Nursing Education Research Conference 2018 (NERC18)

Development of a Nurse Preceptor Program

Jamie Chatzipoulios, MSN, RN
Monica Flowers, DNP, ARNP, FNP-BC
Denise Nash, MSN, ARNP, ANP-BC

(1) VA Nursing Academic Partnership (VANAP), Bruce W. Carter Healthcare System, Miami, FL, USA
(2) Florida International University, Miami, FL, USA

Nursing clinical instruction and evaluation is vital to developing registered nurses (RN) into practice. Nurse preceptors play an important role in pre-licensure nursing programs, residency programs, transition to practice (TTP) programs, and with newly hired veteran nurses on the unit they will work (O'Connor, 2015). A nurse preceptor “guides students to apply theory to practice and function as a role model in a final clinical immersion course” (Sharpnack, Moon, & Waite, 2014, p.254).

Schools of nursing depend on preceptors to assist in the education and training of nursing students. Yet faculty often struggle with placing students in various healthcare settings due to the lack of trained and available preceptors. Developing and educating preceptors is a vital part of the process. There is a need to build a preceptor program at healthcare institutions.

This article attempts to (1) identify the essential components of a preceptor program by reviewing the literature and (2) suggest an evidence-based preceptor program of value. A literature review was conducted on the role of the preceptor, preceptor training, and preceptor programs in order to make evidence-based recommendations to a large health care facility that was lacking any type of formal process for selection, training, education, and development of nurse preceptors. Subsequent research on outcomes and lessons learned once preceptor program is implemented is suggested and planned.

Benefits of preceptors

Nurse preceptors are jewels to both undergraduate faculty and healthcare institutions. They are the ones who train the nursing students and new nurses. The preceptor aids in the “development of professional identity and socialization into the discipline” (Trede, Sutton, & Bernoth, 2016, p.271). Preceptors guide safe practice, accomplish connectedness, create positive learning experiences and relationships, deliver feedback, and “consult with supportive colleagues for advice and guidance” (Trede et al., 2016, p.271). The one-to-one relationship between an experienced nurse and nursing student (or novice nurse) assist the transition into the workforce (Valizadeh, Borimnejad, Rahmani, Gholizadeh, & Shahbazi, 2016). An effective preceptor is not only instrumental in molding the new nurse in the institutions mission and vision but can lead a new nurse to higher levels of job satisfaction, work effectiveness, better quality of care, and patient outcomes (Watkins, Hart, & Moreno, 2016). They can improve the retention rate of new nurses “anywhere from 15% to 37%” (Watkins et al., 2016, p.37).

Preceptor challenges

Preceptors experience many challenges when an effective nurse preceptor program does not exist. Some of those challenges include “workload pressures, insufficient time, restricted communication with other preceptors, lack of structure, lack of clear protocols, lack of appreciation, poor preparation for the role, and insufficient formalized training” (Trede et al., 2015, p. 272). Workplace structure, workplace cultures, managers, peers, and other healthcare professionals influence preceptors. The workplace-learning environment shapes the supervision practices (Valizadeh et al., 2016).

Benefits of preceptor program
A preceptor program creates a supportive workplace, provides role clarity with clear expectations of the preceptor role and responsibilities (Trede et al., 2016). Preceptor education assists in the development of critical thinking of new graduate nurses (Schuelke & Barnason, 2017). Having a preceptor program can create a workplace environment conducive to learning and success. It can provide improved “sufficient work hours, collaboration, reciprocity, policy and organizational support, critical and constructive feedback” (Trede et al., 2016, p.272). Additionally, academic partnerships “can be effective in reducing healthcare costs, improving patient outcomes, and improving quality and safety, in patient care” (Sharpnack et al., 2014, p.255). The benefits of such a program are numerous. The rewards far outweigh the challenges of developing nurse preceptors and sustaining them.

Need for preceptor program

With competition from so many nursing programs seeking clinical sites and numerous nurses entering the healthcare industry, it becomes imperative to have a nurse preceptor program in place. There is much in the published literature and books on preceptor’s roles and responsibilities. Fewer references are available in the literature on how to start a preceptor program and program components.

Following a presentation to all key stakeholders, it is imperative to draft a policy to detail a clear and consistent process of preceptor identification, preceptor selection, role clarification, and role expectations to reduce the stress and confusion amongst preceptors.

Preceptor selection

The literature suggests nurse educators and nurse managers survey and identify potential preceptors based on Commission on Collegiate Nursing Education (CCNE)(2015) standards: BSN degree or higher, good interpersonal skills, culturally sensitive, “clinically competent, enthusiasm for teaching, provides guidance for problem-solving and clinical judgment, gives positive and negative feedback in a constructive manner, empathetic towards learners, promotes autonomy when appropriate, passionate about nursing” (Mohide et al., 2012, p.25). Additional criteria include full-time employment at the time of recruitment, minimum three years of work experience, and intermediate level in clinical competency (Kang, Chiu, Lin, & Chang, 2016). The highest rating RN’s are then selected to be preceptors (a five point rating scale with 1 being the lowest and 5 being the highest). The nurse educator then observes the nurse demonstrating a complete head-to-toe assessment. The preceptor completes a self-assessment like the Nyberg Caring Assessment Scale (1990) (Cotter & Dienemann, 2016). The manager then confirms that the candidate has a positive annual performance appraisal. The preceptor name, results of head-to-toe assessment, and self-assessment score aid the chief nurse administrator in the final selection.

Curriculum format, content and interval

Assessing the needs of the preceptors and identifying the topics that should be included in the curriculum and the preferred form of instruction, is ideal and guarantee success of the preceptors in their role. Foy, Carlson, and White (2013) created a survey tool entitled “RN Preceptor Learning Needs Assessment” which is useful to assess what topics, format, and when in the educational process the preceptor desires to learn the educational content. Following the survey results, the remaining content is delivered at intervals and in formats tailored to the results of the learning needs assessment specific to the institution (Cotter & Dienemann, 2016). For those institutions that prefer a consistent preceptor program, the following are recommended.

Format

The educational format for training preceptors initially starts with a live educational session 4-6 hours in duration. However, having preceptors come-in on a scheduled day off or getting off the unit creates challenges of having preceptors attend live educational training sessions (Sharpnack et al., 2014). Therefore, blended learning sessions with the use of technology would be more convenient and are
recommended for follow-up classes (Cotter & Dienemann, 2016; Schuelke & Barnason, 2017). After the initial 4-6 hour introduction session, 5 online modules would be required before being assigned a preceptee. Providing compensation for this time of learning improves outcome (Sharpnack et al., 2014).

Content

Top ranked curriculum topics identified by preceptors include feedback, roles and responsibilities, adult learning styles and principles, prioritizing, time management, evaluation, communication and conflict, teamwork, patient centered care, culture of safety, evidence-based practice (EBP), clinical resource, and critical thinking (Foy et al., 2013; Sharpnack et al., 2014; Windey, Guthrie., Sullo, Lawrence, Weeks, & Chapa, 2015; Wu, Enskar, Heng, Pua, & Wang, 2016). The introductory 4-6 hour live session includes an overview of nursing theories, preceptor roles & responsibilities, prioritization/time-management, and preceptee evaluation. The follow-up 5 online modules include: Module 1) communication, conflict management, and teamwork. Module 2) culture of safety, patient and family centered care, and quality improvement/assessment. Module 3) Evidence based practice (EBP). Module 4) clinical resources, policies, information technology. Module 5) clinical judgment, clinical reasoning, and critical thinking.

Interval

New preceptors should be allowed to enroll in the class when they feel ready and given 12 months to complete all requirements (Cotter & Dienemann, 2016; Foy et al., 2013). Once the coursework is complete, the preceptor is ready to be assigned. Established preceptors, will be “grandfathered-in” and given 12-months to complete requirements while continuing to precept current students and/or nurses. In addition, the establishment and adherence to quarterly discussion sessions with preceptor and faculty to reflect on learning and application are recommended (Cotter & Dienemann, 2016). Furthermore, yearly evaluations of preceptors and identification of new potential preceptors by the nurse managers, educators, faculty and nursing administration benefit the program along with evaluation of program outcomes.

Rewards to preceptors

Rewards to preceptors are vital to the success of the program. Lack of external incentives and recognition can lead to disappointment, dissatisfaction, and attrition among preceptors (Valizadeh et al., 2016). Financial or education incentives for preceptors can exist in the form of tuition reimbursement, continuing education hours, merit-based bonus, or clinical promotion based on annual performance appraisal (Cotter & Dienemann, 2016; Jackson, 2001; Sharpnack et al., 2014; Valizadeh et al., 2016). In addition, preceptors would benefit from personal roster preferences in scheduling taken into account, support from nurses working on the floor, not placed as charge, and a reduced workload while training, for example not to have the same patient assignment as non-preceptors (Valizadeh et al., 2016). It is imperative for nurse managers and nurse educators to compensate time or support release time for educational needs, provide access to free education resources, and provide further development opportunities (Valizadeh et al., 2016).

Title:

Development of a Nurse Preceptor Program

Keywords:
References:


**Abstract Summary:**

This project attempts to (1) identify the essential components of a preceptor program by reviewing the literature and (2) suggest an evidence-based preceptor program of value.

**Content Outline:** Topic Overview: With competition from so many nursing programs seeking clinical sites and numerous nurses entering the healthcare industry, it becomes imperative to have a nurse preceptor program in healthcare institutions. A preceptor program would (a) improve communication among nurse managers, nurse educators, preceptors, students and other health care professionals; (b) nursing preceptors would benefit from clear roles and responsibilities; (c) nursing preceptors gain increase knowledge, education to perform their duties as a preceptor, value and support from nursing leadership.

Setting and Design: This project attempts to (1) identify the essential components of a preceptor program by reviewing the literature and (2) suggest an evidence-based preceptor program of value. A literature review was conducted searching preceptor program, preceptor role and preceptor training.

Outcomes: There is much in the published literature and books on preceptor roles and responsibilities. Fewer references are available in the literature on how to start a preceptor program and program components. A formalized structured evidence-based preceptor program would improve nursing satisfaction and patient outcomes.

Presentation Objectives (a) review the benefits of preceptor development program to the organization, preceptor, and students based on literature; (b) how to structure a preceptor development program (including preceptor selection); (c) essential program components and curriculum.

First Secondary Presenting Author

**Corresponding Secondary Presenting Author**

Jamie Chatzipoulos, MSN, RN
Bruce W. Carter Healthcare System
VA Nursing Academic Partnership (VANAP)
Clinical Assistant Professor and PBNR Program Facilitator
Miami FL
USA
**Professional Experience:** Jamie Chatzipoulios has extensive experience as a PACU nurse at the Miami VAHS. She recently joined the VA Nurse Academic Partnership (VANAP) as Clinical Assistant Professor and serves as the Post-Baccalaureate Nurse Residency (PBNR) Program Facilitator.

**Author Summary:** As Clinical Assistant Professor for the Nicole Wertheim College of Nursing and Health Sciences and PBNR Program Facilitator, Ms. Chatzipoulios is an experienced speaker who frequently lectures undergraduate nursing students and post-bacc nurses on a variety of subjects.

**Primary Presenting Author**

Monica Flowers, DNP, ARNP, FNP-BC  
Florida International University  
Clinical Assistant Professor  
Miami FL  
USA

**Professional Experience:** Dr. Flowers is currently a Clinical Assistant Professor at the Nicole Wertheim College of Nursing and Health Sciences at Florida International University. Before joining FIU, Dr. Flowers practiced as a Family Nurse Practitioner at Tufts University School of Dental Medicine and Whittier Street Community Health Center. She started her career as a Med/Surg RN at Shands UF in Gainesville, Florida.

**Author Summary:** As a Clinical Assistant Professor and part of the VA Nurse Academic Partnership (VANAP) at the Miami VAHS, Dr. Flowers frequently lectures to undergraduate nursing students, foreign medical graduates, and post-bacc nurse residents. Her areas of expertise include Evidence-Based Practice and Professional Development.

**Third Secondary Presenting Author**

Denise Nash, MSN, ARNP, ANP-BC  
Bruce W. Carter Healthcare System  
VA Nursing Academic Partnership (VANAP)  
VANAP Faculty  
Miami FL  
USA

**Professional Experience:** Ms. Nash is currently faculty in the VA Nurse Academic Partnership (VANAP) at the Miami VAHS. Before joining the VANAP team, Ms. Nash was an Adult Nurse Practitioner in several major hospitals in South Florida. Her areas of expertise are geriatrics and cardiology.

**Author Summary:** Ms. Nash has a wealth of expertise as a speaker. She is not only a VANAP faculty member who lectures to undergraduate nursing students and post-bacc residents, but she is also part of a GRECC initiative to train Geriatric Fellows at the MVAHS. Her past academic experience as a Clinical Assistant Professor at Broward College only adds to her abilities.