INSTITUTING A PRECEPTOR TRAINING PROGRAM:

STAGE 1: NEEDS ASSESSMENT, STAGE 2: IMPLEMENTATION

by

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ABSTRACT

New graduate orientation programs have been developed in order to support and transition new graduate nurses (NGNs) into the nursing profession. These programs rely heavily on competent and prepared preceptors. Preceptors need to be educated and trained in this new role in order to properly facilitate this transition. A small medical center located in rural western Montana without a formal preceptor training program began a two stage process to implement a preceptor training program. Stage 1, the "Needs Assessment" gathered data by surveying past NGNs in their new graduate orientation program and the incoming preceptors for the next session of NGNs to identify nine priorities to guide Stage 2, "Implementation" of an effective preceptor program. The implementation of the preceptor training program utilized a blended training approach (online modules as well as a two hour face-to-face session) to meet the nine priorities. After the implementation of the training program, preceptors on average scored themselves higher on all questions of the post survey. There were notable benefits to the preceptors after participating in the training program. Results indicated it would benefit future preceptors to participate in a formal preceptor training program to increase competence and preparedness to better meet the needs of NGNs promoting a positive transition and purposeful retention for the future.

INTRODUCTION

Background Knowledge

The U.S. is projected to experience a shortage of registered nurses (RNs) and currently 53% of working nurses are over the age of 50 (National Council of State Boards of Nursing, 2013). This shortage is expected to intensify as baby boomers age and the need for healthcare grows (American Association of Colleges of Nursing [AACN], 2014). The U.S. Department of Labor, Bureau of Labor Statistics' (2013) projects that 1.05 million new nurses will be required to replace and fill new jobs by 2022. With patient numbers rising and nurses retiring, hospitals must be prepared to hire and orient increasing numbers of new graduate nurses (NGNs).

NGNs are typically defined as a nurse that has completed their nursing education and is obtaining their first job or has less than one year of experience in the nursing field. NGNs now comprise more than 10% of a typical hospital's nursing staff, with this number certain to grow given the increasing numbers entering into the nurse workforce (Berkow, Virkstis, Stewart & Conway, 2008). Unfortunately, NLRNs or NGNs are experiencing difficulties transitioning into healthcare work environments. This is an extremely stressful and challenging time for new nurses and often results in high levels of burnout, decreased retention , and lower job satisfaction (Berkow et al., 2008; Ferguson, 2011; Henderson, Ossenberg & Tyler, 2015; Horton, Depaoli, Hertach & Bower, 2012; Kramer, Maguire, Halfer, Brewer & Schmalenberg, 2011; Spiva et al., 2013; Whitehead et al., 2013). When encountering a stressful and challenging work environment, an

increasing number of graduate nurses have become frustrated and experience reduced confidence that reflects overall poor satisfaction in their new position (Chen & Lou, 2014). First-year turnover rates for new nurses remain relatively high, ranging from 17% to 22% (Spiva et al., 2013). These issues reinforce the importance of a purposeful retention effort to preserve NLRNs within the workforce.

One strategy that has been identified and utilized to ease this transition and promote retention is the use of new graduate orientation programs (Baxter, 2010; Ferguson, 2011; Henderson et al., 2015; Kramer et al., 2011; Moore, 2008; Spiva et al., 2013). These are also known as nurse residency programs, transition programs, or preceptorships. New graduate orientation programs focus on NGNs as they enter practice. There are different approaches taken in various new graduate orientation programs but the general goal is to provide NGNs with the opportunity to integrate into the new social structure of the clinical setting, to learn new skills, to apply skills learned during formal education, and to learn to work within the demands of the environment (Baxter, 2010). New graduate orientation programs have demonstrated effectiveness in elevating clinical competency & communication, as well as retention (Baxter, 2010; Ferguson, 2011; Henderson et al., 2015; Kramer et al., 2011; Spiva et al., 2013).

Currently, the value of supporting NGNs is so strong that new graduate orientation programs have been utilized all over the United States and the world. Some countries have even developed national standardized transition guidelines for NGNs (Henderson et al., 2015). New graduate orientation programs have been developed for some of the largest hospitals in the U.S. as well as small, rural hospitals of Montana.

New graduate orientation programs have some variety in length, areas of focus, and components for success. Typically, successful new graduate orientation programs are at least 12 weeks in length (Baxter, 2010). Many programs offer "skill days" or time set aside to practice hands on tasks in a safe, pressure free environment (Henderson et al., 2015; Kramer et al., 2011). Other components like overall staff support and NGNs feeling a sense of belonging and acceptance prove to be necessary for NGN development in many programs as well (Baxter, 2010; Ferguson, 2011; Henderson et al., 2015; Spiva et al., 2013). There is, however, one reoccurring theme or component for success that was identified in all programs. This is the use of a preceptor (Baxter, 2010; Ferguson, 2011; Haggerty, Holloway, & Wilson, 2012; Henderson et al., 2015; Kramer et al., 2011; Spiva et al., 2013; Whitehead et al., 2013). See Appendix A for the evidence table and additional information.

A preceptor is a teacher or instructor, but the role of a nurse preceptor goes beyond that traditional definition. The nurse preceptor serves the dual role of practitioner and educator. The responsibility of precepting falls in between teaching and mentoring. A preceptor also serves as a role model, leader, influencer, evaluator, socialization agent and protector to the new nurse (Moore, 2008; Weselby, 2014). Preceptors are typically paired with one NGN at a time. The literature does not reveal how much experience is minimally required to be a successful preceptor but anywhere from 1 to 20+ years of experience has been documented. Compensation for preceptors varies. Some program's preceptors are on a volunteer basis, where others receive an "orientation" compensation benefit per hour while training a new nurse (Baxter, 2010).

The importance of preceptors to the nursing profession cannot be overstated. Preceptors may be the most significant link in the orientation of new nurses (Hautala, Saylor, O'Leary, & Kelly, 2007). Preceptors are crucial to the orientation, socialization, and competence of NGNs and promote effective role transition into practice (Baxter, 2010; Chang et al., Haggerty, 2012; Hautala et al., 2007). They have been identified as a key to retaining new graduate nurses in a hospital setting (Baxter, 2010; Chen et al, 2011). A quality new graduate orientation program is dependent upon skilled and knowledgeable preceptors.

Upon further review of literature, it was found that preceptors aren't always adequately prepared for their role (Boyer, 2008; Chang et al., 2015; Chen et al; 2011; Condrey, 2015; Haggerty et al., 2012; Hautala et al., 2007; Moore, 2008; Panxavecchia & Pearce, 2014; Sqillaci, 2015; Whitehead et al., 2013). Many preceptors receive little to no education before taking on NGNs. There are many stressors and responsibilities for which the preceptor needs to be prepared. Without the necessary support and education, preceptors are unable to meet the needs of the NGN. This can result in poor job satisfaction, decreased retention, and unsuccessful transition of the NGNs into practice. It is critical to understand the needs of the preceptors to better support them (Baxter, 2010; Condrey, 2015; Horton et al., 2012; Moore, 2008; Spiva et al., 2013; Whitehead et al., 2013).

Local Problem

A 151-bed medical center located in western Montana (MMC) began a new graduate orientation program in 2008. There have been over eight groups or sessions of NGN that have participated in this program. MMC developed a 12 week new graduate orientation program on the medical/surgical floor for the NGNs to help ease transition, promote job satisfaction, and to help fill necessary job openings.

Recently, MMCs new graduate orientation program has had a problem retaining their NGNs. In the last session of NGNs, only 50% (2/4) of the NGNs are still working on the floor after four months. In the 18 months only 54% (6/11) of the NGNs are still working at MMC. They are not retaining their NGNs and this turnover is very costly.

MMC's Medical Surgical director was concerned with the decreased retention. Several preceptors of the NGNs expressed concerns that they did not feel competent or prepared to take on the NGNs. In addition, forty percent (40%) of the Medical Surgical staff has less than 1.5 years of experience. Many of the staff members with greater experience are needed as charge nurses so they are unavailable to precept. In the last group of NGNs, 3/5 preceptors had 1.5 years or less experience on the floor. See Table 1 below. Preceptors already receive a $2/hour increase in wage to orient new nurses hospital wide but there is no formal preceptor training program in place at MMC. The Medical Surgical director and manager expressed a need for a formal preceptor training program to address the decreased retention as well as the decreased competency and preparedness of the young staff that are stepping into the preceptor role. MMC's

education department had funding and a budget for training but they did not know where to begin.

Table 1: Preceptor Experience with Previous Session of NGNs

	Years as a Nurse	# of Nurses
	<1.5 years	3
	3 years	2
Total		5

Project Intent

This project examined and identified the current needs of preceptors and NGNs in MMCs new graduate orientation program. The needs that were identified guided the implementation of a preceptor training program at MMC to help improve preceptors' competence and preparedness in their role. Secondary aims include:

- Preceptors will have an average score between 4-5 on all post survey questions.
- Preceptors will have an increase in post survey scores means by at least 1.0 point post preceptor training.
- Create a preceptor resource tool after gathering suggestions.
- Improve NGN retention at 6 months, 1 year, and 2 years post new graduate orientation program at MMC.

Theoretical Framework

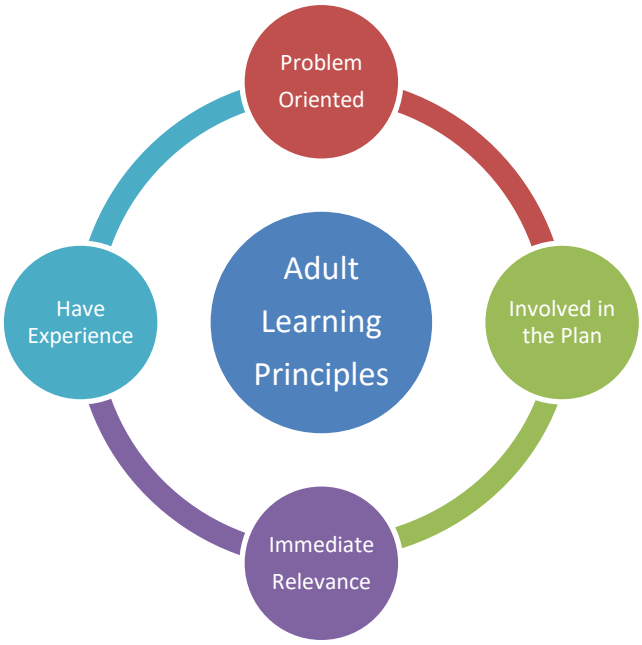
Malcom Knowles' Adult Learning Theory was the guiding theory for the assessment, planning, and the implementation of a preceptor training program. The Adult Learning Theory is also known as the theory of andragogy. Andragogy is the art and science of adult learning, thus andragogy refers to any form of adult learning (Kearsley, 2010).

Knowles identified four principles that are applied to adult learning. These include:

> 1. Adults need to be involved in the planning and evaluation of their instruction. 2. Experience (including mistakes) provides the basis for the learning activities. 3. Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life. 4. Adult learning is problem-centered rather than content-oriented (Knowles, 1984).

When developing and implementing a training program for preceptors, it is important to identify their needs as adult learners. By applying andragogy, we gather information from the preceptors to identify the areas where they would like their learning focused. The feedback and suggestions obtained during assessment guide the development of the training program. The content focuses on their needs and has direct relevance to their role as preceptor. The training incorporates multiple learning styles and encourages discussion about preceptor's previous experiences and thus engages the adult learner. See Figure 1 for a visual description of the four principles of the Adult Learning theory.

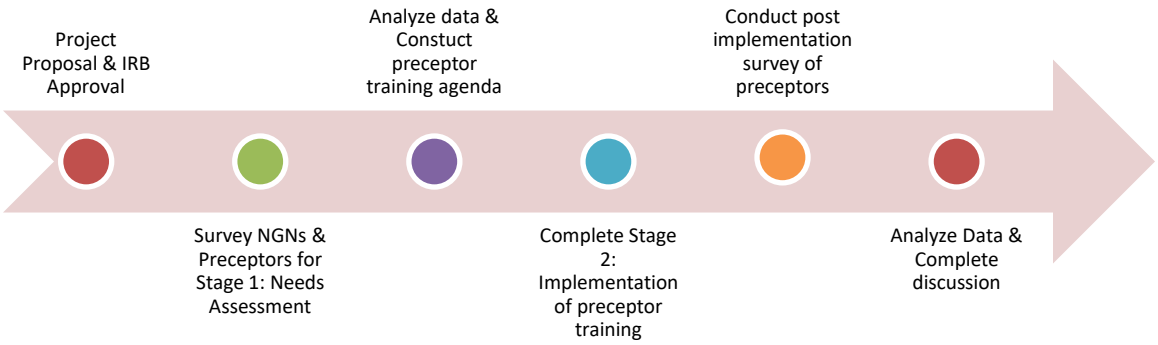
Figure 1: Adult Learning Theory



METHODS

In order to successfully assess and implement a preceptor training program, the approach had two stages. Stage 1 was the "Needs Assessment." The Needs Assessment was designed to gather information from past NGNs as well as the preceptors coming assigned to orient the next group of NGNs (July 2017) through the use of surveys. Stage 2, "Implementation", focused on taking the information provided from the Needs Assessment and using that to plan and implement a program for training the preceptors. After implementing a preceptor training program, the same survey that was used during the Needs Assessment was distributed to the preceptors post training. Pre versus post survey results were analyzed and compared. See Figure 2 below for methods outline for project.

Figure 2: Project Outline



Ethical Issues

This project was granted exemption from full review by Montana State University institutional review board (IRB) for the protection of human subjects because research involved the use of educational survey procedures and did not involve patients. Oversight and approval through the College of Nursing DNP Scholarly Project Committee was obtained to ensure project was consistent with ethical aspects of studying and implementing project improvement. Surveys were distributed and collected by a third party. Participation was voluntary. Nurses' names were removed and unique identifier was added by the third party before returning to project leader. The Excel spreadsheet used for data analysis contained no personal identifying data and was kept on a password protected computer only available to the project leader. Risks were minimal because participant identifying information remained confidential through project process. Costs to participants included: required time for participants to fill out the survey and required reflection on experiences in new graduate orientation program as a NGN or preceptor. Participants signed a consent form prior to beginning surveys (Appendix B).

STAGE 1: NEEDS ASSESSMENT

Sample and Setting

The first group that was sampled during Stage 1, the Needs Assessment, was the NGNs that have completed MMC's new graduate orientation program in the last 18 months. This included NGNs from the past three sessions. The three sessions included: June 2015, February 2016, and July 2016. Each session lasted 12 weeks and took place on the Medical Surgical floor at MMC. After the 12 weeks, the NGN is no longer paired with their preceptor and they continue to work on the Medical Surgical floor independently. Eleven of the NGNs in the last three new graduate orientation sessions were given the NGN Needs Assessment Survey (Appendix C). Eight of the NGNs returned the survey. All of the NGNs had BSN degrees. See Table 2 for the number of NGNs from each session that completed the survey.

Table 2: Number of NGNs in Each Session that Completed the New Graduate Needs Assessment Survey

Session	June 2015	February 2016	July 2016
Count	3	3	2

The second group that was sampled during Stage 1, the Needs Assessment, was the preceptors assigned to the next session of NGNs for July 2017. These preceptors were selected and paired with the incoming NGNs by the Medical Surgical manager and staff development coordinator. The five preceptors assigned to the next session of NGNs for July 2017 received a Preceptor Needs Assessment Survey (Appendix D). All five preceptors returned the survey. The selected preceptors had a variety of nursing

experience, see Table 3. Three of the preceptors have been preceptors before while two preceptors have never been in the preceptor role, see Table 4.

Table 3: Years of Practice (Nursing Experience) in the Selected Preceptors for July 2017 Session

Years of Practice	1	1.5	2.5	5
Frequency	1	2	1	1

Table 4: Frequency Each Preceptor has been a Preceptor Prior to July 2017 Session

Times Preceptor	0	1	3
Frequency	2	2	1

Intervention

The project leader met with the Medical Surgical floor staff development coordinator, manager and director and hospital education department to construct a 5-point Likert survey to gather information from both the NGNs and the incoming preceptors. The participants circled the response that best characterized how they felt about a variety of statements; 1 = strongly disagree, 2 = disagree, 3 = unsure, 4 = agree, and 5 = strongly agree. After a review of literature and collaboration with the group, the areas of focus for the survey included: delegation, critical thinking, patient/preceptor/new grad ratios, time management, constructive criticism, roles required, appropriate charting, and overall preparedness. There were also open-ended questions on both the new graduate and preceptor surveys to gather additional qualitative information on needs. See Appendix C for NGN survey and Appendix D for preceptor survey.

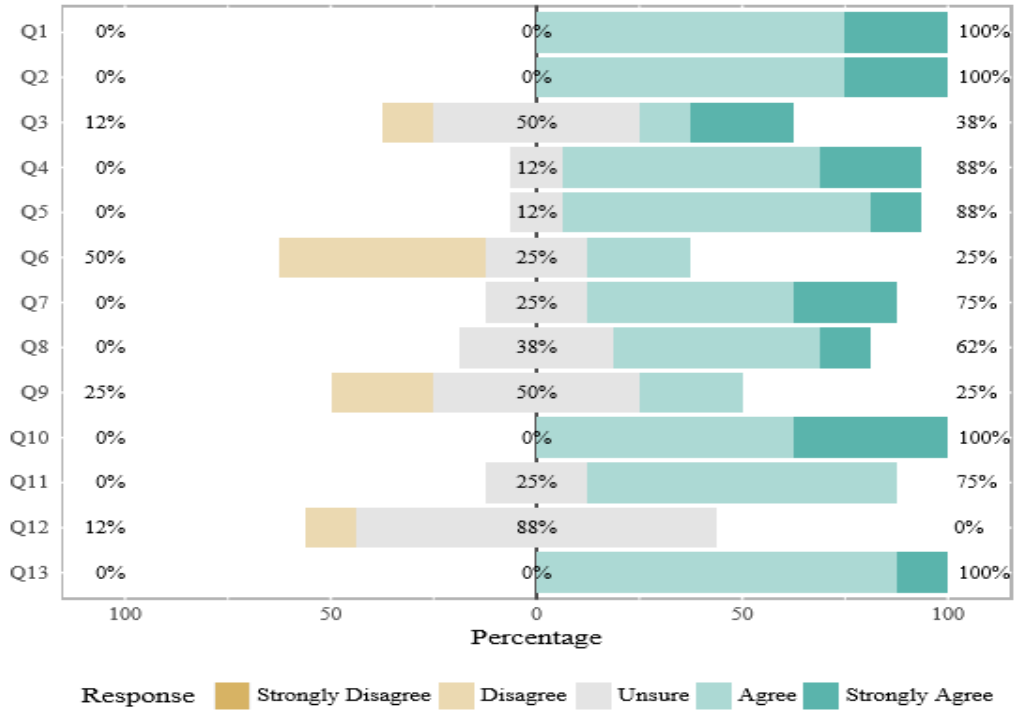
Analysis

The Montana State University Statistical Consulting and Research Services (SCRS) were consulted for data analysis and data visualization. They constructed a diverging bar chart using the data submitted. Diverging bar charts were used to show the frequency of responses in surveys and helped to identify areas of need for this project. The open-ended questions at the end of the surveys were gathered and reviewed for themes by the project leader and MMC's education department.

Results

The NGNs answered all the survey questions. NGNs answered Disagree to some degree on questions 3, 6, 9, and 12. In general, NGNs felt that their preceptor did not have a good understanding of what the NGN was going through as a NGN and that the preceptor did not do a good job reviewing charting and offering suggestions and expectations promptly. The NGNs also felt that the preceptor did not know their roles as a preceptor. All other questions were answered Agree to some degree. The majority of NGNs felt the preceptor/NGN patient ratio was appropriate and they felt comfortable with performing hands on skills, delegating, managing time, critical thinking, asking questions without judgement, and felt their preceptor had enough experience to facilitate the NGN development. The themes that emerged when asked what the hardest part of being a NGN right out of school and suggestions for the future identified: 1. Knowing expectations 2. Feeling accepted 3. Need for more feedback. See Figure 3 for NGN Survey Results and Table 5 for theme summary from open ended questions.

Figure 3: NGN Needs Assessment Survey Results



The results of the data analysis of preceptor surveys identified: All preceptors answered all questions. Preceptors answered Disagree to some degree on questions 1, 2, 7, 11, and 13. Preceptors felt they do not understand the distinct roles of the preceptor apart from the nurse roles and do not feel they connect well with the new grads. All preceptors answered Unsure to question 12 which stated “I feel comfortable reviewing the new grads charting systematically.” All but one answered Unsure to question 8 which stated “I understand how to give constructive feedback and evaluation.” Preceptors responded neutrally for the most part on feelings towards evaluating the new grads. The majority of preceptors answered Agree to some degree on questions 3, 4, 5, 6, and10. The majority of preceptors felt capable of proper communication with new grads and directors, felt comfortable with their nursing skills, and felt the split in patient load is

appropriate. The themes that emerged on the preceptor's open questions about preparedness and resources needed included: 1. Need for set expectations/training 2. Need for resources all in one place. 3. Incorporate different learning styles. See Figure 4 for Preceptor Needs Assessment survey Results and Table 5 for theme summary from open ended questions.

Figure 4: Preceptor Needs Assessment Survey Results

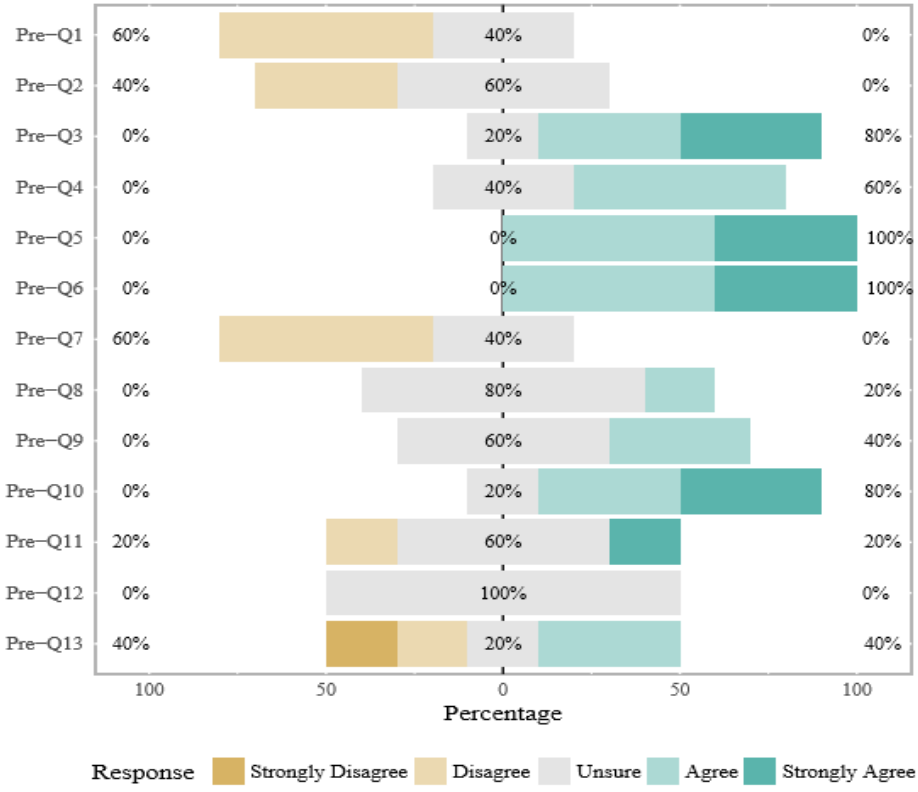


Table 5: Themes for Needs Assessment

THEMES from Open-Ended Survey Questions	
New Graduate Nurses (NGNs)	**Preceptors**
1. Knowing expectations	1. Need for set expectations/training
2. Feeling accepted	2. Need for resources all in one place
3. Need for more feedback	3. Incorporate different learning styles

When comparing the preceptor responses with the NGN responses on areas of needed improvement, findings included:

1. Most preceptors did not understand the different roles they are to take on as preceptors, and 7/8 of the new grads responded Unsure as to whether they felt their preceptor was prepared to take on the roles listed.
2. Most preceptors did not feel comfortable developing a learning plan for the new grads, and 4 new grads responded Unsure that the preceptors set clear expectations for the learning plan, with the other four split in responses. In addition, 4/6 preceptors did not understand their expectations as preceptors and two were Unsure.

Complete results from the Needs Assessment were reviewed by project leader, the Medical Surgical floor staff development coordinator and the education department at the hospital (MMC). This group met and identified nine priorities for preceptor training based off results from Needs Assessment survey. These included:

1. Review roles of preceptor
2. Teach developing a NGN learning plan
3. Set preceptor expectations

4. Set and convey NGN expectations
5. Review systematic chart charting
6. Plan timely, frequent, and constructive feedback for NGN
7. Provide preceptor resources all in one place
8. Remind preceptors of NGNs need to feel accepted and remember what it is like to just be beginning.
9. Incorporate a variety of learning styles

Discussion

The NGN Needs Assessment highlighted a couple of expected areas of need in their training. With no formal preceptor training program in place at MMC, it was not surprising to find that the NGNs did not feel their preceptor knew their roles well or did not give the NGNs clear expectations. Reviewing charting and giving feedback are easily some things that can be incorporated into training for preceptors. Horton et al. (2012) discuss that preceptors must understand their own roles and expectations in order to convey expectations and give feedback to the new nurse and help facilitate their transition. Also identifying that NGNs did not feel accepted or understood in their newest stress as a nurse was important to identify and include in preceptor training. Ferguson (2011), Henderson et al. (2015) and Spiva et al. (2013) discuss the sense of belonging as well as mentioning that supportive and encouraging environments are incredibly important to the development of new nurses. Many of the competencies Berkow et al. (2008) identified in his research of NGN proficiencies like hands on skills,

delegating, managing time, critical thinking, and prioritizing were not indicated as areas of need at MMC as they were already being addressed.

The Needs Assessment of the coming preceptors for the July 2017 session pinpointed many key areas of need that were also identified in the review of literature. As discussed earlier, preceptors aren't always adequately prepared for their role (Boyer, 2008; Chang et al., 2015; Chen et al; 2011; Condrey, 2015; Haggerty et al., 2012; Hautala et al., 2007; Moore, 2008; Panxavecchia & Pearce, 2014; Sqillaci, 2015; Whitehead et al., 2013). This statement was reinforced in the findings of the Needs Assessment when the majority of preceptors did not feel prepared to be a preceptor at this time. The uncertainty of the different roles and expectations of preceptor, developing NGN learning plans and evaluating the NGN are all valid areas of need that have often been discussed in the literature. Hautala et al. (2007), Condrey (2015), and Panxavecchia and Pearce (2014) recommend providing written goals, expectations, guidelines and classes to increase understanding and confidence in the preceptor role.

The theme of incorporating different learning styles that was indicated in the results of the open ended questions was expected as well. Condrey (2015) indicated that a "blended" approach of education is the best way to implement a preceptor training program. Horton et al. (2012) states that preceptors can benefit from group classes where they can share their own experiences and learn from one another which also aligns with one of the key principles in the Adult Learning Theory discussed earlier. Horton et al. (2012) also includes that for the independent learners self-directed modules can be cost effective and successful. Chen et al. (2011) states that utilizing a standardized training

program as well as being flexible with different teaching strategies provides more of a holistic approach to learning and reduces the pressures on preceptors.

Overall, it was encouraging to see there were many areas that did not have issues. As discussed above the areas of need that were identified by both the past NGNs and the coming preceptors for the July 2017 session were not surprising and align with much of the literature. Stage 1, the Needs Assessment, provided a wealth of information and helped pinpoint the nine priorities going forward for preceptor training. This information was imperative to meeting the needs of the preceptors and NGNs as the project transitioned towards Stage 2.

TRANSITION INTO STAGE 2

The nine priorities identified by the group (the project leader, the staff development coordinator on the medical surgical floor and the hospital education department) served as the guide towards the transition to Stage 2, "Implementation". The education department at MMC had been investigating their options of preceptor education. They have had specific funding through the hospital for an online preceptor training program but have not had enough information necessary to select one. The collaboration of the group, review of literature, and the results of the Needs Assessment survey were able to aid the education department in their search for an appropriate preceptor training program for MMC. The group met and reviewed all the data. After reviewing different training options, they identified the American Association of Critical-Care Nurses (AACCN) preceptor development program or "The Preceptor Challenge" as the most fitting training option related to the identified needs for MMC. This was trialed by the project leader and the staff development coordinator with overall positive reviews.

The Preceptor Challenge was developed "to provide the opportunity for practical application of theory-based precepting practice in a lifelike virtual hospital setting" (AACCN, n.d.). This is a highly interactive course available online to nurses to complete at any point before taking on their preceptor role. The AACCN (n.d.) content overview states,

> The Preceptor Challenge takes the user through three modules designed to familiarize seasoned nurses with their new roles as socializer and educator and equips them with the tools to effectively carry out new additional responsibilities. Using virtual characters in realistic hospital settings, nurses get the chance to apply theory-based practices in real-life

> interactive scenarios. In this safe, experimental arena, future preceptors will experience successful interactions with four different preceptees to prepare for the unique challenges they will face in their day-to-day work. (AACCN, n.d.)

The AACCN (n.d.) course learning objectives for The Preceptor Challenge state that learners will be able to:

> 1. Describe the roles and responsibilities of a preceptor. 2. Demonstrate best practices in communication skills with a preceptee, staff, and patients. 3. Develop and implement a learning plan with a preceptee based on his or her needs and goals. 4. Demonstrate understanding of critical thinking skills as supported by current protocols, evidence-based research and best practices. 5. Provide constructive feedback and evaluation to the preceptee. (AACCN, n.d.)

This program has in-depth certification reviews presented by national experts, with CE available upon completion. See Appendix E for the Preceptor Challenge Table of Contents. Other programs that were not ultimately selected were rejected due to lack of inpatient nursing focus, lack of evidence based research, and lacking the interactive component for online education.

Although the Preceptor Challenge online program includes education on a majority of the priorities set from the Needs Assessment, there were still several items identified on the Needs Assessment that needed to be addressed. There was also a need to include different learning styles. While the online Preceptor Challenge was standardized, educational, and convenient for the nurses to do at their own leisure with their busy work and life schedules it was important to not discount the items left on the priorities list. These items left include: expectations specific for MMCs facility regarding both preceptor and NGN, discussion of past experiences and learning opportunities,

reviewing systematic process for evaluating NGN charting, plan for timely feedback, review of resource tools, and reminder of what is like to be a new grad.

The remainder of preceptor education funding from the hospital allowed for a two hour paid face-to-face final education session prior to introduction to the NGNs. This occurred after the online portion of the education had been completed. This face-to-face session was completed by the project leader with the assistance of the Medical Surgical floor staff development coordinator, manager and director. See Appendix F for face-to-face meeting agenda. The agenda was designed to focus on remaining of the needs highlighted by the Needs Assessment. The project leader constructed the agenda and then sent it on to be reviewed by the Medical Surgical floor staff development coordinator, manager and director. Their suggestions and advisement were included in the final draft of the agenda.

STAGE 2: IMPLEMENTATION

Sample and Setting

This sample included the same five preceptors that took the Needs Assessment survey in Stage 1. The five preceptors were paired with the coming July 2017 session of NGNs. The preceptors had a variety of nursing and precepting experience, refer back to Tables 4 and 5.

After all five preceptors completed the online modules segment they were able to attend the face-to-face final training session. This training session was conducted at MMC in one of the conference rooms.

Intervention

The five preceptors were assigned to the Preceptor Challenge online modules by MMC's education department through the hospital's employee Healthstream account. They each completed this training on their own time prior to the face-to-face final training session one month later. The online modules took about four hours to complete.

At the two hour face-to-face final training session, the remainder of the items identified by the Needs Assessment that were not covered in the online modules were focused on. These remaining items were: expectations specific for MMCs facility regarding both preceptor and NGN, discussion of past experiences and learning opportunities, reviewing systematic process for evaluating NGN charting, plan for timely feedback, review of resource binder, and reminder of what is like to be a NGN. This

training program was conducted by project leader with the assistance of the Medical Surgical staff development coordinator, manager and the director. The meeting was designed to be casual and all participants were encouraged to ask questions, offer suggestions, and share their own experiences from the past as we addressed the needs. See Appendix F for the face-to-face training session's agenda.

After completing the Preceptor Challenge online modules and attending the face-to-face final training session, the five preceptors completed the same survey (the Needs Assessment survey) again (Appendix D). The 5-point Likert survey was given to gather post-implementation data and look at overall improvement in scoring by the preceptors after completing their training.

The participants (preceptors) opted to discuss the three open-ended questions at the end of the survey out loud with the group instead of writing on the survey. Project leader took notes during the discussion of questions and compiled a list of resources, tools, and suggestions to continue to help with preparation in the preceptor role. The list was reviewed and agreed upon by staff development coordinator who was also in attendance of the face to face session.

Analysis

The Montana State University Statistical Consulting and Research Services (SCRS) were consulted again for data analysis and data visualization. Question responses from the training intervention survey are considered paired because each preceptor took both a pre-training and post-training survey. The paired t-test is typically

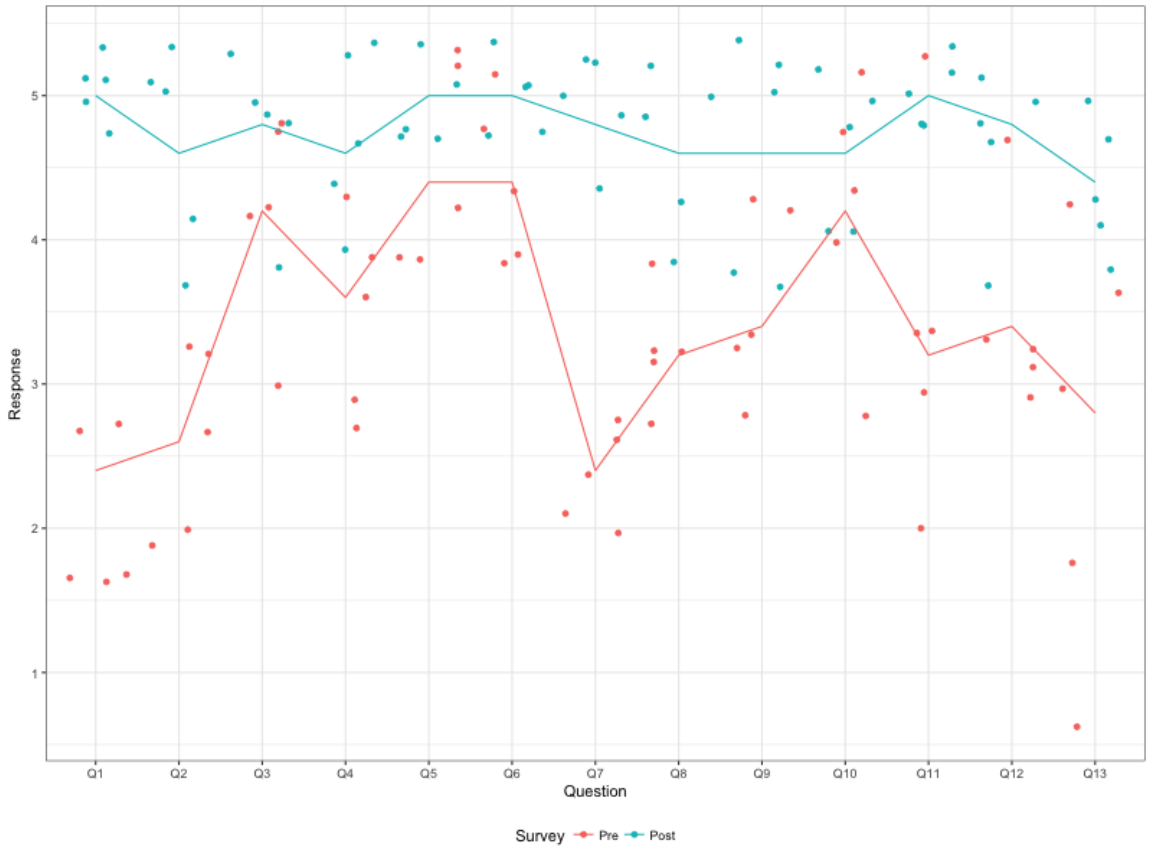
the most common statistical method used to analyze paired data. However, the paired t-test has normal distribution and constant variance assumptions which are difficult to assess with small sample sizes. Since the sample size was so small (n=5), MSU SCRS recommended not performing a statistical test because violations of the paired t-test assumptions could lead to incorrect conclusions from the statistical test. In addition to limited ability to assess assumptions, a small sample size often results in low power. The standard goal is to obtain 80% power. To detect a mean 1.0 point change on the Likert scale, the power of the t-test was only 53% with the small sample size of five preceptors. Even though a statistical test was not performed to show statistically significant data, the differences were meaningful on a practical level and are discussed throughout the next section.

The pre and post survey scores were submitted for comparison and descriptive statistics were utilized to display the information. Data summary tables of the pre and post survey scores (Appendix G), and the difference of the survey scores were constructed to easily display the feedback. Individual diverging bar charts with both pre and post data for each question were created (Apprendix H). A scatterplot was also constructed for visualization of "big picture" comparison of all questions with pre and post data (Figure 5). Responses were scored 1 through 5; 1 = strongly disagree, 2 =disagree, 3 = unsure, 4 = agree, and 5 = strongly agree.

Results

The results of the preceptor surveys after implementation identified consistently higher scores on every question in their survey after participating in the two part preceptor education program. The overall average preceptor score on questions 1-13 of the preceptor survey (Appendix D) was between 4 and 5. This indicates that on average preceptors score themselves between Agree and Strongly Agree with every one of the statements post training. This was not the case during the pre/Needs Assessment survey. See Figure 5 for scatterplot illustrating average pre and post survey results. See Appendix G for data summary tables for results of pre survey, post survey and the differences between the two. See diverging bar charts in Appendix H for a visual display of overall increase in post survey scores after participating in preceptor training.

Figure 5: Scatterplot of Pre & Post Survey Results



All questions on the post implementation survey saw a >1.0 point mean difference increase after the preceptor training except questions 3, 5, 6 and 10 (Appendix G). Questions 1, 2, 7, 8, 11, and 13 had the lowest or most negative scores (closer to Strongly Disagree) on the pre/Needs Assessment survey (Table 6). Those questions saw a >1.4 average point increase in scoring after training. The two greatest average or mean increases from pre to post survey were on Q1: “I understand the different roles I must take on as a preceptor” with a mean difference of 2.6 points and Q7: “I have a clear understanding of my expectations as preceptor” with a mean difference of 2.4 points.

Table 6: Lowest Scoring Questions from Preceptor Needs Assessment Survey

Initially Lowest Scoring Questions
Q1: I understand the different roles I must take on as a preceptor.
Q2: I feel comfortable developing and implementing a learning plan for my new grad based on their needs.
Q7: I have a clear understanding of my expectations as a preceptor.
Q8: I understand how to give constructive feedback and evaluation.
Q11: I feel that I understand what it is like to be a new grad.
Q13: I feel fully prepared to be a preceptor at this time.

To look at overall preparedness of the preceptor after completing the training, it was important to focus on question 13. Question 13 states: "I feel fully prepared to be a preceptor at this time." The post survey average preceptor response was 4.4 points compared to 2.8 on the pre survey.

The post survey open-ended questions that were discussed out loud yielded a great list of resources, tools, and suggestions. It was requested to have these items located in one binder at the nurse's station as a quick reference guide. The preceptor's suggestions included: organizational tools (different brain options for the nurses to write on during the shift), printed hardcopies of common policies and procedures (blood, epidural, central line/PICC, chest tube, NG, IV, and foley catheters), common labs and order to draw, swab collection reference, high alert medication list, competency and audit forms, NIH stroke scale assessment tools and key floor and hospital phone numbers list. See Appendix I for a picture of the table of contents page from the Preceptor Resource Binder. Also see Appendix J and K for quick glimpse of first pages of the competency and audit forms included in the preceptor resource binder.

No NGN retention data was available at this time. The NGNs that were paired with the newly trained preceptors began their new graduate orientation program July 2017. The 6 month retention assessment will be January 2018. The 1 year retention assessment will be July 2018 and the 2 year retention assessment of the NGNs will be July 2019.

Discussion

Overall, this project's outcomes showed a positive response after instituting a preceptor training program. All preceptors scored higher on their surveys after training which suggests that training played a part in increasing MMC's preceptor's competence and preparedness in their role. This was the primary goal of this project since the review of literature highlighted the importance of a prepared and capable preceptor. The secondary aim to have preceptor average scores between 4 and 5 on post survey on all questions was also met.

Another secondary aim for this project was to increase all questions mean score by >1.0 on the post survey after participating in the preceptor training. This aim was partially met. It occurred on all questions except 3, 5, 6 and 10. These exceptions included comfort level in communicating concerns to program directors, utilizing their own critical thinking and hands on skills, and approval of the proposed NGN, preceptor-patient ratio. It is not surprising to see those questions did not see an increase post training since they were not identified initially as low areas needing improvement. The average preceptor scored these exceptional areas between 4 and 5 on the pre survey

which helped the project leader realize these areas did not require the focus of the training and were already adequate.

As mentioned above, questions 1, 2, 7, 8, 11 and 13 (Table 6) had the lowest scoring responses on the Needs Assessment survey and they all saw a 1.4 or greater increase post training. The pre/Needs Assessment survey was a great tool to highlight these lower areas and helped set the priorities for MMCs efforts in training. In order to meet the nine priorities that were established after completing Phase 1 (Needs Assessment), the blended training approach (online modules and the face-to-face session) used in implementation was essential.

Due to the study design, it was impossible to know if one training approach was more beneficial than the other. After seeing the results, both training approaches (online and face-to-face) appear to be necessary to meet the preceptor's needs and address the specific initially low scoring areas. The online modules of The Preceptor Challenge focused on the low scoring areas of identifying and explaining the preceptor roles, teaching how to construct a new nurse learning plan, setting overall expectations for preceptors, and how to effectively evaluate and give constructive feedback. The face-to-face training session emphasized MMC's specific expectations, evaluations, and plans for feedback while also touching on reminding the preceptors to reflect on their days as a new nurse. Both sessions encompassed the ideas and priorities to help increase the overall preparedness of the preceptors. This blended approach should continue to be utilized in these scenarios where one program isn't all inclusive. Preceptors were able to

benefit from multiple learning styles and incorporate principles from Malcom Knowles Adult Learning Theory.

The list of resources, tools and suggestions for the preceptor resource binder was assembled by the project leader and Medical Surgical floor staff development coordinator. All preceptors and staff on the Medical Surgical floor were briefed on the information and the location at the nurse's station where it could be found for easy reference. This resource binder has plenty of room to add additional resources as suggestions are made. The staff development coordinator intends to continue to update this binder and continue to gather feedback during future preceptor training sessions.

The final secondary aim of this project was to see improvement in NGN retention at 6 months, 1 year, and 2 years post new graduate orientation program at MMC. This was unable to be assessed. Initially, the hope was to be able to at least gather data at the 6 month mark especially since several of the NGNs in the past had already left by that time. MMC went on a hiring freeze shortly after the July 2016 NGN group. By the time the new graduate orientation program got clearance for another group of NGNs and Stage 1, the Needs Assessment was completed and the start dates for the NGNs were set, the timeframe did not allow for this to be included in the project. The project leader encouraged MMC's education department and Medical Surgical floor staff development coordinator, manager, and director to follow the area of retention since preceptor preparedness and NGN success seem to be heavily linked in the literature (Hautala et al., 2007; Condrey, 2015; Panxavecchia and Pearce, 2014).

The two stages of this project (Stage 1: Needs Assessment and Stage 2: Implementation) were unique in the fact that they helped direct the preceptor training efforts. This would be a good concept for further study in preceptor development. MMC especially appreciated the Needs Assessment stage before the face-to-face session with the preceptors because the agenda could be adjusted and tailored to the specific preceptor needs in order to meet all the priorities that were flagged on the assessment piece. They plan to continue this Needs Assessment process before each session of NGN and preceptors to be aware of the needs early on and to make sure that the programs being used are being as effective as possible. Other places similar to MMC may find the two stage process a reasonable and appropriate place to start in their own preceptor development.

Overall, this project was informative and meaningful to MMC. Based off what was seen in this project and the average increase in post survey scores after instituting the two part training (online and face-to-face), it would benefit future preceptors to participate in a training program to increase competence and preparedness. As the literature suggests, when preceptors understand their own roles and expectations they are better able to train a new nurse and help facilitate their transition (Baxter, 2010; Condrey, 2015; Horton et al., 2012; Moore, 2008; Spiva et al., 2013; Whitehead et al., 2013). A positive transition enables a purposeful retention that is becoming increasingly important in this ever-changing nursing profession.

LIMITATIONS

A number of limitations were identified in this project. The first limitation was time. Ideally, the plan was to gather data on multiple sessions of the new graduate orientation program. This preceptor training program was only able to be instituted and surveyed on one session. Multiple sessions could have increased the sample size and potentially given more information to see the changes needed between preceptor training sessions.

Time did not allow for NGN feedback after Stage 2. Although, the feedback of the NGNs in Stage 1 was incredibly helpful in identifying areas of need in preceptor training, it would have been interesting to gather data on the most recent NGNs from the July 2017 session that had worked with the formally trained preceptors. The project leader hopes that MMC will continue to gather this feedback to continually make changes as needs arrive.

Monitoring the NGN retention after the formal preceptor training program was implemented was unable to be measured due to time as well. The most recent group of NGNs will not be at the 6 month mark until the January 2018, long after this project defense and paper will be finalized. As mentioned above, MMC's education department and Medical Surgical floor staff development coordinator, manager, and director intend to follow the area of retention and preceptor preparedness as it seems to be heavily linked in the literature. A future study specifically focused on MMC's NGN retention after starting a formal preceptor training program would be a great addition to the literature.

The second limitation of this project was the setting. MMC is a small rural hospital in Montana and only 5 preceptors were able to be trained in this session that was studied. This data could not be applied on a larger scale and would likely be a misrepresentation of the entire preceptor population throughout the United States. However, the MMC setting data summary measures seemed to mimic those findings reported in the review of literature and might be beneficial to other small rural hospital setting.

The third limitation of this project was the possibility of inaccurate feedback. Since many of the NGNs surveyed had been out of the new graduate orientation longer than a year, that makes accurately remembering the details of their experience a possible limitation to getting the most precise feedback. Also, there were three NGNs that did not respond to the survey. This could have indicated different areas of need depending on if their own experience was positive or negative. Their feedback would have been good to include but that is something that will remain unknown.

Lastly, the small sample size was a limitation to this project. Due to the small sample size statistical testing was not recommended. One reason was because small sample size impacts necessary assumptions of statistical testing and violations of those assumptions could lead to incorrect conclusions from the statistical test. In addition to limited ability to assess assumptions, a small sample size often results in low power. The standard goal is to obtain 80% power. In this project, to detect a mean 1 point change on the Likert scale survey, the power of a paired t-test was only 53% with the small sample size of five preceptors. In a future study, MSU SCRS recommended a sample size of at

least eight preceptors would be required to meet 80% power. Statistical testing could also help report that the preceptor training program specifically caused the increase in scores if there was a control group and random assignment to the two groups. Although, the sample size was limiting for statistical testing, the data summary measures were able to report that the preceptors scored higher on the post survey, illustrating that preceptors felt more prepared and that makes it meaningful for MMC.

FINANCIAL IMPLICATIONS

As mentioned prior, the online preceptor training program and 2 hour face-to-face training session were already budgeted for and funded through MMC's education department. This education allotment is expected to be renewed annually by MMC in hopes to continue to train and support future preceptors.

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CONCLUSION

This scholarly project illustrates the impact of taking the time to train preceptors for their very important role in integrating NGNs into the nursing profession. Education and training is associated with increased preceptor competence and preparedness in their role. The process of conducting a "Needs Assessment" prior to each session of the NGNs and preceptors is encouraged in order to better meet the specific needs of the coming preceptors, give the appropriate resources and guide the training process to be the most effective. One recommendation going forward would be to monitor NGN retention over time as a way to determine the effectiveness of this preceptor training program. With the implementation of an effective formal preceptor education program, it is the hope that preceptors can make a difference in retention of the NGNs at MMC and in the overall nursing profession.

REFERENCES

American Association of Colleges of Nursing. (2014, April). Nursing shortage. Retrieved from http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage

American Association of Critical-Care Nurses. (n.d). The Preceptor Challenge. Retrieved from https://www.aacn.org/education/online-courses/the-preceptor-challenge

Atencio, B., Cohen, J. & Gorenberg, B. (2003). Nurse retention: Is it worth it?. *Nursing Economics, 21* (6). Retrieved from http://www.medscape.com/viewarticle/465918_2

Baxter, P.E. (2010). Providing orientation programs to new graduate nurses: Points to consider. *Journal for Nurses in Staff Development, 26* (4), E12-E17. doi:10.1097/NND.0b013e3181d80319

Berkow, S., Virkstis, K., Stewart, J., & Conway, L. (2008). Assessing New Graduate Nurse Performance. *Journal of Nursing Administration, 38* (11), 468-474. doi:10.1097/01.nna.0000339477.50219.06

Boyer, S. (2008). Competence and innovation in preceptor development: Updating our program. *Journal for Nurses in Staff Development, 24* (2), E1-E6.

Chang, C., Lin, L., Chen, I., Kang, C., & Chang, W. (2015). Perceptions and experiences of nurse preceptors regarding their training courses: A mixed methods study. *Nurse Education Today, 35* (2015), 220-226.

Chen, C. & Lou, M. (2014). The effectiveness and application of mentorship programmes for recently registered nurses: A systematic review. *Journal of Nursing Management, 22*, 433–442.

Chen, Y., Duh, Y., Feng, Y., & Huang, Y. (2011, June). Preceptors' experiences training new graduate nurses: A hermeneutic phenomenological approach. *Journal of Nursing Research, 19* (2), 132-140.

Condrey, Tamara. (2015). Implementation of a preceptor training program. *The Journal of Continuing Education in Nursing, 46* (10), 462-469. doi:10.3928/00220124-20150918-04

Ferguson, Linda. (2011). From the perspective of new nurses: What do effective mentors look like in practice?. *Nurse Education in Practice, 11* (2011), 119-123. doi:10.1016/j.nepr.2010.11.003

Haggerty, C., Holloway, K., & Wilson, D. (2012). Entry to nursing practice preceptor education and support: Could we do it better?. *Nursing Practice in New Zealand, 28* (1), 30-39.

Hautala, K., Saylor, C. & O'Leary-Kelley, C. (2007). Nurses perception of stress and support in the preceptor role. *Journal for Nurses in Staff Development, 23* (2), 64-70.

Henderson, A., Ossenberg, C., & Scott, T. (2015). 'What matters to graduates': An evaluation of a structured clinical support program for newly graduated nurses. *Nurse Education in Practice*, 15, 225-231.

Horton, C., Depaoli, S., Hertach, M., & Bower, M. (2012). Enhancing the effectiveness of nurse preceptors. *Journal for Nurses in Staff Development, 28* (4), E1-E7. doi:10.1097/NND.0b013e31825dfb90

Kearsley, G. (2010). Andragogy (M.Knowles). The theory Into practice database. Retrieved from http://tip.psychology.org

Knowles, M. (1984). The Adult Learner: A Neglected Species (3rd Ed.). Houston: Gulf Publishing.

Kramer, M., Maguire, P., Halfer, D., Brewer, B., & Schmalenberg, C. (2011). Impact of residency programs on professional socialization of newly licensed registered nurses. *Western Journal of Nursing Research, 35* (4), 459-496. DOI: 10.1177/0193945911415555

Moore, M. (2008). Preceptorships: Hidden benefits to the organization. *Journal for Nurses in Staff Development, 24* (1), E9-E15.

National Council of State Boards of Nursing. (2013). National nursing workforce study. Retrieved from https://www.ncsbn.org/workforce.htm

Panxavecchia, L. & Pearce, R. (2014). Are preceptors adequately prepared for their role in supporting newly qualified staff?. *Nurse Education Today, 34* (2014), 1119-1124.

Spiva, L., Hart, P., Pruner,L., Johnson, D., Martin, K., Brakovich, B., . . . Mendoza, S. (2013). Hearing the voices of newly licensed RNs: The transition to practice. *American Journal of Nursing, 113* (11), 24-32.

Squillaci, L. (2015). *Preceptor training and nurse retention* (Doctoral dissertation). Walden University.

U.S. Department of Labor, Bureau of Labor Statistics'. (2013). *Occupations with the largest projected number of job openings due to growth and replacement needs, 2012 and projected 2022* [Data file]. Retrieved from https://www.bls.gov/news.release/ecopro.t08.htm

Weselby, C. (2014). Nurse preceptor: A vital role. Retrieved from http://onlinenursing.wilkes.edu/nurse-preceptor-vital-role/

Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., . . . Walker, C. (2013). Supporting newly qualified nurses in the UK: A systematic literature review. *Nurse Education Today, 33* (2013), 370-377.

APPENDICES

APPENDIX A

EVIDENCE TABLE

Author (Year)	Design/ Method	Sample/ Setting	Major Variables Studied	Data Analysis	Findings	Relevance
Baxter, P. (2010).	Summary of the current literature on the nursing orientation & provides an overview of various timelines, frameworks to guide the development, & description of preceptor & mentor involvement.	50+ articles reviewed on what constitutes "good" orientation for NGN.	Length of orientation, role of the organization, frameworks, use of preceptor & mentors.	Review of Literature	Length of orientation for NGN: at least 12 weeks. Use frameworks to guide the development & evaluation of the orientation. Organization should give careful consideration that the unit has the resources necessary to provide the ongoing professional, personal, and emotional support for NGNs & decrease workload for preceptors.	Preceptors should be used & considered crucial to the orientation and socialization of NGNs and promote effective role transition. The measurable outcomes of successful orientation are recruitment and retention of new graduates, which means reduced costs for the organization, increased satisfaction among nursing staff, and quality patient care.
Berkow, S., Virkstis, K.,	Nursing Executive Center	5700 respondents	Respondents rated NGN proficiency	The 36 competencies	The 8 lowest scoring	This is a "big picture" look at

Stewart, J., & Conway, L. (2008).	administered a national survey to a cross section of frontline nurse leaders on new graduate nurse proficiency across 36 nursing competencies deemed essential to safe and effective nursing practice.	from across broad range of nurse leaders	on 36 individual competencies as well as overall.	were ranked on the perceived proficiency and put into a table to identify areas of needed improvement.	proficiency areas include: delegation of tasks, ability to anticipate risk, ability to prioritize, conflict resolution, ability to keep track of multiple responsibilities, completion of individual tasks within expected timeframe, understanding quality improvement methodology, & ability to work independently.	perception of NGN needs. The sample size is large & diverse. The article showed that all 36 areas of expected proficiency have room for improvement. This can aid as a tool in prioritizing improvement needs for NGN.
Boyer, S. (2008).	Pilot program started by Vermont Nurse Internship Project based on 7 years of intensive work with preceptor development.	Not available	Not available	Not discussed in this article	The Vermont Nurse Internship Project approached this challenge of teaching direct care providers how to develop critical thinking	To ensure safe and effective practice, preceptors require development and support that assist them in meeting the

					skills in novice staff members in a collaborative manner and has ‘‘raised the bar’’ for preceptor development with statewide, standardized, research- and theory-based preceptor instruction and support. Development and support for preceptors are enhanced by standardization of the curriculum and inclusion of the full healthcare team. There are three major program components that are essential to success in precepting: 1.Development	essential competencies for their role and responsibilities. With both the nursing shortage and increased medical complexity affecting our work assignments, this becomes a more challenging and difficult role, and the preparation for it is even more crucial to safe and effective patient care.

					and support for preceptors 2. Clearly defined performance expectations 3. Clinical coaching plans	
Chang, C., Lin, L., Chen, I., Kang, C., & Chang, W. (2015).	Mixed Methods: surveys & focus groups	386 surveys from nurse preceptors & 36 nurse preceptors in focus groups	Perception of preceptor training programs offered in 8 different hospitals & nurse preceptor's experiences in working as preceptors.	Descriptive statistics for survey data & interview data was transcribed and analyzed using qualitative content analysis approach	Most useful course was the communication skills course. 3 themes of problems identified: inadequate training was received before nurses were appointed as nurse preceptors, the course were more theoretical than practical, and the preceptors experienced stress from multiple sources.	This data can provide valuable information for nursing educators when they plan future preceptor training programs to enhance the learning of nurse preceptors, satisfy their learning needs and optimize training effectiveness.
Chen, Y.,	Interpretive	15 nurse	Explore preceptor	Semistructured	Three general	Being in the role

Duh, Y., Feng, Y., & Huang, Y. (2011).	phenomenological study	preceptors	experiences related to their training of NGN	in-depth interviews were recorded and transcribed verbatim, and transcripts were analyzed using hermeneutic circle approach.	themes captured the new nurse training experiences of the preceptors: (a) applying a variety of teaching strategies, (rehearsing before practice, reflecting on learning experiences, providing practice opportunities, & adopting different evaluation methods) (b) feeling the burden of being a preceptor (experiencing role conflicts, fear of failing as a preceptor, fear of paperwork overload, feeling	of both a preceptor and nurse was perceived as a challenge by participants because of heavy workloads and fears of failure. Thus, reducing the preceptor's patient care responsibilities while educating new nurses should be a priority. This study also found cultivating a positive work climate as crucial to support preceptors and new nurses so that preceptors do not feel alienated or overly stressed. A workshop is a useful strategy to

					pressure about training progress, and lack of support from colleagues) (c) developing a sense of achievement (increasing the professional of new nurses, feeling trusted, and sense of self-growth	introduce preceptors and new nurses to standardized training procedures and documents; this, in turn, can provide a more holistic approach to teaching and learning and reduce pressures on preceptors caused by additional, unfamiliar paperwork.
Condrey, Tamara. (2015).	A large regional medical center residency program noted decreased retention & NGRN cited that lack of support & feedback. They had not done a formal preceptor training since 2010. So they	Part 1: n=36 preceptors	Perception of Preceptor Support, Commitment to the Preceptor Role, and Perception of Preceptor Benefits and Rewards	Survey looking at the 3 major variables were correlated & analyzed for relationships.	A strong correlation was noted among the 3 variables; for example if the preceptor perceived a higher measure of support, the preceptor was more committed to the role of preceptor.	Education was determined to impact the knowledge of preceptors around how to implement the role of preceptor. With the effective implementation of the role, the preceptors can

	began a 2 part preceptor training program. Review of literature & theory guided online program that reviewed roles & different learning styles. Part 2 was an interactive, face-to-face review.				Key Points: 1. RNs need education on the roles of the preceptor to effectively train new graduate RNs. 2. A preceptor training program can be implemented in the hospital setting, using a blended approach with the educational intervention. 3. Key stakeholders, such as nursing administration, the staff education department, and nursing staff, need to be considered with the development of an educational	make a difference in the retention of NGRNs and help decrease the likelihood of a future nursing shortage. - Recommendation from study: Measure long term outcomes, such as turnover rate of RNs, and, specifically, NGRNs, of the residency program as a way to determine the effectiveness of the preceptor training program. This study was done before gathering that information.

					intervention to successfully implement a preceptor training program.	
Haggerty, C., Holloway, K., & Wilson, D. (2012).	Longitudinal study with Mixed methods over 3 years: Questionnaires, focus groups, & individual interviews.	Total from 2007-2009: 841 NGN 6 months into NETP, 187 preceptors, & 16 coordinators	Identification of best practice in the preparation of, and support for, registered nurses undertaking preceptor roles	Questionnaires were analyzed using SPSS & excel spreadsheets for targeted analysis. Focus groups and individual interviews were recorded and thematically analyzed.	The key evaluation findings related to preceptorship were the overall lack of clear selection processes for preceptors, inconsistent preceptor education related to inability to attend and oversubscription. Participants reported that the preceptor role lacked clarity and that preceptors' overwhelming workloads had the potential to lead to preceptor 'burnout'.	Overall, the evaluation reinforced the benefits of quality preceptorship on the development of new graduates confidence and competence during their first year of practice, as supported by the literature. Even so, three key issues were identified. These related to the selection process for preceptors, need for collaboratively developed preceptor training standards, and

						for creative solutions to support preceptors to access appropriate training for the role.
Hautala, K., Saylor, C. & O'Leary-Kelley, C. (2007).	A descriptive, exploratory study gathering both quantitative & qualitative with Likert-type scales about stresses in preceptor roles.	n=65 preceptor RNs from acute care settings	4 parts: 1-demographics, 2-measured perceptions of stress in preceptor role & reasons why, 3-preceptor perception of support scale, 4-any additional comments or remarks regarding their views of stress & support in preceptor role.	Descriptive statitistics were used to describe the sample & perceptions of stress & support. The qualitative data were analyzed by coding & grouping all of the responses into common themes.	Perceived levels of stress: 83% reported mild-moderate stress as a result of the preceptor role. 11% reported no stress. When looking at the relationship between years of nursing experience & levels of stress, results did not suggest a correlation. Top 4 reasons for preceptor stress include: preceptor workload, preceptee skill	This study described the stressors and support perceived by preceptors. To retain and develop adequate numbers of competent nurses, the preceptor role is a critical one. Most respondents acknowledged that precepting is stressful to some degree. Nursing faculty can provide support to preceptors by periodically

					level, inadequate organizational support, & inadequate preceptor confidence	monitoring students' progress & can assist through awareness of preceptor stress and identification of strategies to support the preceptor. Recommendations from article: modify workloads especially during early orientation phase, provide written goals & guidelines, preceptor classes could also increase confidence levels, & have onsite coordinator support.
Henerson, A., Ossenberg, C., & Tyler, S.	Mixed methods: Survey & Focus groups.	175 novice nurses returned	Level of affiliation, accomplishment,	Survey data was analyzed using statistical	The survey results indicated on average the	This study explored novices perception of a

(2015).		survey. 10 participants in focus groups.	recognition, & active participation of novice nurses in an organization. Determine what activities within the new grad program help with the progression of novices.	software analysis package. Focus group recordings were analyzed by 3 researchers independently noting patterns & themes.	experience of novice nurses was positive. Important components of workplaces: sense of belonging (affiliation), sense of accomplishment (accomplishment), sense of worth (recognition), & sense of engagement (active participation). The focus groups had 3 themes emerge. These included: the importance of study days (safe & pressure free enviro to clarify & ask questions), positive working relationships with their	structed clinical support program designed to assist their assimilation and development of good practice in the real world. Clinical learning was effectively staged by preceptors so that novices were not overwhelmed. This assisted in building their confidence. Preceptors and the nursing team also assisted their assimilation so that novices did not feel isolated or vulnerable.

					preceptors (safe place to ask questions & not feel stupid), and the positive contribution of the nursing team where they worked (being supportive of the novice nurses on their floor).	
Horton, C., Depaoli, S., Hertach, M., & Bower, M. (2012).	An investigator-developed questionnaire was designed to elicit quantitative & qualitative data about their experience after attending NPA.	n=714 RNs who attended NPA between Nov 2006-April 2009 & had already/or had plans to precept new hires.	Preceptor preparation, content most important to preceptors & content from NPA currently used in their preceptor role, level of support provided by peers, managers, & educators, & factors causing most stress during precepting. Big picture research question:	Likert-type scales ranging from 0-5 gave measured responses but open ended questions & comment sections were available for preceptors to elaborate. Descriptive analysis & theme analysis were completed.	Score of 4.56 clearly indicated that the preceptor felt better prepared to precept new nurses after having attended the NPA. The ideas from training that were most used in practice included: setting weekly goals with preceptees & conduct weekly evaluations.	It is critical to understand the needs of the preceptors to better support them. Preceptors must understand their expectations so they can convey the expectations of the preceptor to students. Educators can explain the many roles of the preceptor as well as the stressors.

			"did the preceptors feel better prepared to precept after attending the NPA?"		The ideas from training that were reported as most helpful in include: self-awareness of own personality type & how that impacts teaching style & increased awareness of the different learning styles, review of Benner's theory of novice to expert & conflict management content. Score of 4.20 was for perceived support from managers & educators. Highest stresses: related to workload & being able to promote safety.	Orientation is an active process, and new graduates should be able to articulate their own learning needs to the preceptors. Facilities must create or send preceptors to quality workshops. Preceptors benefit from group classes where they can share their own experiences and learn from one another. For the independent learners self-directed modules can be cost effective & utilized.

Kramer, M., Maguire, P., Halfer, D., Brewer, B., & Schmalenberg, C. (2011).	Descriptive study mixing quantitative & qualitative designs.	Questionaires from 34 Magnet hospitals. Interviews with 330 NLRNs, 401 preceptors, 138 nurse managers, & 38 educators.	What components were most instrumental in the progression of NLRNs to full functioning professional nurse.	Comparative analysis techniques to analyze & synthesize questionnaire data. Interviews were reviewed: themes & quotes were utilized.	Components that were identified as most instrumental were precepted experience, reflective seminars, skill acquisition, reflective practice sessions, evidence-based management projects, & clinical coaching-mentoring sessions.	The immediate & almost universal response of 907 interviewees to the question , "What person, program, or activity is most instrumental in helping NLRNs make the transition from school to a fully functioning professional nurse? "my preceptor" or "NRP". This aspect can be further focused up & improved.
Moore, M. (2008).	Exploratory study examining nursing departments with & without preceptorships	n=20 nursing departments	Survey given to explore the relationship between preceptorship and organizational	Descriptive statistics were used to summarize demographics. Factor analysis	The preceptorship group rated their departments higher in organizational	For this study, preceptor preparation was defined as a class with lecture & discussion

	through the lens of an organizational learning model.		learning & performance	& internal consistency were completed to assess psychometrics of survey. T test for independent groups were used to test mean differences between groups.	learning ($p < .002$) and performance ($p < .008$). This study suggests that when preceptorships are linked to the nursing department's mission and goals, the department's ability to adapt to change is enhanced. Ongoing support, education, and mentoring of preceptors are necessary to meet the challenges that lie ahead	format that included teaching principles, preceptor role & responsibilities, & way to provide feedback to the newer nurse. An interactive format also provides a forum for preceptors to share ideas and experiences and is an important first step in networking. This study defines preceptor roles to include: role model, facilitator, socializer, communicator, teacher, evaluator, and provider of feedback.

Panxavecchia, L. & Pearce, R. (2014).	Qualitative descriptive approach was adopted to elicit the experiences and perceptions of the preceptors in practice using questionaires and semi-structured interviews.	n=30 preceptors across 3 hospital sites	Support/preparation of the preceptors & qualities they require to carry out their role supporting NQN.	Themes were identified from the analysis of the data from questionnaires & the interviews.	3 themes emerged: 1-Lack of preparation for their role (no formal training was done, formal guidelines, yearly updates, or support sessions were reported as beneficial) 2-Attributes & perception of the role of a preceptor (preceptorship is an extension of their mentoring role) (key attributes of preceptors: role modeling) (preceptor framework with expectations & guidelines for responsibilities & feedback are needed to do their role).	The literature strongly advocates support and preparation programs for preceptors if preceptors feel unsupported they will become demotivated & dissatisfied resulting in them being less effective in their role. Respondents stated they would appreciate training and guidance so that all preceptors work the same across the board. This study will help in program planning for preceptors by incorporating the knowledge identified in the

					3-Limitations & Difficulties (time was a big limitation in their ability to be an effective preceptor, as well as workload, lack of support from management relating to their role by being given no direction.	themes.
Spiva, L., Hart, P., Pruner,L., Johnson, D., Martin, K., Brakovich, B., . . . Mendoza, S.	Qualitative study on the NLRNs orientation experience. Audio recordings of the interviews were transcribed & validated for accuracy. Interpretive analysis identified major patterns & themes.	21 NLRNs	NLRNs orientation experience & ways to enhance it	Interpretive analysis of the transcripts identified 4 major patterns & 10 themes.	1. preceptor variability (with themes of satisfactory and unsatisfactory preceptorship), 2.professional growth and confidence changing with time (with themes of learning through experience, learning to manage time, and learning to	The NLRNs viewed preceptorship as critical to their transition from an academic to a clinical setting. They also view having a preceptor as important to their development of skills that prepare them to practice independently.

					communicate), 3.a sense of being nurtured (with themes of support through the program, the preceptor, and peers), and 4.enhancing the transition (with themes of orientation enhancements and human resource enhancements).	When preceptors provided support, guidance, timely feedback, supervised training, and continued mentorship, NLRNs report a more positive transition to clinical practice. This study found that when NLRNs said that their preceptors did not have those characteristics, their perceptions were less positive and their progress was delayed.
Squillaci, L. (2015).	A project team was assembled, pertinent evidence, resources, & lit was reviewed,	A rural 108 bed hospital.	Gaps in the current materials, what topics needed to be covered in training program.	N/A	N/A	This preceptor training design did not get piloted, implemented, or evaluated due to

	materials for pilot-preceptor training developed, & an implementation & evaluation plan was developed. The design of the preceptor-training program was guided by 3 conceptual frameworks.					the researchers small time frame. A large review of literature & development of modules provides a good basis for the beginning of preceptor development programs. This information is valuable & can be built upon. There is a large need to take the next step & implement & evaluate preceptor training programs.
Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., . . .	Systematic literature review on topic of the development of preceptorship to support NQN.	12 separate searches on CINAHL Plus & MEDLINE databases generating	Themes in the development of preceptorship to support NQN.	The main theme of Managerial Support Framework encompassed 3 important	Most of the articles referred to the need for managerial support for both preceptors and preceptorship.	The implication of this is that organizations can improve their likelihood of producing reliable &

Walker, C. (2013)		167 articles, of which 24 were reviewed.		categories.	3 categories of managerial support include: 1-Recognition & Status of Role (if the preceptor role has social, financial, or time release recognition supported by management structure it is more likely to be successful). 2-Protected time for preceptor & preceptee (workload adjustments while educating). 3-Preparation of Preceptors (they will need to complete a program that gives preparation for their role & this can be face-to-face, didactic,	competent RNs by the introduction of preceptorship frameworks which require a supportive managerial structure. The structures should ensure appropriate status & recognition of the role of the preceptor, protected time to complete the role properly, & a preceptor preparation program.

					or online).	

NGN=new graduate nurse NGRN=New graduate registered nurses NPA=Nurse preceptor academy NQN=Newly qualified nurse NLRN=newly licensed registered nurse NRP=nurse residency program NETP=nursing entry to practice

APPENDIX B

CONSENT FORM

SUBJECT CONSENT FORM FOR PARTICIPATION IN HUMAN RESEARCH AT MONTANA STATE UNIVERSITY

Instituting a preceptor development program. Stage 1: Needs assessment. Stage 2: Program Implementation

You are being asked to participate in a research study that looks at new graduate orientation program aspects and experiences. This may help us obtain a better understanding of the effective and ineffective aspects of new graduation orientation training and preceptor development. You were identified as a possible participant because you recently completed a new graduate orientation program or recently became a preceptor for a new graduate orientation program.

Participation is voluntary. If you agree to participate you will be asked to complete a survey asking about your comfort level, suggestions, and experiences through the new graduate orientation program. You can choose to not answer any questions you do not want to answer and/or you can stop at any time. The survey should take less than 10 minutes to complete and will not have any name or identifier on it. The survey will be placed in a sealed envelope and the placed in a manila envelope in the researcher's locker. Your answers will remain confidential and only researchers will have access to your survey. In any sort of report we make public we will not include any information that will make it possible to identify you. There are no foreseen risks just the inconvenience of your time. The study will allow for identifying areas of improvement for future participants and preceptors of this new graduate orientation program. No funding has been given to this study and there is no cost to you as a participant.

You are encouraged to ask questions. If you have any questions or concerns about the research, you can contact Jenna McCann, (406)262-3430 [jennaleemccann@gmail.com]. If you have additional questions about the rights of human subjects they can contact the Chair of the Institutional Review Board, Mark Quinn, (406) 994-4707 [mquinn@montana.edu].

For one's own participation:

AUTHORIZATION: I have read the above and understand the discomforts, inconvenience and risk of this study. I, _____ *(name of subject),* agree to participate in this research. I understand that I may later refuse to participate and that I may withdraw from the study at any time. I have received a copy of this consent form for my own records.

Signed: _____

Investigator: _____

Date: _____

APPENDIX C

NGN SURVEY

For each of the statements below, circle the response that best characterizes how you feel about the statement where: 1= Strongly Disagree, 2= Disagree, 3= Unsure, 4= Agree, and 5= Strongly agree.

Looking back at your time in the new grad program…	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Q1: I felt like the preceptor/new grad patient ratios were appropriate for learning. If you disagree, what would be a more appropriate ratio? _____	1	2	3	4	5
Q2: I felt that I was able to develop my hands on skills with nursing tasks like foley placement, central line dressing changes, drawing from central lines, IV starts, etc.	1	2	3	4	5
Q3: I felt that my preceptor had a good understanding of what I was going through as a new grad.	1	2	3	4	5
Q4: I felt that I successfully learned how to delegate.	1	2	3	4	5
Q5: I felt that I successfully learned how to manage my time.	1	2	3	4	5
Q6: I felt like my preceptor did a good job at reviewing my charting and offering suggestions.	1	2	3	4	5
Q7: I felt like my preceptor was able to constructively criticize me in a healthy way.	1	2	3	4	5
Q8: I felt I was able to ask questions without feeling judgement.	1	2	3	4	5
Q9: I felt like my preceptor set clear expectations for my learning plan right from the beginning.	1	2	3	4	5
Q10: I felt like I was able to develop my critical thinking skills.	1	2	3	4	5
Q11: I felt that I was ready to be a nurse at the end of the 12 week program.	1	2	3	4	5
Q12: I felt that my preceptor knew their roles as role model, socializer, and educator.	1	2	3	4	5
Q13: I felt like my preceptor had enough experience to facilitate my development as a	1	2	3	4	5

new grad.

What is the hardest part as a new nurse right out of school?

What are some suggestions for the new grad program in the future?

Any other comments or suggestions?

APPENDIX D

PRECEPTOR SURVEY

For each of the statements below, circle the response that best characterizes how you feel about the statement where: 1= Strongly Disagree, 2= Disagree, 3= Unsure, 4= Agree, and 5= Strongly agree.

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Q1: I understand the different roles I must take on as a preceptor.	1	2	3	4	5
Q2: I feel comfortable developing and implementing a learning plan for my new grad based on their needs.	1	2	3	4	5
Q3: I feel comfortable communicating needs and concerns with program directors.	1	2	3	4	5
Q4: I feel I have the tools to effectively communicate with my new grad.	1	2	3	4	5
Q5: I feel comfortable with my own critical thinking skills.	1	2	3	4	5
Q6: I feel comfortable with demonstrating and teaching nursing skills (foley placement, central line dressing changes, drawing from central lines, IV starts, etc).	1	2	3	4	5
Q7: I have a clear understanding of my expectations as a preceptor.	1	2	3	4	5
Q8: I understand how to give constructive feedback and evaluation.	1	2	3	4	5
Q9: I feel that I have the tools and resources to be a successful preceptor.	1	2	3	4	5
Q10: I feel that the proposed patient ratio between preceptor and new grad are adequate. If you disagree, what would be an appropriate ratio?_____	1	2	3	4	5
Q11: I feel that I understand what it is like to be a new grad.	1	2	3	4	5
Q12: I feel comfortable reviewing the new grads charting systematically.	1	2	3	4	5

Q13: I feel fully prepared to be a preceptor at this time.	1	2	3	4	5

What would help you feel more prepared as a preceptor?

What resources or tools would help you be a more successful preceptor?

Any other concerns or comments?

APPENDIX E

“PRECEPTOR CHALLENGE” TABLE OF CONTENTS

- **Course Introduction**
- **Program Overview**
    - Your New Precepting Roles
    - Role 1: Role Model
    - Role 2: Socializer
    - Role 3: Educator
    - Summary
- **Dive in: Becoming an Educator**
    - Job 1: Assessing
    - Job 2: Planning
    - Job 3: Implementing
    - Summary
- **Dive Deeper: Advancing as an Educator**
    - Job 1: Evaluating Preceptees
    - Job 2: Identifying Skill Levels
    - Job 3: Negotiating Pitfalls
    - Summary
- **Program Conclusion**
    - Assessment

APPENDIX F

FACE-TO-FACE MEETING AGENDA

Preceptor Face-to-Face Training Session Agenda

"Preceptors may be the most significant link in the orientation of new nurses."

"Without the necessary support and education, preceptors are unable to meet the needs of new graduate nurses."

MMC PRECEPTOR EXPECTATIONS

- **Role Model**
  - Always watching
  -Positive talk
  -Welcoming each shift
  -Help others, they see this and realize that is the norm and that is what we want to create that helping team environment
  -It's okay to ask for help
  -Manage up other units

- **Socializer**
  -Introductions, you are facilitating the beginning of those relationships

- **Educator**
  -Storytelling
  -Start from the beginning, everything is new to them
  -Go slow
  -Encourage questions and a encourage open environment
  - Identify resources as issues arise
  -When to utilize charge nurse

- **Assessor/Planner/Implementer/Evaluator**
  -This is continuous
  -Talk about strengths and successes
  -Discuss weaknesses and identify way to confront those fears, tasks, etc.
  -Ask NGN what their goals are for the shift, week, etc.
  -Feedback- new grads expect and crave this
  -Flexibility in adjusting for new grads and struggles
  -Reporting concerns

MMC NEW GRAD EXPECTATIONS

-Review new grad training schedule, graduated patient load schedule &Expected timeline for learning
-Incorporating a day with charge nurse or a skills day if staffing won't allow for the new grad
-Competency checklist
-Set daily and weekly goals with new grad

-Review utilizing Whiteboards, Bedside Handoffs, Hourly Rounding, and making patient specific goals for patients on their boards

EVALUATING NEW GRAD CHARTING

-Set expectations for charting early
-Be consistent
-Systematically review
-Review MMCs chart audit, most missed items on chart audits: Care Compass, tasks, labs, pain goals, & respiratory rate monitor documentation
-Charting checklist

PLAN FOR TIMELY FEEDBACK

-Regular follow up meetings and check ins
-If something is not going well, say something. We can adapt and change to promote success.

DISCUSSION

-Past experiences and learning opportunities
-Concerns
-Questions

RESOURCES

-Schedules in binder, competency checklist…….
-Suggestions from preceptors on what would be helpful to have in the resource binder?

LASTLY, WE WERE ALL NEW NURSES ONCE

-Remember what it was like to be new, fresh and totally in over your head
-Small things are HUGE things (ex: flushing an IV, starting an IV, hospice, calling pharmacy, reading orders, acronyms)
-Don't assume anything, start with the basics and see where each new grad is individually

APPENDIX G

PRE & POST DATA SUMMARY TABLES

Data summary tables were created to organize results of pre survey, post survey and the differences between the two. Responses were scored 1 through 5; 1 = strongly disagree, 2 =disagree, 3 = unsure, 4 = agree, and 5 = strongly agree. The differences table illustrates a >1.0 point mean difference increase after the preceptor training except questions 3, 5, 6 and 10 as discussed in results section.

Pre

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
Minimum	2.0	2.0	3.0	3.0	4.0	4.0	2.0	3.0	3.0	3.0	2.0	3.0	1.0
Median	2.0	3.0	4.0	4.0	4.0	4.0	2.0	3.0	3.0	4.0	3.0	3.0	3.0
Mean	2.4	2.6	4.2	3.6	4.4	4.4	2.4	3.2	3.4	4.2	3.2	3.4	2.8
Maximum	3.0	3.0	5.0	4.0	5.0	5.0	3.0	4.0	4.0	5.0	5.0	5.0	4.0

Post

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
Minimum	5.0	4.0	4.0	4.0	5.0	5.0	4.0	4.0	4.0	4.0	5.0	4.0	4.0
Median	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	4.0
Mean	5.0	4.6	4.8	4.6	5.0	5.0	4.8	4.6	4.6	4.6	5.0	4.8	4.4
Maximum	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0

Differences

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
Minimum	2	1	-1	0	0	0	2	1	0	-1	0	-1	0
Median	3	2	1	1	1	1	2	1	1	1	2	2	2
Mean	2.6	2	0.6	1	0.6	0.6	2.4	1.4	1.2	0.4	1.8	1.4	1.6

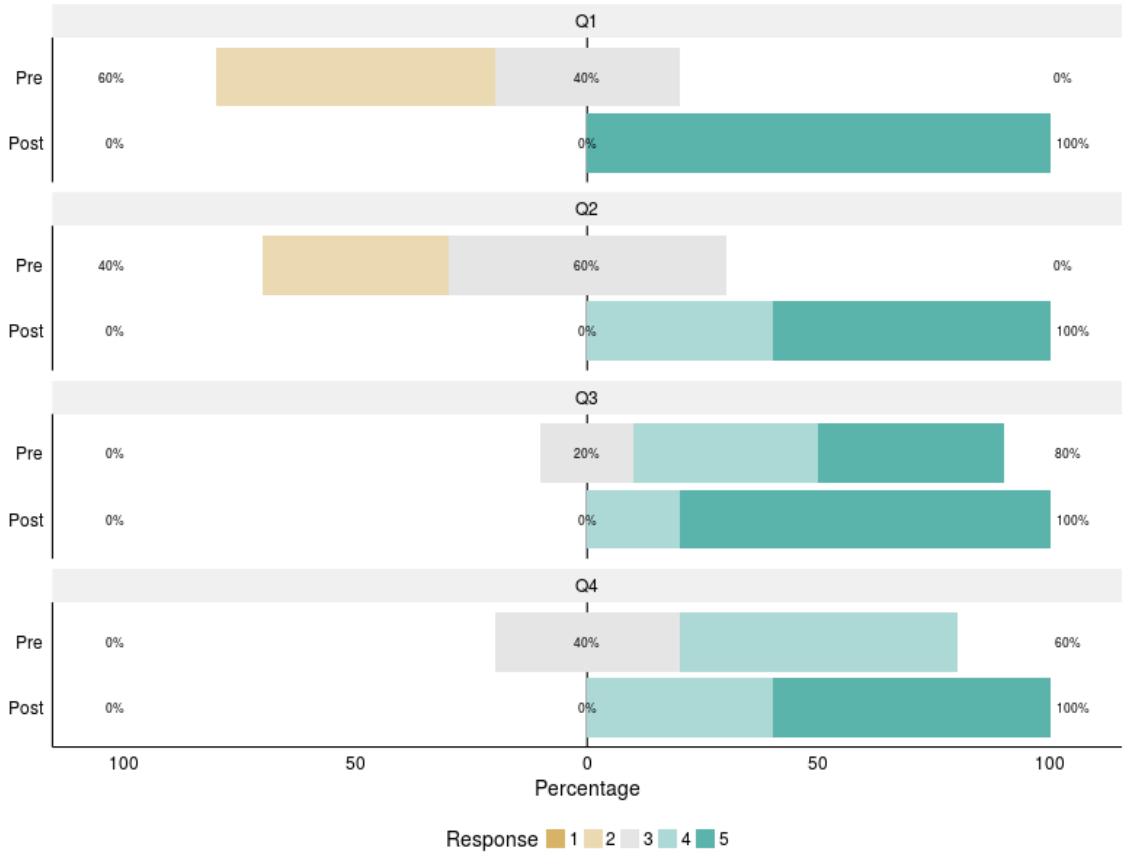
Maximum	3	3	2	2	1	2	3	2	2	1	3	2	3

APPENDIX H

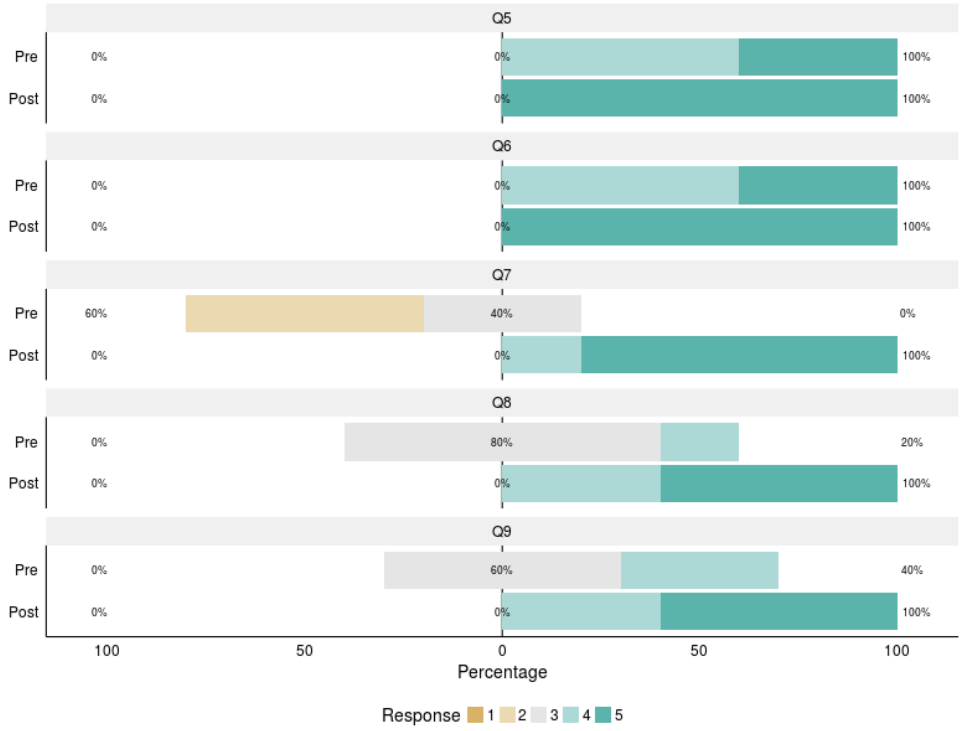
PRE & POST DATA DIVERGING BAR CHARTS

Diverging bar charts were created for each individual question for a visual display of overall increase in post survey scores after participating in preceptor training. Responses were scored 1 through 5; 1 = strongly disagree, 2 =disagree, 3 = unsure, 4 = agree, and 5 = strongly agree.

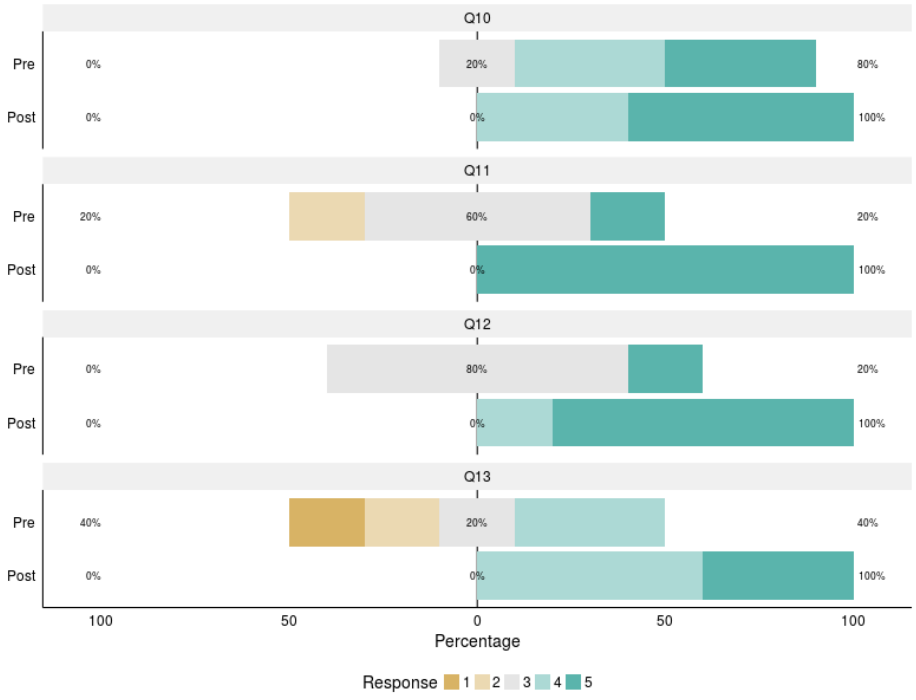
Questions 1-4



Questions 5-9

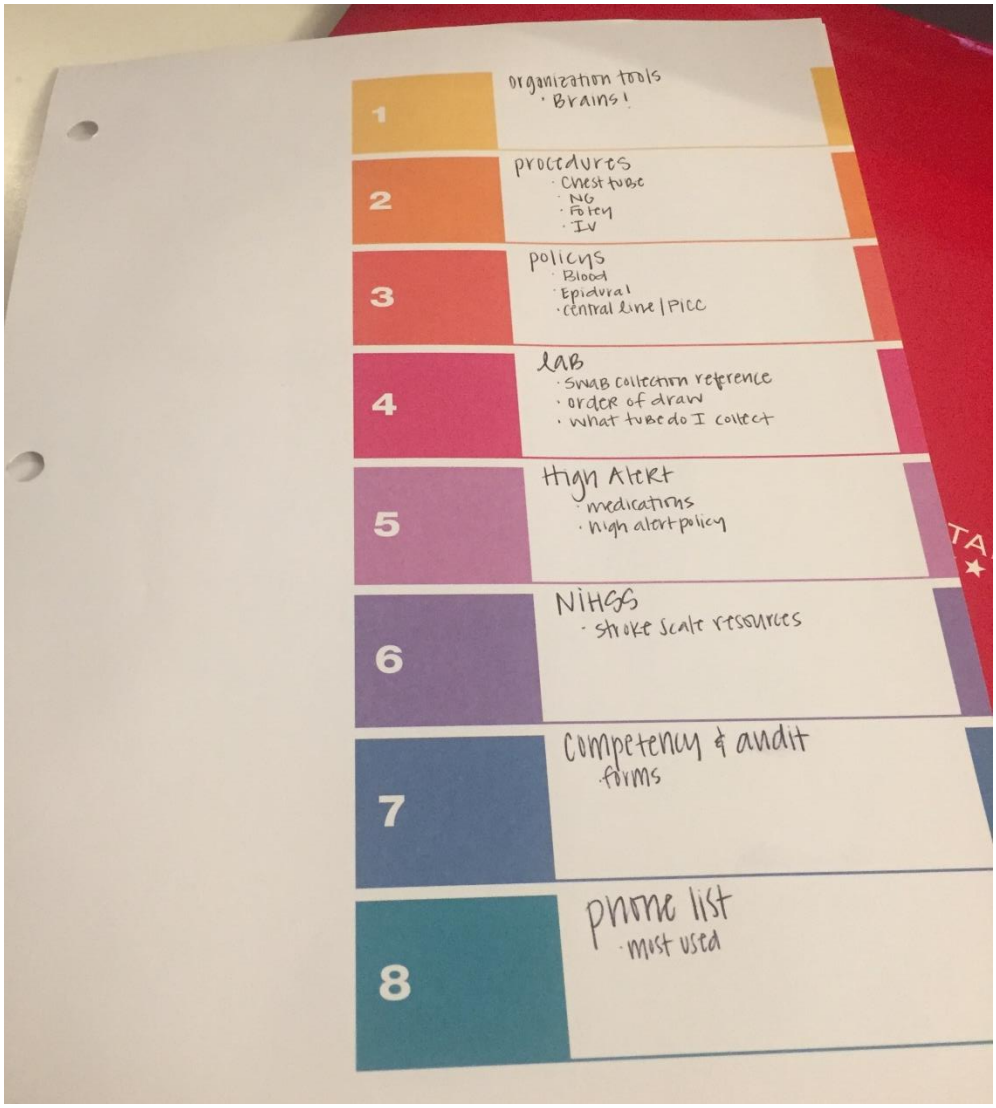


Questions 10-13



APPENDIX I

PRECEPTOR RESOURCE BINDER TABLE OF CONTENTS


1
organization tools
· Brains!
2
procedures
· Chest tube
· NG
· Foley
· IV
3
policys
· Blood
· Epidural
· central line | PICC
4
LAB
· swab collection reference
· order of draw
· what tube do I collect
5
High Alert
· medications
· high alert policy
6
NIHSS
· stroke scale resources
7
Competency & audit
forms
8
phone list
· most used

APPENDIX J

PAGE 1 OF COMPETENCY CHECKLIST EXAMPLE
FROM PRECEPTOR RESOURCE BINDER

COMMUNITY MEDICAL CENTER
From day one.

RN Competency Based Orientation
Medical Surgical Unit
Revised: 2/13/2015

Orientee:	**Orientors(s):**
Start Date:	Primary:
End Date:	Secondary:
Manager Review Date:	

Performance Criteria	*Must have documentation of ability to perform independently			
Competency	Policy and Procedure Reviewed	Observed Skill Performance	Able to Perform Skill Independently*	
Med/Surg Unit	Preceptor Date and Initials:			Comments
Accuvein				
Admission and Admission Documentation PH1150				
Assessment: Basic Adult Physical				
Bed Alarms/ Chair Alarms				
Bed Cradles				
Bed Extender				
Bladder Scanner				
Blanket Warmers				
Blood draw LB-D-SM4				
Blood, Blood Products, & Charges PH1572				
Bulletin Boards in Staff Lounge				
Central Lines Therapy (PH1419)				
Chair Scale/Wheelchair Scale/Bed Scale				
Chemotherpay Precautions				
Chest Tube/Atrium				
CIWA				
Clean Utility				
Code Blue / Crash Cart / Lifepak 12				
Comfort Care / End of Life (Orientation to room, comfort care, and pain plan)				
Commodes				
Diabetes Management and Insulin Therapy (Ph1582)				
Dinamap				
Dirty Utility and Contents				

APPENDIX K

PAGE 1 OF DOCUMENTATION AUDIT FORM
FROM PRECEPTOR RESOURCE BINDER

[redacted] Documentation Audit

Revised: 06-01-16

Please conduct two documentation audits per week, one open chart and one closed chart.
Please do not photocopy. *Call ext 4530 if you need more audit forms.*

Date ..... ☐☐/☐☐/☐☐

MR# ..... ☐☐☐☐☐☐☐☐☐☐

Surveyor (Please write in ALL CAPS) ..... ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Unit:

○ ED	○ ENDO	○ ICU	○ MS	○ NICU
○ OB	○ ORTHO/ RNU	○ PEDS	○ RAD	○ SURG/OPS/PACU

Immunization

Response Definition: C=Complete I=Incomplete N=N/A

	C	I	N
1. Verify Influenza, Pneumonia vaccination protocol completed. If no, verify reason not indicated.	○	○	○

If patient has restraint application:

	C	I	N
2. Restraint Only: Verify reason/behavior for restraint is documented	○	○	○
3. Restraint Only: Verify alternatives to restraint are documented.	○	○	○
4. Restraint Only: Make sure an MD order is present for every 24 hours, timed and dated.	○	○	○
5. Restraint Only: Verify least restrictive restraint was applied.	○	○	○
6. Restraint Only: Verify q2h nursing assessments (documented within 30 minutes of the hour).	○	○	○
7. Restraint Only: Verify care plan updated.	○	○	○
8. Restraint Only: Verify patient/family education.	○	○	○

History & Physical

9. **Outpatients:** Verify the patient's triage and history is documented.	○	○	○
10. **Inpatients:** Verify that an inpatient H&P is completed within 24 hours of admission (If not done within 24 hours of admission, must have a documented update).	○	○	○

Medication Reconciliation:

	C	I	N
11. Within 24 hours of admission, patient's home medication list is present and includes dose, route, and frequency.	○	○	○
12. Medications reconciled within 24 hours of admission?	○	○	○
13. **Discharged Patients Only:** Medication reconciled at discharge?	○	○	○