



## **SE8 – The organization provides educational programs to improve the nurse’s expertise as a preceptor.**

Describe the organization’s preceptor educational program(s) and how each program is evaluated on an ongoing basis.

### **Example:** Preceptor Education Program

The orientation experience of a newly hired RN is heavily influenced by the skill of the preceptor. The purpose of the preceptor program is to provide a structured approach to development of preceptors to meet individual learning needs of new RN employees. The program is designed to develop, strengthen and support new nurses in knowledge and skill development, as well as confidence-building and job satisfaction.

The Preceptor Standards Policy for Patient Care Services anchors a two-phase approach used in the program to support this important role ([Exhibit SE8.a, PCS Policy A13 Preceptor Standards](#)).

The program utilizes clinical precepting as a one-on-one clinical teaching strategy and as a model for unit-based orientation and socialization of clinical nursing professionals. This includes new graduates, experienced professionals and experienced staff who transfer internally.

The first phase of the preceptor program is an evaluation process to determine if a nurse is ready to serve as a preceptor. Managers complete the Preceptor Selection Tool ([Exhibit SE8.b: Nurse Preceptor Tool MICU](#)), which provides a score to determine whether or not nurses meet the minimum requirements. If the minimum requirements are met, nurses are approved to participate in phase two.

The second phase is composed of the 16-hour educational series called *Preceptor Essentials* ([Exhibit SE8.c: Preceptor Essentials](#)). Nurses are required to complete four hours of pre-work prior to attending the didactic sessions. The pre-work consists of an online self-assessment of the preceptors’ learning, communication and stress styles, as well as four articles on precepting techniques, preceptor programs and the impact preceptor programs have on preceptors, patients and retention.

The remaining 12 hours are offered through a series of educational courses that include evidence-based content on the following:

- Benefits of preceptor programs for stakeholders
- Preceptor roles
- Adult learning theory
- Professional socialization
- Effective communication



- Feedback
- Preceptee learning needs assessment
- Orientation planning and implementation
- Evaluation ([Exhibit SE8.d: Orientation Progress Form Weekly – Completed Feb to Apr 2014](#))

Following completion of the *Preceptors Essentials* program, preceptors are required to complete four hours of annual retraining. One available venue is the *Preceptor Essentials Booster* class. Content for this class includes critical thinking, dealing with difficult learners and feedback techniques.

### **Evaluation of *Preceptor Essentials*:**

Managers partner with NES to ensure that all preceptors participate in the Preceptor Essentials program. NES offered 41 classes from June 2012 to September 2013. As of September 2013, 462 of the 501 preceptors have attended the *Preceptor Essentials* class, accounting for 92% of all UVA preceptors.

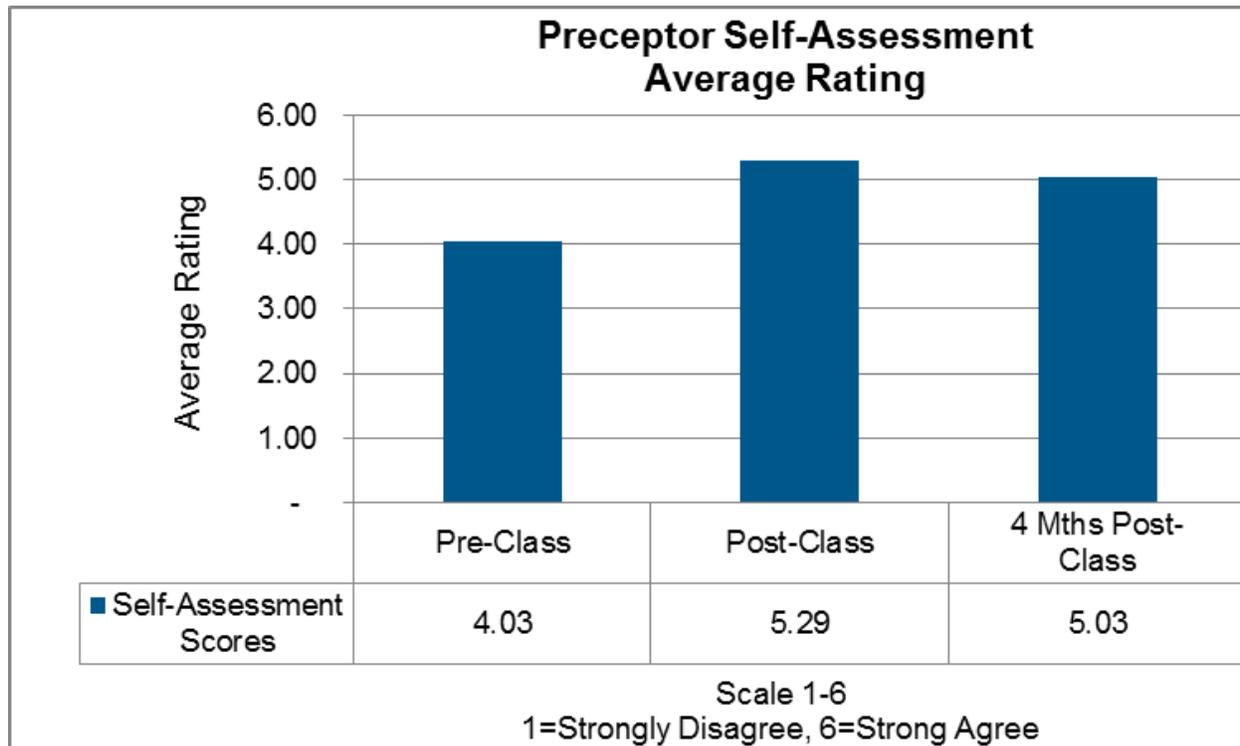
Attendees provide feedback through post-course surveys. [Exhibit SE8.e](#) shows the responses from the survey used in this evaluation, spanning June 2012 through May 2013. ([Exhibit SE8.e: Preceptor Essentials Post-Class Evaluation and Preceptor Self-Assessment 6-12 through 5-13](#))

Figure 1 below shows overall self-assessments from the *Preceptor Essentials* pre-class, post-class and four months after the class. It illustrates how preceptors have changed their own practice by incorporating the concepts learned in the 12-hour *Preceptor Essentials* class and how they have perceived changes to their unit's orientation program as a result of the preceptor program.

Preceptor self-assessment scores improved from an average of 4.03 pre-course to 5.29 directly after the course and 5.03 four months later. The data below include responses from attendees between June 1, 2012, and May 30, 2013.



**SE8 Figure 1. Preceptor Self-Assessment Average Rating, Pre-Class, Post-Class, and Four Months Post-Class (6/2012-5/2013).**



#### **Evaluation of *Preceptor Essentials Booster*:**

Below are responses collected from participants who attended the *Preceptor Essentials Booster* class, which fulfills the requirement for four hours of annual education. The responses indicate that there is a sustained change beyond the initial *Preceptor Essentials* class.

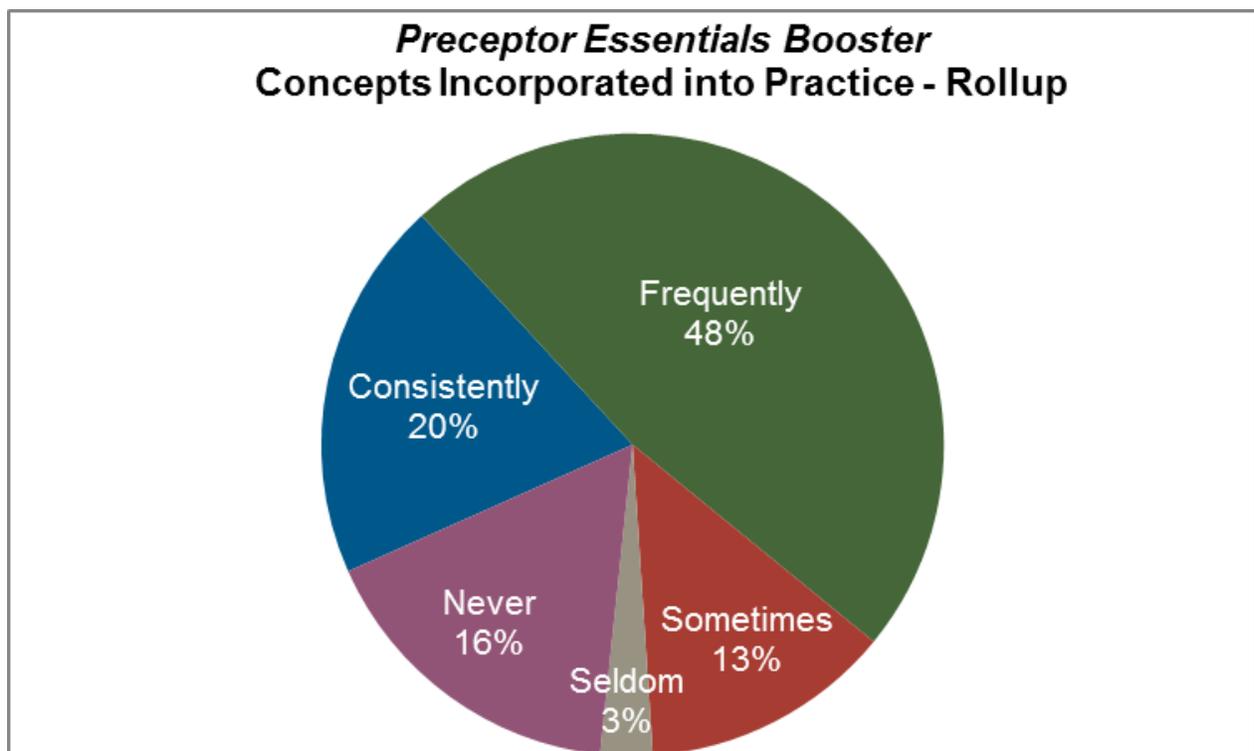
1. Orientation has more structure.
2. Weekly orientation progress forms are being used.
3. More feedback is happening on my unit.
4. I give more feedback now.
5. More structure exists for the orientee.
6. A learning-styles assessment is sent to orientee to complete prior to his or her arrival.
7. Orientee gets Manager Orientation Checkpoint (MOC) form that clarifies expectations of the orientee.
8. I use a special word to stop errors.
9. We now have an orientation committee on our unit.



10. I am using the Preceptor Website Teaching Resources, especially SkillStat.
11. The preceptor handbook has been very helpful to me; I use it as a resource.
12. Understanding the learning domains has helped me work with my orientees.
13. Knowing the characteristics of novice to expert has helped me work with orientees.
14. I now establish a safe word with my orientee so that we can safely stop errors.
15. I provide gentler feedback to my orientee now using "I" statements.
16. I am using the weekly feedback tool.
17. We are streamlining the process. Manager uses the MOC checkpoints. I am attempting to use the weekly checkpoint form.

The Preceptor Booster course post survey was given in September 2013 to capture the degree to which preceptors feel they have incorporated the concepts from the initial *Preceptor Essentials* class into their practice. Overall, 68% of preceptors (Figure 2) said they incorporate the *Preceptor Essentials* concepts into their practice as preceptor either "consistently" or "frequently."

**SE8 Figure 2. Preceptor Self-Assessment 9/2013: Incorporated Concepts from Preceptor Essentials Booster into Practice**





The concepts incorporated “consistently” by the greatest number of preceptors are:

- Advocate for appropriate patient assignments (67%)
- Complete weekly written goals with my orientee using the Weekly Orientation Progress form (67%)
- Set daily goals with my orientee (67%)

The concepts incorporated “frequently” by the greatest number of preceptors are:

- Share own and ask about the orientee's communication style, learning style, or reactions to stress (83%)
- Write orientation goals with the three learning domains in mind (83%)
- Consult privately with other preceptors to find solutions to orientation challenges (83%)

In the *Preceptor Essentials* post-class survey, preceptors offered the following free-text responses to the question, “What did you learn in this class that you will use in your daily practice?”

- Responding to the disengaged, dissatisfied, disorganized
- Examples of language to use with orientees regarding time management and maintaining an organized work environment
- How to effectively approach giving constructive criticism
- I especially liked the middle lecture on difficult learners
- Critical thinking and the stages of learning
- How to give constructive feedback; how to handle difficult preceptees
- How to work with difficult learners
- How to overcome certain barriers in being constructive when giving negative feedback
- Giving feedback on the spot, and have it be a two-way conversation
- Matching learning domains to learning styles of the orientee
- Principles of learning styles and establishing ground rules/goals from day one
- Difficult learner
- Stuff about discouraged learners and about giving feedback

The *Preceptor Essentials* classes are evaluated by a Nurse Education Coordinator II after each offering. Adjustments are made to the content based on literature, organizational changes, and feedback from the preceptors themselves; managers; Nursing Educational Coordinator Is; and Orientation Coordinators.

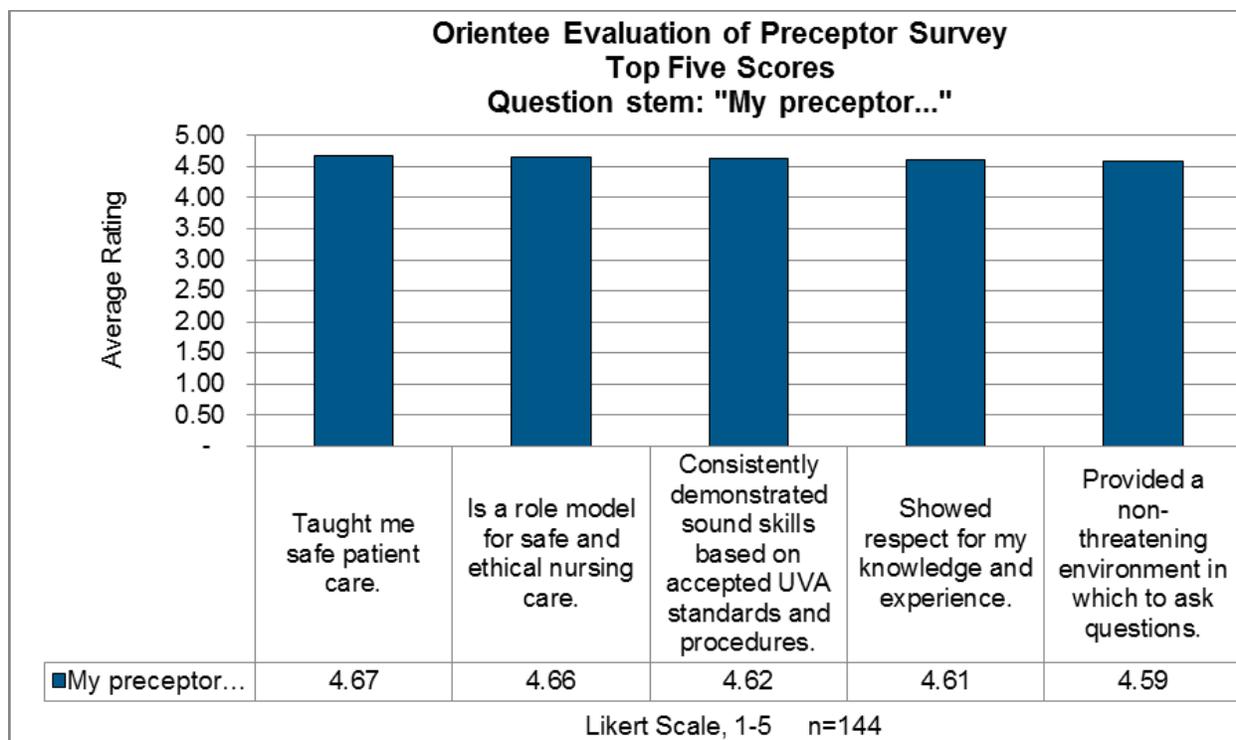


**Orientee Evaluation of Preceptor Survey:**

The Orientee Evaluation of Preceptor Survey is completed by nursing orientees after the orientation period is complete. The survey is sent to the orientee by the unit nursing educational coordinator, orientation coordinator or unit manager. The responses were collected between January 2013 and January 2014. (The top five scores are included as Figure 3.)

- 96% of respondents indicated that they were either a Clinician 1 or 2
- 99% of respondents indicated that their preceptor was either a Clinician 2 or higher, which is in compliance with the preceptor program policies.
- The average survey score was 4.5 on a 5-point Likert Scale.

**SE8 Figure 3. Top Five Scoring Questions from Orientee Evaluation of Preceptor Survey, 1/2013-1/2014.**



**Orientation Process Audit:**

Nursing Education Services audits the orientation process by measuring preceptor compliance with completing required weekly orientation progress forms, and measures manager compliance with completing manager orientation checkpoint forms. Thirty percent of all nursing hire orientation records are randomly audited each quarter.