

**Title:**

Developing Evidence-Based Practice Preceptors Using a Four-Module Education Program

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**Session Title:**

Preceptor Program Development

**Slot:**

F 14: Monday, 30 October 2017: 9:30 AM-10:15 AM

**Scheduled Time:**

9:50 AM

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**Keywords:**

Evidence-Based Practice, Preceptor development and Staff empowerment

**References:**

Burnett, A. (2013). The ABCs of evidence-based practice. *American Nurse Today* 8(4). Retrieved from: [www.americannursetoday.com/Article.aspx?id=10176](http://www.americannursetoday.com/Article.aspx?id=10176). Kelly, J. & McAlliser, M. (2013). Lesson students & new graduates could teach: A phenomenological study that reveals insights on the essence of building a supportive learning culture through preceptorship. *Contemporary Nurse* 44(2) p.170-177. Melnyk, B., & Fineout-Overholt, E. (Eds.). (2010). *Evidence-based practice in nursing & healthcare: A guide to best practice*. Philadelphia: Lippincott Williams & Wilkins.

**Abstract Summary:**

The presentation gives an overview of the skills needed to develop effective preceptors. It is a summary of the author's DNP Capstone content on Developing Evidence-Based Practice Preceptors using a four module format that can be presented to staff in minute increments.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE	TIME ALLOTTED	TEACHING/LEARNING METHOD
Objective 1: The learner will be able to state the rationale for preceptorships generally and EBP Project preceptors specifically.	a. Review of Benner's Novice to Expert theory as it applies to current nursing staff education and experience levels. b. General content of preceptor development programs. c. Cognitive vs. skills acquisition within nursing.	20 minutes	Lecture, Power-Point, Participation
Objective 2: The learner will acquire an overview of the 6 phases of Evidence-Based Practice development.	a. The EBP Preceptor module contents.	20 minutes	Lecture, Power Point, Participation feedback

## **Abstract Text:**

**Background and significance:** Preceptor programs have been used by facilities for decades as a way for clinically experienced nurses within those settings to assist new staff or new graduates in their transition to the work environment. A generic preceptor program includes two people developing a relationship of preceptor – novice. The preceptor will guide, orient, and support the new-hire to the unit, usually using a skills checklist. Research supports the need for developing the preceptor role by providing educational opportunities for the unique skills required within that role. Preceptor skills are not the same as clinical skills. Additionally, there is a need for specialized preceptor programs for unique practice areas. Evidence-Based Practice is a multi-step process that is currently being offered in nursing programs. These newer nurses have a working knowledge of the skills to use research and develop quality improvement initiatives. More experienced clinicians may have graduated prior to the inclusion of EBP into the curricula. There is a need for a program that will provide the background education EBP preceptors will need to assure continuity of the process within a facility and improve their ability to function within the role. Additionally, the role reversal of novice nurse acting as preceptor to the expert clinicians requires an understanding of adult education theories, excellent communication skills, and an in-depth understanding of the EBP process. Experienced clinical nurses may be willing to act as preceptors, but lack the EBP skills to feel comfortable functioning in that role.

**Clinical question:** Will a structured professional development program specifically designed for EBP preceptors increase participation and confidence for midlevel nurse managers as EBP preceptors as well as standardize the EBP process?

**Search Method:** CINAHL, general web search, reference list titles and authors from acquired studies and articles. Inclusion criteria was professional journals, research, expert opinions, and web site publications of coursework developed for university systems.

**Appraisal of Evidence:** There are qualitative studies giving insight into the lived experience of the preceptor / preceptee relationship. There are multiple courses developed and posted outlining the elements within a generic preceptorship development program. The preceptor role has been shown to be an effective educational model since it has been used for decades to supplement academic studies. Harrison-White & Simons (2013) interviewed the preceptees to define the elements of a good preceptor. Omansky (2010) showed the stress preceptors experience when they take on new roles without adequate support and skills development.

**Recommendations:** Create a specialized EBP preceptorship program that can facilitate both expert clinicians and novice nurses with EBP development. Include adult learning concepts and communication skills. The coursework will include 30 minute formats that will be accessible on-line as well as face-to-face tutorials. Begin the educational opportunities with the mid-management level nurses. Feedback will help improve the program.

**Outcomes:** The goals for this project were to increase the number effective EBP preceptors within the facility as measured in the number of direct care staff driven EBP projects. Outcome success was to be measured by the number of direct care staff initiated EBP projects completed due to their mid-level managers attending the educational initiative.

The results were seven direct care staff driven initiatives proximal to the tutorials on EBP preceptor development. These projects were facilitated through various levels of mid-management involvement. An unforeseen barrier to this project was the Nurse Executive and two assistant nurse managers leaving the facility causing a significant shift of workload within the mid-management ranks for a seven-month period. This leadership turbulence also caused subsequent uncertainty at the unit staff levels. There were two projects that the staff essentially completed on their own, showing the need for more structure for the EBP development process in the facility. These staff presented their managers with a completed product that failed to have the foundation work adequately documented (the author facilitated completion of these elements so the projects could move forward). Another staff driven project became a combined EBP and

Systems Redesign project, essentially using evidence to improve a current process. Using elements from both quality tools did show as an effective method to engage staff as well as assure leadership buy in for staff driven initiatives.