

FOSTERING NURSE PRECEPTOR PREPAREDNESS:
A QUALITY IMPROVEMENT PROJECT

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Abstract

Nurse preceptors play a critical role in supporting new graduate nurses' transition to competent clinical practice. Many nurse residency programs (NRPs) rely on clinically experienced nurses who lack formal preparation in clinical teaching, resulting in inconsistent training experiences and variable competency development among novice nurses. This quality improvement (QI) project addressed the absence of structured preceptor preparation in an acute care hospital in Montana. Guided by the Plan–Do–Study–Act (PDSA) framework, the project developed a unit-tailored, evidence-based nurse preceptor training curriculum to strengthen preceptor preparedness. The curriculum integrated key competencies in adult learning principles, communication, and leadership, nested within fundamental preceptor roles. Preceptor competency was evaluated using a self-assessment tool. Nurse leaders measured nurse retention rates while supporting project implementation.

Key lessons demonstrated that clinical expertise alone does not ensure teaching competence. Effective preceptorship requires structured preparation, leadership support, and systematic evaluation. Structured preceptor training improved consistency in clinical teaching, enhanced transition-to-practice experiences for new graduate nurses, and supported workforce stability. The project highlighted the Clinical Nurse Leader's essential role in quality clinical education.

Chapter 1

The new graduate nurse feels overwhelmed about leading the station today as the charge nurse. During residency training, the preceptor has left out skills in leadership, collaboration, and communication expected of the charge nurse role. The preceptor single-handedly conducted the practical training with no formal education, minimal guidance, and little input from involved team members. More stories, data, and analysis indicate that the preceptor role is a strong force in establishing quality novice nurse training. Chapter one will analyze the contributing factors to the quality gap in clinical precepting, leading to a guiding purpose.

With over 900,000 registered nurses in the US who completed their residency training in 2022, the preceptor role is critical to building competency among these nurses (National Center for Health Workforce Analysis, 2024). This quality improvement (QI) project examines best practices in designing a unit-tailored preceptor training curriculum to enhance the quality of the nurse residency program (NRP).

Background

The lack of training among nurse preceptors in the nurse residency program leads to inefficient use of learning resources and a mismatch between clinical competency needs and the clinical training received by novice nurses. Currently, preceptors are not required to have any specific training to perform their role, nor are they required to follow a formal training curriculum. Clinical preceptors are expert clinicians but may not be trained educators. Clinical educator competency is vital for their role. After nurse residents finish the NRP, they often realize that there are missing pieces of knowledge, skills, and values crucial to performing their role.

Healthcare Setting

This QI project will take place at an acute care hospital that offers a comprehensive range of secondary and tertiary medical and surgical services to address various healthcare conditions among the residents of north central Montana. The recent organizational growth and service expansion require robust skills training to establish competent healthcare teams. To offer new graduate nurses an organized transition into independent practice, the Education Department leads the NRP. The program, focusing on clinical education, transforms academic learning among new generalist nurses into skills competency for the acute care setting.

Clinical Example

Imagine this scenario: the medical-surgical (MS) unit station operates at full 18-bed capacity under one charge nurse, who is experienced but newly hired (i.e., less than a year with the organization). The charge nurse also precepts the new graduate nurse under the NRP while assuming the direct patient responsibilities. Under time pressure, the charge nurse demonstrates to the nurse resident how to administer intravenous medications. The intravenous medication administration is checked off from the competency list. However, in addition to such technical nursing skills, several other competencies are required to administer medications safely. Does the preceptor provide an opportunity for critical thinking? What other learning opportunities come with administering medications? What guides the preceptorship activity? Without dedicated precepting time and a clear precepting process, the very foundation of safe nursing practice is called into question.

Purpose

The NRP is offered to bridge the transition for novice nurses entering the practice, which employers offer to reduce nurse turnover and improve retention. However, this model relies on

the preparation of the nurse preceptor, who is crucial to the success of the new graduate nurse in the novice role. Without proper education for the preceptor, there is no guarantee for complete and structured training. Therefore, the purpose of this QI project is to improve the NRP through the design of an evidence-based nurse preceptor training curriculum to strengthen nurse preceptor preparedness and self-efficacy.

Population

There are three nurse preceptors on the unit who participate in the NRP. Two of them have been at the facility for less than a year. The nurse preceptors work primarily as staff members in the MS unit and as clinical educators. Nurse preceptors mobilize resources and use their clinical expertise to implement the clinical education portion of the NRP. However, the facility does not provide any professional training in clinical education; therefore, the nurse preceptors are underprepared, as reflected in their low self-efficacy rating. For this QI project, preparedness pertains to knowing and arranging the extrinsic expectations of clinical precepting (e.g. clinical learning objectives). Self-efficacy is the intrinsic view of the preceptor's confidence of their abilities to transition nursing professional competencies (Ulrich et al., 2025).

Professionals

The education coordinator leads the Education Department under the direction of the chief nursing officer. As a full-time staff member, the coordinator plans, implements, and evaluates educational interventions for nursing and ancillary staff for both the hospital and clinic. The nurse residency coordinator works under the education coordinator for staff education and compliance (except for providers), and new employee orientation. The nurse residency coordinator is responsible for student placement and oversees the NRP. The MS unit manager collaborates with the Education Department to select a nurse preceptor and implement the NRP.

The NRP activity primarily takes place in the MS unit. Nurse preceptors work under the direct supervision of the MS unit manager. Although the NRP is not required, new graduate nurses generally will not receive employment offers without going through the program if they have less than a year of clinical experience. The organizational framework (see Appendix A) shows those professionals involved in the NRP.

Process

The flowchart for precepting during patient admission on the MS unit (see Appendix B) outlines an example routine precepting activity. The preceptor, who simultaneously serves as the charge nurse, admits a patient from the emergency department. She performs all the steps and the proper admission process. She shows the nurse residents the steps of admission that flow through the nursing process—a solid clinical precepting activity at first glance.

There are three process improvement areas seen in the precepting process example. Currently, preceptors do not assess the nurse resident's baseline competency before entering the NRP. According to the competency infrastructure requirements of the American Nurses Credentialing Center-Practice Transition Accreditation Program (ANCC-PTAP), baseline competency assessments serve as the basis for role development plans (ANCC, 2024). Secondly, in this example, during the admission process, the preceptor collaborated with the other patients' care team to plan care by delegating some tasks to the certified nursing assistants. The nurse resident, however, had not practiced these intangible nursing skills, including critical thinking in prioritization, collaboration, communication, and leadership. Lastly, the nurse resident had a very memorable experience that day but did not receive any feedback from the preceptor. An ideal precepting process would have included the baseline competency assessment, educational factors, and formative feedback.

Patterns

The current nurse preceptorship needs more leadership oversight. The MS unit manager selects preceptors based on their nursing experience and clinical competence. However, clinical skills, although important, do not equate to clinical education skills. There is no assessment of their skills as educators or mentors, yet preceptors should possess competencies in both clinical and educational roles. In a systematic review by Liu and colleagues (2025), the authors identified 13 desired clinical preceptor competency areas. While unrealistic for the preceptor training to cover all competency areas, the Education Department can select competency areas for the unit-tailored preceptor training curriculum. Additionally, these 13 competency areas may guide the evaluation of a nurse preceptor's competency set.

The nurse residents are adult professional learners with life experience and are licensed generalist nurses. As they begin with the NRP, the nurse preceptors do not formally explore these unique competency profiles, nor do they capitalize on these strengths to create an informed precepting plan and implementation. There is a one-time evaluation conducted after the 6-month NRP that uses the competency checklist and the preceptor's assessment of the nurse resident. The NRP has no other tangible tools to assess or evaluate nurse residents' competencies, and their clinical learning activities depend on the preceptor's choice.

Preceptors are often pulled to work as charge nurses, thereby limiting the attention they can devote to their trainees. Neither the MS unit manager nor the education leaders can implement strict, dedicated time for precepting. Additionally, not all preceptors utilized nursing expertise and resources from other departments to address the specific competency needs of the nurse residents. So far, no academic partners have worked with the Education Department to design or evaluate the NRP.

Process Analysis

The overarching microsystem gap identified a lack of structure in the NRP. The fishbone diagram (see Appendix C) illustrates the microsystem factors contributing to the current problem. The swim lane diagram (see Appendix D) summarizes the key activities of the selected professional groups involved in the current NRP. These tools complete the culture, context, and systems analysis, as well as the process analysis, which establishes a logical basis for identifying the problem.

In the absence of an NRP course consensus, the ANCC (2024) released a guiding document, the “readiness bundle,” that provides details on eligibility components for credentialing quality clinical training programs. The document is used by benchmark institutions with the ANCC-PTAP accreditation with distinction. Examples of these reputable organizations are the Mayo Clinic, Johns Hopkins Medicine, and Children's Healthcare of Atlanta (American Association of Colleges of Nursing [AACN], n.d.).

The PTAP model guided the investigation into the system's gaps. The identified problem was the lack of structured preceptor training in the NRP, which correlates with several elements (see Appendix C). The people category includes the education department leaders who oversee the creation of educational materials. The MS unit manager has little input in selecting competencies. Both leaders confirmed that there was no prior NRP curriculum. These professionals involved voiced their frustrations about the amount of work required to establish NRP quality and delivery plans. The policy area revealed no existing policy on preceptor selection, program evaluation, and proper documentation. In the methods category, there is no evidence-based communication framework, nor internal or external program collaboration. Lastly, the materials area revealed gaps between theory and practice with the current learning

platform. The evaluation process is neglected, with underutilized tools and inadequate documentation.

The swim lane diagram (see Appendix D) summarizes the NRP's key activities and the corresponding professional groups. The nurse preceptor executes the bulk of activities. The nurse preceptors are direct agents in realizing the vision of delivering compassionate, personalized care and imparting nursing skills into the hands of the new staff nurses. Without adequate support from the Education Department or training in executing the duties of a clinical educator and role model, the quality of precepting experience is in jeopardy. This process analysis identified areas for improvement in the clinical education of new staff nurses, stemming from a lack of nurse preceptor competency training.

The clinical education of healthcare workers in the hospital ensures regulatory compliance, but, most importantly, it also helps translate the vision of delivering compassionate, personalized care to all into reality. The nurse preceptors are direct agents in realizing this organizational vision and in imparting nursing skills to new staff nurses. This process analysis identified areas for improvement in the clinical education of new staff nurses, stemming from a lack of nurse preceptor competency training.

Significance

The US Bureau of Labor Statistics (2025) estimated 189,100 yearly job openings for registered nurses in the US over the last decade. The job openings result from the replacement of nurses who have changed occupations or retired. Workforce experts worry about losing nursing knowledge and expertise—the quality, more than the quantity (Shinners et al., 2021). Workforce development, exemplified by the NRP, elevates the quality of the incoming nursing workforce.

The demand for experienced nurse preceptors depends on the volume of new graduate nurses. From approximately 18,000 nurses in 2020, Montana has produced over 2,000 more licensed nurses in 2022, according to the National Council of State Boards of Nursing (NCSBN) survey (Trautman, 2023). About 68% of the total nurses in Montana in 2022 worked full-time in nursing. Major healthcare organizations in Montana have established NRP as an entry-level employment opportunity for nurses, including the Billings Clinic (Billingsclinic.com, n.d.), Benefis Health System (Benefis.org, n.d.), and Logan Health (logan.org, n.d.). The need for qualified preceptors has never been more critical.

New nurses entering the healthcare workforce recognize the need for an NRP, making it a prevailing trend in entry-level practice to address academic-practice gaps among novice nurses (Lee & Sim, 2020). Academic and practice leaders should reframe competency as a continuum that bridges the transition to practice (Tahan et al., 2025). NRPs are crucial links in the continuum of the nursing profession's growth and development, as they provide insights into practice needs that inform curriculum modification in nursing education.

Unwanted labor costs result from high nurse turnover rates and low staff retention. Contract labor, specifically travel nurses, is expensive but remains a top management choice for addressing the nursing shortage (Nursing Solutions Inc., 2025). For every 20 travel RNs prevented, the hospital saves about \$ 1.58 million. The cost of each RN turnover in one year is \$61,110 at the national level. As of September 2025, the hospital's MS unit had contracted nine travel nurses. Since the start of the NRP in 2023, the hospital's 1-year retention rate is 6 out of 9 nurse residents who completed the NRP. To sum it up, the hospital has saved approximately \$366,660. The NRP proved itself to be a cost-saving measure for the organization.

Aim

This project aims to work with the Education Department to develop a preceptor training curriculum that will increase nurse preceptors' self-assessment scores by 30% compared to baseline, using the Mentoring Competency Assessment (MCA) tool by the end of October 2027.

Conclusion

The nurse preceptor role strengthens the development of a confident, competent nursing staff by building knowledge, skills, and values in the new generation of nurses. As clinical educators, they influence the quality of patient care by translating theory into best care practices. Their important role deserves support through adequate training and confidence-building education. Supporting the nurse preceptor role promises better staff retention, maximizes learning resources, and improves healthcare quality.

Chapter 2

In chapter one, a gap in the current nurse residency program (NRP) was identified. Chapter two will use a literature review to highlight the best external evidence for developing a nurse preceptor training curriculum. Guided by the Plan-Do-Study-Act (PDSA) theoretical framework, this chapter will synthesize available literature on clinical precepting to aid in the proposal of a quality improvement (QI) project.

Search Strategy

To locate the most relevant articles for establishing current and foundational knowledge of the topic, this project coordinator searched reputable databases, including Web of Science, PubMed, CINAHL, PsycINFO, and Google Scholar. The primary clinical inquiry followed the population, intervention, control, and outcome (PICO) format: Among nurse preceptors, does preceptor training (compared to no training), improve preceptor preparedness/efficacy? The nursing librarian guided in refining the keywords: precept* training/development/program, nurse/nursing/clinical preceptor, preceptor competency/course/preparedness/efficacy. As the literature search progressed, secondary keywords unfolded, such as precept* impact/outcome/roles/success.

EndNote citation management housed the individual articles. This project coordinator further selected articles using the following inclusion criteria: in English, peer-reviewed, and recent (published not earlier than 2019). By reading the abstracts, some articles were removed for being irrelevant to the main topic or purpose. More than 20 scholarly articles informed the literature review, ranging from systematic reviews, quasi-experimental research, descriptive studies, pilot studies, phenomenological qualitative studies, and secondary sources (e.g., expert opinion, conceptual theories published in books). Randomized controlled trials are considered

the gold standard for intervention studies (Polit & Beck, 2022), but no current RCTs were found in the literature search. Nevertheless, this literature review draws on well-scrutinized articles directly related to the purpose of designing an evidence-based nurse preceptor training curriculum to improve the quality of the NRP. The *Evidence Appraisal* is in Appendix E.

Conceptual/Theoretical Framework

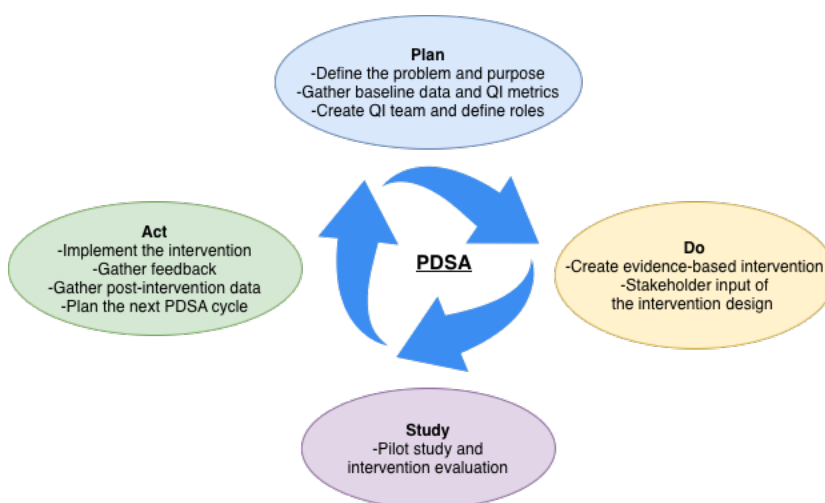


Figure 1

Plan-Do-Study-Act Cycle for Quality Improvement Implementation

The Institute of Healthcare Improvement promotes the Plan-Do-Study-Act (PDSA) cycle as a framework for systematically identifying quality gaps and improving systems of care (Ogrinc et al., 2022). Harnessing the average effects from published scholarly articles provides ideas toward creating evidence-based interventions (Polit & Beck, 2022). In this QI project, the development of a preceptor training curriculum will follow the PDSA format (Figure 1). The PDSA cycle outlines an iterative process of small-scale changes, sensitive to internal evidence from a series of evaluations. Provost and colleagues (2009) referred to the PDSA as an efficient trial-and-error methodology.

The Plan phase should elaborate on communication, outcome measurements, and work details (Provost et al., 2009). In this QI project, the QI team is created to understand specific operational goals, collect pre-intervention data, and define corresponding roles. The QI team will determine the objectives and details on the scope of activities, dates, location, and the initial required resources.

The Do phase will involve applying the intervention on a small scale, documenting observations and feedback, and creating an initial analysis (Ogrinc et al., 2022). The Do phase involves the project coordinator developing an initial, general evidence-based preceptor training curriculum. The education leaders, medical-surgical (MS) unit manager, and quality and risk manager analyze the curriculum content and provide input to modify the curriculum into a more unit-based design.

The Study phase will focus on building knowledge by thoroughly analyzing the test, comparing outcomes with predictions (Provost et al., 2009). During this phase, the pilot study by external experienced nurse preceptors further strengthens the evaluation by enabling assessment of the relevance of course modules to selected precepting competencies and the receipt of feedback on areas needing improvement. The analysis results are expected to inform further course modifications.

The Act phase will determine the decision and objective of the next cycle (Ogrinc et al., 2022). The curriculum is implemented for participating nurse preceptors. The education leaders plan, implement, and evaluate the curriculum. The MS unit manager plans the integrity of unit operations during curriculum implementation. The post-intervention data guide the QI team's evaluation to discern changes for the next PDSA cycle.

The PDSA cycle will be used as part of an iterative process to improve the team's knowledge of the system (Ogrinc et al., 2022). Ogrinc and his team (2022) acknowledge that barriers are common. Still, a good plan anticipates the corresponding strategy to mitigate risks and capture facilitators to success, as discussed in the *Synthesis of Search Results* in this Chapter.

Synthesis of the Search Results

This review aims to capture the scope of the literature on the current trends and standards in nurse preceptor training. The roles of nurse preceptors, elements of successful programs, potential barriers, educational considerations, and the impact of precepting emerged as vital themes that point the way to successful QI plans. The synthesis of this literature applies to the purpose of the QI initiative—the design of an evidence-based nurse preceptor training curriculum.

The Roles of Nurse Preceptors

Understanding the proposed nurse preceptor roles across studies informs the design of the preceptor course. Several studies have aimed to establish a consensus on the role of the preceptor. In a US-based national consensus study by Harper and colleagues (2021), a large sample of 3,623 healthcare preceptors identified 66 preceptor competencies. Based on such a competency profile, Ulrich and colleagues (2025) created a list of seven domains encompassing the many roles of preceptors. They inferred that a preceptor is a competent individual who is key to the professional's transition to their new role. Therefore, a nurse preceptor should demonstrate clinical competencies in a specialty area as a foundational basis for performing mixed roles to train incoming nursing professionals.

The wide variety of nursing specialties and healthcare settings reflects the mixed concepts in the literature regarding the role of the preceptor (Harper et al., 2021; Ulrich, 2019; Ye

et al., 2022). Nevertheless, some common themes have emerged. (See Table 1) A preceptor should act as a role model. Nurse preceptors are ambassadors for both the nursing profession and the healthcare organization (Jönsson et al., 2021). For example, preceptors can serve as frontline mentors of evidence-based practice due to their strong influence on preceptees (Bodine, 2024). Preceptors serve as teachers/coaches. Coaching creates guided reflection across nursing activities, ensures safety during healthcare provision, and supports the understanding of the rationale for nursing actions (Kantar, 2021). The role of an evaluator overlaps with that of a coach. The emphasis as an evaluator is on providing continuous, constructive feedback to motivate competency building (Arnaert et al., 2023). Preceptors are facilitators. Adult learning concept describes the individual's learning style in attaining training objectives, while the preceptor facilitates learning opportunities within the interprofessional clinical setting (Davis, 2024). As a professional nurse, a preceptor prioritizes safe patient care. The protector role extends to ensure quality patient care while assuring a safe learning environment (Camveren et al., 2022). Preceptors know the work environment and culture of their unit. Precepted socialization to organizational policies and the work environment relates to reduced stress for the incoming nurse (Kantar, 2021). Well-socialized nurses are likely to continue working in their unit (Camveren et al., 2022)—a key outcome measure in evaluating NRP success. Lastly, the preceptor functions as a leader/influencer, ensuring that the new nurse adheres to clinical and unit policies (Thompson et al., 2024). The multiple roles the preceptor plays underscore the need for a comprehensive training program to ensure all roles are performed effectively.

7 Roles Domains (Ulrich et al., 2025)	Description from other Articles	Citation
Role model	- Ambassadors for the profession and the organization - EBP mentor	Jönsson et al., 2021 Bodine, 2024

Teacher/Coach	- Guided learning - Teaching styles	Kantar, 2021 McNeil & Konicki, 2021
Evaluator	- Constructive feedback	Arnaert et al., 2023
Facilitator	- Facilitates adult learning	Davis, 2024
Protector	- Safe learning set-up	Camveren et al., 2022
Socialization agent	- Socialization to policies and work culture - Socialized nurses are positive	Kantar, 2021 Camveren et al., 2022
Leader/Influencer	- Influences adherence to healthcare principles	Thompson et al., 2024

Table 1. *Summary of the Nurse Preceptor Roles*

Educational Frameworks

The literature offers various frameworks to guide the development of a preceptor training program. For example, the American Nurses Credentialing Center (ANCC) has developed the Outcome-Based Continuing Education Model (OB-CE Model) to frame preceptors' continuous competency development (Kizner & Graebe, 2024). In the OB-CE Model, the outcomes of clinical learning translate into observable preceptor behaviors. Another framework is Kolb's Experiential Learning Theory, which proposes a continuous and active learning experience to ensure the learner is engaged in activities that promote learning. This framework also suggests that support from the preceptor does not end after the NRP but continues regularly through constant communication with the faculty (McNeil & Alexander, 2024). These preceptor training frameworks drew from the concept of learning as a continuous cycle.

Elements of Successful Preceptor Training Programs

The literature presents multiple perspectives on the factors contributing to the success of preceptor programs. Accepting responsibility for precepting begins with an intrinsic motivation to learn and teach (Arnaert et al., 2023). The art and science of teaching differ from that of

patient care. Clinical expertise does not equate to precepting competence (Katar, 2021), and program success requires key external factors.

Successful programs begin with a competency needs assessment. When Liu and colleagues (2025) reviewed twenty-seven preceptor development programs, all programs developed learning modules based on preceptor competency needs. Some studies suggest competency models based on nurse preceptor surveys. Chan and colleagues (2019) found that preceptors' competency needs were (1) critical thinking, (2) prioritization, (3) teaching techniques, (4) conflict resolution, and (5) teamwork. Knowles et al. (2005) proposed, based on their team's seminal work on adult learning principles, that competency-specific learning, also known as "human resource development," is an adult self-organized process that aligns with organizational directions. Assessing the competency needs of an individual organization will guide the development of a training program that is responsive to the local culture.

Leadership oversight guides preceptors' professional development (Harper et al., 2021; Hong & Yoon, 2021). For example, Kosanke and colleagues (2024) asserted that nurse leaders can create an academic-practice partnership as a resource for continued support among preceptors. Continuous support involves using secondary preceptors to cover unplanned absences, such as those due to sick leave (Failla & Stichler, 2023).

Another factor in program success is structure, as demonstrated by precise objectives. Course learning objectives provide direction for the clinical education plan (McNeil & Konicki, 2021). Objectives can be sourced from evidence-based online precepting tools and accessed quickly through learning modules on a mobile device or computer (Goering, 2024). The elements of preparation, collaboration, and resource availability lay the foundation for program success.

In this literature review, only one article addressed a noteworthy theme: barriers to the preceptor development program. McNeil & Konicki (2021) observed that preceptors viewed the availability and cost of preceptor programs as barriers to their participation. Understanding these barriers is crucial for predicting risks and developing effective countermeasures to ensure successful preceptor training.

Impact of Preceptor Training Programs

The literature has presented varying levels of outcome significance regarding the implementation of preceptor programs. To evaluate the effectiveness of numerous preceptor programs, Liu and colleagues (2025) used Kirkpatrick's Model in their systematic review. According to Kirkpatrick and Kirkpatrick (2016), an intervention can result in a reaction (Level 1), better test scores (Level 2), improved performance (Level 3), and measurable outcomes (Level 4). Level 1 has the least impact, while level 4 has the most. In preceptor training programs, nurse retention and recruitment outcomes are among the most impactful outcomes (Jönssen et al., 2021). However, the preceptor program is only one of the collective forces to bring such organizational goals (Jönssen et al., 2021). Any level of impact still contributes to organizational goals. Several studies have suggested that nurse preceptor training is associated with better preceptor self-assessment of their clinical teaching behavior than experience alone (Chan et al., 2019; Hong & Yoon, 2021; Wong et al., 2022). Self-assessments are the second level of training results (Kirkpatrick & Kirkpatrick, 2016). Even with online preceptor programs, efficacy and satisfaction have increased (Kosanke et al., 2024). Performance evaluation is another way to measure program results. In the study by Failla and Stichler (2023), preceptees rated the preceptor's performance consistently high. Nurses who participated in precepted training have a 93% yearly retention rate, according to Failla and Stichler. For comparison, the

national average for hospital 1st-year retention is approximately 78% (Nursing Solutions Inc., 2025). These kinds of Level III and Level IV training results are desirable. Despite many studies' general focus on short-term results, it is important to view programs with a long-term vision. This literature review, therefore, suggests that the QI project may benefit from collecting diverse baseline data, including self-assessment scores, preceptees' assessments, and current new graduate nurse retention rates.

Summary

The nurse preceptor's role is inherently multifaceted (Harper et al., 2021; Ulrich, 2019; Ye et al., 2022), with success dependent on a variety of interacting influences: individual competence, organizational support, and the quality of preceptor training. With the synthesis of the literature setting the foundational knowledge for the preceptor course, the PDSA framework paves the way to incorporate the unique learning context to redesign the clinical education. Therefore, this QI project emphasizes shared decision-making and dynamic evidence-based methods to develop a nurse preceptor curriculum—a curriculum that listens.

Chapter Three

The purpose of this quality improvement (QI) project is to address the lack of structured preparation for nurse preceptors within the nurse residency program (NRP), which has resulted in inconsistent clinical teaching, underutilized competency development, and variable transition-to-practice outcomes for new graduate nurses. The project aims to strengthen preceptor preparedness and self-efficacy by developing an evidence-based, unit-tailored nurse preceptor training curriculum. Guided by the Plan-Do-Study-Act (PDSA) framework, the plan begins with a needs and baseline competency assessment of current preceptors to identify priority educational gaps that will inform curriculum design. The curriculum will include a targeted training course focused on clinical teaching strategies, communication, leadership, feedback, and clinical learning principles aligned with NRP expectations. Outcomes will be evaluated using pre- and post-training preceptor assessment scores, and formative feedback to guide iterative refinements. Ultimately, this structured approach is intended to improve the quality of the preceptor development and increase nurse retention rate and workforce stability.

Design of the Quality Improvement Initiative

This QI project is educational in nature and focuses on developing, implementing, and evaluating a structured nurse preceptor training curriculum. The primary intervention is an evidence-based training curriculum designed to improve preceptors' knowledge, skills, and self-efficacy in clinical teaching, aligned with the NRP's identified learning needs. Curriculum refinement will be conducted based on pilot testing and preceptor evaluation. The PDSA cycle will guide the development and implementation of the curriculum.

Setting and Target Population

The setting for this QI project is the medical-surgical (MS) unit of the acute care hospital in Great Falls, Montana, as discussed in Chapter One, under *Healthcare Setting*. The target population includes three staff nurses working on the 18-bed MS unit who are currently serving as preceptors or have prior experience in precepting nurse residents, staff nurse orientees, and even student nurses—collectively referred to as the preceptees. The NRP is currently offered exclusively within the MS unit, making it the primary microsystem of this QI project.

Stakeholders

As an educational initiative, the preceptor training curriculum is designed to directly benefit nurse preceptors and the preceptees. Indirect beneficiaries and project contributors include the MS unit manager, education leaders, human resources personnel, and the quality and risk manager. The healthcare providers and, most importantly, the patients and their families, are also indirect beneficiaries. Through improved preceptor preparedness, this project will primarily contribute to consistent clinical education, enhanced transition-to-practice experiences, and strengthened nurse retention. Quality-trained nurses provide safe, high-quality patient care.

Planning the Project Intervention

Planning involves several individuals. Individuals to serve on the QI team, identified in the microsystem analysis, represent the MS unit, the education department, quality and risk management, and the human resources department. The team will be led by the project coordinator. The QI team is responsible for collecting project-related data, designing the preceptor training curriculum, ensuring successful implementation, evaluating areas for improvement, and ensuring project continuity and growth. The iterative planning follows the PDSA cycle as outlined in Figure 1 of Chapter 2—*Conceptual/Theoretical Framework*. Previous

chapters shaped this unique intervention plan, which draws on leadership, QI concepts, and systems thinking.

PDSA Cycle

This educational QI project will employ the PDSA cycle to systematically design, test, evaluate, and refine an evidence-based nurse preceptor training curriculum. Through trial-and-error, an initial general, evidence-based preceptor curriculum evolves into a unique practice-based training curriculum. Multi-phase stakeholder evaluation and outcome measures will inform a unit-tailored and dynamic training curriculum.

The Plan phase revealed the NRP's structural and process gaps contributing to inconsistent precepting practices. Existing internal analyses—including organizational framework, process flowcharts, and fishbone diagrams (see Appendices A-C)—illuminated those gaps in current precepting activities, role expectations, documentation practices, and feedback mechanisms. These structural gaps established the need for a dedicated QI team to undertake the project. To determine the baseline preceptor knowledge and competency, the QI team will administer the Mentoring Competency Assessment (MCA) tool (Appendix G). This validated, psychometrically reliable instrument quantifies preceptor preparedness and self-efficacy using a 7-point Likert scale across 26 competency items (University of Wisconsin-Madison for Clinical and Translational Research, 2013). Nurse preceptors will complete the MCA before and after participation in the training program. Education leaders will collect, track, and document MCA scores, providing quantifiable evidence of changes in preceptor competency. Given the anticipated impact of the preceptor curriculum on nurse retention, as supported in Chapter 2, baseline retention data will also be collected among new graduate nurses who completed the NRP.

During the Do phase, the project coordinator and education leaders will draft the preceptor training curriculum. The curriculum development is oriented to broad preceptor competencies, referred to as the *Seven Precepting Role Domains*, as proposed by Ulrich and colleagues (2025). The course objectives, resources, and other curriculum components align with these role domains, which serve as the foundation for specific precepting competencies. The proposed course covers the six modules (in Table 2 below) that operationalize into specific precepting competencies. Using the MCA results, education leaders will revise the curriculum by incorporating identified competency needs among current preceptors. Finally, the MS unit manager and the quality and risk manager will add final input to the curriculum design. By the end of this phase, the QI team will reach consensus on the preceptor training curriculum.

Seven Precepting Roles Domains (Ulrich et al., 2025)	Precepting Modules (Ulrich, 2024)
Role model	1. The preceptor role and foundations of precepting
Teacher/Coach	2. Precepting Strategies
Evaluator	3. Having a Plan
Facilitator	4. Communication
Protector	5. Precepting Specific Learner Population
Socialization agent	6. Pragmatics of Precepting
Leader/Influencer	

Table 2. *Seven Precepting Role Domains and Six Course Modules*

In the Study phase, three external experienced nurse preceptors from other Montana-based healthcare facilities (e.g., Billings Clinic) will participate in a small-scale pilot test to evaluate the proposed preceptor training curriculum. The project coordinator and education leaders will network to identify and recruit these external experienced preceptors. A stipend (see Budget in Appendix I) will be provided for their participation. The QI team will seek feedback on the complete curriculum using a SWOT (strengths, weaknesses, opportunities, and threats) analysis. Curriculum content, didactic methods, and supporting tools (e.g., anecdotal or formative

feedback forms) will be modified based on participant input. This feedback will guide final curriculum refinement and inform needed structural support, feasibility considerations, and processes for continuous evaluation.

During the Act phase, the preceptor training curriculum will be implemented. The three nurse preceptor participants will be given three weeks to complete the online portion consisting of six modules. Completion of the online modules enables participation in the four-hour in-person class. The MS unit manager will ensure staffing integrity of the MS unit during the live session. The education leaders will prepare, teach, and collect evaluation data immediately after the class. Evaluation data will include MCA scores and course evaluations. At six-month intervals, nurse retention rates will be obtained from human resources department to estimate the effects of a streamlined preceptor program. The education leaders will maintain documentation of these QI metrics and qualitative feedback, which the QI team will review and discuss for program evaluation. Based on these findings, the curriculum will be further refined, and the QI team will plan the next PDSA cycle.

Complications/Barriers

Complications may arise from staffing shortages and limited resources within the MS unit. For example, if managers allow preceptors to attend the in-person portion of the training, they must ensure adequate staffing coverage to maintain unit operations during the preceptor's absence. Additionally, the facility has experienced rapid turnover among unit managers, which may disrupt project implementation, continuity, and sustained support for the initiative.

Proposed Implementation Procedures

This implementation procedure elaborates on the preceptor training course and evaluation process. Current nurse preceptors are identified by the MS unit manager based on observable

clinical competence, unit experience (minimum of one year), and willingness to assume preceptor roles and responsibilities. These individuals are the three nurse preceptor participants described in the *Setting and Target Population* (Chapter 3).

The course is a hybrid preceptor training program combining online and in-person components. The online training includes six interactive, self-paced modules, each one hour in length, completed over three weeks. Completion of all online modules is required prior to attending the in-person session. The in-person component consists of a four-hour classroom-based training led by an education department instructor and includes both teaching and evaluation. The education leaders will secure a training room, prepare learning resources, and facilitate classroom exercises. The MS unit manager will ensure adequate staffing coverage during training days. Immediately after training, preceptors will complete the MCA tool and a course evaluation. The education leaders will update the current six-month nurse retention rate. Results will be shared with key stakeholders, and findings will inform the next PDSA cycle following initial implementation. The education leader will track, summarize, and disseminate the program's progress.

The reputable resource guides the creation of course content—*Mastering Precepting, 3rd Edition* (Ulrich, 2024). The six selected course modules (Table 2, Chapter 3) cover universal precepting topics applicable across various settings and preceptee populations. The in-person class allows for the exchange of preceptor ideas and the application of previously learned concepts into organizational precepting practice. The class instructor, also the education leader, intentionally selects activities that resemble real-life precepting and uses available clinical teaching resources.

Timeline

In October 2025, the project coordinator investigated and described the microsystem gaps as discussed in Chapter 1. By April 2026, the QI team will be created and will conduct pre-training data collection in the MS unit (i.e., MCA scores and new graduate nurse retention). After baseline QI metrics are collected, the project coordinator and education leaders will create an evidence-based preceptor training curriculum, which will be evaluated by other QI team members. The curriculum development, with input from the multidisciplinary QI team, takes most of the time from May 2026 to February 2027. By June 2027, a curriculum will be ready for a small-scale pilot study. The post-training evaluation and course refinement will commence by October 2027. The QI project implementation began in October 2025 and is expected to end by October 2027 (see Appendix H), consistent with the SMART aim.

Budget

The budget computation includes expenses for the total of 10 course hours that participant preceptors spend completing. The average hourly base pay of nurse preceptors varies by experience, specialty, and unique role. For this computation, the average hourly rate is \$40/hour. Both the education leaders and the MS unit manager receive their salaries and have no extra pay. Office expenses include books, printing, paper, and classroom materials, which are already available. Electricity and other bills are also available resources. The budget computation (see Appendix I) presents the details in tabular form. The total cost to implement this QI project is about 1,950 US dollars.

Evaluation Tool and Outcome Measures

The project evaluation of the preceptor training curriculum includes both quantifiable outcomes and qualitative data from key stakeholders. The MCA is the primary tool used for pre-

and post-training surveys among preceptors. A paired t-test will determine whether the difference in MCA mean scores is statistically significant. In addition to completing the MCA questionnaire, the instructor of the in-person classes will note additional feedback from the nurse preceptors and will be counted as qualitative feedback—an additional outcome measure. In the clinical setting, the MS unit manager observes and seeks preceptee feedback regarding the clinical precepting experience as qualitative evaluation data. The six-month nurse retention rate is a continuous data point that the human resources personnel provide as another primary outcome. The project coordinator and education leader gather, track, and disseminate the documentation of the QI initiative's overall outcomes.

As mentioned in Chapter 2, under *Impact of Preceptor Training Programs*, Kirkpatrick's Four Levels of Training Evaluation will be used in this program evaluation (Kirkpatrick & Kirkpatrick, 2016). Higher MCA test scores correspond to Kirkpatrick's Level II (learning), while Level III (behavior) will be measured through preceptees' and MS unit manager's feedback. Level IV (results) will be evaluated every six months through the new graduate nurse retention data. While these data will not be available as quickly as other data, they will demonstrate whether the preceptor training program produces long-term results. Based on the expectation that new graduate nurse retention rates will improve with a streamlined preceptor program, the team will collect retention rates every six months. Special attention is given to nurse retention among NRP graduates because they are directly involved with the trained preceptors. Although many factors influence nurse retention, quality training among nurse preceptors may support higher MCA scores and longer employment relationships with the organization. In the *Impacts of Preceptor Training Programs* (Chapter 2), evidence suggests a strong correlation between quality preceptor training and positive preceptor behavior evaluations

and a high retention rate among new nurses (Failla & Stichler, 2023). Lastly, external factors, such as relocation or health issues, should be considered when evaluating outcome measures.

Summary

Chapter three presented the development of a structured, evidence-based preceptor training curriculum, including pre-training preparations, a concrete implementation plan, and post-training evaluation, all guided by the PDSA cycle. Using baseline MCA scores, stakeholder input, and nurse retention data, the project designs, pilots, and refines a hybrid preceptor training curriculum. The key stakeholders align these components within timelines and an allotted budget. Evaluated through Kirkpatrick's Model, the QI project will quantify microsystem impact and will inspire continuous improvement. This section has reestablished the methodology's interdisciplinary and iterative nature.

Chapter Four

Previous chapters identified quality gaps in the precepting structure using established nurse residency program (NRP) frameworks and a thorough review of the current literature. These steps helped define the purpose—to establish structured preceptor preparation to facilitate the NRP's success. The methodology was informed by microsystem needs, resources available, and stakeholder input. This chapter summarizes the quality improvement (QI) project, presents key findings, highlights implications, and recommends details in implementing the preceptor training curriculum that aligns with the NRP.

Quality Improvement Project Summary

To strengthen the quality of the NRP, this QI project addressed structural improvement in the nurse preceptor preparation. The project began with a comprehensive microsystem assessment of the NRP, which identified a significant quality gap: the lack of structured preparation for nurse preceptors, resulting in incomplete and variable nurse residency outcomes. The purpose of this QI initiative was to enhance NRP outcomes by developing and implementing a unit-tailored, evidence-based preceptor training curriculum. The significance of this project was demonstrated by its potential financial benefits and its proactive contribution to addressing the projected nursing workforce crisis.

Consulting the literature revealed a plethora of preceptor competencies aligned with Ulrich's seven preceptor role domains (see Table 1, Chapter 2), which guided the curriculum design. Key implementation elements within the Plan-Do-Study-Act (PDSA) framework laid the groundwork for a realistic QI plan and intervention. Further synthesis of the literature demonstrated that structured preceptor education improves preceptor self-efficacy as an immediate outcome (Chan et al., 2019; Failla & Stichler, 2023; Hong & Yoon, 2021; Wong et

al., 2022). Preceptor self-efficacy pertains to the nurse preceptor's confidence in their ability to effectively facilitate a learner's transition to competent professional practice (Ulrich et al., 2025). In other studies, structured education demonstrated longer-lasting impact in clinical teaching and better nurse retention outcomes (Failla & Stichler, 2023). Outcomes were evaluated using Kirkpatrick's Levels of Training Evaluation, incorporating preceptor self-assessment, participant feedback, and longitudinal monitoring of nurse retention (Kirkpatrick & Kirkpatrick, 2016). Through structured systems assessment, evidence synthesis, stakeholder engagement, and the design of measurable interventions, this project operationalized the Clinical Nurse Leader (CNL) role to advance quality healthcare delivery at the system level. Therefore, a tailored preceptor training curriculum was developed and will be implemented in the medical-surgical (MS) unit to enhance the quality of NRP, improve staff satisfaction, and ensure workforce stability.

The methodological approach was guided by the PDSA framework, which incorporates best evidence to the MS unit's needs, available resources, and stakeholder input. For example, the QI team evaluated project impact using nurse retention rate as the longitudinal primary outcome measure, a metric that the education leaders have been tracking. Therefore, the project plan included tracking nurse retention rates every six months. Best evidence and stakeholder input merged to develop a cohesive SMART aim that aligns with the project's purpose.

Discussion

The literature review revealed several findings that both strengthened and challenged initial assumptions about preceptor development. One notable insight was that many successful preceptor programs extended beyond isolated educational sessions and incorporated system-level supports such as leadership engagement, enabling workload adjustments, and protected teaching time (Harper et al., 2021; Hong & Yoon, 2021; Kosanke et al., 2024). This finding strengthened

the idea of the current project as a collaborative and interdisciplinary effort. Education alone may not fully resolve variability in precepting outcomes without parallel system support. Initial assumptions regarding the preceptor role focused on clinical teaching and modeling clinical competence within the immediate specialty unit. In examining the nurse preceptor roles, as discussed in *The Roles of Nurse Preceptors* (see Chapter 1), Ulrich's seven role domains in precepting encompass a comprehensive range of preceptor roles and competencies (Ulrich et al., 2025). Individual studies confirm specific competencies under the seven role domains (Arnaert et al., 2023; Bodine, 2024; Camveren et al., 2022; Davis, 2024; Jönsson et al., 2021; Kantar, 2021; McNeil & Konicki, 2021; Thompson et al., 2024). Precepting encompasses a broader range of roles, and each role must be defined and taught to prospective preceptors, including effective precepting preparation beyond clinical expertise alone. Beyond the scope of the six-month NRP, the preceptor's role must focus on continuous competency development and refinement (Kizner & Graebe, 2024; McNeil & Alexander, 2024). Nurse preceptors gain hands-on experience with preceptees and valuable insights for NRP's evaluation and continuous improvement.

Another unexpected finding was the diversity of evaluation strategies used in preceptor training studies. Some research relied primarily on participant satisfaction or knowledge testing after the preceptor training (Chan et al., 2019; Hong & Yoon, 2021; Wong et al., 2022). In contrast, a longitudinal research design measured behavioral changes and retention outcomes (Failla & Stichler, 2023). Therefore, the evaluation plan adopts Kirkpatrick's multidimensional training evaluation framework rather than relying solely on preceptor self-assessment. The inclusion of preceptee evaluations and longitudinal retention rate monitoring strengthened the proposed evaluation plan and aligned the project with outcome-driven systems thinking. The

education leaders expressed support for such outcome metrics. Leadership oversight and systematic evaluation ensure continuous process improvement.

The theoretical framework guiding the project's implementation—the PDSA cycle—aligns well with the curriculum's iterative design and contextual adaptation. The needs assessment informed the “Plan” phase, curriculum development occurred during “Do,” and the pilot testing occurred during “Study.” The anticipated use of feedback and structured evaluation, guided by Kirkpatrick's Model, to refine subsequent iterations reflects the “Act” phase (Kirkpatrick & Kirkpatrick, 2016). However, if evaluation remains limited to short-term perceptual outcomes rather than measurable behavioral and organizational changes, the QI team cannot justify allocating resources to this project. Improvement will require continuous data monitoring and iterative refinement beyond the initial implementation period, underscoring the need for ongoing leadership oversight once more.

Benefits of implementation of this QI project include enhanced preceptor self-efficacy, improved consistency in clinical teaching, stronger transition experiences for new graduate nurses, and potential improvements in nurse retention and workforce stability. The structured training curriculum may also enhance preceptor accountability, role clarity, and alignment with organizational and professional standards of practice. The challenges include competing clinical demands and limited preceptor engagement. Limited protected time for clinical education could reduce implementation fidelity. Sustainability may be threatened by frequent staff turnover (including leadership turnover), staffing shortages, or limited organizational resources. Additionally, improvements in retention may be influenced by external variables beyond preceptor training, causing ambiguity of the direct link between the intervention and long-term outcomes. Despite these potential challenges, the structured integration of evidence, stakeholder

engagement, and iterative evaluation positions the project to advance microsystem-level QI. The anticipated outcomes and identified risks demonstrate thoughtful alignment between theory, evidence, and feasibility within the MS unit setting.

Implications and Recommendations

The preceptor training curriculum ensures consistency in clinical teaching practices within the NRP. The net effects of an implemented training program are well-prepared, confident preceptors who will implement standards in clinical education to oversee novice nurses' professional preparation for their roles in the MS unit. Preceptors are ambassadors of the MS unit manager's desired care standards and the education leader's clinical education standards. Additionally, nurse preceptors will contribute to the future development and refinement of the NRP, and novice role training based on their first-hand experience with novice nurses.

Gaps in training outcomes stem from the current, experience-based freelance format for preceptors in the NRP, leading to incomplete and non-evidence-based practices in clinical education. Minimal leadership oversight led to unclear directions, and limited feedback and evaluation of the NRP's outcomes. Growth in clinical competency and quality of care stems not from settling for the status quo but from incorporating improvement opportunities into nursing practice.

On the other hand, preceptor training curriculum formally includes delegating key tasks outlined in the seven role domains for precepting (Ulrich et al., 2025). Integrating these roles into planning precepting activities is expected to enhance preceptor preparedness and self-efficacy, and workforce stability through new graduate nurse retention. The NRP improves with a better precepting process and preceptee outcomes. Clinical education becomes more evidence-based and complete. New nurses are better prepared, more satisfied with their role, and intend to stay

with the company. To evaluate the primary effects of the preceptor training curriculum in the MS unit, monitoring of new graduate nurses' retention rates is recommended.

Conclusion

A strong nursing workforce is at the forefront of delivering quality, safe healthcare. Preceptor training transposes this impact through the hands of other nurses while maintaining up-to-date skills and evidence in daily practice. Preceptors bridge the gap between knowledge and practice at the bedside and serve as agents in adhering to system-level changes and in adjusting to the demands of population health.

The proposed methods make preceptor training easy for active preceptors to complete without taking extensive time away from existing work. The MS unit manager and the education leaders are key stakeholders to ensure the implementation and evaluation of the project. These methods are deliberately chosen for their ease of implementation and for directly harnessing measurable outcomes among the target preceptors.

As part of the CNL role, this curriculum was designed through multiple processes that encompassed *AACN Clinical Leader Competencies*, particularly in QI and safety, systems leadership, and evidence translation to practice (AACN, 2025). Through structured microsystem assessment, evidence synthesis, stakeholder engagement, and measurable intervention design, the project exemplified the CNL's role in advancing quality and workforce development within the starting microsystem (i.e., MS unit), with the potential to be replicated in wider, more complex healthcare systems. This project has exemplified how the CNL drives improvement in the healthcare delivery systems in a scientific, cyclical, and replicable fashion. From identifying the NRP's process gap to implementing the preceptor training curriculum and evaluating results, leadership support is a structural necessity, and the CNL fills this necessity at the point of patient

care. The CNLs' frontline insight into healthcare delivery, integrated with system-level thinking, produces contextual and sustainable improvements that ultimately enhance patient safety. In summary, this QI initiative demonstrates that a structurally supported, evidence-based preceptor training curriculum—grounded in systems thinking, iterative evaluation, and preceptor competencies—provides a sustainable mechanism to strengthen preceptor preparedness, enhance nurse residency outcomes, and advance microsystem-level workforce stability and quality performance.

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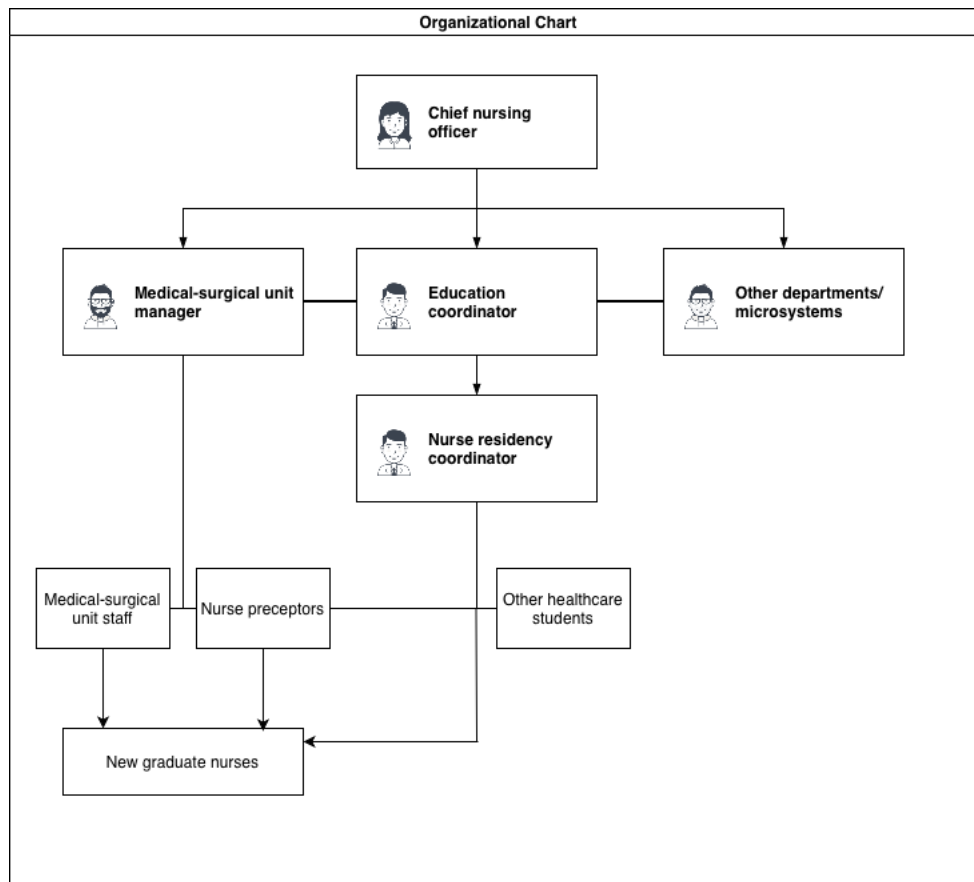
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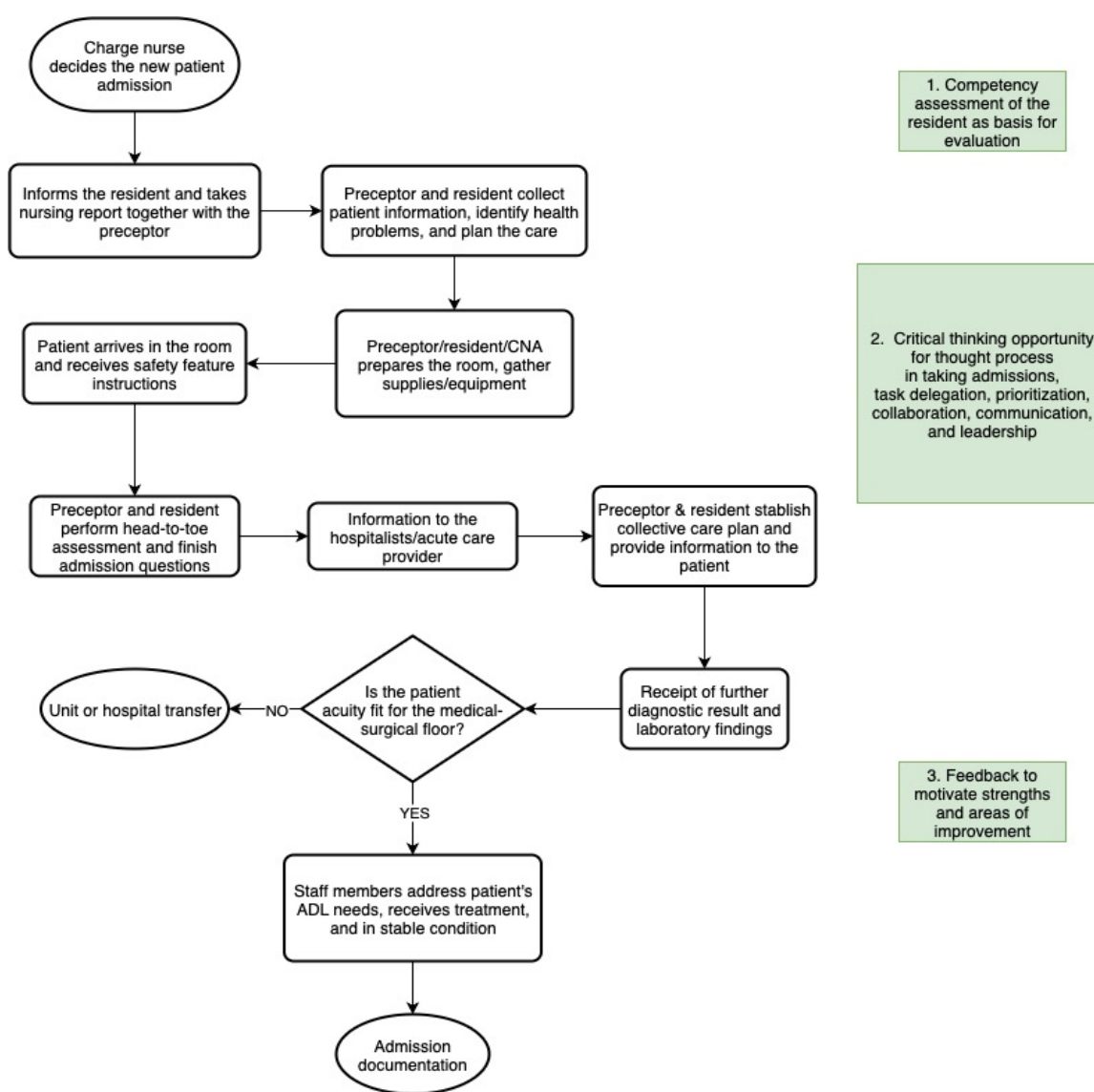
Appendix A

Organizational Framework



Appendix B

Flowchart: Precepting during Patient Admission in the Medical-Surgical Unit



Legend:

Change Opportunity

Resident- the nurse resident

Preceptor- the nurse preceptor

CNA- certified nursing assistant

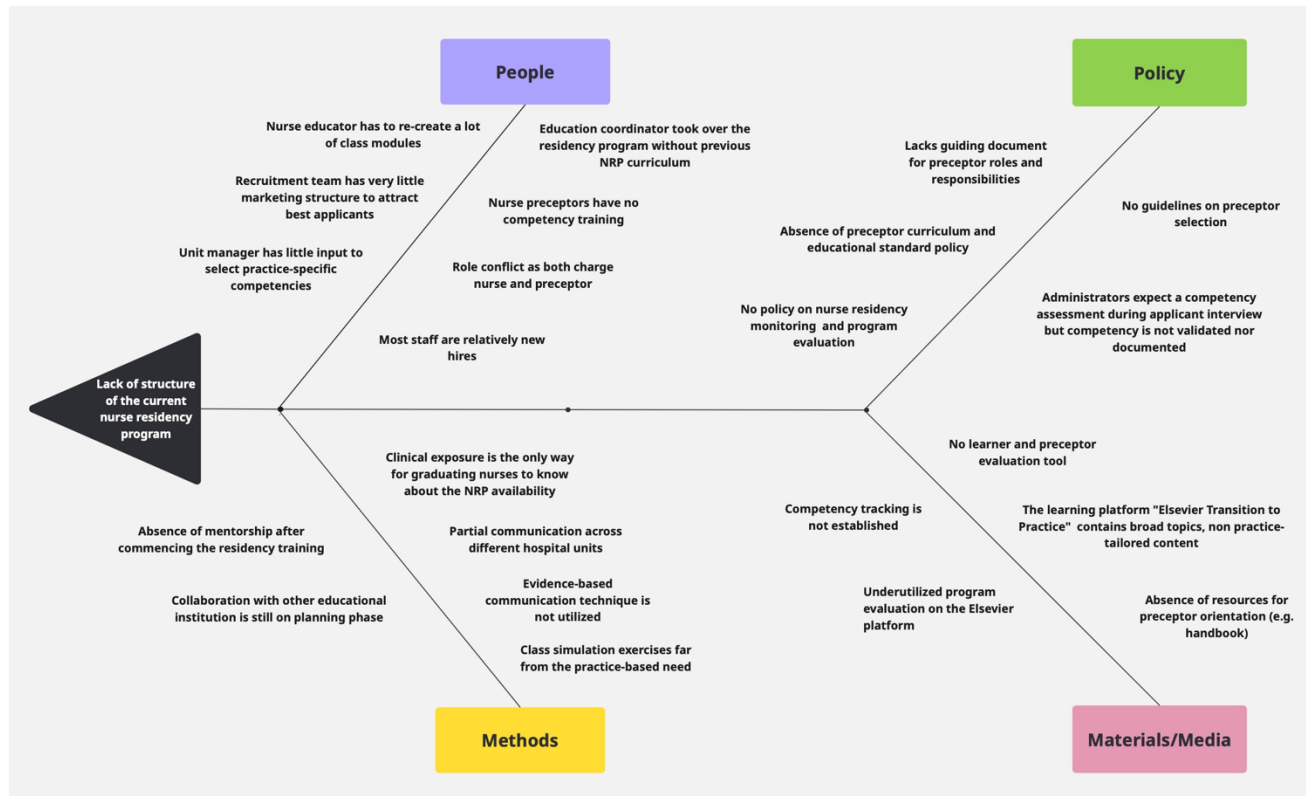
Oval- Start or end of process

Rectangle- Steps

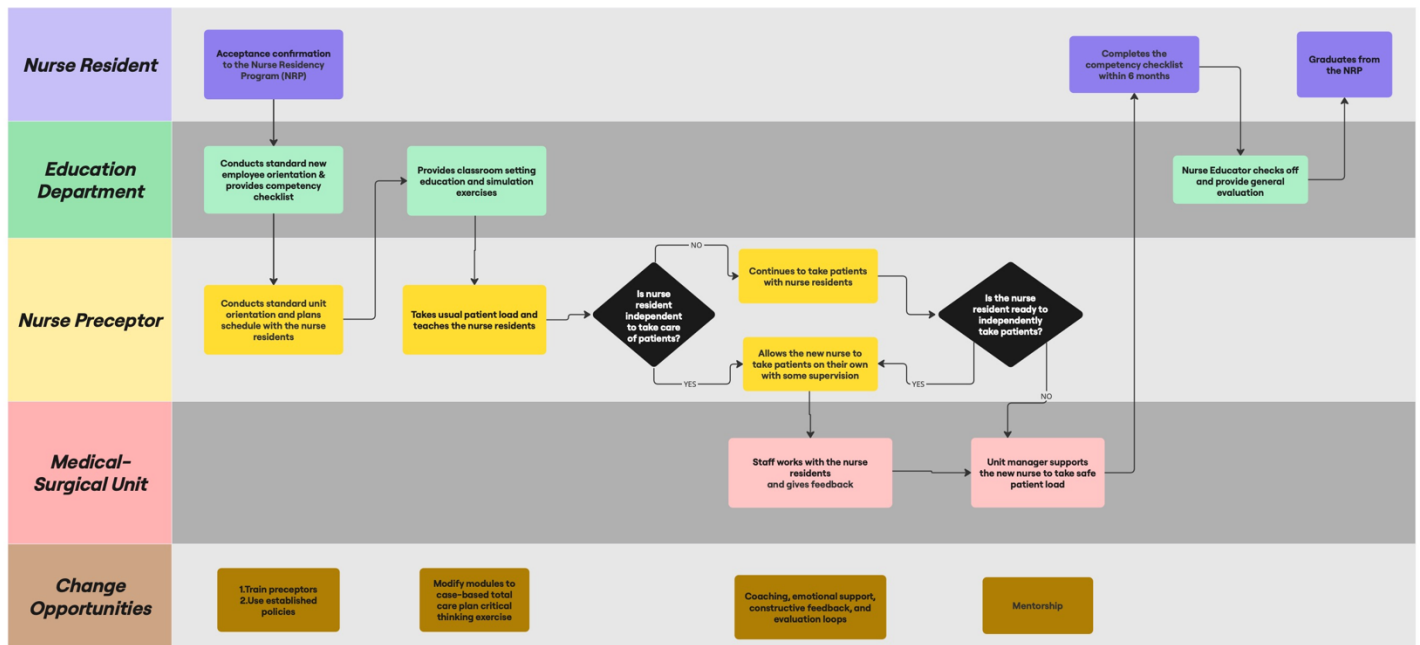
Diamond-Decision point

Appendix C

Fishbone Diagram of the Current Nurse Residency Program



Appendix D

Swim lane diagram: Process of the Nurse Residency Program (NRP)

Appendix E

Evidence Appraisal

Synthesized evidence came from peer-reviewed, current scholarly articles published in English in reputable journals. To determine the relevance of the results to the purpose of this QI project, the graduate student included studies with a similar study population, intervention, theme, and outcome. Articles that present the benefits and related outcomes of preceptor training strengthen motivation to implement the system change (Camveren et al., 2022; Failla & Stichler, 2023; Goering, 2024; Hong & Yoon, 2021; Kosanke et al., 2024; Wong et al., 2022). After presenting probable outcomes and benefits, the best design and content of the precepting course should come from proven experts in precepting. Harper and her team (2021) conducted the largest population-based sample of 3,623 US-based healthcare preceptors to create a national preceptor practice analysis, which later validated Ulrich's Seven Precepting Domains (Ulrich et al., 2025). In addition to the large sample, experts in precepting have a strong influence on course development in Delphi studies (Thompson et al., 2024; Ulrich et al., 2025; Ye et al., 2022). Studies with quasi-experimental designs provide evidence for correlating outcomes with interventions (Camveren et al., 2022; Kosanke et al., 2024). Since systematic reviews are at the top of the hierarchy of evidence (Polit & Beck, 2022, p. 80), Liu and her team's (2025) proposed course designs provide comprehensive details in program design. Polit & Beck (2022, p. 80) ranked expert opinion as the lowest on the hierarchy of evidence; the graduate student included only one article due to the emphasis on evidence-based concepts. Again, the ultimate purpose is to develop an evidence-based preceptor training course.

A literature review could not omit qualitative studies to explore the nature of preceptor experience. Jönsson and colleagues (2021) explored main precepting themes, which will be

applied cautiously, as the article mentions neither data saturation to achieve a sufficient sample size nor triangulation to enhance trustworthiness. On the other hand, Arnaert and team (2023) applied reflexivity to reduce bias and achieved data saturation.

In evaluating the effects of an intervention, Kirkpatrick identified four levels, with Level I as the lowest and Level IV as the highest (Kirkpatrick & Kirkpatrick, 2016). Most of the studies of this literature review have a survey-type, composite scale questionnaire indicating Level II results from the interventions (Camveren et al., 2022; Chan et al., 2019; Chen et al., 2023; Harper et al., 2021; Hong & Yoon, 2021; McNeil & Alexander, 2024; McNeil & Konicki, 2021; Rashwan et al., 2023; Ulrich et al., 2025; Wong et al., 2022). Still, the best effects of the training intervention are measurable results, such as better quality of care and improved nurse retention, which may be challenging to achieve. The graduate student still has not located up-to-date randomized controlled trials measuring the Level IV results. Therefore, these studies, with a cross-sectional descriptive design, fit the purpose of this QI project and the SMART aim.

Appendix F

Definition of Key Terms

- eDelphi- an electronic survey that obtains expert judgement on certain issues through “multi-stage questions” and iterative process to develop a consensus (Polit & Beck, 2022, p.778).
- Mentoring Competency Assessment- is a 7-point Likert-scale type nurse preceptor competency self-assessment tool (University of Wisconsin-Madison for Clinical and Translational Research, 2013)

Mentoring Competency Assessment (MCA)

Please rate how skilled you feel you are in the following areas. Think about your knowledge, skills, and attitude generally when precepting other nurses. Please only choose 'not applicable' (N/A) when the specific attribute cannot be applied to any of your precepting practice or clinical setting.

[illegible]

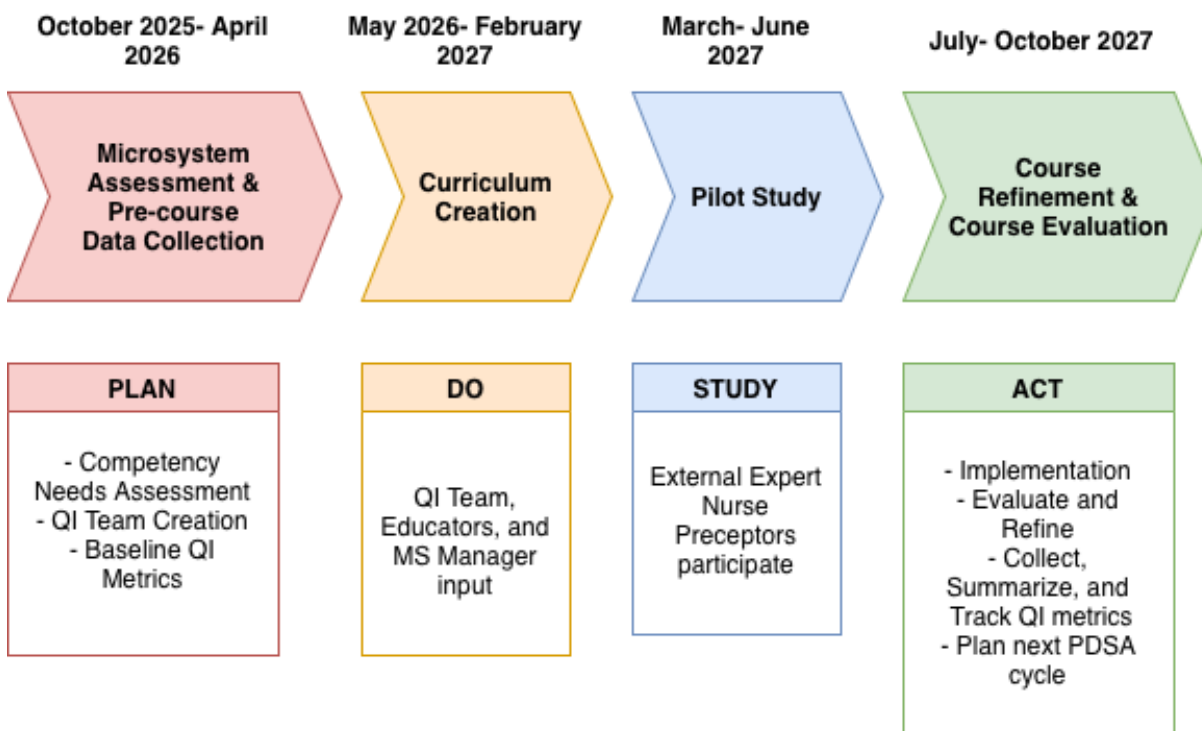
[illegible]

	Not at all skilled (1)	(2)	(3)	Moderately skilled (4)	(5)	(6)	Extremely skilled (7)	N/A
20. Taking into account the biases and prejudices you bring to the mentor/mentee relationship	☐	☐	☐	☐	☐	☐	☐	☐
21. Working effectively with mentees whose personal background is different from your own (age, race, gender, class, region, culture, religion, family composition etc.)	☐	☐	☐	☐	☐	☐	☐	☐
22. Helping your mentees network effectively	☐	☐	☐	☐	☐	☐	☐	☐
23. Helping your mentees set career goals	☐	☐	☐	☐	☐	☐	☐	☐
24. Helping mentees balance work with their personal life	☐	☐	☐	☐	☐	☐	☐	☐
25. Understanding your impact as a role model	☐	☐	☐	☐	☐	☐	☐	☐
26. Helping your mentees acquire resources (e.g. grants, etc.)	☐	☐	☐	☐	☐	☐	☐	☐

University of Wisconsin-Madison Institute for Clinical and Translational Research. (2013). Mentoring Competency Assessment (MCA). Retrieved from https://uwmadison.co1.qualtrics.com/jfe/form/SV_5jMT4fhemifK01n

Appendix H

Timelines of the Preceptor Course Implementation



Appendix I
Budget Computation

Budget Category	Expense (in US \$)	Notes
Personnel costs: Preceptors	1200	Computation is below
Stipend for experienced nurse preceptors	750	250 x 3
Classroom supplies		Already available
Other Computer/Internet and Utilities		Already available
TOTAL	1,950	

Computation for Personnel Costs:

Preceptors

= Course Duration (in Hours) x Hourly Base Pay x Number of Preceptors

= 10 Hours (6 Hours for online modules + 4 Hours for the in-person classes) x 40 \$ (Experienced Staff Nurses) x 3 Participants

= 10 x 40 x 3

= **1200**

** This computation does not account for overtime hours*

Budget Table is adopted from the American Association of Clinical Endocrinology (AACE, n.d.).

Evidence Table

Citation	Study Purpose, Design/ Method	Sample/ Setting	Major Variables Studied	Measurement of Major Variables or Outcome Measures	Reliability and Validity	Findings/Results	Strengths & Limitations Regarding Validity	Implications for Practice
1 Wong et al. 2022	Secondary analysis of a cross-sectional survey	Convenience sampling among nurse preceptors in three general hospitals in Hong Kong A total of 260 completed questionnaires, 8 excluded response rate of 78.6% or 252 nurse preceptors	Junior (5 yrs. experience or less) versus senior preceptor (more than 5 yrs. experience) Preceptors with training and without	Survey-> Likert scale-> scores including experience of preceptor training and the CTBI	No control to the training received among preceptors Self-assessment are individual perceptions and insights	Junior preceptors had a significantly lower mean score for overall self-perceived CTBI scores. But training had a stronger influence on the CTBI scores compared to preceptors without training Trained and experienced preceptors had the highest self-perceived CTBI scores	Convenient sampling and small sample size makes the study result limit its' generalizability	Preceptor training is more effective than clinical education experience alone in improving self-perceived clinical teaching behavior
2 Chan et al. 2019	Sequential mixed method approach	Purposive sampling: 10 informants for the semi-structured qualitative interviews 260 completed questionnaires with a response rate of 78.8 % Cross-sectional survey for the quantitative part	Training among nurse preceptors and self-assessment of role preparedness	Questionnaire/Survey-> Likert Scale-> CTBI and our end preceptor learning needs assessment Group interviews to understand phenomenon	Delphi study to establish content validity Confirmatory factor analysis to establish content validity	Study identified top five topics that are most important in the nurse preceptor training: Critical thinking, prioritizing, teaching techniques, conflict management, and teamwork Quantitative findings revealed that dual roles and strained relationships with coworkers create tension	Study participants are current nurse preceptors Causal inferences are limited in cross-sectional studies Evidence triangulation	Preceptor voiced out the need of the nurse preceptor training and re-strengthening of current preceptor training coverage Organizational and collegial support improve effectiveness of nurse preceptorship
3 Hong & Yoon (2021)	Descriptive cross-sectional study	Convenience Sampling of 180 preceptors across different healthcare facilities Power of 0.95 at 166 participants, effect size at 0.15	Clinical teaching behaviors of nurses with preceptor training versus without	Online survey method-> Likert scale -> Frequency and percentage among nurses with preceptor experience	Considered the variable training received by the participants self-assessment scores our individual perceptions	"Commitment to teaching" scored highest among the six domains of clinical teaching behaviors The three highest-scored activities are on role model, feeling proud of perceptive growth, and providing reward.	Limited causal inferences in cross-sectional studies No information if the precepting role is current	Preceptor training improves role competencies and correlates to positive self-assessment
4 Ye et al., 2022	Focus group interviews and e-Delphi survey	Purposive sampling among focus groups with 7-8 participants each 16 nurse managers, 14 clinical nurse educators, 15 staff nurses, and 15 nursing students Convenience sampling of 25 experts who have at least five years of clinical, teaching or	Consensus on clinical nurse educators core competency and their level of importance	E-Delphi 1: online survey from the preliminary list of competencies survey from experts on the inclusion of competencies and assigning a score using the five-item Likert scale	Expert composite reliability of 0.844 Consensus level of all indices that's more than 75%, a strong consensus degree	4 first-level indices: clinical teaching competency, clinical nursing skills, management and leadership competency, and innovation and research competency In addition are 16 second level specific competencies and 57 connotations	Purposive sampling of expert professionals directly involved in clinical nursing education	The clinical nurse educator competencies provide a reference for selecting on my training, and evaluating the CNE

		management experience in the hospital		e-Delphi 2: Assigned grade, summarized, and modified articulations of statements				
5 Bodine 2025	Expert opinion	Consultant primary and secondary literature sources	Evidence-based practice for preceptor education	N/A	No instrument, no sampling,	Ideas are personal synthesis	Non-research source	Nurse preceptors could be our front line EBP mentors
6 Jönsson et al., 2021	Qualitative interview study	10 preceptors and 6 ward managers from different healthcare specialties	Explored important aspects for the integration of preceptorship and recruitment and retention of nurses	Main themes and sub themes were created	No Triangulation, No reflexivity	The three main themes are perceptions of preceptorship, organizing preceptorship, and preceptorship in relation to recruitment and retainment of nurses	No details on data saturation	Paradigm shift to view preceptorship as a collective effort Preceptors are role models for positive professional socialization
7 Ulrich et al., 2025	Mixed-method approach	eDelphi round 1: 37 RNs with precepting and preceptor development expertise eDelphi round 2: 34 RNs from round 1 Expert panel review eDelphi round 3: 23 RNs from rounds 1 and 2 eDelphi round 4: 20 RNs from rounds 1 and 2	Identified and validated definitions of role domains, preceptor attributes, and core competencies	Multistage online survey design Rating each competency on a 9-point scale Virtual discussion and decision making to remove nonconsensus competencies	Expert discussions improve construct validity Research team developed the survey instrument which may have reliability issues	From the 140 preceptor competencies 66 were retained The seven role domains are kept	Participants have higher educational background and experience or expertise in precepting	Competency model may be used in “selection, development, support, assessment, and evaluation of preceptors or preceptor programs”
8 McNeil & Alexander, 2024	Pilot study	Pre- and post-test design 6 participants who are nurse practitioners in the novice clinical preceptor role	IV: Clinical preceptors self-reported ability to teach and manage time DV: Basic preceptor training	Questionnaire/Survey-> Likert Scale-> Scores on pretest one month before intervention, posttest immediately after intervention, and posttest three months after intervention 2 themes were identified	Identified barriers in implementing preceptor education may be applicable for implementing preceptor training course	The preceptor boot camp, as an educational intervention for novice preceptors, increased their scores on precepting preparedness 2 themes identified: student growth is rewarding, and administrative issues and demands are challenges to precepting	Homogeneous, small sample in this pilot study	Clinical preceptorship requires systems approach from both academic and clinical teams
9 Liu et al., 2025	Systematic Review	Sampled 27 individual published articles that reported interventions to enhance clinical nursing preceptors' core competencies Preferred Reporting Items for Systematic Reviews and Meta-Analyses or PRISMA guided the systematic review	Quantitative indicators and content analysis of intervention studies	Used the modified Educational Interventions Critical Appraisal Tool (mEICAT) to evaluate quality of studies and the Kirkpatrick Model to assess the interventions	The review is comprehensive and structured covering preceptors at different levels (undergraduate, postgraduate and new nurses) mEICAT is a reliable tool	An enhanced intervention program for preceptor competencies covers key content themes, has a face-to-face training method, and lasts for less than a month	PRISMA is a reliable tool in reviewing individual studies	Training of clinical nurse preceptors may be more effective and sustainable provided the inclusion of training theme contents, Organizational resources, end

					Heterogeneous study designs individual articles			behavior-level evaluation.
10 Goering, 2024	Quality improvement project	176 preceptors in the needs assessment 88 preceptors: feedback after initial project cycle	First phase of the quality improvement project on an educational toolkit for preceptors	Electronic evaluation survey for the needs assessment, frequencies of educational module use, and personal feedback	Nature of QI projects is not to generalize knowledge	Implementing the toolkit satisfied preceptor needs for educational resources that is easily accessible and navigated using mobile devices or computers	The educational toolkit was designed based on published scholarly articles	Preceptor training and supplemental precepting tools may strengthen preceptor preparedness
11 Thompson et al., 2024	Cross-sectional online survey	Convenience sampling of 260 healthcare professionals engaged in training student learners	self-assessment and orientation materials for the interprofessional health science preceptors	Frequencies and priority level of precepting activities	Modified Delphi technique is used to finalize initial survey items reflecting reliability	Healthcare precepting domains listed precepting roles and concrete activities that are prioritized and frequently performed 6 self-assessment and reflection categories Gaps found on precepting activities of high importance but less frequently performed	The inter professional healthcare preceptors as sample makes the study results have wider applicability in healthcare clinical precepting	Self-assessment tool and content for the preceptor training or development
12 Kantar, 2021	Descriptive, qualitative, multiple-case study design	Purposive sample of 6 preceptors from three participating hospitals in Beirut, Lebanon	Explored AV pedagogical principles among receptors	Modes of interpretation: pattern identification and data finalization from interviews and observation	Data triangulation from observations and interview Reflexivity applied: logs on the details of personal and experiential influences were made	The four teaching domains of preceptors instructional practice partnership, competence building, nurturing, and meaning-making	Presence of triangulation and reflexivity signify trustworthy qualitative studies	The four teaching domains serve as a framework of the preceptor pedagogy and clinical curriculum
13 Camveren et al., 2022	Quasi-experimental design	Sampled 56 newcomer nurses From the University Hospital of Izmir Statistical power of 97% with effect size of 0.5	IV: Preceptorship program incorporating organizational socialization model DV: Turnover rate, Professional and organizational commitment and job satisfaction among newcomer nurses	Questionnaires→ Likert scales 4 Surveys-administered at the 1st, 3rd, and 12th month of the program	Reliability and validity analyses of data collection instruments were performed	The intervention, organizational socialization in preceptor training, resulted to: 1. increase in newcomer nurse' intention to leave the organization 2. no difference in the intention to leave the profession and the unit	Study participants come from a single healthcare organization, limiting the generalizability of study results lack of control group lack of control among external variables no actual data on resignation or turnover rates	The organizational socialization model is one of the numerous contents of the preceptor training course
14 Arnaert et al., 2023	Qualitative descriptive design	Purposive sampling of 6 nurse preceptors with professional development credits	Describes common themes in using an online	Semi-structured interviews→ coded and thematically analyzed	Reflexivity through reflective notes after each interview	The overarching theme of mutual empowerment within the student-nurse preceptor relationship	Data saturation achieved Mock interviews enhanced data collection	Strength based nursing may be applied to a strength-based precepting model

			strength-based nursing course in clinical teaching			Sub themes: mixed level of familiarity of strength-based nursing, curiosity and motivation to learn, student empowerment, strengths to guide constructive feedback, and improved preceptor self-confidence	Interview questions were pilot-tested and validated with key informants	and could be included in preceptor development
15 McNeil & Konicki, 2021	Cross-sectional descriptive survey design	Convenience sampling of 195 NPs	Survey on precepting experience, knowledge, teaching methods, and educational resources	Web-based anonymous survey → Multiple choice, Likert-type scale, fill-in, and open-ended questions	Some respondents might be unfamiliar about teaching style terminologies used in the questionnaire and affects the construct validity	Preceptor development program is desired, with improving critical thinking/clinical reasoning as top rank topic Availability and time are barriers for the training participation NP preceptors adapt distinct strategies among NP students at varying academic levels	Small sample size limits generalizability of results	Experienced preceptors provide insights that inform desired contents of preceptor training program
16 Kosanke et al., 2024	Quasi-experimental design	Single, non-randomized 64 nurse preceptors from 4 acute care agencies, 2 community agencies and three schools of nursing	IV: Enhanced preceptor training course DV: Self-efficacy and resilience	3 surveys: baseline, training completion, completion of 12 weekly teaching tips Used the preceptor self-efficacy questionnaire and the Connor Davidson resilience 10-item Also, satisfaction rates and two open-ended questions	Used reliable instruments $p < .05$ on self-efficacy, satisfaction, and resilience= strong relationship of IV and DV	Increased self-efficacy after training completion and final surveys increase in satisfaction with enhanced training resilience scores are variable	No randomization Control group not clearly presented Selection of nurse preceptors not controlled	Supporting nurse preceptors means supporting the academic-practice connection by improving nursing workforce competence and may decrease nurse turnover
17 Failla & Stichler, 2023	Descriptive comparative survey design	A total of 606 NLNs from six hospitals within "Sharp HealthCare" This is the total population of all NLNs from 2019 to 2022	Preceptor course and how it affects preceptor role evaluation and retention rate of NLN's	Psychometric tests through internet-based survey and regression analysis to assess NLN's intent to stay	Casey-Fink graduate nurse experience and Spector Preceptor Evaluation tools are valid and reliable instruments	Stable positive evaluation of the nurse preceptors and 93% one-year retention rate from 2019 through 2022	Presence of a strong leadership support as confounding variable, such as the Professional Nursing Development Practitioners, is positively affecting retention rate	Preceptor programs help establish the quality of precepting and reflect quantifiable quality metrics
18 Chen et al., 2023	Cross-sectional design with nominal group technique	Convenience sampling of 32 postgraduate year nurses, 42 preceptors and 27 had nurses from the inpatient wards in a hospital	To derive a consensus on core clinical nursing preceptor competencies	Created viewpoints on core competencies and assigning scores to them using a 5-point Likert scale Score equates to the rank of the core competency	The instrument listing the core competencies is created from this study Sample comes from one hospital system which limits generalizability	3 nursing groups came up to a consensus of 6 core competencies: Clinical nursing profession, teaching traits, teaching pedagogy, communication and collaboration, reaction of contingency, consultation of academic writing And nonconsensus on critical or reflective thinking and lifelong learning	Participants have direct involvement in the residency training Interaction to clarify cognitive differences unifies understanding of viewpoints	The core competencies may be used for the assessment and program development of nurse preceptors

19 Rashwan et al., 2023	Descriptive study	Convenience sampling of 125 nurse preceptors who trained BSN students in their clinical rotation during the COVID-19 pandemic in Bahrain	Degree of challenges in performing perceptual roles during the COVID-19 pandemic	Online Survey→ Measured the level of challenge among the preceptor roles using a three-point Likert scale questionnaire	Cronbach alpha coefficient of 0.85 signifying high internal consistency S-CVI of 0.97= high content validity Questionnaire is evidence-based, examined by 5 nursing education experts, and gone pilot study	40.8%, 51%, and 53% among preceptors faced major challenges in their teacher, facilitator, and evaluator roles	Results may differ during the changes brought of the COVID-19 pandemic Results from localized sample has limited generalizability	Academic and institutional leaders provide resources 4 preceptors to face major challenges in their role realization
20 Harper et al., 2021	Cross-sectional descriptive study	Snowball sampling of 3,623 healthcare workers who worked as preceptors in the United States	Validated the seven precepting role domains and rated the importance of receptor roles based on experience	Online survey→ Five-point Likert type scale to measure the importance of preceptor competencies	Validity tested: Cronbach's alpha ranged from .927 to .972 for roles and .839 to .949 for domains	The seven domains of precepting proposed by Ulrich Precepting Model is validated Teacher, evaluator, and socialization agent are the top 3 most important preceptor role	Population target of preceptors in healthcare adds recent precepting experience and establishes strong applicability in the QI project	The validated perceptual role domains help design initial preceptor training and refresher courses

Legend:

CTBI- Clinical Teaching Behavior Inventory

CNE- Clinical Nurse Educator

DV- Dependent Variable

IV- Independent Variable

NLN- Newly Licensed Nurse

NP- Nurse Practitioner

NRC- Nurse Residency Collaborative

NRP- Nurse Residency Program

QI- Quality Improvement

RN-Registered Nurse

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