistically significant, *tau b* = -0.34, suggesting that preceptors with formal preparation tended to receive higher ratings when compared to those who did not. Also, the correlation between ongoing preceptor education and preceptor evaluation score was significant, *tau b* = 0.25, suggesting that those with on-going education were rated higher in the evaluation tool than those without on-going education. All other correlations were not significant, all *p*-values > 0.21. Table 3 contains the complete correlation matrix.

Question four reveals that the overall mean for items on the preceptor evaluation tool is 3.53062 with the overall standard deviation as 0.525138. The range of mean scores was 3.5833 as the highest and 3.4524 as the lowest, thus indicating there is not much difference between the scores (on a scale of 1-4 with 4 being the highest). Measures of central tendency reveal that the questions asked of the residents regarding their preceptor with the highest means are: *"My preceptor was consistently pleasant and helpful"*; and *"I was comfortable asking questions,"* which are personal communication related. The next highest which is process related are: *"My preceptor encourages me to be self-directed", "My preceptor evaluates me in a positive and constructive manner" and "My preceptor presented information in a logical and clear manner."*

The lowest categories ranked by means and considered skill and knowledge related are: *"My preceptor was available when I needed help"* and *"My preceptor communicated with me by actively listening and asking for my input.,"* The two lowest scoring being *"My preceptor demonstrated patient assessment and care planning skills"* and *"My preceptor actively sought educational opportunities to meet my learning needs"* (See Table 4).

The retention rates in question five include first-year cohort at 78%, and the second-year cohort of 96%. Third year retention rate is 92% while fourth year was 90%. Reasons for leaving, listed in Table 5 include six residents who left for another position in the community, three who were fired, two for personal reasons, four for moving out of state close to family, one due to immigration status problem, and one who joined the military. The retention rates are only a concern with the individuals who left for another job in the community.

In review of question six, Table 6 shows the differences between the preceptor preparation programs of the hospital system and the NCSBN. The individual hospitals originally had their own programs for which the former chief nurses indicate were not substantially different than the current program offered at the consolidated education department known as *Valley Health System University* (Personal communication, M. Nichols, August, 2011). The largest difference between the NCSBN program and the VHSU program is the learning objectives related to nursing regulation. In addition, the VHSU program reviews time management and priority setting.

Discussion, Dissemination and Utilization of Results

Understanding that measurement against only internal benchmarks for retention rates may not represent best practice requires the team to maintain a current review of the literature and use external benchmarks as the method to measure success (Harris, Roussel, Walters & Dearman, 2011). Evaluation of the program is a crucial step in assuring that the program is successful to the organizations in which is implemented so that the program can be implemented in sister facilities and across the company to which the hospitals belong.

To begin the program evaluation, stakeholders were provided with a brief description of the program including the evaluation focus and research or significant question, methodology used, expected timeline of completion, the communication plan, budget and personnel needs to complete the process. The stakeholders included chief nurses for the hospital system, residency coordinator, educators for the system and their executive team.

In review of results from the preceptor demographics, significance related to percentages of preceptors in the majority is found for ethnicity (Asian/Pacific Islander) and preparation at the baccalaureate level. Since the educational level for foreign educated Asian nurses is the BSN, this may explain the differences, however this data was not measured.

As the second research question indicates that nurse resident ratings were more favorable for the Asian/Pacific Islander preceptors than any other ethnicity, one could review the resident data for pertinence. The number of Asian/Pacific Islander nurse residents in the original study is noted to be 30%, while Caucasians are 50%. Drawing a conclusion that there is a social significance is therefore not relevant, however since the

educational preparation of the Asian nurses is the BSN, their preparation my affect the results. Aiken, et al (2003) indicates that in hospitals with higher proportions of nurses educated at the baccalaureate level or higher, surgical patients experienced lower mortality and failure-to-rescue rates, thus the Asian BSN prepared nurses may impart increased skills and knowledge to the residents. However, the preceptors with more experience are also those of the ethnic class of Asian/Pacific Islander. One can hypothesize then, that the Asian nurses received higher scores because they are the most experienced nurses.

The next correlation of preceptor ratings as higher for preceptors employed at Valley Hospital than Desert Springs Hospital could be related to the fourth indicator that also suggests that the more experienced nurses tended to be employed at Valley Hospital. This is validated in Patricia Benner's theory of Skill Acquisition (2004) as well as her further work on the theory indicating that the new nurse learns from the skill and knowledge of others (Benner, et al 1997). Interestingly, although the older nurses have more education in this program than the younger nurses, there is no correlation between higher education and higher scores awarded to the preceptor by the nurse resident.

Again, Benner's theory can explain this phenomenon understanding that the expert clinician uses intuition to guide practice (Alligood & Tomey, 2010). Henderson, Fox and Malko-Nyham (2006) remind us that the expert is not always the best choice for the new graduate as he cannot articulate to others what thought process is being used to make a clinical judgment. Reviewing the results for the resident surveys of preceptors, some of weaker scores indicate the inability to articulate skill and knowledge to others such as *"My preceptor demonstrated patient assessment and care planning skills."* Given

that this is one of the lowest scored items, it validates the theory indicating that the expert clinician is not always the best choice for preceptor.

In assessing the need for change in current preceptor preparation it is determined that the third research question results indicate that significance is attributed to preceptor preparation as well as ongoing preceptor education. Since the results did not indicate a negative result in regards to the resident evaluation of the preceptors and the preceptor preparation, there is no need to revise the current preparation program. Rather, the data indicates the need to ensure that preceptors are prepared and continue to seek ongoing education in order to provide the best experience for nurse residents and therefore continue to maintain retention levels of new graduates. Retention rates indicate improvement from the first year of the structured program start with the most nurses (6) leaving to gain employment elsewhere in the community. Since the preceptor preparedness program has not changed in the four year timeframe, it is can be said there is no need to change their current preparation substantially as there is an association between preparedness and higher resident evaluation scores. In addition, 50% of preceptors received their education from the hospitals and VHSU, while 58.3% received their ongoing education from the VHSU which reinforces that the program needs little change.

There are noted strengths and weaknesses in the results of the nurse resident surveys that can be utilized in future preceptor considerations. As indicated by the top five means of scores, the nurse resident is being properly socialized to the unit, staff, and processes as well as the ability to feel safe in asking questions and being supervised which was validated in the original study (Kowalski & Cross, 2010). Weaknesses are

directly related to the experience level and potential level of expertise of the nurse

assigned to the resident. The preceptors with mean years of experience of 6.98 (*SD* =

5.25), may have reached the level of expert clinician and therefore may not be the best

choice for the new graduate as preceptor (Benner, 2004). A better choice for the new

graduate may be the competent or proficient nurse as the competent nurse can teach time

management while the proficient nurse is able to teach the new nurse how to respond to

patient situations rather than focusing on being task oriented (Alligood & Tomey, 2010).

The program coordinators and nurse leaders of the organizations should carefully choose

preceptors, rewarding them for their participation.

As there are some differences between the current preceptor preparation program

and the NCSBN program, the organization also should review the side by side

comparisons to ensure the preceptor is receiving the latest evidence based education. The

NCSBN program as an example, offers teaching about reflective practice, review of the

Patricia Benner Skill Acquisition theory, SBAR and TeamSTEPPS communication

strategies and understanding nursing regulation. The VHSU program, on the other hand

adds discussion about competency development and how to teach time management. The

organizations should consider the addition of some of the NCSBN concepts to the

program as they are the latest methods (NCSBN, 2010). The organizations could also

consider standardizing the preparedness program through the use of purchased programs

mentioned earlier if they cover these same topics. Maintaining current results should be

the driver for these decisions.

Considering the conceptual framework utilized for the program evaluation, it can

be extrapolated that experience of preceptors is related to improvement in the residents'

evaluations of the preceptors, indicating that Benner's skill acquisition model has importance in the training of new graduate nurses (Benner, 2004). As stated, choosing the preceptor by 1) determining prior preparation, 2) considering the level of skill acquisition, and 3) ensuring that the preceptor has a way to receive ongoing education is proven to be most effective in nurse resident retention rates. Outcomes will be monitored in the future by continuing resident evaluation of preceptors against retention rates of the new graduate residents.

PRECEPTOR SURVEY

Please provide the following information:

1. Name _____

2. Age _____

3. Ethnicity - choose one:

   o Asian/Pacific Islander
   o African American
   o Hispanic
   o Caucasian
   o Other

4. Type of nursing program you graduated from:

   o BSN
   o ADN
   o Diploma

5. Do you have an advanced degree? Yes _____   No _____

6. If yes, please describe _____

7. Hospital you work at _____

8. Years in practice as an RN _____

9. Years you have been Precepting _____

10. Have you had a Preceptor Development/Preparation Course? Y___   N____

11. If yes, please choose one:

    o Face to face Preceptor Program offered by Valley Hospital
    o Face to face Preceptor Program offered by Desert Springs Hospital
    o Face to face Preceptor Program offered by Valley Health System University
    o Online Preceptor Program from Valley Health System
    o Face to face Preceptor Program from another institution
    o Online Preceptor Program from another institution
    o No program

12. Approximate number of hours of Preceptor Program _____

13. Have you had any ongoing education regarding Precepting? Y_____   N_____
    If yes, what type?

        o Hospital based
        o Home study CEU program
        o Other

APPENDIX B

RN Residency Program Evaluation Preceptee Evaluation of Preceptor

Preceptor Name _____ Preceptee
Name_____

Please check the appropriate box.

1 = POOR 2 = FAIR 3 = GOOD 4 = EXCELLENT

Area of Practice	1	2	3	4
1. My preceptor introduced me to staff/unit and made me feel comfortable				
2. My preceptor provides feedback about progress in an ongoing manner				
3. My preceptor assists in the planning and arranging assignments and activities to meet learning objectives				
4. My preceptor encourages me to be self-directed				
5. My preceptor appropriately assesses my skill capabilities and allows me to perform skills				
6. My preceptor supervises me directly when needed				
7. My preceptor evaluates me in a positive and constructive manner				
8. My preceptor demonstrated patient assessment and care planning skills				
9. My preceptor actively sought educational opportunities to meet my learning needs				
10. My preceptor was available when I needed help				
11. My preceptor presented information in a logical and clear manner.				
12. I was comfortable asking questions.				
13. My preceptor communicated with me by actively listening and asking for my input.				
14. My preceptor was consistently pleasant and helpful.				
15. The amount of supervision I received from my preceptor was appropriate.				

Table 1

Descriptive Statistics of the Preceptor Sample

Variable	*n* (%)
Gender	
Male	4 (13.3%)
Female	26 (86.7%)
Ethnicity	
Asian/Pacific Islander	18 (60.0%)
White	11 (36.7%)
Hispanic	1 (1%)
Education	
Diploma	3 (10.0%)
ADN	7 (23.3%)
BSN	20 (66.7%)
Preceptor Preparation	
Yes	17 (56.7%)
No	13 (43.3%)
Type of Preceptor Preparation	
Face-to-Face	
Valley Hospital	9 (52.9%)
Desert Springs	2 (11.8%)
Valley Health System University	3 (17.6%)
Other Institution	2 (11.8%)
On-line	1 (5.9%)
On-Going Preceptor Education	
Yes	12 (40.0%)
No	18 (60.0%)
Type of On-Going Preceptor Education	
Hospital-Based	7 (58.3%)
Other	5 (41.7%)
Hospital [b]	
Valley	23 (76.7%)
Desert Springs	7 (23.3%)

N = 30

Table 2

Non-Parametric Correlations between Selected Variables and Scores on Preceptor Evaluation Tool

Variable	1	2	3	4	5	6
1. Age	-	-0.20	-0.17	-0.33*	-0.12	0.09
2. Ethnicity		-	0.01	0.16	-0.19	0.41**
3. Hospital			-	0.18	-0.34*	0.35*
4. NEP				-	-0.09	0.00
5. YNE					-	-0.30*
6. SPET						-

$* p < .05 ** p < .01$ (two-tailed)

N=30

Key: NEP=Nursing Education Program; YNE=Years of Nursing Experience; SPET=Score on Preceptor Evaluation Tool.

Table 3

Non-Parametric Correlations between Preceptor Experience, Preceptor Preparation, Ongoing Education, and Scores on Preceptor Evaluation Tool

Variable	1	2	3	4
1. PE	-	-0.08	0.19	-0.34*
2. PP		-	0.17	0.08
3. POE			-	0.25*
4. SPET				-

* $p < .05$ (two-tailed)

N=30

Key: PE=Preceptor Education; PP=Preceptor Preparation; POE=Preceptor Ongoing Education; SPET=Score on Preceptor Evaluation Tool.

Table 4

Resident evaluation of preceptors

Area of Practice	Mean Score	SD	Rank*
14. My preceptor was consistently pleasant and helpful.	3.5833	0.49597	1
12. I was comfortable asking questions.	3.5714	0.49784	2
4. My preceptor encourages me to be self-directed	3.5595	0.49943	3
7. My preceptor evaluates me in a positive and constructive manner	3.5595	0.52299	3
11. My preceptor presented information in a logical and clear manner.	3.5595	0.49943	3
6. My preceptor supervises me directly when needed	3.5476	0.52423	4
1. My preceptor introduced me to staff/unit and made me feel comfortable	3.5422	0.50125	5
15. The amount of supervision I received from my preceptor was appropriate.	3.5422	0.54775	5
2. My preceptor provides feedback about progress in an ongoing manner	3.5357	0.52518	6
5. My preceptor appropriately assesses my skill capabilities and allows me to perform skills	3.5301	0.50213	7
3. My preceptor assists in the planning and arranging assignments and activities to meet learning objectives	3.506	0.54936	8
10. My preceptor was available when I needed help	3.5	0.54882	8
13. My preceptor communicated with me by actively listening and asking for my input.	3.5	0.503	8
8. My preceptor demonstrated patient assessment and care planning skills	3.4699	0.59135	9
9. My preceptor actively sought educational opportunities to meet my learning needs	3.4524	0.56834	10

*Means ranked

Table 5

Resident Reasons for Leaving Employment

Another nursing position in Las Vegas	6
Left the state of NV for family, etc.	4
Personal reasons	2
Joined military	1
Immigration status	1
Fired	3

Table 6

Comparison of National Council of State Board of Nursing (NCSBN) and Valley Health System University (VHSU) Nurse Residency Programs

NCSBN Topics	VHSU Topics
Describe the role and responsibilities of the preceptor: Role socialization, Differentiate between staff nurse and preceptor, Understand delegation and accountability, Develop work-life balance (self-care), Role modeling, Describe how to establish an ongoing preceptor-nurse relationship, Foster the development of clinical reasoning in the novice nurse, Assist novice nurse to gather information about practice gaps and identify potential interventions, Emphasize the importance of reflective practice, Develop trusting relationship/confidentiality, Identify support systems.	**Describe the role and responsibilities of the preceptor** Role of the preceptor: Leader, Educator, Coach, Encourager, Socializer, Record keeper, Evaluator, Advocate, Role model, Mentor. What makes a good preceptor: Good attitude, Knowledge, Skills, and Abilities. Knowledge: Policies & procedures, Practice standards, Documentation, Teamwork, Time management, Resources, Methods of teaching and learning, Adult learning principles, Unit specifics. Skills: Patient care, Equipment, Interpersonal relationships, Communication, Problem solving, Critical Thinking, Priority setting, Delegation Self-care, Assist novice nurse to gather information about practice gaps and identify potential interventions
Examine the principles of teaching-learning: Adult learning principles, Benner's Novice to Expert Model emphasizes that newly licensed nurses are functioning at advanced beginner stage; goal of the Transition to Practice program is to reach the competency stage, Diversity in learning styles (e.g., auditory, visual, tactile, etc.), Generational and cultural differences in learning, Learning domains such as Cognitive; Affective; and Psychomotor, Providing a positive learning environment.	**Examine the principles of teaching-learning:** Principles of Adult Learning Visual, auditory, tactile. Cognitive, Psychomotor and Affective domains Different Generations

Demonstrate effective communication:	Demonstrate effective communication:
Understand systems, Understand teamwork and collaboration across disciplines, Learn group dynamics, Know feedback, reflection and evaluation process such as Ways to deliver—techniques and timing; Summative and formative evaluation; Written/verbal; Importance of providing feedback and evaluation; Positive and negative/corrective; Perception of feedback; Critical self-reflection and Formal documentation, Utilize different strategies, such as SBAR and TeamSTEPPS, Learn about conflict management.	Communication, Conflict Management, Listening, Team building, Collaboration, Respecting, Caring

Feedback: specific, factual, descriptive, clearly understood, timed to be most useful, sensitive, constructive, directed at behavior rather than personality traits , positive and constructive feedback, Avoid negative feedback, Diagnose the nature and extent of problem, Identify areas in need of remediation, Determine effectiveness of the learning experience

Conflict management |
| **Incorporate elements of NCSBN's Transition to Practice Model when precepting:**

Orientation to unit/agency is entirely separate, Review manual and essential elements of the Transition to Practice modules; review handbook newly licensed nurses use, Integrate principles of safety and how to accept accountability for actions, Regulatory model: Mission of BONs is to protect the public; Nurse practice act, scope of practice, rules and regulations; Legal/ethical; Policy and procedures; Standards of practice; Evidence-based practice; Competence development; Root-cause analysis; Incident reports; Protection of new nurse from making errors that might threaten patients, self and/or others; Requirements when assigning or delegating to others, according the state's nurse practice act; Importance of stressing professional boundaries to newly licensed nurses; and Fostering a reliable health care system (e.g., avoiding work-arounds, etc.). | **(Not utilized – regulatory model)**

Organization Orientation, Hospital Orientation, Unit-specific Competency Based Orientation

Competency Development: Tests/exams Return demonstrations, Evidence of daily work, Case studies, Peer reviews, Self assessments, Presentations, Mock events. |

Integrate clinical reasoning: The ability to reason as a clinical situation changes, taking into account the context and concerns of the patient and family. Threading reflection and feedback throughout while building confidence**.**	**Integrate clinical reasoning:** Problem solving, Reflective practice, Clinical reasoning, Priority setting, Creativity, Ethics, Resource allocation, Time management
Interactive Exercises Index of Learning Styles questionnaire Take Myers-Briggs and analyze results Examine the INSIGHT tool Discuss conflict situations, such as: New protégé who is not meeting performance expectations; Resources when the preceptor is not a good fit; and Physicians/other nurses/patients/other health care personnel who only want to work with a "seasoned" nurse. Review concepts of TeamSTEPPS scenario and SBAR (See Communication and Teamwork module), and develop a scenario where they can assist new nurses to use these principles.	**Interactive Exercises** Learning style inventory Self-assessment of personal attributes Behavior Correction Model Exercises, practice giving feedback using the B.E.E.R. method SBAR
	Time Management and prioritization skills: Activities, things, people, habits, or attitudes that divert us from our primary objectives. Get organized, Set goals, including deadlines, Control the urge to socialize, Give and get feedback to make sure everyone understands the expectations, Prioritize care interventions

APPENDIX D

National Council of State Boards of Nursing Preceptor Training Objectives

1. Describe the role and responsibilities of the preceptor.

    a. Role socialization.

    b. Differentiate between staff nurse and preceptor.

    c. Understand delegation and accountability.

    d. Develop work-life balance (self-care).

    e. Role modeling.

    f. Describe how to establish an ongoing preceptor-nurse relationship.

    g. Foster the development of clinical reasoning in the novice nurse.

    h. Assist novice nurse to gather information about practice gaps and

    identify potential interventions.

    i. Emphasize the importance of reflective practice.

    j. Develop trusting relationship/confidentiality.

    k. Identify support systems:

        i. Staff development;

        ii. Manager;

        iii. Peer; and

        iv. Board of Nursing.

    l. Team preceptorship as an option.

    m. Recognize and celebrate the novice nurse's success.

2. Examine the principles of teaching-learning.

    a. Adult learning principles.

b. Benner's Novice to Expert Model emphasizes that newly licensed nurses are functioning at advanced beginner stage; goal of the Transition to Practice program is to reach the competency stage.

c. Diversity in learning styles (e.g., auditory, visual, tactile, etc.).

d. Generational and cultural differences in learning.

e. Learning domains:

    i. Cognitive;

    ii. Affective; and

    iii. Psychomotor.

f. Providing a positive learning environment.

3. Demonstrate effective communication.

a. Understand systems.

b. Understand teamwork and collaboration across disciplines.

c. Learn group dynamics.

d. Know feedback, reflection and evaluation process:

    i. Ways to deliver—techniques and timing;

    ii. Summative and formative evaluation;

    iii. Written/verbal;

    iv. Importance of providing feedback and evaluation;

    v. Positive and negative/corrective;

    vi. Perception of feedback;

    vii. Critical self-reflection

    viii. Formal documentation.

e. Utilize different strategies, such as SBAR and TeamSTEPPS.

f. Learn about conflict management.

4. Incorporate elements of NCSBN's Transition to Practice Model when precepting.

a. Orientation to unit/agency is entirely separate.

b. Review manual and essential elements of the Transition to Practice modules; review handbook newly licensed nurses use.

c. Integrate principles of safety and how to accept accountability for actions:

i. Regulatory model: Mission of BONs is to protect the public;

ii. Nurse practice act, scope of practice, rules and regulations;

iii. Legal/ethical;

iv. Policy and procedures;

v. Standards of practice;

vi. Evidence-based practice;

vii. Competence development;

viii. Root-cause analysis;

ix. Incident reports;

x. Protection of new nurse from making errors that might threaten patients, self and/or others;

xi. Requirements when assigning or delegating to others, according the state's nurse practice act;

xii. Importance of stressing professional boundaries to newly

licensed nurses; and

xiii. Fostering a reliable health care system (e.g., avoiding work-

arounds, etc.).

d. Integrate clinical reasoning, which is defined by Benner, Sutphen,

Leonard & Day (2010) as "The ability to reason as a clinical situation

changes, taking into account the context and concerns of the patient and

family."

e. Threading reflection and feedback throughout while building

confidence.

f. After preceptorship, six more months of support; development of long-

term mentor.

Interactive Exercises

1. Complete the Index of Learning Styles questionnaire

(http://www.engr.ncsu.edu/learningstyles/ilsweb.html).

2. Take Myers-Briggs and analyze results.

3. Examine the INSIGHT tool (AONE suggested; insightinstitute.com).

4. Discuss conflict situations, such as:

a. New protégé who is not meeting performance expectations;

b. Resources when the preceptor is not a good fit; and

c. Physicians/other nurses/patients/other health care personnel who only

want to work with a "seasoned" nurse.

5. Review concepts of TeamSTEPPS scenario and SBAR (see

Communication and Teamwork module), and develop a scenario where

they can assist new nurses to use these principles.

UNLV
UNIVERSITY OF NEVADA LAS VEGAS

INFORMED CONSENT

Department of Nursing

TITLE OF STUDY: Program Evaluation Of Preceptor Preparation And Effectiveness In A Local Nurse Residency Program

INVESTIGATOR(S): Dr. Susan Kowalski

CONTACT PHONE NUMBER: 702-895-3404

Purpose of the Study
You are invited to participate in a research study. The purpose of this study is to 1) evaluate the preparation and effectiveness of the preceptor role in the new graduate nurse residency program at two local hospitals in Las Vegas through analysis of evaluation measures and, 2) to plan for needed changes regarding the preceptor experience in order to optimize new graduate nurse transition to professional practice.

Participants
You are being asked to participate in the study because you were a preceptor in the new RN graduate residency program at Valley Hospital Medical Center or Desert Springs Hospital Medical Center and are between the ages of 21 and 65 years of age.

Procedures
If you volunteer to participate in this study, you will be asked to do the following: Take a short survey that asks questions about your demographics such as age, sex, ethnicity, educational background, years of experience as a preceptor and preparation to become a preceptor.

Benefits of Participation
There will not be direct benefits to you as a participant in this study. However, we hope to learn what is the preparation and role of nurse preceptors in the new graduate resident program at two local hospitals in Las Vegas and how effective are they in contributing to the retention and transition of these new nurses into professional practice?

Risks of Participation
There are risks involved in all research studies. This study may include only minimal risks. These risks include minimal discomfort in answering the survey questions.

Cost /Compensation
There will not be financial cost to you to participate in this study. The study will take 15 minutes of your time. You will not be compensated for your time.

Participant Initials _____

The Valley ★ Health System℠

Letter of Authorization to Conduct Research at Facility

Office of Research Integrity – Human Subjects
University of Nevada Las Vegas
4505 Maryland Parkway Box 451047
Las Vegas, NV 89154-1047

Subject: Letter of Authorization to Conduct Research at Valley Hospital Medical Center.

Dear Office of Research Integrity – Human Subjects:

This letter will serve as authorization for the University of Nevada, Las Vegas ("UNLV")

  researcher/research team, Dr. Susan Kowalski to conduct the research project entitled

"PROGRAM EVALUATION OF PRECEPTOR PREPARATION EFFECTIVENESS

AND RETENTION RATES IN A NURSE RESIDENCY PROGRAM"

at Valley Hospital Medical Center (the "Facility").

The Facility acknowledges that it has reviewed the protocol presented by the researcher, as well as the associated risks to the Facility. The Facility accepts the protocol and the associated risks to the Facility, and authorizes the research project to proceed. The research project may be implemented at the Facility upon approval from the UNLV Institutional Review Board.

If we have any concerns or require additional information, we will contact the researcher and/or the UNLV Office of Research Integrity — Human Subjects.

Sincerely,

_____   4.13.2011
Facility's Authorized Signatory   Date

Jason M. Adams, COO
Printed Name and Title of Authorized Signatory

Facility Authorization 7-2010

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The Valley ★ Health System℠

Centennial Hills Hospital Medical Center • Desert Springs Hospital Medical Center
Spring Valley Hospital Medical Center • Summerlin Hospital Medical Center
Valley Hospital Medical Center

Letter of Authorization to Conduct Research at Facility

Office of Research Integrity – Human Subjects
University of Nevada Las Vegas
4505 Maryland Parkway Box 451047
Las Vegas, NV 89154-1047

Subject: Letter of Authorization to Conduct Research at Desert Springs Hospital Medical Center.

Dear Office of Research Integrity – Human Subjects:

This letter will serve as authorization for the University of Nevada, Las Vegas ("UNLV")

researcher/research team, Dr. Susan Kowalski to conduct the research project entitled

"PROGRAM EVALUATION OF PRECEPTOR PREPARATION EFFECTIVENESS AND

RETENTION RATES IN A NURSE RESIDENCY PROGRAM"

at Desert Springs Hospital Medical Center (the "Facility").

The Facility acknowledges that it has reviewed the protocol presented by the researcher, as well as the associated risks to the Facility. The Facility accepts the protocol and the associated risks to the Facility, and authorizes the research project to proceed. The research project may be implemented at the Facility upon approval from the UNLV Institutional Review Board.

If we have any concerns or require additional information, we will contact the researcher and/or the UNLV Office of Research Integrity – Human Subjects.

Sincerely,

Sam Kaufman _____   ___4/13/11___
Facility's Authorized Signatory   Date

Sam Kaufman, CEO / Managing Director
Printed Name and Title of Authorized Signatory

Facility Authorization 7-2010

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Biomedical IRB – Expedited Review

Approval Notice

NOTICE TO ALL RESEARCHERS:

Please be aware that a protocol violation (e.g., failure to submit a modification for <u>any</u> change) of an IRB approved protocol may result in mandatory remedial education, additional audits, re-consenting subjects, researcher probation, suspension of any research protocol at issue, suspension of additional existing research protocols, invalidation of all research conducted under the research protocol at issue, and further appropriate consequences as determined by the IRB and the Institutional Officer.

DATE: May 20, 2011

TO: **Dr. Susan Kowalski**, Physiological Nursing

FROM: Office of Research Integrity - Human Subjects

RE: Notification of IRB Action by /Charles Rasmussen/
Dr. Charles Rasmussen, Co-Chair

Protocol Title: **Program Evaluation of Preceptor Preparation and Effectiveness in a Local Nurse Residency Program**

Protocol #: 1104-3796M

Expiration Date: May

This memorandum is notification that the project referenced above has been reviewed and approved by the UNLV Biomedical Institutional Review Board (IRB) as indicated in Federal regulatory statutes 45 CFR 46 and UNLV Human Research Policies and Procedures.

The protocol is approved for a period of one year and expires May 19, 2012. If the above-referenced project has not been completed by this date you must request renewal by submitting a Continuing Review Request form 30 days before the expiration date.

PLEASE NOTE:

Upon approval, the research team is responsible for conducting the research as stated in the protocol most recently reviewed and approved by the IRB, which shall include using the most recently submitted Informed Consent/Assent forms and recruitment materials. The official versions of these forms are indicated by footer which contains approval and expiration dates.

Should there be *any* change to the protocol, it will be necessary to submit a **Modification Form** through ORI - Human Subjects. No changes may be made to the existing protocol until modifications have been approved by the IRB. Modified versions of protocol materials must be used upon review and approval. Unanticipated problems, deviations to protocols, and adverse events must be reported to the ORI – HS within 10 days of occurrence.

If you have questions or require any assistance, please contact the Office of Research Integrity - Human Subjects at IRB@unlv.edu or call 895-2794.

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MARGARET E. COVELLI, RN MHA FACHE

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Henderson, NV 89015
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PROFESSIONAL EXPERIENCE

CHIEF NURSING OFFICER   5/04 to present

     Spring Valley Hospital Medical Center   Las Vegas, NV

DIRECTOR OF PATIENT CARE SERVICES   3/2001 to 5/04

     Valley Hospital Medical Center   Las Vegas, NV
Responsibilities the same as Assistant Chief Nurse Executive below, as well as additional
duties under the direction of the Risk Manager including:

ASSISTANT CHIEF NURSE EXECUTIVE   3/2000 to 3/2001

     Valley Hospital Medical Center   Las Vegas, NV
Responsibilities include monitoring and overseeing the daily operations of the Nursing
Department under the direction of the Chief Nurse Executive including:

NURSE MANAGER
3 Pavilion Cardiovascular Surgical Unit   9/1997 to 3/2000
     Valley Hospital Medical Center   Las Vegas, NV

NURSE MANAGER
Intermediate Coronary Care Unit   5/1996 to 9/1997
     St. Elizabeth Health Center   Youngstown, OH.

NURSE MANAGER
Progressive Cardiac Care Unit Cardiac Intervention 9/1995 to 5/1996

St. Elizabeth Health Center   Youngstown, OH.

CLINICAL HOUSE SUPERVISOR and CLINICAL NURSE III

                                       1988 to 1995

St. Elizabeth Health Center   Youngstown, OH.

ASSISTANT NURSE MANAGER

Intermediate Surgical Unit   1985 to 1988

St. Elizabeth Health Center   Youngstown, OH.

STAFF NURSE

VARIOUS UNITS   1982 to 1985

St. Elizabeth Health Center   Youngstown, OH.

EDUCATION

- University of Nevada, Las Vegas, DNP (enrolled) September, 2010
- University of St. Francis, Joliet, IL., MHA, July, 2003
- Youngstown State University, Youngstown, OH, BSN, 1993
- St. Elizabeth Hospital Medical Center School of Nursing, Youngstown, OH, Diploma, 1982

CERTIFICATIONS

BLS Certified
Fellow, American College of Health Care Executives

PROFESSIONAL HONORS AND ASSOCIATIONS

Named, Outstanding Recent Alumni, University of St. Francis
Inducted, Sigma Theta Tau International Nursing Honor Society
Finalist, 2003 *Nurse Week* Nursing Excellence Awards
Winner, Distinguished Nurse of Year, Southern Nevada March of Dimes Nurse of the Year
Winner, Nursing Administration category, March of Dimes Nurse of the Year
Member, American Organization of Nurse Executives
Member, State of Nevada Governor's Workforce Investment Board – Healthcare Sector

Member, American College of Health Care Executives
Member, Universal Health Services' Nursing Council
Chair, Nevada Nursing Education and Practice Alliance (2010)
Past-President of Nevada Organization of Nurse Leaders (2010--)
President, Nevada Organization of Nurse Leaders (2006-2009)
Secretary-Treasurer of Nevada Organization of Nurse Leaders (2004-2005)
Board Member, Southern Nevada March of Dimes
Board Member, Southern Nevada Medical Industry Coalition
March of Dimes, Nurse of the Year Committee Chairperson (2004, 2005)
Member, Governor's Nevada Workforce Investment Board
Member of Southern Nevada Council of Nurse Executives
Former Advisory Board Member, Valley Home Health Company
Former Board Member, Las Vegas Diabetes Lions Club
Biographical listing in Who's Who of Executive and Professionals
Biographical listing in Who's Who Among American High School Students
Employee of the Month, 1994
Courtesy Las Vegas Award, September 1999

PUBLICATIONS

Nursing Management, April 2003. "Solidarity through resolution."

Journal of Nursing Regulation, August, 2010. "Speak for Success"

Nursing Economics, 2011. "Effects of a short-term linguistic class on communication competence of international nurses: Implications for practice, policy, and research"

Nursing Economics, 2012. "Evaluation of an intervention on socio-cultural communication skills of international nurses."

Bolstad, A., Xu, Y., Shen, J., Covelli, M., & Torpey, M. (in review). Use of standardized patients and inter-rater reliability in a study on communication competence of international nurses.

Staples, S., Xu, Y., Shen, J., Bolstad, A., Covelli, M., Torpey, M., & Colosimo, R. (in review). International nurses' accent, interpersonal skills, and patient satisfaction.

Toolkit, Rapid Response Teams, Universal Health Services, 2007
Toolkit, SBAR Communication, Universal Health Services, 2007

Toolkit, Ventilator Associated Pneumonia Prevention, Universal Health Services, 2007

Toolkit, Caring Moment / Nurse Rounding, Universal Health Services, 2007

Toolkit, Pressure Ulcer Prevention and Treatment, Universal Health Services, 2008

Toolkit, Congestive Heart Failure Core Measure, Universal Health Services, 2008

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SPECIALIZED SKILLS

Skilled in the use of computer software such as Microsoft Word, Microsoft Excel, Microsoft Power Point, MIDAS, AS 400, and ANSOS / Onestaff Scheduling Program