Summer 8-1-2020

Preceptor Education and Structured Onboarding Process

Charles Morato
charles.morato@gmail.com

Preceptor Education and Structured Onboarding Process

Charles Morato

University of San Francisco, School of Nursing

TABLE OF CONTENTS

Abstract

Problem: Staff nurse retention is an ongoing problem for this intensive care unit (ICU). Through exit interviews from staff who left, inadequate onboarding and education made them feel unprepared for their job and not part of the team. The preceptors on the unit have never been trained on the roles and responsibilities of being a preceptor. The current onboarding process consists of pairing new hires with a preceptor who either happens to be willing to do it that day or someone who has been there the longest. There is no consistency or personalizing the orientation information to the new hire. Teaching preceptors on the roles, responsibilities, and different teaching methods would help to provide consistency to the process of orientation, and preceptors would be able to personalize the education for the student with the new teaching methods learned. Consistent onboarding helps new hires feel supported and confident by having preceptors who know their role and can adapt their teaching method to each new hire's learning style.

Context: This ICU has 75 staff nurses split among three shifts. Critical care experience can range from one year to 25 years. This ICU has recently encountered major vacancies, amounting to seven full-time equivalents needing to be filled. The skill mix due to vacancies can vary from shift to shift. Last year, a new critical care training program was implemented for six nurses, five of whom left the unit after finishing the training for various reasons. None of the nurses who were precepting had any experience in precepting or were formally trained as a preceptor.

Measures: A family of measures was developed for the implementation of this project. The overall outcome measure is to train all selected preceptors. The process measures for the project are the pre- and post-course surveys evaluating the course effectiveness. Weekly debriefing huddles would measure the effectiveness of the preceptor to implement what they learned in the

class. The balancing measure for this would be the weekly debriefings, and any negative findings would guide the orientation process.

Results: Prior to this project, there were no preceptors trained on the roles and responsibilities of being a preceptor. Due to the COVID-19 pandemic, we were only able to facilitate training two staff nurses. The post-course surveys showed improvement in knowledge of preceptor expectations.

Conclusions: Common themes in exit interviews, sporadic spikes in harm events, no formal preceptor roles and responsibilities, and decreasing retention rates, identified a need for consistent and formal education. Due to the COVID-19 pandemic, the interventions to test and to address these issues will have to be postponed until alternative ways are identified to conduct a preceptor educational class. Based on other process improvement projects in other facilities, we expect that once these interventions are carried out, we should see a decrease in harm events and an increase in retention.

Section II: Introduction

Nursing retention and burnout continues to be an issue, which leads to increased training costs and poor patient outcomes (Bae et al., 2010). Nurse residency programs provide environments that increase nurse confidence and positive experiences and decrease stress for novice nurses. The effectiveness of these programs are good predictors of patient outcomes, nurse confidence, and job performance. The common aspects of successful nurse residency programs are mentorship, preceptors, and debriefing (Van Patten & Bartone, 2019). Taking the key elements of nurse residency programs and applying them to all new hires, regardless of experience, is an option to help increase retention.

High turnover rates have negative outcomes for patients and staff. Units with high turnover rates experience higher medication errors and patient falls, increased lengths of stay, and decreased patient satisfaction. This is due to decreased cohesiveness of the team, lost experience and skills of those who left, and decreased communication between the new and old staff. Staff who stay can experience feelings of abandonment, which may lead to further attrition (Bae et al., 2010). An organization with lower turnover rates and high retention is seen positively as a good place to work and fiscally responsible. Increasing retention is in line with organizational goals of being a great place to work and with fiscal responsibility.

Problem Description

In the past year, this intensive care unit (ICU) experienced unusually high nurse turnover. A total of seven full-time equivalents are vacant amongst the nursing staff. This ICU has a retention rate of 83%, the lowest of all the units in this facility. The current onboarding program has no structure, and new hires are oriented by multiple staff members. None of the staff members were trained to be preceptors, and there is no consistency of available preceptors.

This ICU has experienced unfavorable spikes in quality metrics, such as catheter associated urinary tract infections (CAUTI) and central line associated bloodstream infections (CLABSI). These spikes have coincided with turnover and new staff onboarding. A common theme in peer reviews reveals non-compliance to bundles and inadequate training. This unit leads the hospital in overtime due to open positions. The increase of overtime has led to staff burnout and fatigue.

Instituting a structured onboarding program, including a formalized preceptor program, would help retention efforts and provide new staff with resources to help assimilate them into the unit culture and organizational expectations. A more consistent onboarding leads to unit cohesiveness and better patient outcomes (Bae et al., 2010). Preceptor role clarification and education will be assessed for understanding, and quality metrics and facility turnover rates will be used to gauge performance of interventions.

Available Knowledge

PICOT Question

For the (P) new hired staff nurses in this ICU, will having a (I) structured preceptor program (O) decrease turnover rates and prevent harm to patients, as (C) compared to current practice (T), over the course of the next year?

Literature Review

To find evidence to support the need for a structured preceptor program, a literature search was done using CINAHL, PubMed, and the Cochrane Library databases, using key words of *preceptor, mentor, retention,* and *outcomes.* Using these key words, the search yielded over 200 results. Six documents were chosen for review because of relevance to a structured preceptor program. A critical appraisal was completed on each of the six documents using the Johns

Hopkins Nursing Evidence-Based Practice Appraisal tools (Dang & Dearholt, 2017). All documents were individually appraised for validity, design, quality, outcome, and feasibility (see Appendix A).

Lee et al. (2009) explored the relationship between the effects of a formal preceptor program on turnover rate, cost, quality of care, and professional development. This quasi-experimental design reviewed implementing a formal preceptor program and applying it to a new graduate program. The results on turnover, cost, and quality were measured against the previous year. The variable factor was the type of education the preceptors received. This study was ranked II B as a good quality study because of adequate sample size, consistent results, some definitive conclusions, and reference to scientific literature.

A cross-sectional design study by Van Patten and Bartone (2019) looked at the effect preceptors had on program experiences. Study participants selected in the nurse residency program completed surveys pre- and post-residency program. The program included preceptors, mentors, and a new debriefing process for the students. Preceptors, mentors, and debriefing helped to enhance positive program experiences. Preceptorship was a key piece in the positive responses. Successful nurse residency programs often lead to better retention rates, outcomes, and job satisfaction. The strength of this study was the structure to the program, and the addition of these key components added to the experience, as compared to previous programs.

Carey and Campbell (1994) conducted a correlational, quasi-experimental study looking at different strategies to promote nurse retention. Participants were randomly selected from two large medical centers and were given questionnaires regarding work roles and staff development. The nurses would then fill out the questionnaire and return them anonymously. The results showed that new staff nurses benefitted from having a preceptor from the start of the program.

This helped the new nurse's introduction to a new system. There was strong support in this study to suggest that the new nurse will benefit from the support and guidance of a preceptor. The preceptor provides technical guidance to the orientee, which helps them become part of the culture.

Barba et al. (2019) illustrated the effects of formalized preceptor training and the effect it had on their training program. Preceptor program changes were included based on previous feedback. The result was a 50% decrease in turnover and an increase in staff satisfaction from the previous year. The program's decrease in turnover included significant savings in the cost of training a specialized nurse. This performance improvement change illustrated the need to have quality, trained preceptors, which resulted in retention and savings.

A performance improvement project by Hardy and Smith (2001) in a critical care unit resulted in restructuring their training process. They focused on education and the selection of preceptors. The preceptors were volunteers and trained on the roles and expectations of the preceptor role. This project shows feasibility and positive incomes for the implications of formalized preceptor training.

Of the studies and process improvements, there was indication that formalized preceptor programs enhanced orientation programs. Positive outcomes have been seen through decreased turnover rates, positive responses to internships, and increased job satisfaction. Although a majority of studies were in relation to new graduate nurses, the process improvement projects illustrated that the key components to nurse residency programs can be applied to new staff training programs. Preceptors are a key factor to staff nurse development and assimilation to unit culture.

Rationale

The theoretical framework guiding this project is role theory. When a nurse transitions into a new setting, the roles and expectations can be overwhelming and confusing. Educators can play an important role in easing this transition (Murray, 1998). As a preceptor, understanding the role and responsibility as an educator is indicated in the literature. In addition to the role of technical expert, a staff nurse must also be able to teach subject matter to the learner's ability. Role theory states that people are aware that roles govern their actions, and they must be shown their roles and understand what is expected (Murray, 1998). If preceptors are not shown their roles, they will not be able to fulfill them, and the new nurse is left with inadequate training and orientation. Inadequate orientation and training leads to confusing expectations of the new hire and to dissatisfaction in the workplace. In the preceptor, unclear expectations and roles leads to confusion and a decreased sense of accountability. Fractured or inconsistent orientation can overwhelm and confuse those entering into a new work setting. Information taught in methods not consistent with their learning style may not be understood and may cause errors or omissions in care.

Aim

By August 31, 2020, selected registered nurses (RNs) in the ICU will be trained as preceptors, as evidenced by 100% preceptor course attendance.

Section III. Methods

Context

This medical center is a 150-bed comprehensive stroke center that provides neurological interventions, such as neurosurgery, neuro-interventional radiologic procedures, and basic medical-surgical services. Patients are admitted through the emergency room, clinics, or any of the 21 in-network medical centers. The ICU in this facility has a 20-bed capacity and is the main admitting unit for post and bedside neurological procedures, surgeries, and post neuro-interventional radiologic procedures. The unit comprises four neuro-intensivists, two medical intensivists, four neuro-interventionalists, and eight neurosurgeons. The nursing staff consists of 80 staff nurses. There is a full-time neurology clinical nurse specialist and critical care educator.

The unit culture was assessed using the Institute for Healthcare Improvement (IHI, n.d.) culture assessment tool. This organization and unit demonstrate a culture of safety, good communication, and disclosure. They have processes in place to investigate root causes to safety events and implement corrective action, if necessary. Training and education are readily available to the staff. Patients and families are actively involved in patient care.

The increasing turnover in this unit is concerning, and steps to help maintain staff are needed. Preceptor education is the first step in the chain of reducing harm events and decreasing turnover. The cost of training eight nurses with a 4-hour in-service would amount to 32 hours of in-service training. Based on the current Staff Nurse II Year 5, nurse union contract, that would cost approximately $2,557 for eight nurses. If any one of these eight nurses contribute to one nurse staying employed with the unit or preventing one harm event from happening, the cost savings would far out way the total cost to educate eight nurses. The average cost to replace a

new nurse is $49,500 (Potts et al., 2020). The average cost for a medication error causing harm can range from $13K - $40K per drug event (McCarthy et al., 2017).

An analysis of the unit's strengths, weaknesses, opportunities, and threats (SWOT) was conducted and is shown in Appendix B. Unit strengths included a full-time Clinical Education, Practice and Informatics department to aid in staff education and current experienced neurocritical care core staff. A strong clinical knowledge base means a stronger focus on teaching methods and ways to communicate information, as opposed to reteaching clinical specific information.

The unit's inability to allow staff to attend preceptor education due to low core staff is a weakness. Overtime hours would need to be provided to allow staff to attend on a day off or have another staff member to provide coverage. Insufficient volunteers have been seen as a weakness in this unit. Many are exhausted from extra duties and hours just to cover core staffing of the unit, so it is hard to find willing participants. Interim senior leadership is also seen as a weakness. Without invested senior leaders, the need for such training may not be viewed as a priority.

The staff have opportunities to become nationally certified in their specialty at no cost. As part of the organization's Magnet journey, this organization is funding national certification and associate and diploma nurses to Bachelors of Science (BSN) degree programs for their employees. Another opportunity is the organization's reputation, which draws a wide range of talent applying.

Our main threat to this unit is the current global pandemic. The COVID-19 pandemic has shifted all priorities to potential surge planning and current county mandates that limit class sizes or prohibit classes larger than five persons. The inability to hire during the pandemic or to hold

courses to train the staff is a significant threat to the staffing and education of the unit. The economy and the organization have experienced a financial strain, and as a result, the funding for any other performance improvement project has been shifted towards COVID-19 preparation. All funding for non-essential COVID-19 activities has ceased.

Interventions

Preceptors will be solicited from all three shifts, with a minimum of two persons per shift. Preceptors will be solicited through huddle messages prior to the start of every shift for a week. Volunteers and/or those chosen by the assistant nurse managers or manager will attend a 4-hour preceptor class. The preferred prerequisites would include at least three years of experience in critical care, current Staff Nurse III or IV, or previous experience as a preceptor. The curriculum for the class will include roles and responsibilities of a preceptor and a True Colors workshop to improve communication and connectedness. This exercise will help individuals to recognize certain traits and behaviors within themselves and others, which leads to better communication and understanding of one's learning and teaching styles. The last part of the curriculum is about different teaching styles. The participants will learn different techniques on how to assess and identify learning styles and which teaching methods work best with different learning styles. Participants will engage in an anonymous pre- and post-survey evaluating their ability and knowledge of what a preceptor is and their comfortability of executing that role.

The next intervention will be restructuring the onboarding format. Orientees will be paired with trained preceptors for the entire orientation process, which will involve weekly debriefings with the orientee, preceptor, and educator. Upon preparation of a new hire orientation, the nurse educator will coordinate with the staff nurse preceptor, the assistant nurse

manager, and the orientee. This debriefing will help to identify strengths and opportunities with the pairing, and the process can be adjusted to meet the needs of the orientee. Weekly evaluations will be collected. The trained preceptors will orient new hires effectively and help to assimilate the new staff to the unit culture. Knowing and understanding their role will lead to improved unit morale and sense of accomplishment. Preceptors will take accountability for those they train and help to be a resource to the new staff. This should decrease work dissatisfaction and improve staff retention.

Study of the Interventions

The global aim of this study is to implement a structured preceptor program for all new hires to improve retention rates. The population measured will be the selected ICU preceptor students, and the measurement strategy will be to conduct a pre-course survey. The pre-course survey will serve as a baseline measurement of a student's knowledge of roles and responsibilities about precepting. A post-course survey will be completed to evaluate the effectiveness of the class and understanding of what a preceptor is. During the orientation process, weekly debriefs will be conducted and qualitative data will be collected on the effectiveness of the preceptor to the orientee.

The first intervention was selecting preceptors. During pre-shift huddles, an announcement of a preceptor class was offered. Volunteers were encouraged to speak to their shift assistant manager if they were interested in becoming a preceptor. The assistant managers were tasked with identifying their direct reports who met the minimum preferred requirements. The assistant managers did not receive much interest voluntarily from the staff. As a result, a decision was made to have managers speak to and encourage their staff through direct report

rounding and evaluations. Providing this feedback and encouraging potential staff led to a few volunteers.

The next intervention is to get the preceptor course built and offered. Due to the current COVID-19 pandemic, the course was altered due to operational limitations and county mandates. A condensed version of the preceptor course was conducted, but the personality and temperament exercise was not held. Conducting the revised orientation process could not be implemented as hiring and onboarding had ceased during the pandemic. These interventions will be on hold until the organization resumes normal operations.

Measures

The outcome measures will be the attendance percentage of the selected RNs. This measure will be collected from the attendance sheets after the course. As nurses are selected to become preceptors, they will need to accomplish preceptor education prior to precepting new staff. The goal for this measure is 100% of all preceptors will be trained prior to precepting others.

The process measures include pre- and post-course surveys. The pre-course survey will provide a baseline of the student's current knowledge and comfortability of being a preceptor. The post-course survey will be nearly identical to the pre-course survey, assessing the student's knowledge and comfortability after taking the course. Survey questions will utilize the Likert scale for ease of quantifying data. The surveys will be completed on the Survey Monkey online platform. The students will be given a link to the survey and will be asked to complete it. This will give the students anonymity and freedom to add comments, if they choose. The process measures will be tracked on a bar graph to show differences between pre- and post-course Likert scores.

Another process measure is weekly preceptor and orientee debriefing meetings. This will be qualitative data received from the weekly debriefings with the preceptor, orientee, and critical care nurse educator. The feedback received will be used to guide the orientation. Feedback will be sorted by positive and negative feedback and displayed in a pie chart.

The balancing measures to track will be the feedback received from the weekly debriefings. Any opportunities identified related to the process or preceptor performance will be used for changing or adding to the preceptor education. The orientation process can be adjusted based on recurring feedback from the meetings. Other balancing measures would be the ICU retention percentages and monthly harm events. The retention percentage is calculated by dividing the number of filled positions by the number of filled positions plus the vacant positions. When a patient suffers an avoidable event that causes them harm, like urinary catheter infections, falls, or medication errors, it is categorized as a harm event. These harm events are tracked monthly and gives an overall idea of training effectiveness.

Ethical Considerations

To address the boundary between practice and research, we ensured that the curriculum was designed to enhance the wellbeing and abilities of the preceptors. The selected interventions are improvements of a known standard of practice (Office for Human Research Protections, 2018). Institutional Review Board (IRB) approval was not necessary, as these interventions did not constitute research. See Appendix C for the statement of determination checklist. There are no known conflicts of interest with this improvement project.

Section IV: Results

Due to the COVID-19 pandemic, limited results were produced. Limited class sizes and nursing availability led to a small sample size. Two of the six staff nurses were able to attend a preceptor class. Preceptor class was modified to accommodate time and class restraints. Of the two that were trained, Post-survey results showed favorable course effectiveness of the preceptor course. Current data of harm events continued to show random spikes in harm events, and the retention rate continues to average at 83% with no interventions (see Figure 1 and Figure 2).

Figure 1

Measures

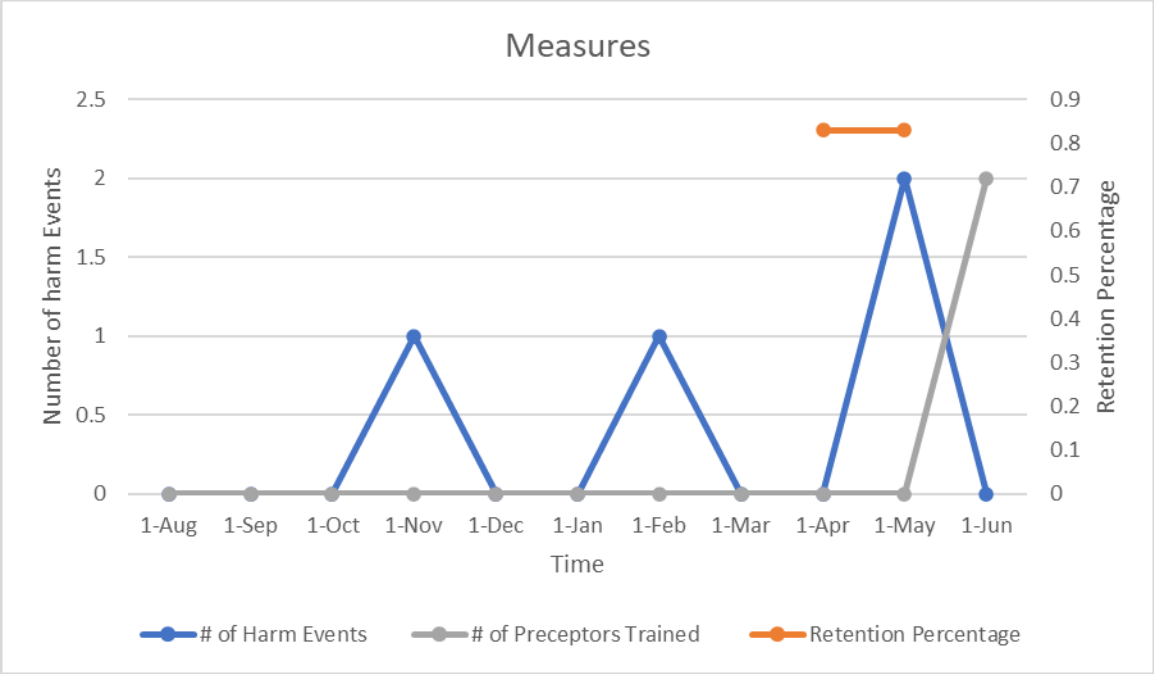
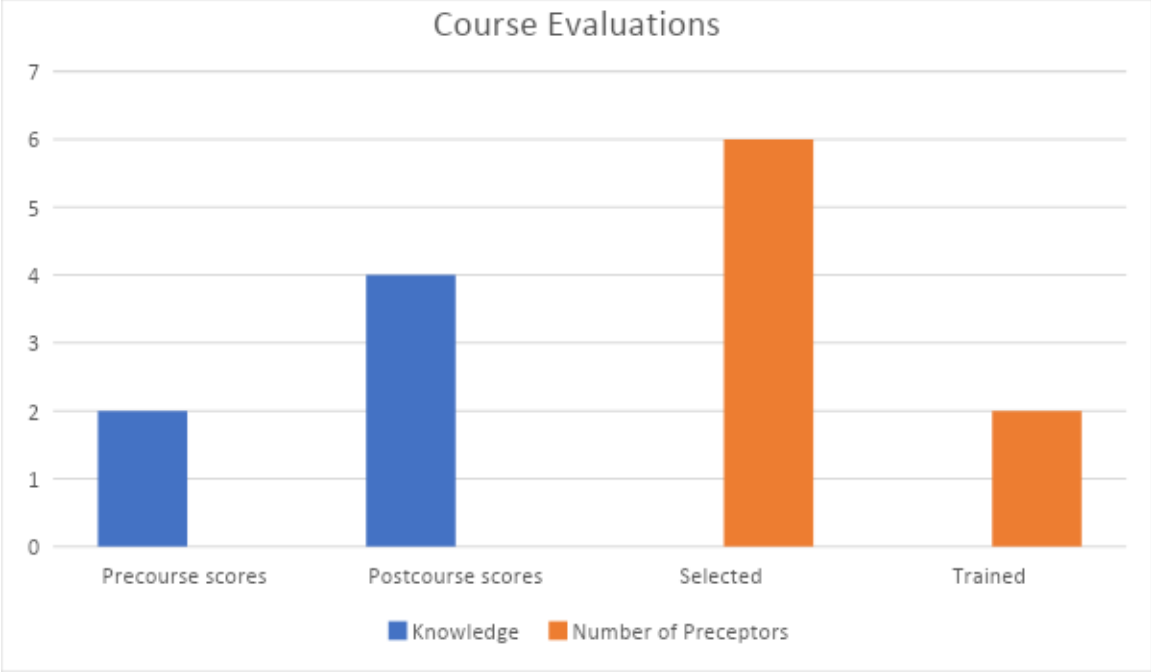


Figure 2

Course Evaluation Results



Summary

In summary, only a couple of our selected preceptors have been trained due to restrictions on class size and meeting rooms within the hospital. We opted to offer a condensed version of the preceptor course, removing the personality and temperament exercise. As soon as operations continue, we hope to resume preceptor education and hiring. As more preceptors are trained and orient new staff, it will determine if our preceptor education is effective. Our harm events are higher than the previous year without any implementation of our trained preceptors. If this measure were to increase post-implementation of our trained preceptors, then reevaluation of the course would be warranted.

Section V: Conclusion

In conclusion, the need for strategies to help increase retention rates still exists. COVID-19 has delayed the hiring of new staff, which has exacerbated the need for more nurses to fill the pre-pandemic and current operational needs. Despite the challenges, this project has potential to be a contributing factor in nurse retention. The sustainability depends on the ability of recruiting staff to volunteer as a preceptor and train them. This can be accomplished by adjusting schedules and per diem coverage which would allow for preceptors to attend the preceptor training.

Section VI: References

Bae, S., Mark, B., & Fried, B. (2010). Impact of nursing unit turnover on patient outcomes in hospitals. *Journal of Nursing Scholarship, 42*(1), 40-49. https://doi.org/10.1111/j.1547-5069.2009.01319.x

Barba, M., Valdez-Delgado, K., VanFosson, C. A., Caldwell, N. W., Boyer, S., Robbins, J., & Mann-Salinas, E. (2019). An evidence-based approach to precepting new nurses. *American Journal of Nursing, 119*(3), 62-67. https://doi.org/10.1097/01.naj.0000554036.68497.61

Carey, S. J., & Campbell, S. T. (1994). Preceptor, mentor, and sponsor roles: Creative strategies for nurse retention. *Journal of Nursing Administration, 24*(12), 39-48. https://doi.org/10.1097/00005110-199412000-00011

Dang, D., & Dearholt, S. L. (Eds.). (2017). *Johns Hopkins nursing evidence-based practice: Model and guidelines* (3rd ed.). Sigma Theta Tau International.

Hardy, R., & Smith, R. (2001). Enhancing staff development with a structured preceptor program. *Journal of Nursing Care Quality, 15*(2), 9-17. https://doi.org/10.1097/00001786-200115020-00003

Institute for Healthcare Improvement. (n.d.). *Disclosure toolkit and disclosure culture assessment tool*. http://www.ihi.org/resources/Pages/Tools/DisclosureToolkitandDisclosureCultureAssessmentTool.aspx

Lee, T., Tzeng, W., Lin, C., & Yeh, M. (2009). Effects of a preceptorship programme on turnover rate, cost, quality and professional development. *Journal of Clinical Nursing, 18*(8), 1217-1225. https://doi.org/10.1111/j.1365-2702.2008.02662.x

McCarthy, B. C., Jr., Tuiskula, K. A., Driscoll, T. P., & Davis, A. M. (2017). Medication errors resulting in harm: Using chargemaster data to determine association with cost of hospitalization and length of stay. *American Journal of Health-System Pharmacy*, *74*(23), s102-s107. https://doi.org/10.2146/ajhp160848

Murray, T. A. (1998). Using role theory concepts to understand transitions from hospital-based nursing practice to home care nursing. *Journal of Continuing Education in Nursing, 29*(3), 105-111. https://doi.org/10.3928/0022-0124-19980501-05

Office for Human Research Protections. (2018, April 18). *The Belmont report.* www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html

Potts, J., Brouder, P., Helm, S., & Leach, K. (2020). Predictive hiring to maintain excellence in patient care. *Journal of Nursing Administration, 50*(4), 232-236. https://doi.org/10.1097/NNA.0000000000000873

Van Patten, R. R., & Bartone, A. S. (2019). The impact of mentorship, preceptors, and debriefing on the quality of program experiences. *Nurse Education in Practice, 35*, 63-68. https://doi.org/10.1016/j.nepr.2019.01.007

Section VII: Appendices

Appendix A. Evaluation Table

Study	Design	Sample	Outcome/Feasibility	Evidence Rating
Carey & Campbell (1994)	Correlational/ Survey quasi-experimental	143 staff nurses randomly selected from various units in 2 hospitals	Correlates need for mentors and preceptors for preventing job dissatisfaction. Used to support need of mentors and preceptors.	III B
Van Patten & Bartone (2019)	Cross-sectional design	1,078 graduate RNs completing an RN residency program	Study showed factors that associated a positive experience with the program were due to having preceptors and mentors.	III B
Lee et al. (2009)	Quasi-experimental	24 preceptors picked from 60 trained and 34 new nurses recruited from 123 new nurses in the program	Used to support effects of a trained preceptor on retention and quality of nursing indicators.	II B
Hardy & Smith (2001)	Performance/ quality improvement	The nurses of a 25-bed ICU in a specific facility	Used to support the need of a structured preceptor program. Could be tried at other facilities.	V B
Barba et al. (2019)	Program evaluation	Nursing staff of a burn unit over 2 years	Used as another example to support previous research on the need for a formal preceptor program to aid in retention.	V B

Appendix B. SWOT Analysis

SWOT Analysis	
Strengths	Full education department available Experienced core staff
Weaknesses	Inadequate core staff to provide coverage of staff time to attend training Volunteers Interim senior leadership
Opportunities	More nationally certified staff For new hiring new talent
Threats	Current global pandemic Funding of PI projects

Appendix C. Statement of Non-Research Determination Form

Student Name: Charles Morato

Title of Project: Implementing Preceptor Education and a New Hire Onboarding Process

Brief Description of Project:

To provide formal education to volunteer preceptors and restructure the onboarding process to help decrease turnover and reduce harm events

A) Aim Statement:

In the ICU, we plan to implement formal preceptor education to volunteer and appointed preceptors and implement a new onboarding process for new hires, to reduce facility turnover rates less than 5% and keep the harm events <5 for the ICU, over the next year.

B) Description of Intervention:

1. Identifying and accepting volunteer and appointed preceptors
2. Provide formal education to preceptor on roles, responsibilities and teaching styles
3. Organized and consistent pairing of preceptors and orientees
4. Designated debriefings with preceptors and orientees during orientation

C) How will this intervention change practice?

Volunteer preceptors are more invested in changing culture and willing to teach. Preceptors that are taught the roles, responsibilities and tools of being a preceptor, can teach new orientees more efficiently. Orientees that are taught by strong and invested preceptors are more likely to have better job satisfaction and a feeling of inclusiveness to the team.

D) Outcome measurements:

Facility turnover rates and number of Harm events in the ICU

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:
(http://answers.hhs.gov/ohrp/categories/1569)

☐ This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title: Implementing Preceptor Education and a New Hire Onboarding Process	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	**X**	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	**X**	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	**X**	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	**X**	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	**X**	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	**X**	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	**X**	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal	**X**	

research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.		
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	**X**	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print):

_____Charles Morato _____

Signature of Student: _____signed Electronically Charles Morato DATE__4/11/2020___

SUPERVISING FACULTY MEMBER NAME (Please print):

_____

Signature of Supervising Faculty Member: _

__Liesel Buchner_____DATE_____

Appendix D. Course Curriculum Tools

Pre course Survey Link:

https://www.surveymonkey.com/r/ZZ2XQKQ

Post Course Survey Link:

https://www.surveymonkey.com/r/ZZLJ5VL

Pre-Course Survey

Question Title

1. How familiar are you with being a preceptor?

Not at all Familiar Not so Familiar Somewhat Familiar Very Familiar Extremely Familiar

2. Do you understand the Roles & Responsibilities of being a Preceptor?

Not at all Familiar Not so Familiar Somewhat Familiar Very Familiar Extremely Familiar

3. How comfortable are you teaching others?

Not at all Not so much Somewhat Very much Extremely Comfortable

4. Are you familiar with your preferred learning style?

Not at all Familiar Not so Familiar Somewhat Familiar Very Familiar Extremely Familiar

5. Did you know there are different teaching methods for different learning styles?

Not at all Not so much Somewhat Very Much Yes

Post Course Survey

Question Title

1. How familiar are you now with being a preceptor?

Not at all Familiar Not so Familiar Somewhat Familiar Very Familiar Extremely Familiar

2. Do you understand the Roles & Responsibilities of being a Preceptor after the class?

Not at all Not so much Somewhat Very much

3. How comfortable are you teaching others now?

Not at all Not so much Somewhat Very Much Extremely Comfortable

4. Are you familiar with your preferred learning style?

Not at all Familiar Not so Familiar Somewhat Familiar Very Familiar Extremely Familiar

5. Did you know there are different teaching methods for different learning styles?

Not at all Not so much Somewhat Very Much Yes

True Colors Personality Assessment used as part of the curriculum for Preceptor course

https://truecolorsintl.com/personality-assessment/

Appendix E. Project Charter

Project Charter: Implementing a formal Preceptor Education Program and new Onboarding Process.

Global Aim: To standardize the onboarding process of new hires with competent preceptors to increase staff retention, improve unit quality measures and cohesiveness.

Specific Aim: In the ICU, we plan to implement formal preceptor education to volunteer and appointed preceptors and implement a new onboarding process for new hires, to increase ICU retention percentage to greater than 90% and keep the harm events <5 for the ICU, over the next year.

Background/Rationale:

Transitioning into a new setting or role can be overwhelming and confusing for both the preceptor and orientee, if the training and expectations are inadequate. Preceptors must understand and learn their role as both a technical expert and as an educator (Murray, 1998). As educators they must be able to identify the orientees preferred learning style and find ways to adjust their teaching style to meet the orientees needs. Orientees who are taught in a way that is not consistent with their learning style, may develop feelings of inadequacy and job dissatisfaction to do their job, leading to increased turnover (Lee et al., 2009).

High turnover rates have negative outcomes for patients and staff. Units with high turnover rates experience higher medication errors, patient falls, increased lengths of stay and decreased patient satisfaction. This is due to decreased cohesiveness of the team, lost experience and skills of those who left, and decreased communication between the new and old staff. Staff that stayed can experience feelings of abandonment and may lead to further attrition. (Bae, Mark, & Fried, 2010) An organization with lower turnover rates and high retention is seen positively as a good place to work and fiscally responsible. Increasing retention is in line with organizational goals of being a great place to work and fiscal responsibility.

Sponsors:
CEPI Director
ICU Manager

Goals:

To provide a formalized preceptor education program and consistent onboarding process to consist of:

1. Identifying and accepting volunteer and appointed preceptors
2. Provide formal education to preceptor on roles, responsibilities and teaching styles
3. Organized and consistent pairing of preceptors and orientees
4. Designated debriefings with preceptors and orientees during orientation

Measures

Measure	**Data Source**	**Target**
Outcome		
ICU Retention rate	BS&F Report	>90%
# of HARM events in ICU	HEROES report	< 5 events
Process		
% of Preceptors trained	Class rosters	100%
% of debriefings completed	Orientation debriefing worksheets	100%
Balancing		
Decrease in Turnover rate	BS&F report	<80%
Increase of HARM Events	HEROES Report	>5 events

Team members
ANM RN Lead
ANM RN Co-Lead
RN ICU Manager
MSN, RN Critical Care Educator

RN Staff Nurse IV Unit Champion
RN Staff Nurse IV Unit Champion

References

Bae, S., Mark, B., & Fried, B. (2010). Impact of nursing unit turnover on patient outcomes in hospitals. *Journal of Nursing Scholarship, 42*(1), 40-49. https://doi.org/10.1111/j.1547-5069.2009.01319.x

Lee, T., Tzeng, W., Lin, C., & Yeh, M. (2009). Effects of a preceptorship programme on turnover rate, cost, quality and professional development. *Journal of Clinical Nursing, 18*(8), 1217-1225. https://doi.org/10.1111/j.1365-2702.2008.02662.x

Murray, T. A. (1998). Using role theory concepts to understand transitions from hospital-based nursing practice to home care nursing. *Journal of Continuing Education in Nursing, 29*(3), 105-111. https://doi.org/10.3928/0022-0124-19980501-05

Measurement Strategy

Global Aim: To standardize the onboarding process of new hires with competent preceptors to increase staff retention, improve unit quality measures and cohesiveness

Population Criteria: Selected preceptors and new hires in the intensive care unit

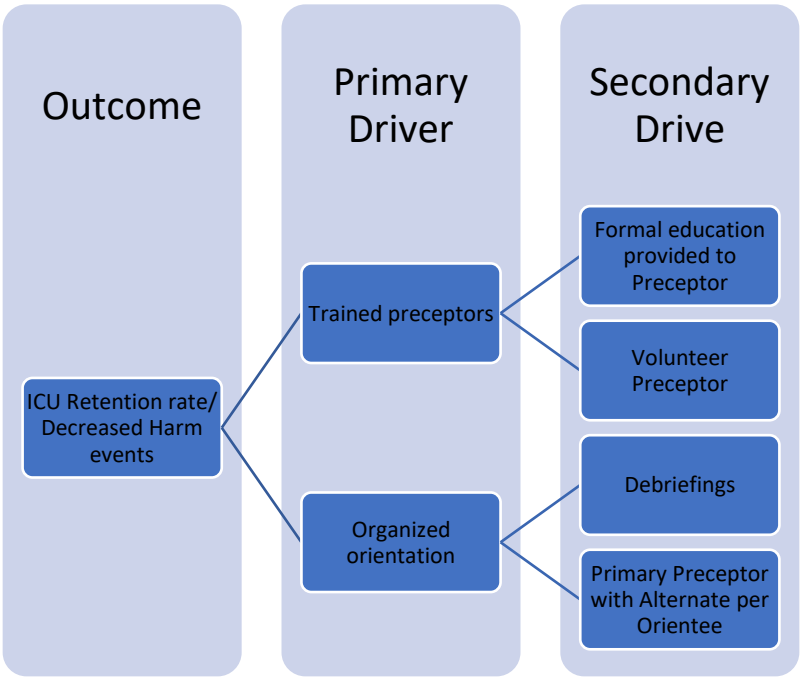
Data Collection Method: Baseline data will be collected on current ICU retention percecntage rates from the BS&F report and the number of HARM events from the previous month's HEROES report. After baseline data is collected, HARM events will be monitored monthly and ICU retention rates will be collected quarterly. All new hire debriefing meetings will be reviewed for occurrence and all preceptors identified will have completed formal preceptor education.

Data Element	Definition
HARM events	Any event identified in the HEROES report, i.e., Fall, CAUTI, Med error.
BS&F report	Financial and budgeting reports on facility and units.
Orientation debriefing worksheet	A worksheet that is completed with each debriefing with the preceptor, orientee, and educator/manager.

Measure	Measure Definition	Data Collection Source	Goal
# of HARM event	N = number of HARM events noted in the ICU only	Monthly HEROES Reports	<5
% ICU retention rate	N = number of positions filled D = number of positions filled + number of vacancies	BS&F report	>90%
% of preceptors trained	N = number of preceptors trained D = #of preceptors total	Class rosters	100%
% of debriefings attended	N = number of debriefings held D = number of debriefings scheduled	Orientation worksheets	100%

Measure	Measure Definition	Data Collection Source	Goal
Post course survey of increased knowledge from baseline	Scoring of questions of 0 is no knowledge and 10 gained a lot of knowledge	Survey Monkey	Average score of 90% with an increase in knowledge regarding precepting post course
Post course survey of increased comfortability from baseline	Scoring of questions about comfortability 0 is not comfortable and 10 very comfortable.	Survey Monkey	Average score of 90% with an increase in comfortability with precepting post course
Facility HARM Events	Any event that caused patient harm ie falls, CAUTI, CLABSI etc.	Monthly Heroes reports	Decreasing or zero number of events each month

Driver Diagram



Changes to Test

- **Garner volunteer preceptors**
- **Provide formal education to volunteer preceptors- 4-hour class**
- **Restructure orientation with built in debriefings**
- **Pair Preceptor with Orientee based on learning styles questionnaire**

Timeline

	Apr	May	Jun	Jul	Aug	Sept	Nov	Dec	Jan
Gather preceptor volunteers from each shift									
Preceptor classes									
Pair all new hires with preceptors based on learning styles questionnaire									
Implement new onboarding process with all new hires									

As the Clinical Nurse Leader (CNL), I will utilize these core competencies in the implementation of this process.

1. **Communication -** Communication is the use of complex and interactive processes that will build the interpersonal relationships between preceptors and orientees. I will utilize technology and current best practices to facilitate communication and information exchange between preceptors and orientees.

2. **Healthcare Systems and Policy -** As a CNL, besides being a clinician, we understand the role the organization and environment in which nursing and healthcare is provided and how it plays into providing care. All the interventions provided not only help patient outcomes but also help the organization with the ability to provide good evidenced-based care with consistent providers.

3. **Information and Healthcare Technologies -** CNLs not only are required to have knowledge of new technologies needed to spread information but are also required to teach others about the proper use of this technology. This ability to teach others about new and current technologies requires an ability to teach to the learner's ability. I will use this skill to educate the preceptors on how to identify the orientee's preferred learning style, using new and current technology.