

Key Elements to Developing a Preceptor Program

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abstract

Background: With competition from so many nursing programs seeking clinical sites and numerous nurses entering the health care industry, it is imperative to have a nurse preceptor program in health care institutions.

Method: This article attempts to identify the essential components of a preceptor program by reviewing the literature, surveying RNs to identify curriculum, and suggesting an evidence-based preceptor program of value.

Results: Although there is much in the published literature and books about preceptors' roles and responsibilities, few references are available about how to start a preceptor program and program components. A total of 402 RNs with a baccalaureate nursing degree (or higher) were surveyed at a health care system. One hundred ninety-seven surveys were completed (49% response rate) to identify education topics, format, and time of delivery.

Conclusion: The development and implementation of a preceptor program is vital for the success of nurse training and retention to provide quality care.

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Nursing clinical instruction and evaluation is vital to developing RNs into practice. Nurse preceptors play an important role in prelicensure nursing programs, in residency programs, in transition-to-practice (TTP) programs, and with newly hired veteran nurses in the unit in which 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 health care settings due to the lack of trained and available preceptors. Developing and educating preceptors is a vital part of the process. Preceptor programs at health care institutions are needed.

This article attempts to develop the essential components of a preceptor program by surveying RNs to identify curriculum and preferred format, and suggest an evidence-based preceptor program of value. A literature review was conducted on the role of the preceptor, preceptor training, and preceptor programs 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 after implementation of the preceptor program is suggested and planned.

BENEFITS OF PRECEPTORS

Nurse preceptors are jewels to both undergraduate faculty and health care institutions. They are the ones who train the nursing students and new nurses. Preceptors aid 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 rela-

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tionships, 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) assists 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 institution’s mission and vision, but also can lead a new nurse to higher levels of job satisfaction and work effectiveness, as well as better quality of care and patient outcomes (Watkins, Hart, & Moreno, 2016). Preceptors 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., 2016, p. 272). Workplace structure, workplace cultures, managers, peers, and other health care professionals influence preceptors. The workplace–learning environment shapes the supervision practices (Valizadeh et al., 2016).

BENEFITS OF A PRECEPTOR PROGRAM

A preceptor program creates a supportive workplace and 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 that is 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). In addition, 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 A PRECEPTOR PROGRAM

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

program and program components are available in the literature.

First, a presentation to the nursing administration, managers, preceptors, educators, and faculty is necessary for buy-in and effective collaboration. Such a presentation would outline the preceptor program policy, goals, and benefits. All involved parties need to acknowledge, support, value, and participate in the preceptor program for it to be successful (Cotter & Dienemann, 2016). Shared responsibility and communication between the educational institution, health care agency, faculty, preceptor, and student can improve outcomes (Trede et al., 2016).

The preceptor program policy would detail a clear and consistent process of preceptor identification, preceptor selection, role clarification, and role expectations to reduce the stress and confusion among preceptors. Ideally, the policy would communicate about the needs and numbers of preceptors needed to give students optimal clinical experiences for supportive learning (Valizadeh et al., 2016).

PRECEPTOR SELECTION

The literature suggests that nurse educators and nurse managers survey and identify potential preceptors based on Commission on Collegiate Nursing Education (2015) standards: baccalaureate nursing degree or higher, good interpersonal skills, culturally sensitive, and, according to Mohide et al. (2012), “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” (p. 25). Additional criteria include full-time employment at the time of recruitment, a minimum of 3 years of work experience, and an intermediate level of clinical competency (Kang, Chiu, Lin, & Chang, 2016). The highest rated RNs are then selected to be preceptors (a 5-point rating scale, with 1 being the lowest and 5 being the highest). The nurse manager approaches the nurse about being a preceptor. The nurse educator then observes the nurse demonstrating a complete head-to-toe assessment. The preceptor completes a self-assessment such as 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 guarantees the success of the preceptors in their role. Foy, Carlson, and White (2013) created a survey tool, the RN Preceptor Learning Needs Assessment, which is useful to assess what topics, format, and point during 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).

Format

The educational format for training preceptors initially begins with a live educational session lasting 4 to 6 hours. However, having preceptors come in on a scheduled day off or getting out of the unit creates challenges related to preceptors attending 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 attending the initial 4- to 6-hour introduction session, preceptors would be required to complete five online modules 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 et al., 2015; Wu, Enskar, Heng, Pua, & Wang, 2016). The introductory 4- to 6-hour live session includes an overview of nursing theories, preceptor roles and responsibilities, prioritization and time management, and preceptee evaluation. The follow-up five online modules include:

- Module 1: Communication, conflict management, and teamwork.
- Module 2: Culture of safety, patient- and family-centered care, and quality improvement and assessment.
- Module 3: EBP.
- Module 4: Clinical resources, policies, and information technology.
- Module 5: Clinical judgment, clinical reasoning, and critical thinking.

In lieu of content development, several preceptor-training courses are currently available online, such as the Preceptor Challenge course by the American Association

of Critical-Care Nurses, National Council of State Boards of Nursing's (NCSBN) Helping New Nurses Transition to Practice (James, 2017) course for preceptors, or Being a Preceptor in a School of Nursing by Indiana University.

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). After 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 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, annual evaluations of preceptors and identification of new potential preceptors by the nurse managers, educators, faculty, and nursing administration benefit the program, along with an evaluation of program outcomes.

Survey Results

After completing the literature review, an electronic survey tool was developed by the authors based on the RN Preceptor Learning Needs Assessment (Foy et al., 2013). The tool developed by the authors contained 18 topics: feedback, adult learning, communication, conflict management, critical thinking, time management, prioritizing, EBP, patient- and family-centered care, culture of safety, role modeling, professional socialization, delegation, clinical reasoning, clinical resources, information technology, quality improvement, and assess competency. Participants were asked to rank preceptor education topics on a 5-point scale (ranging from 1 = *not at all important* to 5 = *extremely important*). Two additional questions were added:

- At what point in a preceptor's development do you think a preceptor ought to learn about each topic?
- In what manner would you prefer to learn about each topic?

Study data were collected and managed using the REDCap (Research Electronic Data Capture) survey tool. REDCap is a secure Web-based application designed to support data capture for research studies, providing an intuitive interface for validated data entry; audit trails for tracking data manipulation and export procedures; automated export procedures for seamless data downloads to common statistical packages; and procedures for importing data from external sources.

The electronic survey was sent to 402 RNs with a baccalaureate nursing degree (or higher) from all areas in a

health care system. One hundred ninety-seven surveys were completed for a 49% response rate. Results revealed the top three educational topics were: communication, critical thinking, and prioritizing. Sixty-one percent preferred a blended format for learning. Sixty-four percent thought material ought to be delivered within the first year of precepting.

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 bonuses, or clinical promotion based on an 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 a charge nurse, and a reduced workload while training (e.g., not to have the same patient assignment as nonpreceptors) (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).

CONCLUSION

Based on the evidence, it is wise for health care institutions to develop an evidence-based preceptor program. Preceptors are the core to the success of attracting and retaining nurses for the future. Nurturing and providing preceptors with education and support will aid in nurse recruitment, retention, and job satisfaction (Dwyer & Hunter Revell, 2016). The development and implementation of a preceptor program is vital for the success of nurse training and retention to provide quality care at any health care institution (Windey et al., 2015).

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