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Implementation of the Transition to Practice Regulatory Model for Nurse Preceptors in a Rural Setting

Donna Renee Honour
University of Southern Mississippi

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The University of Southern Mississippi
IMPLEMENTATION OF THE TRANSITION TO PRACTICE REGULATORY
MODEL FOR PRECEPTORS IN A RURAL SETTING

by

Donna Renee Honour

Abstract of a Capstone Project
Submitted to the Graduate School
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Nursing Practice

May 2015

ABSTRACT

IMPLEMENTATION OF THE TRANSITION TO PRACTICE REGULATORY MODEL FOR PRECEPTORS IN A RURAL SETTING

by Donna Renee Honour

May 2015

Registered nurse turnover is a recurring problem for healthcare organizations. The inability of hospitals to retain registered nurses threatens the adequacy of healthcare delivery and increases personnel and patient care cost. The purpose of this capstone project was to take a leadership role in translating evidence into practice by successfully preparing preceptors to help new graduates transition successfully from the role of student to that of a professional nurse.

Healthcare organizations require a stable, highly proficient, and totally engaged nursing staff to provide effective and efficient levels of patient care. The first year of practice for a nurse graduate, the transition year, can be the most difficult in a nurse's career. Without support during this time, many graduates leave the hospital with turnover rates as high as 61 percent (Bowles & Candela, 2005). The financial cost of losing a single nurse has been calculated to equal nearly twice a nurse's annual salary. The average hospital is estimated to lose about \$300,000 per year for each percentage increase in annual nurse turnover (Atencio, Cohen, & Gorenberg, 2008). The loss of new employees negatively impacts the bottom line of healthcare organizations in numerous ways including: reduced quality of patient care, increased contingent staffing cost, and increased cost for staffing nursing units and patient loss (Covell, 2009). Primary causes of nurses leaving the first year post graduation were attributed to poor training, lack of

support, and stress related to intense working situations and high patient acuity. Therefore, for patient safety and the well-being of new nurses, hospitals must make efforts to provide safe and effective environments that nurture the assimilation of graduate nurses into their systems. An effective preceptor program is one strategy that can be utilized to address retention of newly graduated nurses (Santucci, 2010).

This quality improvement program provided knowledge to key stakeholders in a rural hospital in the Mississippi Delta to the evidence based practice strategy of the Transition to Practice Regulatory model. Data revealed that 100% of the participants reported the workshop met all stated objectives of the workshop. The preceptor program emphasized the organization's goals and system leadership for quality improvement. The program created an evidence-based teaching strategy to improve educational preparation of nurse preceptors to support graduate nurses as they transition into professional practice.

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Approved:

Dr. Patsy Anderson
Committee Chair

Dr. Anita Boykins

Dr. Karen S. Coats
Dean of the Graduate School

May 2015

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LIST OF ABBREVIATIONS

| | |
|---|--------|
| Advance Practice Nurse..... | APN |
| Agency for Healthcare Research Quality..... | AHRQ |
| Centers for Medicare and Medicaid Services..... | CMS |
| Cumulative Index of Nursing and Allied Health Literature..... | CINAHL |
| Delta Regional Medical Center..... | DRMC |
| Institute of Medicine..... | IOM |
| Knowledge, Skills, and Attitude..... | KSA |
| LifeBridge Health..... | LBH |
| National Council of State Boards of Nursing..... | NCSBN |
| National Sample Survey of Registered Nurses..... | NSSRN |
| The Joint Commission..... | TJC |
| Transition to Practice Regulatory Model..... | TTP |
| United States Bureau of Labor Statistics..... | USBLS |
| United States Department of Health and Human Services..... | USDHHS |
| University of Hospital Consortium..... | UHC |
| Vermont Nursing International Program..... | VNIP |

CHAPTER I

INTRODUCTION

Registered nurse turnover is a recurring problem for healthcare organizations. Organizations must be conscious of the transition required of new graduate nurses merging into professional practice and implement strategies to support their transition, which can result in increased retention rates. Significant organizational costs are attributed to orienting a new graduate nurse. Currently, new nurses' make-up greater than 10% of hospital staffing with a bigger projection increase related to an aging baby boomer population retiring and transitioning from the bedside (Olson, 2009).

The transition period between graduation and the end of the first year of employment continues to be an issue in the profession of nursing. A commission led by Fink, Krugman, Casey, and Goode (2008) reported turnover in the first of employment ranges from 20% to 40%, related to graduate nurses experiencing low self-confidence, high anxiety, role conflict, and uncertainty when the graduates were not paired with an experienced preceptor during the transition period. As baby boomer nurses leave the nursing profession, new graduate nurses will be inundating hospitals, unprepared for the demanding role of the registered nurse. Between 2011 and 2020, 55% of the nurse population is expected to retire. Furthermore, as nursing continues to increase by 2-4% each year, a potential shortfall of close to a half million nurses is predicted by 2025 (American Association of Colleges of Nursing, 2013). Hospitals will therefore be faced with the majority of their employed nurses having insufficient knowledge to guide their practice (Goode, Lynn, Kresk, Bednash, & Jannetti, 2009). Turnover of new graduates is a reoccurring problem hospitals must remedy. Unlike physicians, pharmacists and

pastoral interns, hospitals do not receive CMS pass through dollars to offset the cost of training new graduate nurses and the cost of training new nurses rests solely with the hospital. Successful transition and retention of new graduates is crucial (Goode et al., 2009).

Background of the Problem

Reinsvold (2008) states that in their first year of employment, new graduates quit between 35% - 60% of the time and 57% in their second year due to feelings of being overwhelmed and for fear of practicing unsafely. Preceptor programs have been shown to decrease turnover and increase the competency and confidence of new graduates (Valdez, 2008). The use of nurse residency programs improves the expertise gap expected as large numbers of experts retire and large numbers of new graduates enter the workforce at the same time (Orsolini-Hain & Malone, 2007).

Having insufficient expertise creates problems in the clinical setting. The new graduate nurse has yet to develop the clinical judgment that experienced nurses possess. They may not recognize the early signs of patient deterioration, nor act upon the early signs, thus creating the possibility of increased morbidity and mortality among their patients (Orsolini-Hain & Malone, 2007). The graduate nurse may not recognize or is uncomfortable in calling an oversight of a colleague to the right person's attention (Levett-Jones et al., 2010). They may not want to ask for help for fear of being labeled incompetent or not approach a colleague because their expertise or behavior is intimidating (Linder, 2008).

According to Allgood and Tomey (2010) as nurses develop, they discover practical knowledge that is used in clinical judgment.

Expertise develops when actual practice situations are tested during multiple experiences over time (Alligood & Tomey, 2010).

A widespread practice to support new graduates to work is the use of preceptors, experienced clinical nurses who steer new nurses through orientation. Preceptors' responsibilities include helping new graduates to learn information and skills required to provide patient care and their professional role as nurse. Rogan (2009) describes the preceptor role as essential, and states that nurses who serve as preceptors must be prepared to act as educator, mentor, supervisor, assessor, and coworker. The evidence related to preceptor involvement and orientee (new graduate nurses, for this discussion) success is consistent and demonstrates a strong relationship between the two (Golden, 2008; Salt, Cummings, & Profetto-McGrath, 2008). Preceptors must be prepared to fill this important role and to help new graduates develop their skills.

Significance of the Study

Preceptor training is suggested as vital to preceptor effectiveness (Newhouse, Hoffman, Suflita, & Hairstons, 2007). Forneris and Peden-McAlpine (2007), state insistently that nursing practice outcomes are improved by nurses' clinical judgments and skills formed initially during the orientation process with the support of well-prepared preceptors. Patient outcomes influence and affect a healthcare organization's bottom line. Patients have the ability to choose which healthcare organizations they access; thus, dissatisfaction can negatively influence generated revenues. This results in the inability of the healthcare organization to hire additional registered nursing staff, thereby perpetuating the cycle.

Health care delivery in the Mississippi Delta has, and continues, to undergo tremendous change. Brown (2006) describes the Mississippi Delta as one of the poorest rural areas in the country with mortality rates and chronic disease rates exceeding national averages. Geographically, the Mississippi Delta is the northwest section of the state bounded on one side by the Mississippi River and the Yazoo River on the other side. Challenges already inherent in this region characterized by unequal distribution of RNs in the Delta are magnified by registered nurses leaving their places of employment within the first twelve months, adding greatly to the cost of industry and patient care.

Coping with the current registered nurse shortage and faced with dire predictions of shortages in the future, many healthcare organizations, including the healthcare organization under study, will need to develop and implement innovative strategies to retain registered nurses. This healthcare organization reports an average turnover rate of 35.6% for registered nurses for the last five years; and an average vacancy rate of 21.1% is reported within the same period (Chief Human Resource Officer, 2012).

Closer examination of this data indicates the average length of employment for a registered nurse at this healthcare organization under study is less than 12 months, with a range of 12 to 60 months. Of the 45 registered nurses identified as leaving within the last five years, 65 percent left within the first 12 months, 17 percent within 24 months, and 14 percent within 36 months. Table 1 illustrates the length of employment for the registered nurses who have left the employment of this healthcare organization over the last five years (Chief Human Resource Officer, 2012).

Table 1

Length of Employment for Registered Nurses Leaving the Healthcare Organization under Study within the Last 5 years

| Year | Total Turnover | Employed < 12 months | | | Employed 13 to ≤ 24 months | | | Employed 25 months to ≤ 36 months | | | Employed ≥ 36 – 60 months | | |
|-------------------|-------------------|-------------------------|-------------|-----|-------------------------------|------------|-----|--------------------------------------|----------|-----|------------------------------|-------------|-----|
| | | # | Avg. Age | % | # | Avg Age | % | # | Avg. Age | % | # | Avg. Age | % |
| 2012 | 20 | 12 | 24 | 60% | 2 | 28 | 10% | 4 | 32 | 20% | 2 | 59 | 10% |
| 2011 | 36 | 25 | 23 | 69% | 6 | 25 | 17% | 4 | 28 | 11% | 1 | 67 | 3% |
| 2010 | 25 | 16 | 23 | 64% | 5 | 28 | 20% | 4 | 30 | 16% | 0 | 0 | 0% |
| 2009 | 32 | 27 | 23 | 84% | 3 | 26 | 9% | 2 | 28 | 7% | 0 | 0 | 0% |
| 2008 | 19 | 6 | 26 | 32% | 6 | 23 | 32% | 4 | 25 | 21% | 3 | 61 | 15% |
| Overall Totals | 132 | 86 | 24 | 65% | 22 | 26 | 17% | 18 | 29 | 14% | 6 | 62 | 4% |

This data is consistent with the literature which reports turnover rates among registered nurses are highest in the first 2–3 years of employment, which is when retention becomes critical. A great deal of attention, research and initiative are directed at retaining the registered nurse outside the first 36 months of service. For healthcare organizations facing heightened retention difficulties, protecting the intellectual capital and assets invested in a newly hired registered nurse during his/her first 3 years is crucial (Billay & Myrick, 2008).

Exit interviews are attempted with all employees leaving the organization. The numbers of registered nurses completing these interviews are low. Closer examination of the exit interview process at the healthcare organization under study indicated that of the 132 nurses leaving the organization between 2008 and 2012, only 95 (72%) of these nurses completed the exit interview. Anecdotal comments from registered nurses completing exit interviews over the last 12 months included the following comments relative to retention:

1. The hours do not allow me to have quality time with my family.
2. I have received a job offer that has better hours (Monday–Friday).
3. The nurse to patient ratio is too high.
4. There is too much red tape involved in decision–making and getting things done.
5. I have accepted a job that will allow me to go to school.

Analysis of turnover data and comments from the exit interviews results indicate similar issues influencing retention. There is a wide range of generations represented in the staff nurse population, and turnover occurs primarily within the first 12 to 36 months.

This organization has attempted to address issues faced by all new staff nurses in the organization through the application of a Nurse Residency Program. Like most organizations, interventions to retain nurses have been focused on the nurse, the barriers, and the enablers that promote retention. However, little attention has been focused on the preceptor responsible for training the staff nurses (Bratt, 2013).

Statement of Purpose and Project Objective

The aim of this capstone project was to take a leadership role in translating evidence into practice by successfully preparing DRMC nursing service stakeholders to adapt The Transition to Practice Regulatory Model to use at DRMC, to orient new registered nurses employed at DRMC. The capstone objective is as follows:

Using evidence about The Transition to Practice Regulatory Model and a pre-determined timeline, DRMC stakeholders in orientation process of new registered nurses will be successfully prepared to adapt, The Transition to Practice Regulatory Model for use in the orientation process DRMC.

Outcomes

This project offered stakeholders a scholastic opportunity to gain insight and new knowledge related to evidence-based practice in the development of a preceptor program. The data obtained through this evidence based training provided DRMC stakeholders an opportunity to develop a preceptor program. A successful preceptor program will increase the retention of registered nurses and decrease cost related high turnover rates. With full implementation, The Transition to Practice Regulatory Model can provide positive results for the organization such as increased staff on nursing units, continuity of patient care and decreased patient complaints.

Review of Related Literature

A literature review was conducted to guide the design of this project and implementation of an evidenced-based preceptor program for graduate nurses. An extensive literature search was conducted using terms, evidence-based, retention, recruitment, graduate nurse, preceptorship and preceptor. Databases included: Cumulative Index of Nursing and Allied Health Literature (CINAHL), Google Scholar, Medline, Science Direct, Cochrane Database, Agency of Healthcare and Quality (AHRQ), EBSCO and other internet evidence-based resources. The summary of the literature will address recruitment and retention, transition to practice, preceptors programs, and role of the professional nurse as a preceptor.

The PICO question that will drive this study is: Will the implementation of an evidenced based preceptor program prepare nurse preceptors to support a graduate's transition from the role of a student to the role of the professional nurse?

Retention and Recruitment

There are several examples in the literature about retention or turnover rates for new graduates both before and after the implementation of preceptor programs. The cost of replacing registered nurses can equal one hundred percent of new graduate registered nurse salaries (Reinsvold, 2008). Additional evidence shows 65-76% of new graduate registered nurses cannot meet required expectations for entry level clinical judgment and lack the ability to translate knowledge and theory to practice (Ulrich, Krozek, & Ashlock, 2010).

The current nursing shortage will create a large knowledge gap due to vast number of veteran nurses retiring and the need for younger, inexperienced nurses to

fill their positions (Orsolini-Hain & Malone, 2007). The shortage is expected to continue for years and is due largely to the gap in age between baby boomer nurses and recent graduates. According to a recent National Sample Survey of Registered Nurses (NSSRN), nurses over the age of fifty make up 44.7% of the nurse population in 2008 compared to 33% of the population in 2000 (USDHHS, 2010). Between the years 2001 and 2008, 20% of the workforce was composed of recently graduated registered nurses. While the median age of a nurse has leveled off to age 46, by 2018 more than 580,000 will be needed to fill the gap left by retiring nurses (USBLS, 2010; USDHHS, 2010). This means that hospitals, who hire 83% of new graduate nurses, will be replacing the seasoned nurses with less experienced new nurses requiring extensive training (USDHHS, 2010).

According to Park and Jones (2010) “the high turnover of newly graduated nurses is emerging as one of the problems that hospitals need to address” (p. 142). The authors also reported a recent survey conducted in 35 states showed how 13% of newly hired graduates had changed jobs in one year. The same survey also reported that 37% of the new graduates plan to change jobs soon. Researchers have shown new nurses cite a feeling of incompetence, aggravations, decrease in self-confidence, and physical and emotional fatigue as reasons for new graduates leaving their jobs.

Cost of retention. According to the Bureau of Labor and Statistics (AACN, 2012) “the estimated job growth for registered nurses will be 1.2 million by the year 2020” (p. 1). Health care organizations will hire many new graduates to meet the demand for nurses. The cost and retention of new graduates are significant to an organization. Research has shown that 36% of new graduates leave their job within the first year. The

cost of hiring a new graduate is approximately \$41,624. It costs a facility between 36,000 to 49,000 a year when a new graduate leaves within the first year. This amount can be significantly higher when per diem staff has to be used to replace the graduates. The training and retention of new graduates are essential to the fiscal growth and successful client outcomes of the healthcare organization. For this reason, facilities must provide adequate education and competency training to attract and retain graduates as loyal employees for years to come (Bowles & Candela 2005).

Supply & demand. High rates of registered nurse turnover is detrimental, not only to the registered nurses and the healthcare economy but to the safety and well-being of patients in our communities. The limited supply of nurses in the workforce emphasizes the importance of attracting and retaining nurses. Effective leadership and management are essential components of today's work environment if nurses are to have a satisfying and productive career. The nursing shortage has brought recruitment and retention issues to the forefront of most healthcare organization's strategic planning. When staff is short, the problem falls squarely on the shoulders of the nurse manager who is expected to cover the unit even when there are inadequate numbers to do so. When nurses decide to leave, the problem again goes directly to the nursing manager who is often instructed to develop a retention plan and prevent nurses from resigning, accepting reassignment or moving to part-time positions (Krozek, 2008).

Benefits of retention. Preparing the new graduate to enter the workplace is an important step in addressing retention and patient safety. Although graduates nurses have limited experience when they enter nursing practice, they are typically expected to be responsible for a standard patient assignment shortly after they complete orientation

(Ulrich et al., 2010). Even if a new graduate is not required immediately to care for a severely ill patient, the nurse must at least have the skills to solve urgent and emergent situations that occur unexpectedly in critical care. Thus, it is imperative that graduate nurses receive a clinical orientation that meets their needs as new nurses and gives them a strong foundation in order to address unexpected changes in the patient's condition.

Transition to Practice

The transition of new graduates to practice gained a lot of attention. Critical thinking, advanced problem solving, and expert communication skills are an integral part of nursing practice and should be developed through nursing education programs (Fero, Witsberger, Wemiller, Aullo, & Hoffman, 2008). Transition to practice is a current dilemma in the nursing profession. New graduates who do not receive a structured orientation can cause serious problems for a healthcare organization. These problems include nursing process errors such as failing to follow health care provider's orders, medication administration errors, failing to provide proper communication about client condition, and failing to comply with facility protocol can lead to life-threatening sentinel events.

Likewise, institutional problems such as staffing issues and decrease revenue continue to plague the orientation process. In fact both preceptors and orientees have cited staffing shortages, pay, incentives, and busy work schedules as barriers to an adequate orientation (National Council of State Boards of Nursing, 2011). Considerable research has been conducted to find a solution to the problem. Many suggestions have been initiated to address the problem; however, the most effective results have been structured orientation programs like nurse preceptor programs (Buchan, 2010). Unless a

structured and comprehensive orientation program is implemented, this small rural hospital will continue to undergo escalating poor patient outcomes, decrease patient satisfaction, and high nurse turnover; consequently, increase malpractice and negligence lawsuits will be inevitable.

Urich et al. (2010) produce a 10 year longitudinal investigation. The goal of the investigation was to determine the reasons for the evacuation of new graduates from the nursing profession. The authors also evaluated the implementation of a new residency policy designed to minimize the turnover of new nurses. The study sampled over 6,000 new graduates over a 10 year period. The organizations used range from small, rural hospital to large, complex, health systems. The study evaluated nurse's satisfaction to job turnover intentions as well as evaluating competencies after completing a residency program. The results revealed that a faster growth in capability and confidence contributed to a decrease in turnover intentions and actual turnover. The study also showed how successful implementation of evidenced based residency program increased competencies of new graduates and reduced turnovers for new graduates. Lastly, the study revealed the benefits for the company by decreasing costs for paying per diem nursing staff and the financial strains caused by repeated staff turnovers.

The greatest asset of any healthcare organization is the collective and individual knowledge and intelligence of its employees, specifically its nurses. Comprehensive educational opportunities for nurses help the patient, the nurse and the healthcare organization to keep from becoming obsolete and losing its competitive edge. The retention of nurses would be extremely significant in the attainment of the overall strategic plan of the healthcare organization by retaining nurses long enough to become

expert care givers rather than only novices. These experienced nurses are then available to serve as preceptors to the graduate/novice nurses.

Creating a practice environment where graduate nurses feel welcome is a challenge. Nurses' ability to address the many issues they confront adequately can be influenced by their perceptions of the practice environment in which they work. Job dissatisfaction and turnover may occur when nurses perceive the practice environment to be one in which their primary obligation to patients is compromised. The practice environment is greatly affected by the cultural and social norms of the employing healthcare organization (Alspach, 2008). The major implication for practice is related to establishing a work environment that is conducive to retaining nurses and in turn reducing the turnover of nurses, especially the new graduate. These efforts will result in higher levels of staffing, higher skill level of staff and an increased level of quality care being provided.

Preceptor Program

Historically preceptorship in nursing evolved during the 1970s and 1980's when schools of nursing were removed from hospital settings (Shamian & Inhaber, 1985). During this time, the need arose for a more comprehensive hospital orientation for new nurses entering clinical practice. Compact orientation programs were developed to instruct new employees about hospital-wide policies and procedures and also to acquaint them with organizational culture. Upon completion of the compact programs, new nurses were sent to their units to be informally introduced to the practical aspects of their new roles. However, these compact orientation programs lacked structure and led to reality shock and high turnover rates for new nurses, as well as burnout coupled with diminished

satisfaction among all of the nursing staff. As a result of the issues associated with transition of new nurses into clinical practice the preceptor model emerged (Shamian & Inhaber, 1985).

Today's hospital environment with its high-acuity patients and an increasingly novice nursing work force necessitates tailored orientation programs that account for the unique learning needs of beginner graduate nurses, giving the nurses a solid foundation in application of concepts and as much practice with clinical and time management skills as possible. Preparing the new graduate for transition into the workplace is an important step in addressing retention and patient safety. It is imperative that graduate nurses receive a clinical orientation that meets their needs as new nurses and gives them a strong basic foundation in nursing care. The basic beginner skills of graduate nurses and the increasing complexity of caring for patients, healthcare organizations must implement orientation programs tailored to meet the needs of graduate nurses and help them develop into competent caregivers and address both recruitment and retention (Wieck, Dols & Landrum, 2010).

Retention often reflects education and training, professional development sustains organizational commitment and encourages retention. Preceptors programs are integral components in building a strong workforce (Wieck et al., 2010). It is essential for the nursing administration to be fully committed to the staff development. Preceptor programs provide newly hired nursing staff with planned, individualized, structured orientation programs to assist with the transition into practice (Duteau, 2012). New nurses can develop better critical thinking and judgment. Graduates will be able to function adequately in their professional roles. Preceptor programs can improve the care

given to client's in healthcare organizations. This can lead to decrease in morbidity and mortality, decrease in healthcare disparities, and improving healthcare in the country.

The immediate need of the novice nurse is orientation to the nursing profession in addition to the nursing unit. The adaptation to the nursing profession beyond nursing school is crucial to survival of the new nurse. The graduates must feel welcomed and offered support in obtaining knowledge, skills, and professional guidance to be successful in their new roles and practice. Although graduate nurses are exposed to various clinical settings during nursing school, they are still considerably weak in skills and clinical judgments. Structured, organized, and comprehensive orientation and preceptor programs are imperative for professional growth of new nurses in critical care settings (Duteau, 2012).

In response to the imminent knowledge gap, organizations have designed preceptor policies for newly employed nurses that are aligned with evidence based practice. A review of a number of programs throughout the United States indicate that using this structure has resulted in reduction of turnover rates of new graduates in the first twenty-four months of service (Fink et al., 2008).

There are two common preceptor programs in the United States that have longitudinally measured retention or turnover rates for new graduates. The programs have large databases of information and include the University Hospitals Consortium American Association of Collegiate Nursing (UHC/AACN) and the Versant program (Goode et al., 2009; Ulrich et al., 2010). The UHC/AACN program with a database of over 5000 new graduates indicates that since the implementation of their structured program turnover has declined from 12% on average to 5.7% in 2007 (Goode et al.,

2009). Versant has over 6000 residents in their program and has decreased turnover from 7% at the first twelve months of employment to 4.3% in 2009 (Ulrich et al., 2010). Other examples include a program that reduced turnover from 27% to 12% (Buchan, 2010); 35% to 6% (Reinsvold, 2008) and improved retention from 80% to 100% over a three year period (Hillman & Foster, 2011).

Orsolini-Hain and Malone (2007) reported nurse graduates experienced stress related to workload issues, lack of support and guidance, acuity of patients and feeling they have too much responsibility. In the study, the turnover was measured at 30% in the first year and 57% in the second, which is well over the reported national rate at that time.

Role of Professional Nurse as a Preceptor

The role of the preceptor in the 21st century has evolved, preceptors guide new nurses as they transition from academic institutions to the professional world or from one specialty to another. According to Bott, Mohide, and Lawlor, 2011, the definitions of the preceptors have also evolved since its inception. The authors suggested an accurate description of a preceptorship is “largely an experiential approach to clinical nursing, in which a reciprocal teaching-learning relationship is established with whom the learner is partnered” (p. 35). Today’s preceptors use the standards of professional practice and patient care experience as a framework for clinical teaching. They draw on their own experiences of providing patient care to anticipate and understand patient conditions students will encounter. The nurse’s academic training provides the theoretical foundation, while practical experiences at the bedside translate theory into practice (Salt et al., 2008).

Multiple studies identified the education preparedness of the preceptor as a pivotal step in successful orientation programs. According to Eddy (2010), the preceptor is a vital component to all facets of nursing education. Preceptorships are accredited to high success rates of advanced practice degrees in the nursing profession. The author also describes how preceptorships are “cognitive apprenticeships” they help bridge theory to practice. The collaboration between nurse educators, preceptors, and preceptees is the key to facilitating a positive clinical experience for new graduates with successful outcomes. This relationship is essential to the development of graduate nurses. The learning environment is critical to the success of the preceptees clinical orientation.

As professional nurses, preceptors help empower the new graduate. Preceptors contribute to the development of the knowledge, clinical skills, and professionalism for career success. They assist student nurses by offering guidance, support, role modeling, and coaching for personal development of the new graduates. These skills are essential for professional growth and sustainability in the workforce.

Nurse preceptor programs are successful when the orientee is guided by an experienced and trained preceptor. Having one consistent preceptor is shown to ease frustration and increase the satisfaction of nurse residents (Dyess & Sherman, 2009). The chosen preceptor should know the difference between experienced nurses and novices and have an understanding how to transition the new resident through the stages of skill attainment. Training programs for preceptors should improve the capability of the preceptor to adapt to different learning styles (Myers et al., 2010). Elements of such a program could include principles of teaching-learning, effective communication, role socialization, reflective practice, delegation and accountability,

quality and safety tenets, teamwork, and patient centered care (NCSBN, 2011).

Development of these programs to support preceptors increases their confidence levels as well as their understanding of the criticality of their role (Hyrkas & Shoemaker, 2007).

Theoretical Framework

The framework use to develop the preceptor program is the Preceptor Conceptual Framework developed by Craven and Broyles. The framework describes the basis for a successful preceptor program. The framework builds on five major components. They are the preceptor, the orientee, administrative support, educational support, and incentives. These components are coalesced by interlocking rings. The interlock rings defines the connections amongst the elements and provide both continuity and a method of assessment and modification. Craven and Broyles (1996) suggest that any change of a particular component would alter the dynamics of the program. This framework will serve as the foundation to build and evaluate the preceptor program for healthcare organizations.

The preceptor is the most important component of a successful preceptor strategy. The preceptor will be accountable for instructing the novice nurse in developing skills acquisition and accretion of knowledge for their new role. The preceptors are selected on a voluntary basis with recommendations from nurse managers. The main function of the preceptor is supporter and teacher. As a supporter, the preceptor will assist the novice nurse in organizational culture and policies. This will allow the new employee to become familiar with recorded and unrecorded routines of the work environment. As a role model, the preceptor demonstrates professional safe and competent care to the novice

nurse. Lastly as a teacher, the preceptor facilitates the learning needs of the new nurse by organizing learning experiences, evaluating orientee growth, and implementing teaching plans (Craven & Broyles, 1996).

The second most vital element of the framework is the orientee. The orientee will consist of newly hired registered nurses who are licensed practical nurses and registered nurses with less than 6 months experienced. These nurses are staff nurses who need educational training and support to properly transition to their new roles. The orientees are required to have active participation during the orientation process (Craven & Broyles, 1996).

Administrative support is pivotal to the preceptor program and the third essential element of the framework. Administrative support constitutes support of the preceptor program by hospital and nursing administration through implementation, support, and sustainability of the preceptor program for sufficient training and staff development. Administrative support provides confidence to new nurses for a smooth transition to practice. Administrative support will consist of continuing education, positive feedback, and evaluation of the program. Job satisfaction is directly proportional to clinical performance. A supportive administration will be able to assess and intervene to keep employee morale high which leads to retention and recruitment (Craven & Broyles, 1996).

The educational support is the fourth element of the model. The education department will assist the preceptor with teaching and learning strategies to enhance their roles as preceptors. It is imperative that the educational support help guide preceptors in their individual role so they can effectively help new nurses transition to the workplace (Craven & Broyles, 1996).

Incentives are the fifth essential element of the preceptor program. Incentives provide motivation to encourage participation in the program and provide sustainability of the program.

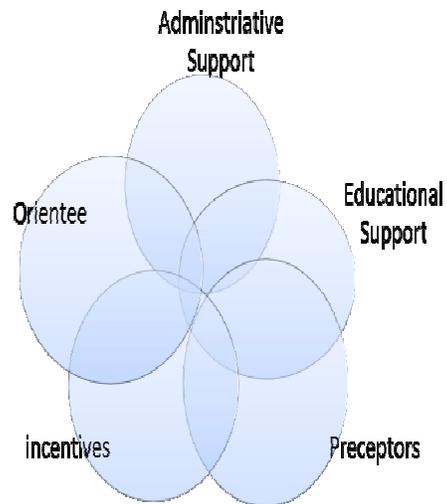


Figure 1. 333. Preceptorship Conceptual Framework (Craven & Broyles, 1996).

CHAPTER II

METHODOLOGY

The purpose of this capstone project was to take a leadership role in translating evidence into practice by successfully preparing Delta Regional Medical Center (DRMC) stakeholders to adapt the Transition to Practice Regulatory Model for use in preceptor development programs in the employment and orientation process at DRMC. In an effort to improve the retention rate of registered nurses, the APN provided an educational intervention on a quality improvement program to implement the Transition to Practice Regulatory Model.

Design

This education intervention was designed to provide an evidence based method to decrease retention rate registered nurses at DRMC. After achieving buy-in from the Vice President of Nursing, Director Quality and stakeholders, the education intervention was evaluated as part of this project. As part of the post-project evaluation, quantitative and qualitative data was collected using the Stakeholder Survey for Evaluation of Preceptor Development Program and the Preceptor Development Workshop Evaluation Form (Appendix F and G)

Target Population

DRMC, a rural 358 bed acute care hospital in the Mississippi Delta, several meetings were held prior to the implementation of the Transition to Practice Regulatory Model, with the Chief Nursing Officer, Director of Quality and Directors from: Telemetry, Medical-Surgical, Maternal Child, Neonatal Intensive Care, Intensive Care Unit, Emergency Department, Ambulatory Care, Case Management, and Solutions

(Chemical Dependency Unit). All directors reported 1 to 2 registered nurse turnovers within the last 12 months.

Setting

The setting for this project was a non-profit, county-owned healthcare organization located in the Mississippi Delta. This is the largest healthcare organization located in the Mississippi Delta and the ninth largest healthcare system in the state of Mississippi, employing more than 400 nurses and 1400 employees. This healthcare organization is a Level II Trauma Center designated by the state and licensed by the state for 358 beds. This organization serves the Tri-State Delta (Arkansas, Louisiana, and Mississippi) population of more than 257,627. The organization is accredited by the Joint Commission Accreditation of Healthcare and is considered a safety net hospital, in that it provides healthcare for mainly low-income, underinsured and vulnerable populations.

After receiving Administrative approval (Appendix C), education and planning for the implementation of the Transition to Practice Regulatory Model for preceptors was introduced to key stakeholders and took place over several months, both on the main campus, west campus and the Pavilion. In the final meeting, the agenda for the preceptor workshop and the stakeholder evaluation form was presented to stakeholders.

Detailed Procedures

Meeting with stakeholders and other interested parties were flexible and held during normal business hours. The Transition to Practice Regulatory Module was used to develop and provide quality support and improvement in orientation process of new registered nurses at DRMC. The DNP Consultant evidenced-based program uses the

National Council of State Boards of Nursing (NCSBN), Transition to Practice Regulatory Model. The five transition modules, supported by evidence (NCSBN, 2009) this model is based on the Institute of Medicine (IOM) competencies and the Quality and Safety Education for Nurses initiative (QSEN). The five modules of the model incorporate: Patient Centered Care, Communication and Teamwork, Evidenced-Based Practice, Quality Improvement, Informatics. The Transition to Practice module (TTP) was chosen because it is an inclusive model. The TTP model can be used in all nursing facilities which employ new graduate nurses and for all levels of nursing; including entry level graduates. In this model, orientation and transition to practice are separate. Orientation is defined as teaching the new graduate the policies and procedures of the institution and role expectations. Transition to practice is described as a formal program designed to support new graduates during their advancement into practice. The model is reliant upon a strong preceptor-nurse relationship. In the future trained preceptors and mentors will be an anticipated part of professional nursing, National Council of State Board of Nursing (NCSBN, 2009). Based on the Transition to Practice Regulatory Model, program provides the preceptor with the tools and knowledge to create a professional caring work environment for all register nurses.

Module One: patient-centered care. This module maintains that graduate nurses need first-hand knowledge regarding the units in which they are assigned to work. The emphasis will be on detailed patient groups, patient settings and specific guidelines. This initial learning experience should take place in the assigned work area. To understand patient centered care it is suggested that the graduate nurse: Network with key persons in

specific units. Meet with team members to examine facility criteria and unit specific policies (NCSBN, 2011).

The learning objectives focus on how to understand the multi-levels of patient-centered care. This module highlights the concepts of the patient, family and the community. Another important objective is to advocate for the patient. The major concept puts teaching the patient first, and learning the standards for patient-centered care, as well as understanding the nurse's role in patient advocacy, and making thorough decisions for patient care (NCSBN, 2011).

Prioritizing patient care is another important objective that will be covered during the program. The graduate nurses will examine the steps of ranking patient needs. The first step is related to—imminent health hazards, second step is related to— a current issue which requires a swift response to assist the patient or family; third step is—a present or possible concern not known to the client or family; and fourth step is directly related to—an issue that is predicted in the future and for which help will be required. The module will also include information about maintain professional confines with patients and vital parties. This part of the module will help new graduates understand the doctrines of nursing ethics, abuse and how to distribute patient information.

Module Two: Communication and teamwork module. This module reemphasizes the RN and LPN/VN scopes of practice. It provides information that will ease the transformation from student to licensed, responsible nurse. New graduates will have knowledge as it relates to a well-established work atmosphere and partnership. All team members are appreciated and can voice their ideas as it relates to care of patients. The new graduate will know knowledge the roles and responsibilities of a licensed nurses and

the expectation of the organization. They will also know the manager/supervisor expectations. Graduates will identify and reply to negative behaviors that influence clinical practice (NCSBN, 2011).

New graduates need instruction on the importance of self-reflection, strengths/limitations, own biases and stereotypes, and nonverbal cues that impact professional development related to effective communication. Other qualities the module will accentuate are the importance of feedback and fostering assertiveness and effective communication (NCSBN, 2009).

Module Three: Evidence-based practice module. This module will assimilate contemporary data with nursing proficiency and patient/family preferences for conveyance of ideal health care (NCSBN, 2011). The new graduate will receive information on utilizing various databases to locate relevant evidence to support practice. Such as CDSR (Cochrane Database of Systematic Reviews), CINAHL, ERIC (Education Resources Information Center), Google Scholar has free search strategies, and MEDLINE (NCSBN, 2011).

Model Four: quality improvement module. This module will demonstrate to the new graduates uses of existing information to categorize and rank health care improvement or opportunities. The graduates will receive information on prevention guidelines and process outcomes measures. Information on sentinel events and the root cause analysis (NCSBN, 2011).

Module Five: informatics module. This module will also include informatics relating to identifying electronic health records and or information contained within and outside the facility. New graduates will gain an insight on how to use the electronic

health record to improve patient care delivery. The module contains information as it pertains to the client's plan of care. Other important material presented during this module will include the facility's guidelines, regulations and incident reporting methods. The graduates will have access to the necessary materials in accordance with the facilities policies and procedures regulations (NCSBN, 2011).

Preceptors will be given a copy of the NCSBN manual to utilize throughout the preceptorship; the models are integrated and focused throughout with safety, clinical reasoning, experiential and active online learning.

| | |
|--------------|--|
| 0800 0900 | Empower... Inspire... Celebrate Registration Continental Breakfast Getting Acquainted |
| 0900 0930 | Opening and Welcome Workshop goals and objectives Preceptor and Preceptee's Bill of Rights What do new nurses want? Reality Shock |
| 0930 0945 | Break Door Prizes |
| 0945 1100 | Distribution of the NCSBN manual, detailed explanation of how to utilize manual and incorporate modules. Discuss strategies for improving the new nurse's orientation. Discuss ways to define how patient assignments for new nurses should be determined List factors to consider when identifying a preceptor for a new |

| | |
|----------------|--|
| | nurse List ways nurse managers can establish a positive rapport with new nurses. Discuss the chief nursing officer's responsibility to support the preceptor |
| 1100 1200 | Lunch (Provided) |
| 1200 1230 | Overview of Transition to Practice Modules in Cerner (Educational mode only) |
| 1230 3:30 | Interactive Activities, Cerner Systems |
| 3:30 4:30 | Break Group Activities: One Minute Preceptor, BEER model, DISC Assessment, Door Prizes |
| 4:30 - 5:00 | Question & Answer Session Evaluation & Certificates |

Figure 2. Agenda for Preceptor Workshop September 24, 2014

Ethics

The project will be implemented after approval from the University of Southern Mississippi Internal Review Board. Permission from participating Nursing Administration, Vice President of Nursing Service and Clinical Directors will be obtained. There were no physical, psychological or social risks involved during the implementation of this project. The evaluation questionnaires did not require participant identification, evaluations are anonymous. All information will be handled with strictest confidence and will be disseminated by aggregate data only. The DNP Consultant will

ensure participants names do not appear on any documents or presentations regarding this study. Employing agencies will not be identified by name for further anonymity. Only the DNP consultant and committee members will have access to collected data. All data collected will be shredded and properly disposed after successfully defending capstone project.

Project Evaluation

The project design is the implementation of an evidenced based innovation model to improve support the development of preceptor. This model will also help assess outcome data pertinent to retention of graduate nurses. The goal of evidence-based nursing is to provide practicing nurses with evidence-based data to convey effective care based on research, resolve problems in the clinical setting, achieve in care delivery, exceed present quality standards and introduce innovation (Grinspun, Virani, & Bajnok, 2002/2010). Improving the quality of patient care is the ultimate goal evidenced-based healthcare.

The DNP capstone project will be an eight hour intense workshop. Preparations for this course begin with advance notice several weeks prior to implementation of the program. Communication about the course was advertised through organization's e-mail and unit meetings. Handout materials, TTP manual, evaluation forms, certificates were copied in advance.

Data collection for the study will include data obtained from a questionnaire (Appendix G). The tool is a Preceptor Development Workshop Evaluation that will be used a program evaluation to evaluate how effective is the preceptor workshop. It is uses a Likert type scale from 1 to 5. The scale has 15 items with open-ended questions related

to areas of improvement and the most beneficial content from the course. The tool relate to structure and process used to create effective preceptor programs. It will allow the participant to evaluate the facility, equipment, and leadership used to build the program.

The second tool is the Stakeholder Survey (Appendix F) that measures structures, process, and outcomes related to organizational development of the program. This survey will be distributed to nurse manager, administrators, and nurse educator to assess how invested stakeholders evaluate the quality and effectiveness of the program from a system leadership standpoint. The tool is a 25 item survey that can be done electronically in five to 10 minutes. It also uses one open-ended question to get additional information from stakeholders about program development. The participants will complete informed consents after reviewing participant's information sheets. The evaluations will be distributed after the program to the participants. After completion of the evaluation, the participants will place the evaluations in manila folder and returned them to the researcher. The researcher will not be present while the participants complete the survey. No identifying information will place on the evaluations LBH (Bindon, 2009).

Data analysis will be completed using Statistical Package for Social Sciences (SPSS). Descriptive analysis will be used for demographic variables and individual item responses. The project utilizes content analysis to reveal common themes found from the questionnaire. The analysis of quantitative and qualitative data will provide integrated perceptions of nurses and nursing administrator's outcomes on nursing quality indicators.

Assumptions

A vital assumption is that this project will help to increase registered nurse retention at DRMC. Another assumption is that the Transition to Practice will be useful

to staff development educators and that the model will improve communication among all nurses, strengthened the orientation process at DRMC.

Resource Requirements

Financial resources required for this project includes the cost of statistician for assistance with analyzing the data obtained in this project. The DNP consultant gathered salary data to help estimate costs and potential retention-related cost savings. Human Resources recruitment personnel provided an average hourly salary for Registered Nurse (nurses wishing to precept) of \$27.50 per hour (\$54,580 annual salary for a 36-hour/week position), and an average new graduate nurse salary of \$22.00 per hour (\$40,110 annual salary for 36-hour/week position). Benefits cost the organization an additional approximately 22% of an employee's salary. Benefits can therefore cost an additional \$16,145 per preceptor and approximately \$10,580 per each NGN orientee. Other salary costs include replacement costs for preceptors attending a day long-workshop, which were estimated by nurse manager stakeholders at \$30 per hour. Preceptor bonuses paid to preceptors for each successful new nurse orientee equal \$500 (Chief Human Resource Officer, 2012).

Doctor of Nursing Practice Essentials

The American Association of Colleges of Nursing (AACN, 2013) Doctoral of Nursing Practice (DNP) lists eight essentials as a framework for the Advance Practice Doctoral prepared nurse. Utilizing these eight essentials, the DNP can translate evidence based policies into practice which can be used in the delivery of healthcare, consequently, influencing healthier patient outcomes. The DNP utilizes evidence based practice to direct the outcomes of a patient care. By observing and analyzing healthcare trends from

a local, national, and global viewpoint the DNP functions as a change agent to help develop, implement, and evaluate healthcare policies. The planning and development of this evidence-based quality improvement program is an important role of the Advanced Practice Registered Nurse with a Doctor of Nursing Practice degree (Appendix A). The following DNP essentials were instrumental in the development of this capstone quality improvement project.

Essential II: Organizational and systems leadership for quality improvement and system thinking. This essential provided a basis for my project purpose; to take a leadership role in translating evidence into practice by successfully preparing DRMC nursing service stakeholders to adapt The Transition to Practice Regulatory Model to use at DRMC, to orient new registered nurses employed at DRMC. This essential provided the DNP with a framework to develop and deliver evidence based practice policies that can meet the current needs of DRMC. This essential also provided guidelines for the DNP that parallels to the Transition to Practice Regulatory Model, ensuring patient safety, and the delivery of quality healthcare.

Essential VIII: Advanced nursing practice. This essential provided guidance for the DNP to guide, mentor, and support other nursing to achieve excellence in nursing practice to increase registered retention utilizing the Transition to Practice Regulatory Model's evidence based practice to empower the policy planners at DRMC to adapt and implement new education policies or influence a change in existing ones. These changes can affect the delivery of health care, practice regulation, safety in patient care, and efficiency of patient outcomes.

CHAPTER III

RESULTS

Research has shown using quantitative and qualitative methods in combination have progressively been documented as appropriate and important as each method has its strength (Curry, Nembhard, & Bradley, 2009). The purpose of this capstone project was to take a leadership role in translating evidence into practice by successfully preparing key DRMC stakeholders to adapt the Transition to Practice Regulatory Model in the orientation process DRMC. This quality improvement program provided knowledge to key stakeholders in a rural hospital in the Mississippi Delta to the evidence based practice strategy of the Transition to Practice Regulatory model. The Preceptor Conceptual Framework developed by Craven and Broyles was used to guide this project; the Stakeholder Survey for Evaluation of Preceptor Development Program and the Preceptor Development Workshop Evaluation Form (Appendixes F and G) was used to evaluate the workshop.

The project evaluated quantitative and qualitative responses. The quantitative responses addressed the adaptability of the TTP at DRMC the SPSS version 2.0 was used to analyze the quantitative data. Measures of central tendency was used for descriptive data and included: the minimum, maximum, mean and standard deviation for quantitative data.

Stakeholder Survey for Evaluation and preceptor Development Program

A Likert- scale ranging from 1(strongly disagree), 2(disagree), 3(neutral), 4(agree), 5(strongly agrees) was used to determine the stakeholders perceptions of the preceptor workshop. The scale is broken down into three categories. The first part deals

with the structure of the program. The results of the structure category of the scale are presented in ranked order in Table 2. The overall mean for the structure was 4.775. The surveys showed that the preceptor program emphasized the organization's goals and system leadership for quality improvement and system thinking. The program created and evidenced based teaching strategy to improve educational preparation of preceptors that will prepare novice nurses to increase their critical thinking and judgment to provide competent quality care. The highest rank benefits found from the stakeholders related to structures were tied with support from nursing leadership and a planned in a cost effective manner. Conversely, the lowest rank benefits found from the stakeholders were also tied with four themes administrative and technological support, individual accountability for outcomes, organizational goal & values, and current evidence for best practice.

Table 2

Stakeholder Survey for Evaluation of Preceptor Development Program: Structure

| <i>Questions</i> | <i>Mean</i> | <i>Standard Deviation</i> |
|--|-------------|---------------------------|
| 1. Has support from nursing leadership | 4.90 | .316 |
| 2. Is planned in a cost effective manner | 4.90 | .316 |
| 3. Addresses on organizational need | 4.80 | .422 |
| 4. Is taught by competent subject matter experts | 4.80 | .422 |
| 5. Has adequate administrative and technological support | 4.70 | .483 |
| 6. Identifies individual accountable for outcomes | 4.70 | .483 |
| 7. Is aligned with the organization's goal and values | 4.70 | .483 |
| 8. Reflects current best-practice in precepting | 4.70 | .483 |

Note: N=10

The second category of the tool measures the stakeholders' perceptions of the process of the development program. The overall mean for processes on the scale was 4.75. Table 3 represents the ranked order items on the scale which reflect processes and the mean and standard deviation for the group. The high ranked benefit was tied between six items on the scale. They were ease of registration, convenience of time & place, resources for preceptors, adult learning principles, adaptability to participant needs, and resources and follow-ups. The lowest benefit perceived from the workshop among the stakeholders was advertisement and marketing.

Table 3

Stakeholder Survey for Evaluation of Preceptor Development Program: Process

| Question | Mean | Standard Deviation |
|--|------|--------------------|
| 9. Allows for ease of registration | 5.00 | .000 |
| 10. Is offered at a convenient time and appropriate place. | 5.00 | .000 |
| 11. Provider preceptors with practical tools, strategies, and resources | 5.00 | .000 |
| 12. Uses teaching strategies reflecting adult learning principles | 5.00 | .000 |
| 13. Is the right length and level to meet participants' needs | 5.00 | .000 |
| 14. Identifies resources and contacts for follow-ups | 5.00 | .000 |
| 15. Incorporates case study, role play, and other interactive strategies | 4.60 | .843 |
| 16. Is advertised and marketed effectively | 3.40 | .843 |

Note: N=10

Finally, the last section of the scale measures the perceptions of the outcomes from the stakeholders regarding the workshop. The outcomes category was divided into sections. The first sections measures the outcomes related to the preceptors and the second section measures the outcomes related to the program. The overall mean for outcomes on the scale was 4.97. All of the items listed under the preceptor outcomes had a mean score of 5.00. For the preceptor program, the highest ranking benefits were listed as workshop met expectations and the workshop had a positive impact on new graduate retention. The lowest benefit was a threeway tie between saved unit/organization money, addressed a learning need, and a positive difference in preceptor effectiveness. However, it was determined by the researcher that the true benefit of retention from the workshop could not be determined due to time constraints related to data collection. After further clarification from stakeholders it was determined that the selection for retention was based on the assumption that the program would increase retention because of the positive feedback about the workshop.

Table 4

Stakeholder Survey for Evaluation of Preceptor Development Program: Outcomes

| Question | Mean | Standard Deviation |
|---|------|--------------------|
| <i>Preceptors:</i> | | |
| 17. Use effective high level questioning technique with orientees | 5.00 | .000 |
| 18. Encourage and stimulate orientee's critical thinking | 5.00 | .000 |
| 19. Accurately evaluate orientees progress and learning needs | 5.00 | .000 |

Table 4 (continued).

| | | |
|---|------|------|
| 20. Identify additional learning resources as needed | 5.00 | .000 |
| 21. Demonstrate pride of ownership in preceptor role | 5.00 | .000 |
| <i>Preceptor Program:</i> | | |
| 22. Has met my expectations for quality | 5.00 | .000 |
| 23. Has had a positive impact on new graduate retention at DRMC | 5.00 | .000 |
| 24. Has made a positive difference in preceptor effectiveness | 4.90 | .316 |
| 25. Has satisfactorily addressed a learning need in my area. | 4.90 | .316 |
| 26. Has saved my unit/organization money overall. | 4.90 | .316 |

Note: N=10

Preceptor Development Workshop Evaluation Form

The second instrument used to evaluate the preceptor workshop was the Preceptor Development Workshop Evaluation Form. The A Likert- scale ranging from 1(strongly disagree), 2(disagree), 3(neutral), 4(agree), 5(strongly agrees) was used to determine the preceptors perceptions of the preceptor workshop. The scale is broken down into three categories. The categories measured were the objectives of the activity, learning environment, and the instruction/instructor. A majority, 100% of the participants reported the workshop met all the objectives of the workshop. 73.7% of the participants strongly agreed. The overall average mean for meeting the objectives of the activity were 4.87. A majority, 100% of the participants reported the learning environment was appropriate to meet their expectations and learning needs. 73.2% of the participants strongly agreed. The overall mean for the learning environment was 4.63. Lastly, 100% of the participants thought the instruction/instructor provided during the workshop help

facilitate and enhanced their learning. Table 5 below shows a representation of the descriptive statistics for the Preceptor Development Workshop Evaluation Form.

Table 5

The Preceptor Development Workshop Evaluation

| Descriptive Statistics | | | | | |
|-------------------------------|----|---------|---------|------|----------------|
| | N | Minimum | Maximum | Mean | Std. Deviation |
| Q1 | 29 | 3 | 5 | 4.83 | .468 |
| q2 | 30 | 3 | 5 | 4.80 | .484 |
| q3 | 30 | 4 | 5 | 4.90 | .305 |
| q4 | 30 | 4 | 5 | 4.90 | .305 |
| a5 | 30 | 4 | 5 | 4.90 | .305 |
| q6 | 30 | 4 | 5 | 4.90 | .305 |
| q7 | 30 | 2 | 5 | 3.70 | 1.055 |
| q8 | 30 | 4 | 5 | 4.87 | .346 |
| q9 | 30 | 4 | 5 | 4.87 | .346 |
| q10 | 30 | 4 | 5 | 4.87 | .346 |
| q11 | 30 | 4 | 5 | 4.87 | .346 |
| q12 | 30 | 4 | 5 | 4.97 | .183 |
| q13 | 30 | 4 | 5 | 4.97 | .183 |
| q14 | 30 | 4 | 5 | 4.90 | .305 |
| q15 | 30 | 5 | 5 | 5.00 | .000 |

CHAPTER IV

SUMMARY

This quality improvement project examined an evidence based practice strategy to improve the orientation process through nurse preceptors in a rural Mississippi Delta hospital. The project provided a plan for DRMC to use nurse preceptors to enhance the orientation of new graduates and create a work environment to increase retention of registered nurses.

The literature emphasized new graduate nurses are likely to suffer from increased stress, turnover, and are 40% more likely to commit medication errors than experienced nurses. Their research has culminated in an effort to potentially require nurse residencies through regulation (NCSBN, 2011). Modules for education for new graduate nurses are being tested based on the Quality and Safety Education for Nurses (QSEN) method. Cronenwett et al. (2007) state that this education prepares nurses for the challenges they will face in gaining competency needed to improve the quality and safety of the environments in which they will work. The competencies include patient centered care, teamwork and collaboration, evidence based practice, quality improvement, safety, and informatics. Developing knowledge, skills and needed attitude (KSAs) to carry out these competencies will ultimately result in a safe, competent nurse (Cronenwett et al., 2007).

Limitations

The design of this quality improvement program was based on current evidence based practice and the hospital's orientation needs identified by the APN. Selection of data was limited to one healthcare organization in the Mississippi Delta, specifically

Greenville, Mississippi, which is located in Washington County Mississippi. Whether results would vary with the inclusion of healthcare organizations from other counties within the Mississippi Delta or outside it, are unknown; therefore the ability to generalize the results from this review to other healthcare organizations is limited.

Implications for Nursing Practice

The greatest asset of any healthcare organization is the collective and individual knowledge and intelligence of its employees, specifically its nurses. High rates of registered nurse turnover is detrimental, not only to the registered nurses and the healthcare economy but to the safety and well-being of patients in our communities. A major implication for practice is related to establishing a work environment that is conducive to retaining nurses and in turn reducing the turnover of nurses, especially the new graduate. These efforts will result in higher levels of staffing, higher skill level of staff, increase in level of quality of care, et cetera, being provided.

Implications for Research

Improving care through evidence based practice programs provides substantiated data regarding the high cost of registered nurse turnover. A review of a number of programs throughout the United States indicate that using evidenced strategies has resulted in reduction of turnover of new graduates in both year one and two years of employment. Currently there are no recognized national standards for preceptor training; most organizations have developed programs based on adult learning techniques and measures to provide constructive feedback (VNIP, 2010; NCSBN, 2011; AACN, 2013). Some of the programs are online and available for purchase. There are advantages and disadvantages to online learning; advantages include access, convenience, efficiency,

flexibility, self-paced curriculum and those adult learners do well with online programs. Disadvantages include lack of computer skills, computer availability, cost, and release time from work schedules for the preceptor to participate (AACN, 2013). Clearly, more evidenced-based research is needed to shed light to standardize preceptor training. The role of DNP consultant was to integrate education, research and leadership into the clinical practice using the Transition to Practice Regulatory Model for nurse preceptors to strengthen the orientation process of new graduates.

Implications for Education

Evidence-based knowledge and practice provides healthcare organizations with action plans to provide efficient and high quality patient care. This project included guidelines to increase registered nurse retention through prepared preceptors. Preceptor programs are successful when the graduate is guided by an experienced and trained preceptor. Having one consistent preceptor is shown to alleviate frustration and improve satisfaction of graduate nurses (Dyess & Sherman, 2009).

Preceptor Conceptual Framework developed by Craven and Broyles was used to guide this project. This model provides a framework for on-going education and reinforcement for using evidence based practice, thus making allowances for DRMC decision makers to review the need for implementing the Transition to Practice Regulatory Model for nurse preceptors at DRMC.

Benefits

Data revealed the DNP consultant led activities which can be used to simplify the orientation process through well prepared preceptors. The consultant provided an

opportunity for key stakeholders to collaboratively review the organization's orientation process and allow the examination of an evidence based practice option to increase registered nurse retention.

The goal of evidence-based nursing is to provide practicing nurses with evidence-based data to convey effective care based on research, resolve problems in the clinical setting, achieve in care delivery, exceed present quality standards and introduce innovation (Grinspun et al., 2002/2010). Improving the quality of patient care is the ultimate goal evidenced-based healthcare.

Challenges for TTP

The significant challenge to this project was time constraints. Key stakeholders and nursing administration were only available during routine working hours. Several meetings were delayed or cancelled due conflicting appointments. Prior to implementation, several work schedules were rearranged to accommodate nurse preceptors' workshop attendance.

Conclusions

This project focuses on evaluating the effectiveness of an evidenced based preceptor program using the Transition to Practice Model. This project demonstrates how health care organizations benefit when they attract new nurses and prevent their turnover. By lowering turn-over rates, organizations avoid costs associated with recruitment and orientation. Organizations implementing preceptor programs can increase the job satisfaction and one year retention of new graduate nurses.

APPENDIX A

CAPSTONE PROJECT RELATED DNP ESSENTIALS

| DNP Essentials | DNP Capstone Essentials Outcomes |
|--|---|
| Essential I: Scientific Underpinning for Practice | Preceptors are vital to the success of new graduate registered nurses in their transition to practice as they assist the new nurse in developing skills, competency, and confidence. The use of the Transition to Practice Regulatory Model empowers preceptors to ease the transition from the role of the student to the role of the professional nurse. Solidifies the connection between evidence-based guidelines and positive clinical outcomes |
| Essential II: Organizational & System Leadership for Quality Improvement & System Thinking | The Transition to Practice Regulatory Model uses evidence-based knowledge to close the gap between academic preparation and work readiness in new graduates. As change agents and transformational leaders, nurses are empowered to change the organization and processes of health care delivery system by reshaping nursing education and practice through continuous education and training. |
| Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based practice | The successful implementation of this project, The Transition to Practice Regulatory Model, allows the translation, integration, evaluation and application of an innovated evidence-based teaching module. Increasing the number of competent registered nurses will improve healthcare outcomes. |
| Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care | The Transition to Practice Regulatory Models uses databases to track and trend quality indicators that improve patient outcomes. |
| Essential V: Healthcare Policy for | The Transition to Practice Regulatory Model, allows the advanced practice nurse to advocate for a change in nursing |

| | |
|---|--|
| Advocacy in Healthcare | education and orientation redesign. APN are responsible for creating policy and procedures for clinical learning environment. The advanced practice nurse must advocate for change and introduce policies and procedures to agencies such as the IHL and NLN for compliance with regulation and polices governing associate nursing degree programs. |
| Essential VI: Interprofessional Collaboration for Improved Patient and Population Health Outcomes | Through improved education related to registered nurse orientation, the modules of the TTP, meet national standards which call for the delivery of safe efficient and high quality patient care. |
| Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health | Advanced practice nurses help develop quality training programs utilizing quality nursing indicators which lead to improved health care outcomes for all patient populations. The Transition to Practice Regulatory Model, comprehends new graduate nurses need additional time and training to deliver error-free nursing care. |
| Essential VIII: Advanced Nursing Practice | The Transition to Practice Regulatory model supports expert staff nurses who serve as mentors and preceptors to graduates nurses to help improve critical thinking and judgment. APN nurse improve patient outcomes though, communication, education, nursing care, advocacy, and health promotion. |

APPENDIX B
LITERATURE REVIEW

| Implementation of the Transition to Practice Regulatory Model for Preceptors in Rural Setting | | | | | | |
|--|--|------------------------|--|--|--|--|
| Citation | Purpose of Study | Design | Sample/ Setting | Measurement | Description of Intervention/ Data Collection | Major Findings |
| Andrews and Wan (2009) | Evaluate the causal relationships between job strain, the practice environment and the use of coping skills to assist in the prediction of nurses at risk for turnover and recognize potential intervention strategies | Cross-sectional survey | 1235 full time registered nurses (RNs) on a medical-surgical units, Southeastern US hospital network | Surveys | Data was analyzed using QualityMetric Scoring Software (mental and physical health status) | APN lead study results determined, diminished health status is a component of job strain is predictive of tendency to leave employment and mental health was very likely impacted by coping behavior. Evidence-based strategies supportive of mental health and coping may aid in nurse retention efforts. |
| Wieck et al. (2010) | The aim of this study was to provide a generational analysis of nurse satisfaction and priorities to support retention of each generation in the current workforce | Qualitative | Consisted of two focus groups (total 25 nurses) with experience ranging from 3 months to 30 years, representing six rural, urban and suburban hospitals in the Southern US | One hour taped sessions lead by the researcher, focused on the creating an environment which welcomed the younger nurse and retained all age cohorts | Data collected produced five general themes from the focus groups, each associated with pertinent suggestions for management | APN group studied multigenerational nurses in the current healthcare workforce, study revealed: nurse managers must be given the knowledge, power, resources, resources needed to serve as leaders and motivators. Nurse managers must have the authority to make front-line decisions that affect the safety of nurses and patients. Nurses of every age value a manager who is dependable, and supportive. |

Implementation of the Transition to Practice Regulatory Model for Preceptors in Rural Setting

| Citation | Purpose of Study | Design | Sample/ Setting | Measurement | Description of Intervention/ Data Collection | Major Findings |
|----------------------------------|--|------------------------------|--|--|---|---|
| Gullatte and Jirasakhiran (2005) | Review of key strategies aimed at creating a culture for nurse retention | Systematic literature review | Healthcare professionals in the Pittsburg, PA area | Surveys and questionnaires related to high cost of nurse turnover, job satisfaction, nurse manager retention and recruitment | General retention strategies used at healthcare organizations were compiled and reviewed. | APN nurses reviewed strategies aimed at nurse retention, study revealed several themes: crucial to facilities sustaining adequate staffing levels to meet the multifaceted care needs of patients. It is imperative that employees feel sanctioned, in control of their own performances and be willing to help move the organization to attain its strategic goals. Nurse managers must be actively involved in implementing strategies to promote job satisfaction and retention of RN staff. |
| Houston (2008) | The purpose of this study was to review essential competencies required for future nursing leaders | Six Sigma Process | Healthcare systems in Chico, CA | Questionnaires | Development of 8 essential leadership competencies to be implemented in the nurse leader's repertoire in 2020 | APN Traditional management solutions are not viable in the current healthcare system. Contemporary nurse leaders must be committed to identifying and implementing needed changes to ensure future leaders can respond effectively to new challenges in 2020. |

Leadership Development: Retention of Multigenerational Staff

| Citation | Purpose of Study | Design | Sample/ Setting | Measurement | Description of Intervention/ Data Collection | Major Findings |
|-----------------------|--|---|--|--|---|--|
| Alspach (2008) | The purpose of this study was to examine an evidence-based approach to prepare preceptors involved in teaching fourth year undergraduate nursing students in the preceptorship experience. | A qualitative method using semi structured interviews | Purposive sample of 29 participants were interviewed after meeting criteria. | Interviews, workshop | Constant comparison was used to analysis. Two levels of coding (1) Substantive (2) Theoretical | APN lead research study using research questions: (1) How does the provision of evidence-based approach contribute to preparation of preceptors for their role in teaching and learning. (2) Is structured preparation using an evidence-based approach effective in preparing preceptors in their role in the preceptorship experience? (3) How do preceptors perceive their individual approach to the preceptorship experience following such experience? Study revealed: participants felt and evidence-based approach was an excellent medium for preceptor and the student to interact. And such interaction served to dispel various myths that previously existed. |
| Park and Jones (2010) | The study structured orientation programs designed to aid in transitioning newly graduated nurses from novice to advanced beginner | Review of literature using Coopers five stage process for integrative literary review | US hospitals | 99 relevant citations retrieved from library databases (n=92) and the internet (n=7) | The data revealed a decreased turnover rate of newly graduated nurses after participating in orientation programs, positive outcomes in nurse confidence, competency and retention. | Innovative orientation programs have strong benefits: they simplify the transition of newly graduated nurses to profession RNs and create environments supportive to retention of new nursing graduates. Structured orientation programs have the potential to address the nursing shortage in healthcare facilities. |

Leadership Development: Retention of Multigenerational Staff

| Citation | Purpose of Study | Design | Sample/ Setting | Measurement | Description of Intervention/ Data Collection | Major Findings |
|--|--|-------------|---|---|---|---|
| Fink, Krugman, Casey, and Goode (2008) | To analyze the qualitative voices of the participants to determine if their comments could further enhance the data. | Qualitative | Convenience sample of 1058 graduate nurses who completed a one year residency program | The Casey-Fink Graduate Nurse Experience Questionnaire/Survey | Qualitative data collected from a five section questionnaire using both open ended and Likert type items, which allowed participants to voice personal experiences related work environments and role transitions | APN lead research study revealed, the voice of the graduate nurse provided useful data related to the role of the nurse manager and the culture were influences in determining the success of the graduate nurse in the first year of practice. |
| Myrick, Luhanga, Billay, Foley, and Yonge (2012) | The purpose of the study was to determine if an evidenced based preceptor program influenced preceptors' decisions in assuming the role. | Qualitative | A total of twenty-nine preceptors were interviewed | Semi-structured interviews were used to collect data. | A constant comparative analysis guided the interpretation of all data collected | The empirical data collected during this study revealed preceptor preparation is the key to improving teaching practices in the clinical setting and enhancing the preceptorship experience for graduate nurses. |

Leadership Development: Retention of Multigenerational Staff

| Citation | Purpose of Study | Design | Sample/ Setting | Measurement | Description of Intervention/ Data Collection | Major Findings |
|--|---|-----------------------------|--|--|---|---|
| Ulrich et al. (2010) | The goal of this study was to offer new graduate nurses a preceptor program which offered support educational and support systems. (It was assumed that retention rates would increase, as the NGNs believed they would be better prepared to assume the role of the staff nurse) | Qualitative Quantitative | Forty new graduates, employed in a hospital setting participated in the study. | Survey/questionnaire using open ended questions | A coded survey tool was utilized for data collection. Survey return rate 89% (n=40) | The data gathered in this limited study revealed an increase in the retention rate of NGNs, at the participating facility. An unplanned benefit was improved intradepartmental relationships as the NGNs rotated through ancillary departments. |
| Horton, Depaoli, Hertach, and Bower (2012) | The purpose of this study was to determine if preceptors were better prepared to precept after attending the Nurse Preceptor Academy | Qualitative Quantitative | 714 Registered Nurses (RN), who attended an eight hour Nurse Preceptor Academy (APA) workshop. | Questionnaire/survey, utilizing open ended questions, Likert scale type questions, and a comment section was also included to allow participants to explain in detail. | Descriptive statistics was utilized to describe the sample | The data collected during the study revealed, participants felt more effective as preceptor after attending the academy. |

APPENDIX C

THE UNIVERSITY OF SOUTHERN MISSISSIPPI IRB APPROVAL

**INSTITUTIONAL REVIEW BOARD**

118 College Drive #5147 | Hattiesburg, MS 39406-0001

Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional-review-board**NOTICE OF COMMITTEE ACTION**

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the “Adverse Effect Report Form”.
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 14092201

PROJECT TITLE: Implementation of the Transition to Practice Regulatory Model for Nurse Preceptors in a Rural Setting

PROJECT TYPE: New Project

RESEARCHER(S): Donna

Honour COLLEGE/DIVISION:

College of Nursing

DEPARTMENT: Nursing

FUNDING AGENCY/SPONSOR: N/A

IRB COMMITTEE ACTION: Expedited Review

Approval PERIOD OF APPROVAL: 09/22/2014 to 09/21/2015

Lawrence A. Hosman, Ph.D.**Institutional Review Board**

APPENDIX D

LETTER OF SUPPORT



December 15, 2013

Delta Regional Medical Center
1400 East Union Street
Greenville, MS 38701

Dear Donna,

I am pleased to write a letter of support regarding your research on implementing the Transition to Practice Regulatory Model for preceptors in a rural setting. As you are aware, Delta Regional Medical Center is dedicated to innovated evidenced based quality improvement projects in the advancement of the profession of nursing.

If your application is successful, it will provide us with an opportunity to assess our current preceptor program for graduate nurses. As well as embark on new projects to provide support and increase knowledge for nurse preceptors to empower new graduates and assist them in the transition to professional practice in a rural hospital setting. Your initiative is well positioned within one of our goals to improve healthcare delivery and patient outcomes for the population we serve.

Sincerely,

A handwritten signature in cursive script that reads 'Mazie G. Whalen'.

Mazie G. Whalen, MSN, RN
Vice President of Nursing Services
Delta Regional Medical Center

APPENDIX E

PERMISSION TO USE PRECEPTOR EVALUATION SURVEY

Marsha Moore <dr_moore_edd@yahoo.com> To: Donna Honour
<Sbindon@lifebridgehealth.org> CC: <cfisher@cc.nih.gov> Date: Monday - February
18, 2013 11:44 AM Subject: Re: Preceptorship Evaluation Survey

Dear Donna,

Thank you for your interest in the Preceptorship Evaluation Survey. I have attached a copy of the survey for you to use as you see fit. As for further testing of the survey, you may want to contact Dr. Cheryl Fisher, who is gathering data on the survey at Clinical Center, National Institutes of Health, where I developed the survey. I have included her in this correspondence. She has a Survey Monkey version of this survey; if you are interested in that copy, please let her know.

I have gathered test and re-test data using 50 newly hired nurses. Cronbach's alpha ranged from .818-.890 for each preceptor domain except for the domain of role model, which had an alpha of .729. I have yet to publish this data.

I hope this is helpful. Any information that you are able to add to the Preceptorship Evaluation Tool through its use as part of your studies or work can be published and would be welcomed in the field. Please let me know if I can be of further assistance.

With kind regards,

Dr. Marsha Moore

APPENDIX F

STAKEHOLDER SURVEY FOR EVALUATION OF PRECEPTOR DEVELOPMENT
PROGRAM

After speaking with your preceptors about their development and reflecting on their performance, Please respond to each of the following items using the scale below. Your input Re: the Preceptor program is appreciated as we work to improve our educational offerings.

1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree

| Structure | Low | | | High | |
|--|-----|---|---|------|---|
| | 1 | 2 | 3 | 4 | 5 |
| <i>Preceptor program:</i> | | | | | |
| 1. Is aligned with the organization's goals and values | | | | | |
| 2. Has adequate administrative and technological support | | | | | |
| 3. Is planned in a cost-effective manner | | | | | |
| 4. Reflects current best-practice in precepting | | | | | |
| 5. Has support from nursing leadership | | | | | |
| 6. Identifies individuals accountable for outcomes | | | | | |
| 7. Addresses on organizational need | | | | | |
| 8. Is taught by competent subject matter experts | | | | | |

| Process | Low | | | High | |
|--|-----|---|---|------|---|
| | 1 | 2 | 3 | 4 | 5 |
| <i>Preceptor program:</i> | | | | | |
| 9. Is advertised and marketed effectively | | | | | |
| 10. Allows for ease of registration | | | | | |
| 11. Is offered at a convenient time and appropriate place | | | | | |
| 12. Provides preceptors with practical tools, strategies, and resources | | | | | |
| 13. Uses teaching strategies reflecting adult learning principles | | | | | |
| 14. Incorporates case study, role play, and other interactive strategies | | | | | |
| 15. Is the right length and level to meet participants' needs | | | | | |
| 16. Identifies resources and contacts for follow-up | | | | | |

| Outcomes | Low | | | High | |
|--|-----|---|---|------|---|
| | 1 | 2 | 3 | 4 | 5 |
| <i>Preceptors:</i> | | | | | |
| 17. Use effective high-level questioning techniques with orientees | | | | | |
| 18. Encourage and stimulate orientee's critical thinking | | | | | |
| 19. Accurately evaluate orientee's progress and learning needs | | | | | |
| 20. Identify additional learning resources as needed | | | | | |
| 21. Demonstrate pride of ownership in preceptor role | | | | | |
| <i>Preceptor Program:</i> | | | | | |
| 22. Has made a positive difference in preceptor effectiveness | | | | | |
| 23. Has met my expectations for quality | | | | | |
| 24. Has satisfactorily addressed a learning need in my area | | | | | |
| 25. Has saved my unit/organization money overall | | | | | |
| 26. Has had a positive impact on new graduate retention at DRMC | | | | | |

27. provide any additional comments or suggestions you may have regarding the Preceptor Development Program below:

APPENDIX G

PRECEPTOR DEVELOPMENT WORKSHOP EVALUATION FORM

Title of Activity: 2014 Preceptor Workshop

Date: _____

Please rate your response to each of the items below by checking the box under the number which most closely reflects your opinion, using the following scale:

1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree

| Objectives of the Activity | Low | | | High | |
|--|-----|---|---|------|---|
| Following today's class, I feel that I can now: | 1 | 2 | 3 | 4 | 5 |
| 1. Describe and define the role and responsibility of the preceptor | | | | | |
| 2. Recognize three common orientation barriers/issues | | | | | |
| 3. Identify orientation resources for preceptors | | | | | |
| 4. Establish, asses and evaluate an orientee's progress toward goals | | | | | |
| 5. Demonstrate newly learned skills including providing feedback, advocating for orientee and creating a positive learning environment | | | | | |
| 6. Articulate my individual philosophy regarding precepting and the role of the preceptor | | | | | |

| Learning Environment | Low | | | High | |
|--|-----|---|---|------|---|
| | 1 | 2 | 3 | 4 | 5 |
| 7. Facilities were conducive to learning | | | | | |
| 8. Content was relevant to the learning objectives | | | | | |
| 9. Content was consistent with the stated program objectives/goals | | | | | |
| 10. Teaching methods were effective for the content | | | | | |
| 11. Audiovisual/handout materials were effective | | | | | |

| Instruction/Instructor | Low | | | High | |
|--|-----|---|---|------|---|
| | 1 | 2 | 3 | 4 | 5 |
| Speaker Name: Donna Honour | | | | | |
| 12. Was knowledgeable about the topic area | | | | | |
| 13. Had an effective presentation style | | | | | |
| 14. Used appropriate teaching strategies | | | | | |
| 15. Presently clearly and concisely | | | | | |

16. List two things you liked about the class:

17. List two things you would like to see added, changed, or deleted:

APPENDIX H
PROJECT TIMELINE

| Month | Activities |
|-----------------------|---|
| September 2013 | Capstone proposal draft given to chair |
| January-April 2014 | Designing completion of continuing professional development program/oral defense. |
| May-December 2014 | Data collection |
| August-September 2014 | IRB application and approval process |
| October 2014 | Anticipated final presentation and Capstone defense |
| December 2014 | Rework data interpretation |
| January 2015 | Capstone paper corrections |
| February 2015 | Final presentation/capstone defense |
| May 2015 | Graduate |

REFERENCES

- Alligood, M.R., & Tomey, A.M. (2010). *Nursing Theorists and their Work*. (Rev.ed. 7, pp.47, 137-156, 416-426). Maryland Heights, MO: Mosby Elsevier
- Alspach, G. (2008). Calling all preceptors: How can we better prepare and support you? *Critical Care Nurse*, 28(5), 13-16.
- American Association of Colleges of Nursing. (2013, September). Fact Sheet: Nursing Shortage: Retrieved from: <http://www.aacn.nche.edu>
- Andrews, D.R., & Wan, T.T. (2009). The importance of mental health to the experience of job strain: an evidence-guided approach to improving retention. *Journal of Nursing Management*, 17(3) 340-351.
- Atencio, B., Cohen, J., & Gorenbeg, G. (2008) Nursing retention, is it worth it? *Nursing Economics* 21(16), 262-8
- Billay, D., & Myrick, F. (2008). Preceptorship: An integrative review of the literature. *Nurse Education in Practice*, 8, 258-266.
- Bindon, S.L. (2009). Creation of an evidence-based program evaluation design for preceptor programs (unpublished doctoral dissertation). University of Maryland, Baltimore, Maryland.
- Bott, G., Mohide, E., & Lawlor, J., (2011). A clinical teaching technique for nurse preceptors: The five minute preceptor. *Journal of Professional Nursing*, 27(1), 35-42.
- Bowles, C., & Candela, L. (2005). First job experiences of recent RN graduates: Improving the work environment. *Journal of Nursing Administration*, 35(3), 130-137.

- Bratt, M. (2013). Nurse residency program: Best practices for optimizing organizational Success. *Journal for Nurses in Professional Development*, 29(3) 102-11
- Brown, L. (2006) Mississippi Delta: The place—the mindset. Unpublished manuscript, Delta State University: Delta Center for Culture & Learning, Cleveland, MS.
- Buchan, J. (2010). The first year of practice: New graduate nurses: transition and learning needs. *The Journal of Continuing Education in Nursing*, 40(9) 403-410
- Chief Human Resource Officer. (2012) Delta Regional Medical Center, Greenville, MS
- Covell, C. L. (2009). Outcomes achieved from organizational investment in nursing continuing professional development. *The Journal of Nursing Administration*, 39(10), 438-443.
- Craven, H., & Broyles, J., (1996) Professional development through preceptorship. *Journal for Nurses in Staff Development*, 12(6), 294-299.
- Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., & Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3), 122-131. doi:10.1016/j.outlook.2007.02.006
- Curry, L., Nembhard, I., & Bradley, E, (2009), Qualitative and mixed methods provided unique contributions to outcomes research. Retrieved from outcomes Research, <http://circhajournals.org> doi 10.1161/circulationHAHA107742775
- Delta Regional Medical Center. (2011) *2008-2012 Registered Nurse Separation Data*. Greenville, MS
- Dewolfe, J. A., Perkin, C. A., Harrison, M. B, Laschinger, S., & Oakley, P. (2010). Strategies to support and prepare preceptors and students for preceptorship: A systematic review. *Nurse Educator*, 35(3), 98-100.

- Duteau, J. (2012). Making a difference: the value of preceptorship programs in nursing education. *The Journal of Education Continuing Education in nursing*, 43(1), 37-43.
- Dyess, S. M., & Sherman, R. O. (2009). The first year of practice: New graduate nurses; Eddy, S. (2010). Lessons learned from formal preceptorship programs. *Creative nursing*, 16(4), 198-199.
- Fero, L.J., Witsberger, C., Wemiller, S., Aullo, T., & Hoffman, L. (2008). Critical ability of new graduates and experienced nurses. *Journal of Advanced Nursing*, 65(1) doi: 13910148
- Fink, R., Krugman, M., Casey, K., & Goode, C. (2008). The graduate nurse experience: Qualitative residency program outcomes. *Journal of Nursing Administration*, 38(7-8), 341-348. doi:10.1097/01.NNA.0000323943.82016.
- Forneris, S. G., & Peden-McAlpine, C. (2007). Evaluation of a reflective learning intervention to improve critical thinking in novice nurses. *Journal of Advanced Nursing*, 57(4), 410-421.
- Goode, C. J., Lynn, M. R., Krsek, C., Bednash, G. D., & Jannetti, A. J. (2009). Nurse Residency. An essential requirement for nursing. *Nursing Economic\$,* 27(3), 142. Retrieved from <http://www.ajj.com/services/pblshng/nej/default.htm>
- Golden, T. (2008). An outcomes-based approach to improve registered nurse retention. *Journal for Nurses in Staff Development*, 24(3), E6-E11.
- Greiner, A., & Knebel, E. (2008). *Health profession education. A bridge to quality.* Washington, DC. The National Academy Press

- Grinspun, D., Virani, T., & Bajnok (2002/2010) Nursing best practice guidelines: The RNAO project, *Hospital Quarterly*, 5(2), 56-60.
- Gullatte, M.M., & Jirasakhiran, E.Q. (2005). Retention and recruitment: reversing the order. *Clinical Journal of Oncology Nursing*, 9(5), 597-604.
- Hillman, L., & Foster, R. R. (2011). The impact of a nursing transitions programme on retention and cost savings. *Journal of Nursing Management*, 19(1), 50-56.
doi:10.1111/j.1365-2834.2010.01187.x
- Horton, C., DePaoli, S., Hertach, M., & Bower, M. (2012). Enhancing the effectiveness of nurse preceptors. *Journal for Nurses in Professional Development*, 28(4), 1-7.
- Houston, C. (2008). Preparing nurse leaders for 2020. *Journal of Nursing Management*, 16(8), 905-911.
- Hyrkas, K., & Shoemaker, M. (2007). Changes in the preceptor role: Re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing*, 60(5), 513-524. doi: 10.1111/j.1365-2648.2007.04441.x
- Institute of Medicine. (2013). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press
- Krozek, C. (2008). The new graduate RN residency: Win/Win/Win for nurses, hospitals, and patients. *Nurse Leader*, 6(5), 41-44. doi:10.1016/j.mnl.2008.07.011
- Levett-Jones, T., Hoffman, K., Dempsey, J., Jeong, S. Y., Noble, D., Norton, C. A., Roche, J., & Hickey, N. (2010). The five rights' of clinical reasoning: An educational model to enhance nursing students' ability to identify and manage clinically _at risk' patients. *Nurse Education Today*, 30(6), 515-520.

doi:10.1016/j.nedt.2009.10.020

Linder, L. (2008). Experiences of pediatric oncology nurses: The first year of hire.

Journal of Pediatric Oncology Nursing, 26(1), 29-40.

doi:10.1177/1043454208323913

Myers, S., Reidy, P., French, B., McHale, J., Chisholm, M., & Griffin, M. (2010). Safety concerns of hospital-based new-to-practice registered nurses and their preceptors.

Journal of Continuing Education in Nursing, 41(4), 163-171.

doi:10.3928/00220124-20100326-02

Myrick, F., Luhanga, F., Billay, D., Foley, V., & Young, O. (2012). Putting the evidence into preceptor preparation. *Nursing Research and Practice*, 2012(1), 1-7.

National Council on State Board of Nursing. (2011). Transitions to practice model.

Retrieved from <https://www.ncsbn.org/2640.htm>

Newhouse, R. P., Hoffman, J. J., Suflita, J., & Hairston, D. P. (2007). Evaluating an innovative program to improve new nurse graduate socialization into the acute healthcare setting. *Nursing Administration Quarterly*, 31(1), 50-60.

Olson, M. E. (2009). The "Millennials" First year in practice. *Nursing Outlook*, 7, 10-17

Orsolini-Hain, L., & Malone, R.E. (2007). Examining the impending gap in clinical nursing expertise. *Policy, Politics and Nursing Practice*, 8(3), 158-169. doi:

10.1177/1527154407309050

Park, M., & Jones, C. (2010). A retention strategy for newly graduated nurses: An Integrative review of orientation programs. *Journal for Nurses in Staff*

Development. doi: 10.1097/NND.0b013e31819aa130

- Reinsvold, S. (2008). Nursing residency: Reversing the cycle of new graduate RN turnover. *Nurse Leader*, (6), 46-49. doi:10.1016/j.mnl.2007.11.002
- Rogan, E. (2009). Preparation of nurses who precept baccalaureate nursing students: A descriptive study. *Journal of Continuing Education in Nursing*, 40(12), 565-570.
- Salt, J., Cummings, G., & Profetto-McGrath, J., (2008). Increasing retention of new graduate nurses: A systematic review of interventions. *The Journal of Nursing administration*, 287-296
- Sandau, K. E., & Halm, M. A. (2010). Preceptor-based orientation programs: Effective for nurses and organizations. *American Journal of Critical Care*, 19(2), 184-188.
- Santucci, J. (2010). Facilitating the transition into nursing practice: Concepts and strategies for mentoring new graduates, *Journal for Nurses in Staff Development* 20(6).
- Scott, E. S., Keehner Engelke, M., & Swanson, M. (2008). New graduate nurse transitioning: Necessary or nice? *Applied Nursing Research*, 21(2), 75-83. doi:10.1016/j.apnr.2006.12.002
- Shamian, J., & Inhaber, R. (1985) The concept and practice of preceptorship in Contemporary nursing: A review of pertinent literature. *International Journal of Nursing Studies*, 22(2) 79-88
- Ulrich, B., Krozek, C., Early, S., & Ashlock, C.(2010). Improving, retention, confidence of new graduates nurses: results from a 10year longitudinal database. *Nursing Economics* 28(6), 363-365. Retrieved from <http://www.medscape.com>
- U.S. Bureau of Labor Statistics. (2010). *Registered Nurses*. Retrieved from

<http://www.bls.gov/oco/pdf/ocos083.pdf>

U.S. Department of Health and Human Services, Health Resources and Services

Administration (2010). *The Registered Nurse Population: Findings from the*

(2010). *The Registered Nurse Population: Findings from the 2008 National*

Sample Survey of Registered Nurses. Retrieved from

<http://bhpr.hrsa.gov/healthworkforce/rnsurvey/2008/nssrn2008.pdf>

Valdez, A. M. (2008) Transitioning from novice to competent: What can we learn from

the literature about graduate nurses in the emergency setting? *Journal of*

Emergency Nursing, 34(5), 435-440. doi:10.1016/j.jen.2007.07.008

Vermont Nursing Internship Program. (2010). *Preceptor training objectives*, Retrieved

from <http://www.vnip.org/preceptor.html>

Wieck, K., Dols, J. & Landrum, P., (2010) Retention priorities for the intergenerational

nurse workforce. *Nurse Forum* 45(1) 7-17, doi:101111/j.17446198