THE BENEFITS OF PRECEPTORSHIP

by

Amber Rose Means

A professional paper submitted in partial fulfillment
of the requirements for the degree

of

Master of Science

in

Nursing

MONTANA STATE UNIVERSITY
Bozeman, MT

May 2026

©COPYRIGHT

by

Amber Rose Means

2026

All Rights Reserved

Abstract

Primary care registered nurses (RNs) in rural and remote healthcare facilities play a vital role in managing complex patient populations and supporting continuity of care across the healthcare system. Effective orientation and preceptorship are essential to supporting RNs transition into primary care practice, promoting role clarity, and fostering professional confidence. This quality improvement project focused on the development and implementation of a structured primary care RN orientation framework paired with a formal preceptor program in a rural federal ambulatory care setting. Guided by the Model for Improvement, the project implemented standardized workflows, clearly defined nursing roles, and formal preceptor preparation to support RN transition and professional development. Stakeholder engagement, process analysis, and Plan-Do-Study-Act cycles were used to design, implement, and evaluate the intervention.

Chapter One

Primary care nursing encompasses a multitude of responsibilities that require organization, task management, critical thinking, and coordination of care. The primary care nurse may not receive the same level of recognition as an emergency room or intensive care nurse, but their role is critical in ensuring positive patient outcomes. The primary care nurse must balance the needs of their provider, individual patients, and often manage the health needs of a panel of more than 1,000 patients. Orientation and preceptorship are vital in preparing a nurse to balance these demands.

Background

The Mission of the Federal Facility (FF) being reviewed is to raise the physical, mental, social, and spiritual health of the target population to the highest level. The FF aims to improve health, provide culturally respectful care, offer comprehensive services, advocate for and support individuals, and foster collaboration (ihs.gov/aboutihs). The provision of healthcare services to the target population is the result of a government-to-government relationship established in 1787 through Article I, Section 8 of the United States Constitution. The FF is the principal federal healthcare provider for the target population (ihs.gov/aboutihs). There are hundreds of FF's located in rural and remote areas of the United States. Due to many remote locations for FF's and a significant lack of local community resources, recruitment and retention pose a significant challenge for staffing. The Local Federal Facility (LFF) being reviewed provides primary care, along with dental, optometry, physical therapy, a telehealth specialty clinic, radiology, lab, and pharmacy services. The LFF also houses an Urgent Care, staffed 24 hours/day, with a point-of-care testing lab for after-hours and weekend care. The LFF currently faces an overall staffing vacancy rate of 38%, leading to reliance on expensive contracting

agencies to meet minimum clinical staffing needs. Registered nurses make up the majority of contracted staff at the facility, and the LFF may pay hourly rates that are 220% or greater than those for permanent RNs (opm.gov, 2026). Therefore, prioritizing the recruitment and retention of permanent registered nurses is critical for the LFF. Retention is particularly important, as it can take months to fill a position at the LFF.

Due to high vacancy rates and a lengthy hiring timeframe at the LFF, access to primary care services remains an ongoing challenge. The average wait time for the third next available appointment in adult primary care is 24 days, which is expected to worsen due to the recent retirement of one adult provider and one pediatrician. Patients who are unable to get a scheduled appointment often resort to the walk-in/urgent care clinic in place of primary care, resulting in fragmented care.

The active user population consists of approximately 6,500 patients, including over 3,000 pediatric patients. Essential primary hypertension, type 2 diabetes (DM 2) with complications, and severe morbid obesity are the top three primary diagnoses of the active user population. These diagnoses all indicate significant health complications that require chronic disease management, care planning, and coordination of care to specialty services such as endocrinology and cardiology. In addition to the high rates of chronic disease, 41% of the community's residents live below the poverty line (Census Reporter, 2023), compared to the overall 10% poverty rate in the rest of the state (data.census.gov/profiles/Montana). This disparity highlights the role of social determinants of health, including food and housing insecurity, unreliable transportation, and a lack of telephones. The significant disadvantages many community members face complicate the provision of mission-driven healthcare to improve the physical, mental, social, and spiritual health of the target population.

The LFF and the surrounding community face numerous challenges that impact one another. Interestingly, even in the face of these challenges, 90% of all patients surveyed this calendar year agree or strongly agree that they are satisfied with their most recent visit (see Appendix A). 80% of patients seen this calendar year would recommend their provider to family and friends (see Appendix B). An additional noteworthy detail regarding this LFF is that a significant number of its employees are long-term staff members who possess a vested commitment to delivering quality healthcare.

The microsystem description includes new RN hires to the LFF primary care department. The orientation process is being reviewed for potential areas of improvement to enhance RN confidence, satisfaction, and retention.

Two patient safety events at the LFF have prompted efforts to improve the primary care RN orientation and the development of a preceptor program. Root Cause Analyses and Action (RCA2) were used to investigate (de-identified patient information) the two patient safety events, both categorized as ‘delays in care.’ RCA2 was developed by the National Patient Safety Foundation, with support from The Doctors Company Foundation, to provide methodologies and techniques that an organization can use to prioritize events, hazards, and vulnerabilities in its systems of care. The goal of RCA2 is to understand what happened, why it happened, and then take positive action to prevent it from happening again by using a system-based approach (The National Patient Safety Foundation, 2016). The RCA2 investigations identified two key causal factors. The first is a lack of identification of roles and responsibilities between primary care RNs, RN case managers, and RN care coordinators, which led to communication breakdown among staff, providers, and patients, ultimately leading to missed opportunities and gaps in patient care. Second, there are no defined roles and responsibilities between primary care RNs

and primary care team certified medical assistants (CMA's) due to the lack of a defined standard operating procedure and orientation, which led to gaps in care and ineffective interdepartmental communication.

The population affected by the lack of orientation and training is the primary care nursing staff. Currently, there are nine full-time FTEs, including primary care RNs, RN care coordinators, and RN case managers. The LFF onboards a new RN approximately once per quarter and provides healthcare services to an under-resourced population. Currently, the new RNs go through a 2–3-day onboarding process that covers a wide range of topics, including federal benefits, facility tours, tour of duty, timekeeping, etc. They then proceed to departmental orientation (primary care RN) and begin with the nurse educator, discussing facility training expectations, such as BLS, online competencies, and receive an introduction to the population health management tool. On days 4-5, the new RN shadows a primary care RN or certified medical assistant who is available for 1-2 days. If the new RN hire expresses a need for more shadowing, they will return and shadow for week 2. The new primary care RN will then start their own primary care management upon completion of week 2.

Process Analysis

For this project, a cause-and-effect diagram was developed to represent the current RN orientation process and identify areas that may lead to a negative outcome (See Appendix C). The new primary care RN hires do not receive comprehensive clinical orientation after general onboarding, which can lead to inconsistent primary care nursing and population health management. The headers used include Policy, People, Providers, and Processes. Under Policy, the outpatient clinic orientation policy does not align with the Joint Commission's expectations. In addition, there is not a checklist, which could reduce inconsistencies and promote

standardization. The people involved in the primary care RN orientation process include the new RN hire, the acting director of nursing, the nurse educator, available RNs, and certified medical assistants (CMA). While current orientation practice includes RNs shadowing CMAs, this is not appropriate, as RNs are licensed and CMAs are only certified. Therefore, the CMA is not qualified to train the new primary care RN. There is also a lack of trained, designated preceptors, which undermines consistency in the orientation process. The daily practices vary widely in primary care nursing, and the current RN orientation provides new RNs with only a brief glimpse of primary care expectations within a few days. This abbreviated orientation does not cover the considerable breadth and depth of responsibilities that the role of a primary care nurse demand. Finally, it has been reported that some primary care providers have openly expressed frustration and even hostility toward new RN hires when the clinical workflow and patient management do not meet their expectations.

A process map was developed to represent a clear snapshot of the orientation process for the primary care RN hire (See Appendix D). In its current state, the orientation takes anywhere from five to eight days. The new RN hire receives department tours and introductions and is granted access to required online databases to complete assigned competencies. Additionally, they may shadow seasoned nurses in the outpatient department or CMAs who are available. If the new hire 'feels' confident, they are assigned permanent duties by day five to eight. There are several missing orientation topics that would ensure the new hire receives comprehensive orientation and is familiar with the variety of support services. Some of these services include RN care coordination, RN case management, RN purchased referred care case management, tribal diabetes wellness program, tribal public health nurses, and community health representatives, among others. In addition, pre-visit planning best practices should also be shared

with the new hire, so they have a structure to help their primary care team get organized and prepared every morning.

Summary Synthesis of Process Analysis

The facility has made efforts to improve the orientation process for new nursing staff. The nursing educator is the newest addition and has made a significant impact on the overall quality of the orientation and ongoing education of the nursing staff within the past year. This nursing educator has played a pivotal role in establishing a solid foundation for the nursing program. Education topics are reviewed, and competency testing is provided during orientation, quarterly, and annually. Even with the addition of the nurse educator, the orientation process could be improved by increasing the minimum orientation time, defining role clarity for ancillary nursing staff, and offering an assigned preceptor to help the orientee navigate the first four to six weeks of employment at the LFF. The current orientation is too brief, increasing the new primary care RN's vulnerability and potentially hindering the primary care team from reaching its full potential. If staff are not working to their full potential, it can pose a threat to patient safety.

Significance

The nurse who receives an abbreviated orientation, lacking inclusion of the roles and responsibilities of all nursing staff and ancillary/support programs, will struggle to develop effective primary care processes, which may lead to burnout and patient safety events. This can happen simply because the new primary care RN is unaware of, or does not utilize, other programs designed to assist the primary care team and the patient. Burnout and frustration of a new primary care RN that is not mitigated leads to reduced retention rates, RN transitions out of primary care, and a negative cycle that is difficult to overcome that negatively affects patient

care. Sawada et al. (2022) report that in facilities with high nursing staff turnover, patient continuity and quality of care are negatively affected.

Patient safety events secondary to inadequate primary care coordination, can lead to an increase in mortality or morbidity, as the patient can slip through the cracks and not receive the proper care required for specific medical conditions. Beyond patient safety risks, rising healthcare costs and medical debt can cause financial crises.

Costs to the organization secondary to an orientation program that is not optimized include poor morale and high staff turnover Sawada et al. (2022). NSI Nursing Solutions Inc. reports that the cost of RN turnover for a bedside nurse is $61,110, totaling millions of dollars for the average-sized hospital, according to the NSI National Health Care Retention & RN Staffing Report (2025). The organization will suffer the consequences of high turnover, including impacts on the quality of nursing care, the overall physical and mental well-being of nursing staff, and the facility's overall workload and working conditions (Sawada et al. 2022). With the rising cost of healthcare and a nationwide nursing shortage, it is in the organization's best interest to develop orientation programs and processes that foster a culture of open communication, prioritize staff support, and ensure patient safety.

The LFF serves a community facing poverty and limited resources. People in these communities often experience issues like substance use disorders, a lack of adequate food and housing, and higher rates of chronic diseases such as diabetes. Strong orientation programs within the healthcare system can make a significant difference in such areas, since these patients often need coordinated care and regular follow-ups. When the primary care team does not operate effectively, patients miss out on effective coordinated care as well as referrals to

important community support programs. This leads to underused services and many needs in the community remaining unmet.

A significant consequence of the local problem is increasingly frustrated patients who may be lost to follow-up and do not receive the specialty diagnostic workups needed to assist with diagnosis. In addition, some patients play a passive role in their own healthcare and may not persist in ensuring their care plan is followed through by the primary care team. If the primary care team is not organized and does not ensure that systems are in place to track patients, patients may be lost to follow-up and have a poor outcome.

Aim (SMART)

Working with the Acting Director of Nursing at an outpatient primary care clinic, a comprehensive primary care RN orientation program, including a preceptor program, will be developed over the next six months.

Conclusion

The local community and healthcare system encounter notable challenges in recruiting and retaining staff due to the remote location and limited resources. Nevertheless, current employees demonstrate commitment and longevity, consistently striving to address patient needs. Implementing a preceptor program and enhancing the existing orientation process may increase retention rates among newly hired primary care RNs. Furthermore, financial incentives for volunteer RN preceptors could support sustained engagement and retention. With these initiatives, the facility will foster a robust RN workforce, capable of providing comprehensive and effective patient care.

Chapter Two

Chapter two of this scholarly project includes a literature review that explores current research on the importance of orientation, preceptorship, and recruitment and retention in rural and remote primary care settings. The search strategy and the theoretical framework implemented for the scholarly project are both reviewed. A structured orientation, clear roles and responsibilities, and enhanced communication are vital factors that contribute to safe patient care and positive staff satisfaction.

Search Strategy

The Montana State University online library database was used to search and identify appropriate research articles for this scholarly project. The CatSearch function was utilized initially with minimal success. The university research librarian for the College of Nursing assisted with Web of Science and an original list of keywords, including: "orientation," "preceptor," "mentorship," "nurs*," "burnout," and "turnover." Additional search databases used to gather research articles included CINAHL Ultimate and PubMed, within the Montana State University online library. Additional keywords used to narrow the search for articles included: "rural," "remote," "primary care," and "transition."

Research based in the United States was rare during this search, and most articles were from Canada and Australia. Search criteria included articles published within the last five years. Nurses were the primary population queried, although an article directed towards family nurse practitioners was included because the topic was relevant. Outpatient and primary care environments were selected to ensure that the theories and recommendations align with the objectives of the present scholarly project. Due to the limited availability of relevant articles on

remote and primary care nursing, articles on in-hospital preceptorship and community health nurse orientation were included to provide a comprehensive overview. Exclusion criteria eliminated 19 articles, leaving nine for use in the scholarly project.

Theoretical Framework

The Model for Improvement is the theoretical framework guiding this scholarly improvement project (See Appendix E). The Model for Improvement is well known for its simple framework that guides improvement work in clinical systems. Ogrinc et al. (2022) explain that the Model for Improvement has three questions that guide the improvement team as it attempts to accomplish systems improvement.

- **AIM**- What are we trying to accomplish?
- **Measures**- How will we know that change is an improvement?
- **Changes**- What change can we make that will result in improvement?

Ogrinc et al. (2022) further explain that once the above questions are answered, the improvement team can move on to small cycles of change called Plan-Do-Study-Act (PDSA) cycles. The Model for Improvement emphasizes the need for a multidisciplinary team and the use of evidence-based practice to ensure the improvement project has the potential for success and sustainability.

The use of the Model for Improvement will provide a systematic framework for the improvement team to build a foundation for small cycles of change to develop the orientation program, thereby improving patient care and outcomes for the population served.

Search Results

The available literature indicates that when a healthcare facility fails to develop a comprehensive orientation program with support for role identification and management, there is

often a negative impact on nursing staff satisfaction and retention. This scholarly project intends to build on and improve the current orientation program at the LFF. Although orientation is the key driver of change, the literature identifies additional factors that create a working environment conducive to the recruitment and retention of a well-adjusted workforce and a Culture of Safety.

Preceptorship and Mentorship to Support Orientation

Key considerations for nurses during the transition to a new role include adapting from bedside care, which emphasizes task-oriented activities, to primary care positions focused on case management and care coordination. While bedside nurses demonstrate proficiency in critical interventions, shifting into primary care nursing introduces challenges associated with broader responsibilities, such as population health management. In primary care, nurses play an important role in preventing hospital admissions through proactive patient management.

Making a smooth transition for a new graduate RN or a bedside nurse into primary care nursing should be a high priority for the nurse manager and leadership. Klein et al. (2021) make a clear distinction: a preceptor is a facilitator rather than a teacher. That distinction is significant, as it sets the tone for the relationship between the two RNs, which is one of respect and autonomy. Blegen et al. (2015) studied a group of hospitals designated as either high-preceptor-support (HPS) or low-preceptor-support (LPS) hospitals. Findings indicated that to improve competence and retention among new nurses, preceptors should have adequate time, share patient assignments, and have reduced workloads. Ashley et al. (2018a) found that access to a preceptor, ongoing mentor support, a culture of effective communication, and employer support for professional learning were rated highly as key contributors to the succession transition experiences of nurses transitioning from bedside to primary care. They found that responses from transitioning nurses were clear that access to preceptors/mentors was highly beneficial.

Transitions into Rural and Primary Health Care

The recruitment of new graduate nurses into the LFF and into primary care is uncommon but does occur occasionally. Often, new nurses are transitioning from bedside nursing or another discipline. As described earlier, transitioning from skilled direct care nursing to population health and case management can be challenging. The transitioning nurse can feel a loss, as they are not required to intervene with skilled bedside care, but must build a capacity to manage large groups of patients who have a variety of needs for specialty care, diagnostic workups and coordination of care, home care needs, or social/financial resources; the list is extensive (Ashley et al., 2018a). According to Rogers et al. (2025), the role of the rural and remote RN is broad, requiring a wide breadth and depth of skills and knowledge as they care for patients across the lifespan. Given the drastic shift in responsibilities, it is clear that orientation and preceptorship, which support new RN hires, should be a high priority. Ashley et al. (2018b) support this ideology, reporting that a structured orientation program is crucial for successful adaptation and that it provides a supportive environment in which the new RN hire can thrive.

Role Preparation and Ongoing Professional Development

Orientation and preparation for a role transition into primary care nursing are crucial for a successful transition and good patient care. Preceptors, mentorship, and ongoing professional learning are all key to creating a successful transition, and the evidence from the article, Experiences of Registered Nurses Transitioning from Employment in Acute Care to Primary Health Care, by Ashley et al. (2018a), can inform managers, educators, and policymakers in developing high-quality orientation programs. An additional study by Ashley et al. (2018b) emphasizes that well-designed orientation programs and ongoing learning should be prioritized when recruiting and retaining primary healthcare nurses to meet the growing demand.

Professional development through a comprehensive orientation program, along with ongoing educational opportunities, is necessary to support nurses as they adjust to new roles and responsibilities. According to Foley et al. (2021), education is important in easing transition for both new graduates and experienced nurses, and effective orientation and investment in preceptorship programs facilitate adaptation and thriving in new roles.

Barriers and Facilitators to Recruitment and Retention

The discussion surrounding orientation and mentorship leads us to the goal of facilitating successful recruitment and retention at the LFF. How does a small primary care facility located in a rural, underserved community recruit and retain a highly qualified, ambitious, and compassionate nursing workforce?

McCallum et al. (2024) discuss the negative impact of rural marginalization, the complexity of rural/remote nursing, political influences, and the urban majority mindset on nursing shortages. To combat these barriers to recruitment and retention, Moloney et al. (2024) and Ashley et al. (2018b) identify empowering leadership, work-life balance, and professional development as key factors in fostering workplace thriving and retaining a skilled nursing workforce. Moloney et al. (2024) further suggest that organizations should ensure new staff receive well-structured orientations, with sufficient resources to manage their workloads and support experienced nurses in training new staff. In addition, they recommend that managers focus on improving communication, management efficiency, professional development, scope of practice, autonomy, orientation, reward, and work-life balance (Moloney et al., 2018).

Finally, Ashley et al. (2017) report that understanding the experiences of nurses who transition from acute to primary healthcare can inform the design of orientation programs and ongoing professional support to address barriers to retention. Targeted orientation has the

potential to enhance the recruitment and retention of experienced nurses in primary care settings (Ashley et al., 2017).

Summary

This literature review identifies factors involved in transitioning new RN hires into the specialty of primary care nursing with an emphasis on rural/remote work settings. The literature review findings emphasize the importance of a structured orientation, preceptorship/mentorship, ongoing professional development, and support as critical components of positive recruitment and retention efforts. The challenges faced by rural facilities like the LFF include nursing shortages and the need for an expanded skill set that transitions nurses from bedside skills to primary care and population health management. Key categories identified for a positive transition include empowering leadership, effective communication, work-life balance, and a well-resourced orientation program.

Chapter Three

Overview

The purpose of this quality improvement (QI) project is to develop a comprehensive primary care registered nurse (RN) orientation and RN preceptor program within a federal rural primary care facility. The planned intervention is a two-part process: (1) development of a structured primary care RN orientation framework and (2) training RN preceptors to implement the framework consistently. As discussed during the literature review in chapter two, Moloney et al. (2024) suggest that organizations should ensure new staff receive a well-structured orientation, have sufficient resources to manage workloads, and that preceptor RNs receive support during orientation. The implementation of this QI project aims to improve RN role clarity, competence, and retention, as well as improve patient care coordination and safety.

Design of the Quality Improvement Initiative

Project Design

The proposed QI project for a structured primary care RN orientation and preceptor training is clinical in nature and is based at a rural Federal Healthcare Facility. The Model for Improvement will guide the QI Project to ensure a step-by-step, validated framework is used to implement the Plan-Do-Study-Act (PDSA) cycles and to maintain quality measures. To review details of the Model for Improvement, please see chapter two.

Setting, Target Population, and Stakeholders

The QI project will be implemented within the outpatient department (OPD) of a small ambulatory care Federal Healthcare Facility, referred to as the Local Federal Facility (LFF). The LFF provides primary care services to community members in two counties and operates in a rural region of a large, geographically diverse state. In calendar year 2025, the LFF outpatient

department completed 7,615 primary care visits. Essential primary hypertension, type 2 diabetes (DM2) with complications, and severe morbid obesity are the top three primary diagnoses of the active user population and require diligent coordination of care. The target population for this QI project is the newly hired primary care RNs who will be responsible for population health management and the coordination of care for the community they serve. The primary stakeholders include experienced RNs who may serve as preceptors, the nurse educator, the acting director of nursing, and primary care providers. Each stakeholder will support the implementation, sustainability, and credibility of the QI project. The secondary stakeholders include the LFF leadership team and patients. The LFF leadership team may benefit from improved nurse retention, and patients can expect enhanced care coordination, thereby improving patient safety.

Planning the Project Intervention

Identification of the Practice Problem

To identify the appropriate intervention for the proposed QI project, the investigator collaborated closely with the LFF Patient Safety Officer (PSO). The PSO is responsible for receiving patient grievances and staff-submitted patient safety event reports. Each patient's grievance and patient safety event report requires an investigation, which allows the PSO to gain valuable insight into the daily operations and workflow of the primary care teams. Through this collaborative process, the investigator and the PSO identified two specific patient safety events in the past year that directly contributed to delays in care and specialty referrals. In response to these events, Root Cause Analysis and Action (RCA2) was performed, and a full investigation was conducted by the designated RCA2 team for each incident. The RCA2 investigations revealed that the underlying cause of the patient safety events was the absence of clearly defined

roles and responsibilities among primary care RNs, ancillary RNs, and health tech/certified medical assistants. This lack of clarity contributed to inefficiencies and delays in patient care processes. As a corrective action, it was determined that the roles and responsibilities of each nursing staff member must be clearly defined and communicated during comprehensive orientation. This approach aims to ensure that all team members understand their specific duties and to facilitate improved care coordination. Please refer to chapter one for details of the RCA2 framework.

Causal Factor Findings

The investigator used patient grievances, patient safety event reports, RCA2 causal factor information, and microsystem assessments of the facility and the target community to identify the problem and create the QI project. The investigator used the Fishbone Diagram (Appendix C) findings and the current nursing orientation process map (Appendix D) to develop the focus of the QI project.

Challenges

The investigator anticipates several implementation considerations related to current staffing patterns within the nursing department, including the director of nursing position, filled by an acting director of nursing (ADON). The ADON carries extensive responsibility for clinical operations of the LFF and fulfills multiple leadership functions within the organizational structure. As a result, careful planning and prioritization will be essential to integrate the QI project into ongoing operational responsibilities. Incorporating the project in a phased manner and leveraging stakeholder shared leadership may improve the feasibility of implementation. In addition, there may be resistance among current primary care RNs to volunteer as preceptors, as it will increase their time and energy commitment, with financial incentives not guaranteed.

Active stakeholder involvement throughout each phase is expected to enhance buy-in and support successful implementation.

Proposed Implementation Procedures

The primary care RN orientation and preceptorship QI project will require several steps to ensure all stakeholders are engaged and agreeable, and to develop a step-by-step implementation process. The Model for Improvement framework will be used, and the PDSA cycle will be the chosen format for this QI project.

Stakeholder Engagement Strategy

The Planning phase of the initial PDSA cycle begins with stakeholder engagement. Stakeholders include the ADON, nurse educator, primary care providers, experienced primary care RNs, and the PSO to engage early review of the purpose, rationale, and anticipated outcomes of the QI project. The expected outcomes include improved RN role clarity across primary care RN and ancillary care coordination roles, increased confidence and retention, enhanced care coordination, and improved patient safety. To engage stakeholders, the investigator will share de-identified patient safety event reports, patient grievances, and RCA2 investigations. In addition, microsystem assessments and process analysis findings from Chapter One, including the fishbone diagram and the current primary care RN orientation process map, will be reviewed, as they are drivers of change for the QI project.

Development of Orientation Framework

Step two of the QI project focuses on developing a structured primary care RN orientation framework with standardized orientation materials. During this phase, the investigator will collaborate with the ADON, PSO, and nurse educator to ensure the project remains aligned with primary care priorities. The framework will focus on the following:

- Clearly defined roles and responsibilities for primary care RNs vs ancillary RNs
- Standardized processes for daily workflow, coordination of care, population health management, and communication.
- Chronic disease management priorities include hypertension, type two diabetes with complications, morbid obesity, etc.
- Pre-visit planning

This structured approach is intended to promote role clarity, consistency, and safe practices within the primary care clinic. Please see Appendix G for the Primary Care RN Orientation checklist, which will be used to ensure all orientation priorities are met.

Step three includes the procurement and implementation of an established preceptor program called The Montana Online Nurse Preceptor Program, developed by the Montana State University Office of Rural Health for primary care RN preceptor training. The training includes a required coursebook, five learning modules that incorporate the Learning Circle Format, and provide 15 hours of continuing nursing education. Volunteer primary care RNs will be recruited and asked to complete preceptor training. Taking on the responsibility of precepting new primary care RN hires for four to six weeks. Recruitment may be affected by current staffing shortages and existing responsibilities. Leadership has the opportunity to support volunteers by providing administrative time for the virtual preceptor training sessions, which will be held at the LFF during their regular tours of duty. The ADON will adjust staffing for the primary care teams accordingly. In addition, leadership may support preceptor volunteers by offering financial incentives, such as cash awards of up to $5,000 per year, to recognize and support them. The nurse educator will provide oversight of the virtual trainings to provide technical assistance and

serve as a liaison, ensure progression through the trainings is completed at the recommended pace, and provide overall support throughout the training process.

Step four (Do phase of the PDSA) includes implementation of the standardized orientation program for a newly hired primary care RN under the guidance of a trained preceptor. The length of orientation will increase from the current five to eight days to a minimum of four weeks. In this orientation, the new staff member begins with onboarding, then meets the nurse educator to complete online modules and competency evaluations and finally precepts alongside a skilled primary care RN preceptor during daily clinical practice over the initial two weeks. At the start of week three, the orientee will have the opportunity to work directly with the RN case managers, RN care coordinators, and the public health nurses. The orientee will remain with each ancillary department for a minimum of 2 days each to gain insight into their varied roles and responsibilities, as well as hands-on experience. Around week four to five, the orientee will return to the primary care team RN preceptor and continue working with a panel of patients as part of the primary care team. Depending on the orientee's experience and confidence, they may remain with the preceptor for up to 6 to eight weeks as they develop skills in pre-visit planning, population health management, efficient daily workflows, and care coordination. The preceptor will monitor the preceptee's learning needs and provide constructive feedback throughout the orientation. The preceptor will also document successes and challenges to address in ongoing PDSA cycles by utilizing the orientation checklist (See Appendix G).

Evaluation Tool and Outcome Measures

Evaluation of the orientation process (Study phase of the PDSA) includes reviewing preceptor feedback on the implementation of the standardized orientation framework. The preceptor will monitor inconsistencies in the ability to implement the standardized orientation

framework during precepting and report them back to the ADON, nurse educator, and the investigator for modification. The PSO will compare quality reporting from 2025 versus 2026, such as patient safety event reports and patient grievances and monitor trends in frequency and severity of quality reporting. In addition, the LFF has a standardized 'Patient Experience of Care' (PECS) survey, widely available to patients who access care at the LFF (Appendix A and B), which the PSO will monitor for positive or negative trends. Finally, the new RN hire will complete a pre- and post-orientation Nurse Competence Scale (Meretoja et al., 2004), a validated nurse self-assessment and competence measurement tool.

The initial PDSA cycle will span six months to allow for comprehensive implementation. This improvement project comprises multiple elements, including identifying voluntary preceptors who are available to complete the Montana Online Nurse Preceptor Program (Montana online nurse preceptor program, n.d.). This process may require up to six weeks due to varying work schedules. Once the initial PDSA is completed, ongoing evaluation of the QI project will include monitoring data trends every quarter, and follow-up PDSAs will be designed to enhance the orientation process. Over the course of 2026, the goal is to see improvements from 2025 in nurse self-assessment competence scores and PECS scores, and a decrease in patient safety event reports and grievances reflecting poor coordination of care and delays in care.

Summary

Chapter 3 reviewed background information on the LFF and patient safety events that have triggered RCA2 investigations and found that this underscores the need to ensure new primary care RNs receive structured orientation with clearly defined roles and responsibilities. Preceptors will be trained using a structured preceptor program developed specifically for rural

healthcare, which will be key to the success of this QI project. The investigator will monitor the metrics, and PDSA cycles will reflect the necessary changes to ensure improvement. This QI project has the potential to serve as a replicable model for rural federal healthcare facilities seeking to improve RN onboarding, role clarity, and patient safety. Chapter four will outline the QI project results and consider the impact on stakeholders.

Chapter Four

The purpose of this project was to develop a structured primary care RN orientation in a small federal ambulatory healthcare center to improve primary care RN retention and ultimately to improve patient safety. Chapter four reflects a summary of the overall quality improvement project including supporting recommendations from the literature review, a review of the Model for Improvement framework, implementation challenges, and successes, as well as the effect of the project on stakeholders. In addition, the investigator will provide a discussion regarding the correlation between the project and Certified Nurse Leader (CNL) competencies.

QI Project Summary

The investigator completed a microsystem assessment, gaining insight into the patient population, the community's socioeconomic drivers, and the LFF's current nursing vacancy rates. In addition, patient safety reports and grievances from the last calendar year were reviewed to identify trends that tell a story of current patient dissatisfaction and safety issues. The investigator then reviewed two patient safety events that triggered Root Cause Analysis and Action (RCA2) and required corrective action plans to improve primary care RN orientation and role clarity among primary care RNs, RN care coordinators, and RN case managers. Research findings from scientific literature supported the project's purpose of improving primary care RN orientation, thereby enhancing staff satisfaction and retention, as well as patient satisfaction and safety.

The literature review identified consistent evidence that nurses transitioning from acute bedside care to outpatient primary healthcare are challenged by role uncertainty, workload complexity related to population health management, and insufficient preparation, especially in rural and remote settings (Rogers et al., 2025). The literature also indicates that empowering

leadership, effective communication, and ongoing professional development and learning are critical in the transition to primary care, promoting stability in the nursing workforce (Ashley et al., 2018a).

The Model for Improvement guided this QI project in developing and implementing a comprehensive primary care RN orientation program to support new RN hires during their first 6 to 8 weeks of employment. The standardized orientation was designed to clarify roles and responsibilities, provide preceptor training, and improve RN competence and confidence, thereby enhancing care coordination and population health management. The improved RN orientation program positively impacted patient safety and continuity of care while supporting the nursing workforce as it works to meet the complex needs of this high-risk, underserved population.

Discussion

The literature review findings strongly support the concerns identified in the microsystem assessment and process analysis. The outpatient clinic at the LFF is responsible for managing the care of complex patients with significant chronic disease burden and complex social determinants of health, while dealing with persistent staffing challenges. Within this context, the abbreviated orientation process for primary care RNs and the lack of a structured preceptor program place the new RN hires at increased risk for role confusion, poor communication within primary care teams, and compromised care coordination. The literature demonstrates that bolstering systemic improvements in targeted education and training programs that support RNs during role transition to rural healthcare ensures equitable outcomes for both nursing staff and patients (Rogers et al, 2025).

Studies reviewed align with the microsystem challenges related to role transition and expectations in primary care nursing. Ashley et al. (2017, 2018a, 2018b) describe the transition from acute care to primary health care as a significant professional shift that requires support, especially when nurses assume responsibility for population health management and care coordination. In addition, Ashley et al. (2017) emphasize that access to a preceptor, ongoing mentor support, a culture of effective communication, and employer support for professional learning were rated highly as key contributors to the success of transitions from bedside to primary care. Emphasizing the importance of the preceptor's role in orientation, Klein et al. (2021) reports that effective preceptors function as facilitators who support clinical reasoning rather than simply teaching tasks. The current abbreviated orientation at the LFF, with a lack of designated, trained preceptors, reflects a low-preceptor-support environment, which is associated with lower nurse competence and retention (Blegen et al., 2015).

The literature supports the investigator's assertion that a well-designed orientation and preceptor program is a critical patient safety intervention. Foley et al. (2021) and Rogers et al. (2025) emphasize that rural primary care nurses must possess a broad and deep skill set to manage complex patients. As noted in the microsystem assessment and process analysis, when nurses are inadequately prepared for this role, gaps in care coordination and follow-up occur, increasing the risk of delayed diagnosis and unmet needs in an already underserved population. The patient safety events that prompted this project underscore the real-world consequences of these gaps in care.

Conflicts identified during the literature review included a lack of research-based studies in rural/remote areas of the United States and a lack of data on the financial burden of staff turnover in the outpatient setting. These two findings make it somewhat difficult to ensure that

this project's implementation will fit rural America, as the available research comes from a variety of countries, including Canada and Australia, and from hospital-based financial data in more resource-rich environments.

Model for Improvement Framework

The project was implemented in alignment with the Model for Improvement and followed one cycle of Plan-Do-Study-Act. Although the project aligned with the Model for Improvement, implementation was challenging due to the complexity of developing the standardized orientation materials and framework, as well as difficulties obtaining buy-in from experienced RN volunteers for the Montana Online Nurse Preceptor Program. The project required diligence and the ability to manage multiple moving parts, resulting in a nine-month implementation rather than the projected six months. In hindsight, the investigator would have chosen to develop the standardized orientation materials and framework as the first phase. Ensuring adequate time and attention would have been devoted to standardizing this process through multiple PDSA cycles. The orientation materials would be presented to current primary care teams, case managers, and care coordinators to define the expectations for roles and responsibilities in current practice before onboarding new RNs, allowing all stakeholders time to adjust to the new expectations. Phase two would involve recruiting volunteer preceptors and having the volunteers complete the Montana Online Nurse Preceptor Program. Feedback and recommendations from volunteers regarding the virtual training should be considered before implementation. Finally, phase three would be the implementation of the standardized orientation framework by the trained preceptors. Each phase would include multiple cycles of PDSA to ensure a high-quality, comprehensive orientation program was implemented.

Implications and Recommendations

The nursing workforce serves as the backbone of the healthcare industry, providing essential services that support patient care and overall clinical operations. RNs are a vital component of a primary care team and are indispensable. They are responsible for educating patients and managing the daily processes and workflows of their clinics. Coordination of care is another key responsibility, ensuring patients receive the services they need to meet their needs. RNs play a critical role in connecting patients to resources when addressing social determinants of health. Finally, RNs play a critical role in ensuring the execution of individual care plans, including specialty referrals and follow-up appointments.

This project impacts clinical practice by providing role clarity among nursing staff; improving communication among primary care teams, care coordinators, and patients; improving nursing workforce satisfaction and retention; and, finally, leading to an expected long-term improvement in patient safety.

Gaps in the project include the lack of research on orientation and preceptorship in rural America, which limits the investigator's ability to directly correlate the expected benefits of the improvement project. Future research should investigate the direct relationship between orientation and preceptor programs and improved retention, as well as improved patient safety, to support the investigators' improvement project. Improvements to the project could include further investigation into specific reasons RNs leave their primary care roles in this rural LFF. The results could be part of the initial microsystem assessment. Developing a survey for RNs will require Institutional Review Board (IRB) approval, which may take additional time and resources. The survey results would be beneficial to the investigator in continuing the ongoing improvement efforts of the orientation and preceptor program.

Implementation Benefits and Challenges

Chapter three reveals potential barriers the investigator anticipated to the implementation process of the QI project, including low staffing levels in leadership and clinical positions, a burnout environment, and the need for additional time and energy from staff. However, the potential for a $5,000 retention bonus per year will encourage RN preceptor participation. In addition, the Montana Online Nurse Preceptor Program is free to any Montana RN who participates in the program. Once the RN completes the preceptor program, they are eligible for a $300 stipend. Although the $5,000 retention bonuses are a benefit to RN preceptors, these may pose a financial challenge for the LFF. However, improvements to the current orientation process may involve upfront costs; the advantages gained, such as enhanced workforce retention and improved patient safety, are significantly greater. These benefits not only reduce the costs associated with recruiting and replacing RNs but also help minimize the financial strain on patients and the healthcare system.

Conclusion

The improvement project addresses several relevant healthcare issues within the LFF and makes a meaningful, substantive contribution to nursing practice by improving primary care RN satisfaction, competency, and retention. The population that the LFF serves is high-risk with chronic disease and comorbidities, as well as low-resourced, with social determinants of health contributing to negative outcomes. The improvements in the primary care RN orientation and preceptor program development improved patient care coordination, satisfaction, and safety.

CNL Roles

The American Association of Colleges of Nursing (AACN, 2013) sets guidelines and competency expectations for the Clinical Nurse Leader, a master's-educated nurse who is expected to be a leader in healthcare delivery within any healthcare setting and is responsible for

patient care outcomes. The AACN developed nine categories of CNL competencies that, when met, ensure the CNL candidate is knowledgeable and has the capacity to lead improvement efforts grounded in evidence. The primary care RN orientation and preceptor development improvement project required the utilization of the following CNL skills: articulate delivery process, outcomes, and care trends using a variety of media and other communication methods; integrate knowledge about social, political, economic, environmental and historical issues into the analysis of and potential solutions to professional healthcare issues; apply concepts of improvement science and systems theory; assume a leadership role of an interprofessional healthcare team with a focus on the delivery of patient centered care and the evaluation of quality and cost effectiveness across the healthcare continuum; evaluate the efficacy and utility of evidence-based care delivery approaches and their outcomes at the microsystem level; perform a comprehensive microsystem assessment to provide the context for problem identification and action; demonstrate professional and effective communication skills, including verbal, non-verbal, written, and virtual abilities; demonstrate the ability to develop and present a business plan, including a budget, for the implementation of a quality improvement project/initiative; lead change initiatives to decrease or eliminate discrepancies between actual practices and identified standards of care; and design care based on outcome analysis and evidenced to promote safe, timely, effective, efficient, equitable, and patient centered care.

The CNL curriculum and attainment of competencies ensure the development of a highly effective and dynamic leader in any healthcare setting. The CNL is trained to evaluate conditions in a healthcare setting and to drive positive change through evidence-based interventions that benefit both the healthcare workforce and patients.

References

American Association of Colleges of Nursing. (2013). *Competencies and curricular expectations for clinical nurse leader education and practice*: CNL-Competencies-October-2013.pdf

Ashley, C., Brown, A., Halcomb, E., & Peters, K. (2017). Registered nurses transitioning from acute care to primary healthcare employment: A qualitative insight into nurses' experiences. *Journal of Clinical Nursing*, 27(3–4), 661–668. https://doi.org/10.1111/jocn.13984

Ashley C, Halcomb E, Brown A, Peters K. (2018a). Experiences of registered nurses transitioning from employment in acute care to primary health care quantitative findings from a mixed-methods study. *J Clin Nurs*. 27:355–362. https://doi.org/10.1111/jocn.13930

Ashley, C., Peters, K., Brown, A., & Halcomb, E. (2018b). Work satisfaction and future career intentions of experienced nurses transitioning to Primary Health Care Employment. *Journal of Nursing Management*, 26(6), 663–670. https://doi.org/10.1111/jonm.12597 (b)

Blegen, M. A., Spector, N., Ulrich, B. T., Lynn, M. R., Barnsteiner, J., & Silvestre, J. (2015). Preceptor support in hospital transition to practice programs. JONA: *The Journal of Nursing Administration*, 45(12), 642–649. https://doi.org/10.1097/nna.0000000000000278

Census Reporter. (2023). https://censusreporter.org/profiles/25000US2490-northern-cheyenne-indian-reservation-and-off-reservation-trust-land/

Foley, L., Avramidis, P., & Randall, S. (2021). New to the community setting: Nurses' experiences and the importance of orientation. *Australian Journal of Primary Health*, 27(1), 50. https://doi.org/10.1071/py20129

Klein, C. J., Chan, G. K., Pierce, L., Van Keuren-Parent, K., & Cooling, M. (2021). Development of an Advanced Practice Preceptor Evaluation Tool. *Journal of the American Association of Nurse Practitioners*, 33(11), 983–990. https://doi.org/10.1097/jxx.0000000000000501

McCallum, A. M., Vandenberg, H. E., & Penz, K. L. (2024). Help wanted, experience preferred, stamina a must: A narrative review of the contextual factors influencing nursing recruitment and retention in rural and remote Western Canada from the early twentieth century to 2023. *Canadian Journal of Nursing Research*, 56(2), 134–150. https://doi.org/10.1177/08445621231204962

Meretoja R, Isoaho H, Leino-Kilpi H. Nurse competence scale: development and psychometric testing. *J Adv Nurs*. 2004 Jul;47(2):124-33. doi: 10.1111/j.1365-2648.2004.03071.x. PMID: 15196186.

Moloney, W., Cheung, G., & Jacobs, S. (2024). Key elements to support primary healthcare nurses to thrive at work: A mixed-methods sequential explanatory study. *Journal of Advanced Nursing*, 80(9), 3812–3824. https://doi.org/10.1111/jan.16058

Montana online nurse preceptor program. Online Nurse Preceptor Program - Montana Office of Rural Health and Area Health Education Center | Montana State University. (n.d.). https://healthinfo.montana.edu/anew/preceptors/preceptor-program.html

National Patient Safety Foundation. (2016). *RCA2: Improving root cause analyses and actions to prevent harm* (Version 2). National Patient Safety Foundation.

2025 NSI National Health Care Retention & RN Staffing Report. (2025). [National Health Care Retention & RN Staffing]. NSI Nursing Solutions, inc. www.nsinursingsolutions.com

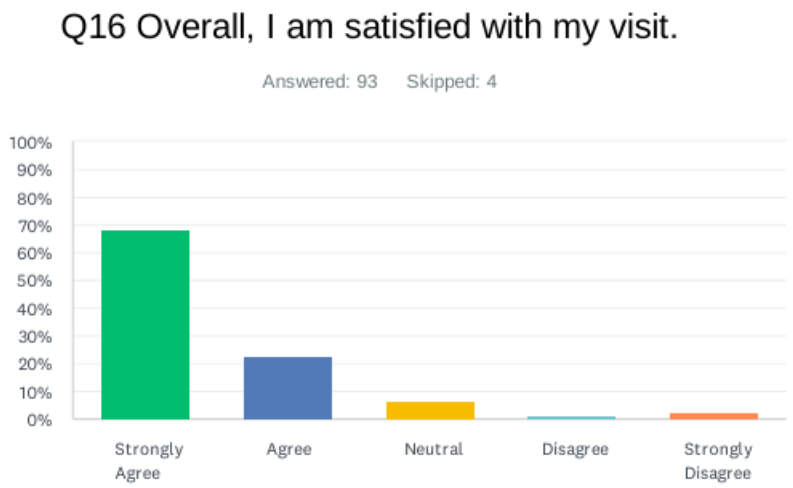
Ogrinc, G. S., Headrick, L., Barton, A. J., Dolansky, M. A., Madigosky, W. S., Miltner, R. S., & Mate, K. (2022). *Fundamentals of Health Care Improvement: A guide to improving your patients' care*. Joint Commission Resources ; Institute for Healthcare Improvement.

https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/26Tables/html/RN.aspx

Rogers, D., Calleja, P., Byrne, A., & Sahay, A. (2025). Exploring the role and skill requirements of registered nurses working in rural and remote areas. A scoping review. *Journal of Clinical Nursing*, 34(8), 3051–3071. https://doi.org/10.1111/jocn.17689

Sawada, S., Takemura, Y., Isobe, T., Koyanagi, H., & Kida, R. (2022). Perceived impact of nurse turnover on the organization: A Delphi study on managers of nursing. *Journal of Nursing Management*, *30*(7), 3168–3177. https://doi.org/10.1111/jonm.13738

Appendix A

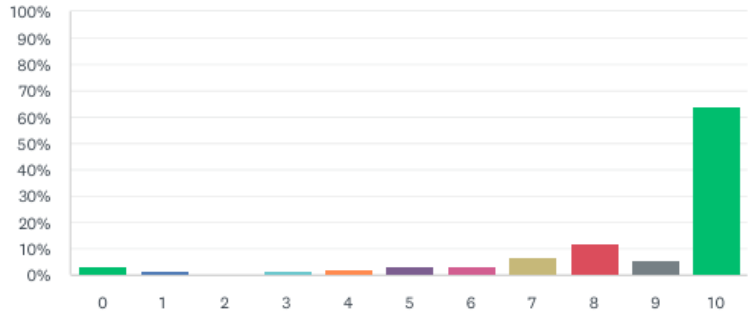


ANSWER CHOICES	RESPONSES	
Strongly Agree	67.74%	63
Agree	22.58%	21
Neutral	6.45%	6
Disagree	1.08%	1
Strongly Disagree	2.15%	2
TOTAL		93

Appendix B

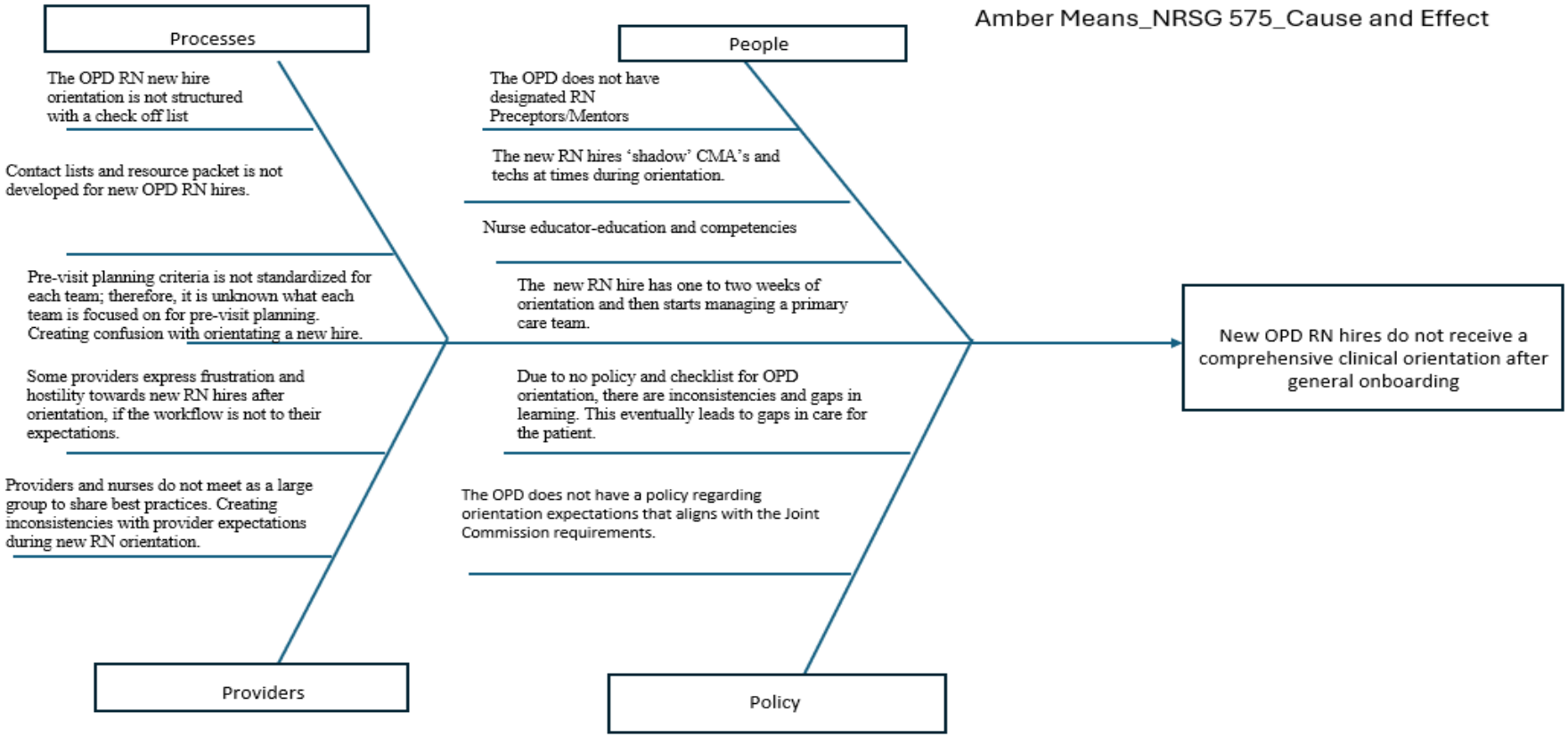
Q15 I would recommend my provider to family and friends. (0 is negative and 10 is best)

Answered: 96 Skipped: 1



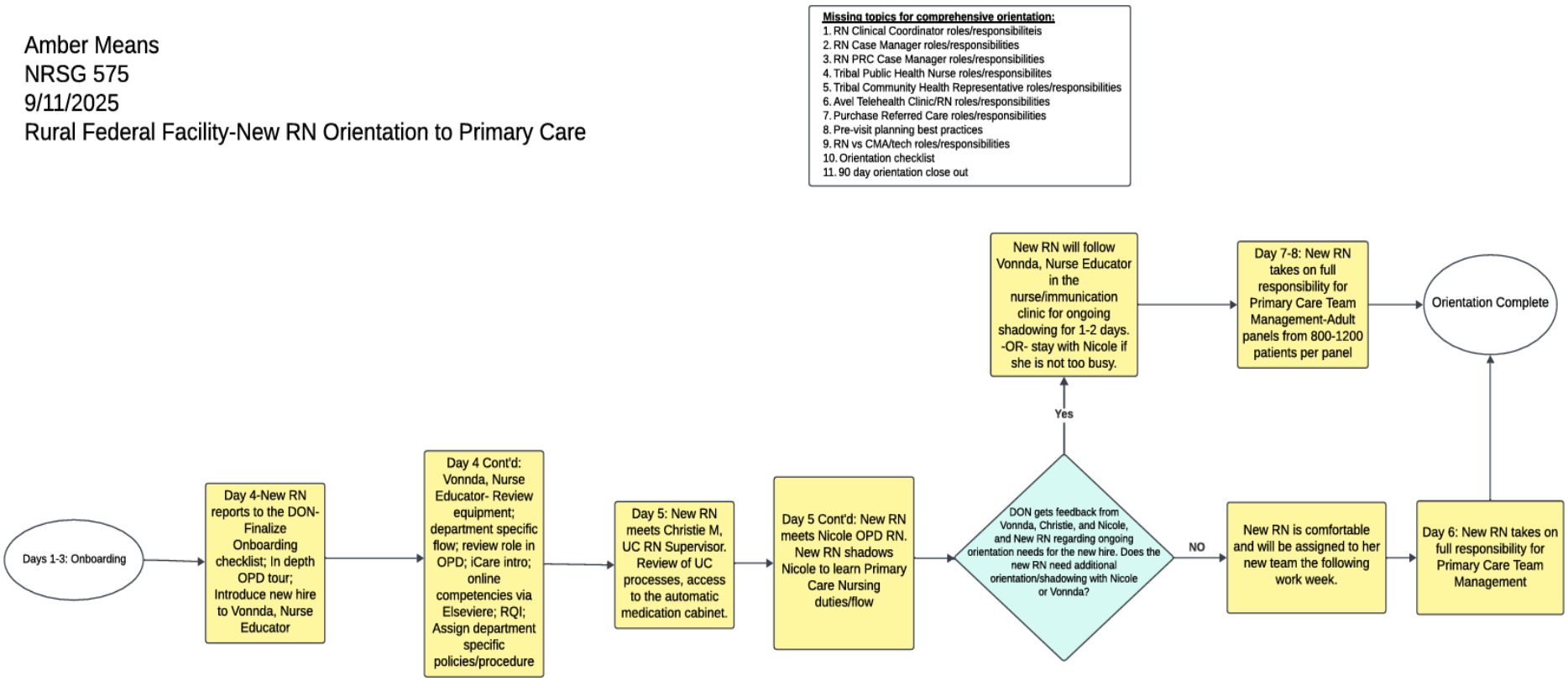
ANSWER CHOICES	RESPONSES	
0	3.13%	3
1	1.04%	1
2	0.00%	0
3	1.04%	1
4	2.08%	2
5	3.13%	3
6	3.13%	3
7	6.25%	6
8	11.46%	11
9	5.21%	5
10	63.54%	61
TOTAL		96

Appendix C

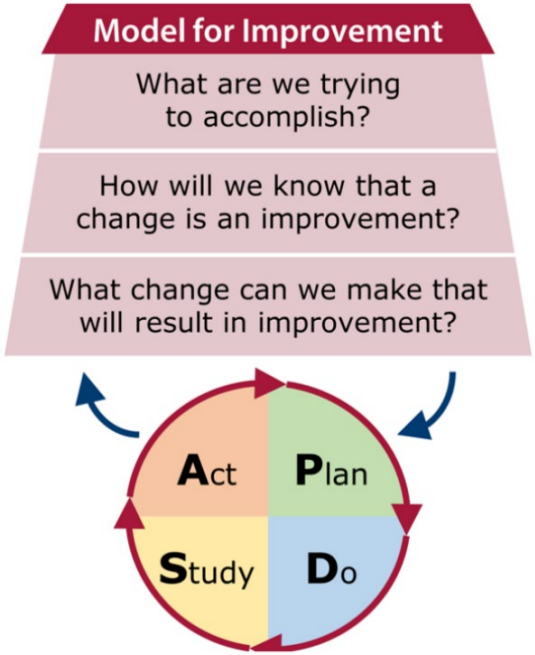

Amber Means_NRSG 575_Cause and Effect
Processes
People
The OPD RN new hire orientation is not structured with a check off list
Contact lists and resource packet is not developed for new OPD RN hires.
Pre-visit planning criteria is not standardized for each team; therefore, it is unknown what each team is focused on for pre-visit planning. Creating confusion with orientating a new hire.
Some providers express frustration and hostility towards new RN hires after orientation, if the workflow is not to their expectations.
Providers and nurses do not meet as a large group to share best practices. Creating inconsistencies with provider expectations during new RN orientation.
The OPD does not have designated RN Preceptors/Mentors
The new RN hires 'shadow' CMA's and techs at times during orientation.
Nurse educator-education and competencies
The new RN hire has one to two weeks of orientation and then starts managing a primary care team.
Due to no policy and checklist for OPD orientation, there are inconsistencies and gaps in learning. This eventually leads to gaps in care for the patient.
The OPD does not have a policy regarding orientation expectations that aligns with the Joint Commission requirements.
New OPD RN hires do not receive a comprehensive clinical orientation after general onboarding
Providers
Policy

Appendix D

Amber Means
NRSG 575
9/11/2025
Rural Federal Facility-New RN Orientation to Primary Care



Appendix E


Model for Improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?
Act
Plan
Study
Do

Appendix F

Full Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Major Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Strength of the Evidence (i.e., level of evidence + quality [study strengths and weaknesses])
Ashley C, Halcomb E, Brown A, Peters K. Experiences of registered nurses transitioning from employment in acute care to primary health care quantitative findings from a mixed-methods	Role theory		111 RNs; Primary care	Transitioning from acute care to PHC	Orientation Experience Access to Support structures Professional Learning and Development Communication and Workplace Culture Transition Outcomes Barriers and Facilitators	Quantitative-survey data Qualitative-interviews	Support measures improve transition	II-B

study. J Clin Nurs. 2018;27:355–362. https://doi.org/10.1111/jocn.13930					**Demographic and Contextual Variables**			
Ashley, C., Brown, A., Halcomb, E., & Peters, K. (2017). Registered nurses transitioning from acute care to primary healthcare employment: A qualitative insight into nurses' experiences. Journal of Clinical Nursing, 27(3–4), 661–668. https://doi.org/10.1111/jocn.13984	**Role theory**	**Qualitative**	**111 RNs Primary Care**	**Transitioning from acute care to primary health care**	**Orientation Experience Access to Support structures Professional Learning and Development Communication and Workplace Culture Transition Outcomes Barriers and Facilitators Demographic and Contextual Variables**	**Semi-structured interviews-thematic analysis**	**Demographics Support Difficulties in Transitioning Adjusting to PHC Making transitions easier**	**III-I**

Ashley, C., Peters, K., Brown, A., & Halcomb, E. (2018). Work satisfaction and future career intentions of experienced nurses transitioning to Primary Health Care Employment. Journal of Nursing Management, 26(6), 663–670. https://doi.org/10.1111/jonm.12597	**Role theory**	**Sequential mixed methods**	**111 RNs; Primary care**	**Transitioning from acute care to PHC**	**Demographics Satisfaction with PHC Reflecting on transitioning Positive experiences Negative and mixed experiences Future career intentions**	**Quantitative-descriptive statistics and qualitative-thematic analysis**	**PHC needs well designed orientation programs to improve retention**	**II-I**
Blegen, M. A., Spector, N., Ulrich, B. T., Lynn, M. R., Barnsteiner, J., & Silvestre, J. (2015). Preceptor support in	**Transition theory**	**Quantitative design**	**82 hospitals in US**	**Preceptor support NLRN competence NLRN retention Preceptor and NLRN**	**HPS vs LPS-classification NLRN-survey competence-survey; Retention rates;**	**Compares HPS vs LPS; retention rates**	**HPS-high competence and retention HPS-86% retention**	**II-C**

hospital transition to practice programs. JONA: The Journal of Nursing Administration, 45(12), 642–649. https://doi.org/10.1097/nna.0000000000000278				**eval of precept exp.**	**Experience-survey**		**vs 80% LPS Preceptors and NLRN rate higher experiences in HPS Time, shared assignments, decreased pt load-better outcomes**	
Foley, L., Avramidis, P., & Randall, S. (2021). New to the community setting: Nurses' experiences and the importance of orientation. Australian	**Phenomenography**	**Descruotuve Qualitative**	**9 PHN/HH**	**Experience Importance of Orientation Facilitators and barriers-adaptation**		**Semi-structured interviews with thematic analysis**	**Orientation, education, investment in preceptorship, improved retention**	**III-I**

Journal of Primary Health, 27(1), 50. https://doi.org/10.1071/py20129								
Klein, C. J., Chan, G. K., Pierce, L., Van Keuren-Parent, K., & Cooling, M. (2021). Development of an Advanced Practice Preceptor Evaluation Tool. Journal of the American Association of Nurse Practitioners, 33(11), 983–990. https://doi.org/10.1097/jxx.0000000000000501	**NA**	**Qualitative-cognitive interviewing methods**	**23 APRN/PA**	**Preceptor Experience-PET**	**Useful tool-feedback for program directors**	**Qualitative analysis-refine PET Descriptive statistics-summary**	**Preceptor=facilitator Tool-measurable feedback Sample size-small**	**III-I**

McCallum, A. M., Vandenberg, H. E., & Penz, K. L. (2024). Help wanted, experience preferred, stamina a must: A narrative review of the contextual factors influencing nursing recruitment and retention in rural and remote Western Canada from the early twentieth century to 2023. Canadian Journal of Nursing Research, 56(2), 134–150. https://doi.org		**Narrative review**	**27 sources of scholarly and historical documents -rural nursing; recruitment and retention/**	**Factors-complexity rural care; R&R challenges; rural marginalization; political influences; urban/rural power imbalances**	**Synthesis-identification of themes**		**Rural nursing shortages -complex RNs raised rural stay rural; Rural focused education +; $ insufficient; systematic change needed; collaboration**	**III-I**

/10.1177/08445621231204962								
Moloney, W., Cheung, G., & Jacobs, S. (2024). Key elements to support primary healthcare nurses to thrive at work: A mixed-methods sequential explanatory study. Journal of Advanced Nursing, 80(9), 3812–3824. https://doi.org/10.1111/jan.16058		**Mixed methods sequential explanatory design- Phase 1 and Phase 2**	**Phase 1- 213 PHC RNs Phase 2- 19 PHC RNs**	**Empowering leadership; perceived organizational support; management strategies Thriving at work; burnout; intention to leave (org/prof)**	**Quantitative- E-survey Qualitative- open ended survey questions**		**Vitality; Learning; Empowering leadership; Organizational support; Rec's: communication, effective management, professional development, scope of practice, autonomy, effective orientation, reward, work-life balance**	**III-I**

Rogers, D., Calleja, P., Byrne, A., & Sahay, A. (2025). Exploring the role and skill requirements of registered nurses working in rural and remote areas. A scoping review. Journal of Clinical Nursing, 34(8), 3051–3071. https://doi.org/10.1111/jocn.17689	**Scoping review**	**Scoping review**	**Studies from: USA, Canada, South Africa, Australia**	**Rural vs metropolitan- role and skill requirements-rural; breadth and depth of skills-rural vs metropolitan; preparedness for rural**	**Thematic synthesis-themes identified**	**Thematic analysis**	**-Skills required in rural; diverse/complex rural Further needs-preparedness, education**	**III-I**
Sawada, S., Takemura, Y., Isobe, T., Koyanagi, H., & Kida, R. (2022). Perceived impact of nurse		**Delphi Study**	**232 nurse managers Japan**	**Impact of nurse turnover Factors-quality of RN care; physical and mental health of**	**Survey items developed-Delphi process 36 items**	**Delphi method Exploratory factor analysis**	**6 factors-assess impact of RN turnover-QOC, staff health, workload**	**III-I**

turnover on the organization: A Delphi Study on managers of Nursing. Journal of Nursing Management, 30(7), 3168–3177. https://doi.org/10.1111/jonm.13738				**nursing staff; workload and conditions; relationships; sense of responsibility; cost and benefit of hiring replacements**			**, relationships, responsibility, cost/benefit**	

PHC-Primary Health Care
HPS-High preceptor support
LPS-Low preceptor support
NLRN-newly licensed RN
R&R-recruitment and retention
PHN/HH-Public Health Nurse/Home Health
PET-Preceptor evaluation tool
Org/prof-Organization/Profession
QOC- Quality of Care

Appendix G

Primary Care Nurse Orientation

Topic	Date Introduced	90-day competency complete-signed off by Nurse Educator/DON
Week 1-Nurse Educator		
MCN Learning: access and required competencies		
Elsevier: access and required competencies		
Up To Date: software access and orientation		
MCN Policy Manager: policy and procedures		
Resuscitation Quality Improvement (RQI): quarterly (BLS/ACLS) requirements		
Quick reference binder: (provided by Nurse Educator) including: • Key contact numbers • Community resources • iCare reports guidelines • Purchase Referred Care (PRC) medical priority levels and regulations • Transportation regulations • Specialty care facilities/locations		
Electronic Health Record (HER)training with Clinical Applications Coordinator (CAC)		
Government Performance and Reports Act (GPRA) benchmark requirements		
GPRA reminders within the EHR		
Primary Care Medical Home (PCMH) standards including: • Social Determinants of Health screening • Referral to community resources • Patient goal setting		
Population Health Tools • iCare access and training • **Primary care panel creation and management including:** • Type 1 and 2 Diabetes • Prediabetes • Chronic kidney disease (by stage) • Hypertension		

Topic	Date Introduced	90-day competency complete-signed off by Nurse Educator/DON
• Cancer (all types) • Age 45 and older • Annual risk stratification • Positive pregnancy status • Obesity and morbid obesity • Suicide ideation or attempt in the last 6 months		
Internal Consult Options • Public Health Nursing • Community Health Representative • Behavioral Health • Podiatry (Diabetes mellitus only) • Physical therapy • Dental • Optometry • Audiology • Case Management • Care Coordination • Mammography • Telemedicine (Rheumatology, Dermatology, Nephrology, Endocrinology, GI/Hepatology) • Nutrition Services • Hepatitis C/HIV • Midwifery		
Purchase Referred Care Referrals (PRC): federal rules and regulations for all specialty referrals and diagnostic services not available locally or via telemedicine		
Weeks 2 and 3-Trained preceptor		
Primary care scheduling ("Moonwalk") • Schedule opens 4 weeks in advance • Appointment types: routine, hospital follow-up, urgent care follow up, empaneled patients only		
Phone Management • Team based call coverage expectations • Voicemails checks at 0800, 1000, 1200, 1400, 1600 • Return calls within 24 hours when possible • Document all calls and attempted contacts in the EHR		

Topic	Date Introduced	90-day competency complete-signed off by Nurse Educator/DON
• Maintain current voicemail greeting; update when out of office		
Pre-visit planning using Nurse Educator provided template (modifiable to team needs)		
One on one precepted workflow training including: • Daily prioritization • GPRA and PCMH requirements • Consult and referral follow up • Population health management • Collaboration with Health Technician for daily clinic flow		
Weeks 4 and 5-Ancillary Nursing Services		
RN Case Manager (2 days) • ESI levels 1-3 follow up • Hospital discharge follow up and care coordination (e.g. durable medical equipment) • Nursing home placemen coordination • Adult protective services liaison • End of life care coordination • Dialysis and oncology patient management		
RN Care Coordinators (2 days) • ESI levels 4-5 follow up • Chronic care management for high needs patients • Interdisciplinary Team Meeting coordination (pediatric and adult high-risk patients)		
PRC Case Manager (2 days) • PRC referrals eligibility review • Verification of required referral documentation • Approval of referrals within medical priority level and third-party coverage • Presentation of complex referrals for weekly provider review • Interfacility transfer coordination		
Public Health Nurse (1 day)- Tribal Program • Community health outreach • Vaccines for children program and lifespan immunizations • Communicable disease control and reporting		

Topic	Date Introduced	90-day competency complete-signed off by Nurse Educator/DON
• Wound care • Medication management • Limited end of life care		
Diabetic Wellness Program (1 day)-Tribal Program • Diabetes Prevention • Diabetes Education • Exercise incentives • Podiatry Clinic		
Week 6 (up to 8 if needed)-Trained Preceptor		
Continued one on one support for: • Schedule management • iCare panel oversight • PRC referrals • Case Management and Care Coordination consults • RN functions independently as Primary Care RN with preceptor support as needed • Transition into assigned primary care team role		

Date orientation complete:

RN Signature: