Meeting the Needs of Our Preceptors: Improving Patient Outcomes and Nurse Retention

Maryland Nurses Association
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University of Maryland School of Nursing
Session Outcomes

• Describe at least three essential roles of an effective preceptor.

• Construct a package of evidence-based strategies to meet the initial and ongoing needs of our preceptors.
10% of nurses in typical hospital are NLRNs
25% will leave their job within the first year
  – Stress with transition to practice

Cost of increased turnover is high:
  – $40,000 up to 2.5 times annual salary
  – 5% of organization’s budget = “Onboarding”
  – Falls and medication errors higher
  – Patient satisfaction lower
RWJF: Newly Licensed RN Characteristics and Turnover

How Long Do NLRNs Plan to Stay in Their First RN Job?

<table>
<thead>
<tr>
<th>Duration</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>0%</td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>5%</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>19%</td>
</tr>
<tr>
<td>2 to 3 years</td>
<td>17%</td>
</tr>
<tr>
<td>3 years or more</td>
<td>18%</td>
</tr>
<tr>
<td>Indefinitely</td>
<td>21%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>20%</td>
</tr>
</tbody>
</table>

What Do New Nurses Want?

- Top reasons change job = poor management, stressful work, opportunity to get experience in another area. (Kovner)

- Support, gaining knowledge and skills, and socialization helped transition to new roles. (Farnell & Dawson)

- 45% of novices found transition from school to practice somewhat difficult. (Boswell, Lowry, & Wilhoit)
Two perspectives:
Perspective of the new RN (n = 560)
Perspective of his/her preceptor/mentor (n = 236)
Workload of Preceptors

Client care assignment:
• Yes, regular load 45.8%
• Yes, reduced load 31.7%
• No 22.5%

Li, 2007
Clinical Competence

• Overall clinical competence

• Subconcepts
  – Clinical Reasoning
  – Patient care delivery & management
  – Communication & interpersonal relationships
  – Recognizing limitations

• Likert scale 0-4 (4 = highest)
Clinical Competence: Overall

![Bar graph showing the mean of clinical competence for New RN and Preceptor. The New RN mean is 3.46 and the Preceptor mean is 3.50.](Li, 2007)
Clinical Competence

- Overall clinical competence
- Subconcepts
  - Clinical Reasoning
  - Patient care delivery & management
  - Communication & interpersonal relationships
  - Recognizing limitations

- Likert scale 0-4 (4 = highest)

Li, 2007
Clinical Competence: Subconcepts

- Clin reasoning: 3.27
- Pt. care deliv & Mana: 3.52
- Comm. & relation: 3.44
- Recog. limit: 3.20

Li, 2007
Impact of Transition Experience on Practice of NLRNs

<table>
<thead>
<tr>
<th>Perceived Stress</th>
<th>Almost Never %</th>
<th>Some-times %</th>
<th>Often/Always %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt overwhelmed with pt care responsibilities</td>
<td>19.4</td>
<td>56.7</td>
<td>24.0</td>
</tr>
<tr>
<td>Fear of harming the pt due to inexperience</td>
<td>71.7</td>
<td>25.5</td>
<td>2.8</td>
</tr>
<tr>
<td>Felt expectations unrealistic</td>
<td>45.8</td>
<td>38.6</td>
<td>15.6</td>
</tr>
</tbody>
</table>
Summary of Findings

• During the first 3 months of practice, new RNs who had a primary preceptor practiced at higher competent levels.

• Without the assistance of preceptors, new RNs practiced at less competent levels during their initial phase of independent practice.

Li, 2007
What Else Is New?
Skilled Preceptors Help ↓ Turnover

• ↑ professional socialization, ↑ feelings of support, ↑ confidence, improved perceptions of nursing practice

• Baystate – Chandler’s Work Empowerment Model (Roche et al)
  – 67 NLRNs and 23 experienced new nurses
  – Work environment always, mostly, or often conducive to learning
  – Preceptor support = mean 3.825 (4 max)

• Delaney phenomenological study of 10 NLRNs’ orientation experience
  – Variability of preceptors emerged as a theme.
  – NLRNs with seasoned preceptors = positive comfort and decreased anxiety

• Romp & Kiehl EBP project to revise preceptor preparation

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with preceptors</td>
<td>4.40</td>
<td>4.69</td>
</tr>
<tr>
<td>(p = 0.016)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NLRN turnover</td>
<td>13.9%</td>
<td>10.1%</td>
</tr>
</tbody>
</table>
What Is Important for Preceptors To Do Their Jobs?
Preceptorship Conceptual Framework
Craven & Broyles

Administrative Support

Orientees

Educational Support

Incentives

Preceptors

Preceptorship Conceptual Framework
Craven & Broyles

Administrative Support

Orientees

Educational Support

Incentives

Preceptors
Common Incentives

- Preceptor pay
- Extra money for continuing education
- Extra time off for continuing education
- Career ladder advancement portfolio
- Title
- Token of recognition letter luncheon
- Altered assignment
- Professional responsibility
Administrative Support

• Nurse manager/ other “has my back”

• How do you handle it when orientee/preceptor not bonding well? One wants a change?
As a Preceptor, What Do You Do?
ROL: Role of Preceptor

- Alspach
  - Educator, socializer, and role model roles
  - Repeated and expanded upon in multiple other works
- Baltimore
  - Role of socializer is key to decreasing turnover
- Bratt
  - Role model, socializer, learning facilitator, evaluator
- Boyer
  - Expanded upon Alspach’s three roles
  - Added roles of protector and evaluator
How Were You Prepared to Be a Preceptor?
ROL: Preceptor Preparation

• Structured preceptor preparation program works better

• Traditional topics
  – Adult learning strategies,
  – Novice-to-expert,
  – Roles and responsibilities of preceptor and orientee,
  – Giving feedback, communication,
  – Promoting critical thinking,
  – Evaluating
  – Policies, paperwork required
ROL: What Else Do Preceptors Say They Need?

- **How to operationalize preceptor roles**
  - Teaching styles that enhance learning
  - Teaching organization and prioritizing
  - Working with diverse learners
  - Working with problematic orientees
Conceptual Model of Synergy With Preceptorship

(Adapted by Shumate from Alspach, 2006)
Preceptor Needs Blueprint

• Used Boyer’s 5 roles as essential concepts
  – Educator, evaluator, protector, role model, socializer
• Characteristics and behaviors from articles, books on precepting and staff development, on-line program
• Topics and terms sorted and grouped by major ideas and commonalities
• Behaviors that spanned difficulty levels
• Face validity established
## Sample of Blueprint (partial lists)

<table>
<thead>
<tr>
<th>Role</th>
<th>Characteristics</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educator</td>
<td>Assesses Plans</td>
<td>• Assesses learning needs and styles</td>
</tr>
<tr>
<td></td>
<td>Plans Implement</td>
<td>• Plans learning activities collaboratively with orientee</td>
</tr>
<tr>
<td></td>
<td>Instructs/teaches</td>
<td>• Utilizes adult learning principles in developing orientation plan</td>
</tr>
<tr>
<td></td>
<td>Supports while learning</td>
<td>• Customizes learning plan for specific learning needs and learning styles</td>
</tr>
<tr>
<td></td>
<td>Coaches Encourages</td>
<td>• Provides experiential learning opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assigns patients based upon orientee abilities and learning objectives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gradually increases orientee’s responsibility in patient care</td>
</tr>
<tr>
<td>Role</td>
<td>Characteristics</td>
<td>Behaviors</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Evaluator</td>
<td>Ensures safe and effective practice</td>
<td>• Validates competency in providing the skills and care required for patients on this unit</td>
</tr>
<tr>
<td></td>
<td>Evaluates orientee performance on an ongoing basis</td>
<td>• Discusses orientee’s progress daily</td>
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<tr>
<td></td>
<td></td>
<td>Evaluates progress toward meeting identified objectives (“on track”)</td>
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<tr>
<td></td>
<td></td>
<td>Completes documentation tools and all necessary paperwork for orientation</td>
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<tr>
<td></td>
<td></td>
<td>• Delivers feedback in a constructive manner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Manages the orientee who does not accept feedback constructively (for instance, cries, gets angry, or ignores feedback).</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Role</th>
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<th>Behaviors</th>
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</thead>
<tbody>
<tr>
<td>Protector</td>
<td>Protects safety of patient and orientee</td>
<td>• Provides safe learning environment</td>
</tr>
<tr>
<td></td>
<td>Acts as advocate for orientee</td>
<td>• Protects the orientee from making errors that might harm self or other staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Protects patients from orientee error</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensures adherence to policies, procedures, standards of care, and scope of practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Protects the patient and the orientee from the orientee who under or over-estimates own abilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Protects orientee from adverse behaviors of others</td>
</tr>
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<tbody>
<tr>
<td>Role Model</td>
<td>Leads by example in patient care, critical thinking, prioritization and organization, and communication</td>
<td>• Models care and skills at the competent or higher level</td>
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<tr>
<td></td>
<td></td>
<td>• Models professional behavior including interprofessional or multi-disciplinary team communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Resolves conflict between self and orientee or between self and others</td>
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<td></td>
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<td>• Models how to access and use evidence</td>
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<td></td>
<td></td>
<td>• Prioritizes and organizes work effectively and efficiently</td>
</tr>
<tr>
<td></td>
<td>Fosters critical thinking and problem solving</td>
<td>• Encourages orientee to utilize critical thinking skills</td>
</tr>
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<tr>
<th>Role</th>
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<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socializer</td>
<td>Helps orientee settle into new role and environment</td>
<td>• Introduces orientee to unit staff and other team members</td>
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<tr>
<td></td>
<td>Helps orientee become a part of the team</td>
<td>• Fosters integration into workplace culture</td>
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<td></td>
<td></td>
<td>• Assists the orientee in learning how to effectively communicate with other team members</td>
</tr>
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<td></td>
<td></td>
<td>• Redirects the orientee who is not demonstrating teamwork or sensitivity toward existing unit staff</td>
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<td></td>
<td></td>
<td>• Encourages colleague support of orientee</td>
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<tr>
<td></td>
<td></td>
<td>• Educates orientee about the chain of command</td>
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</tbody>
</table>
Survey of Preceptors

• Small pilot, convenience sample

• What role/roles do you think they were most comfortable with? Least comfortable?
  – Educator
  – Evaluator
  – Protector
  – Role Model
  – Socializer
Results of Survey of Preceptor Needs

- Likert scale 1 to 5 (5 = very comfortable)

- Role model most comfortable
  - Highest comfort score for each preceptor
  - Overall mean = 4.74/0.22

- Evaluator least comfortable
  - Lowest overall mean = 4.29/0.35

- One preceptor VC for all behaviors
Results of Survey of Preceptor Needs

• What specific behaviors cause you, as a preceptor, to feel least comfortable?
Results of Survey of Preceptor Needs

• Least comfortable behaviors
  – Managing an orientee who does not accept feedback constructively
  – Protecting the pt from orientee who over/under-estimates abilities
  – Protecting the pt from orientee who performs new skills without assistance
Learning Needs

Multiple Anonymous Respondents
- Priority content: Frequent uncomfortable; Safety issues
- Specific activities to meet learning needs

Cognitive Needs
- Self-learning packets, articles, on-line/intranet information, wikis, webinars

Affective Needs
- Case studies, role playing, simulation, problem-based learning, IPE

Psychomotor Needs
- Skills labs, simulation, problem-based

Individual Respondent, Known Source
- Few preceptors uncomfortable
- Use as resource for other preceptors

Specific activities to meet learning needs

Multiple uncomfortable
- Specific activities to meet learning needs
Skills Our Preceptors Can Use at Bedside

- "Think aloud" questioning
- Priority grids

<table>
<thead>
<tr>
<th>Important?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>A</td>
<td>C</td>
</tr>
<tr>
<td>No</td>
<td>B</td>
<td>D</td>
</tr>
</tbody>
</table>

Urgent/ Now?
Reflective Learning

- Talk to me about the problem your patient was having.
- What do you think you did really well?
- What would you do differently?
- How did this make you feel?
- What will you do differently in the future?
Giving Feedback - +/-Delta

• What went well today? (or with this situation)

• What would you like to do differently next time?

• Orientee and preceptor identify together

• Do each shift – get used to balanced feedback
Feedback – Advocacy/Inquiry

• Make a statement or observation about something you saw (advocacy).
• Ask a question based upon this observation (inquiry).
• Helpful for person who is defensive or does not talk a lot.
  – I noticed that you were looking at the monitor the whole time Mrs. S was complaining of being SOB.
  – Why do you think that was? What could you have done differently?
Preceptors: Action!
Scenario #1:

- Your orientee is a new grad. She is scheduled to complete orientation soon. She is very careful and precise in her actions. She looks meds up if she is not familiar with them and seeks you out for assistance before she does a new procedure. She is very kind to her patients and families, spending time explaining the patient’s condition and the plan of care to them. She gets very nervous when she has to talk with a doctor. Sometimes she forgets to ask them everything she is supposed to. She started her first IV this week, and got it on the first try. Her assessments are getting better.

- But, this orientee is slow!!!! Just yesterday it was 9 pm before you two left. It took her until 10 am to complete her 8 am vital signs and assessments. She said that was because the second patient she saw had diarrhea, and it took her forever to clean the patient. It was 10:30 this morning before she even started her 10 am meds. She does not take lunch or breaks.

- HELP!!!!
Scenario #2:

• Your orientee is half way through orientation. She has 6 years of experience in home health nursing and is now returning to acute care. She has loads of experience with skills like dressings, IVs, and tube feeds. You only had to show her how to operate your equipment and what your institution’s procedures/standards are. Her assessment skills are good. Her organization skills look good so far. She gets her meds and treatments done on time. She does her charting early in the shift and then updates as needed. She gets out on time.

• You are, however, getting complaints about the number of personal phone calls she gets. Yesterday the evening HUC told you that between 3 pm and 4 pm she got 5 phone calls from what sounded like children. You have noticed that she does seem to be on the phone a lot. In the last hour two of her patients needed assistance. You went in her place because she was tied up on the phone. When you asked her if there was a problem, she said it was none of your business.

• Is it????!!!
You are orienting a nurse who has worked on another unit at your facility for two years. He has been on your unit for a week and a half now. His former unit has a very similar patient population and care level as your unit does, so you anticipated orienting him would be a snap.

Indeed you have been able to get through several of your unit-specific competencies and have checked off about half of his orientation checklist. His documentation is thorough, and his care is given in a timely manner.

He complains a lot about the unit he came from. He goes on and on about how mean the manager was and how awful the nursing staff was. He says they had it out for him because he was ..... (male, or foreign born, or of a particular racial group, or whatever you prefer).

Yesterday one of the patients complained about him being very rough with her and very hateful in the way he spoke to her. When you talked with him about this, he said she was just “a lazy cow.” When you told him that you viewed this type of remark about a patient as being unacceptable, he said that he could tell he was “going to have problems with you too.”

So much for an easy orientation!!!
Thank You!

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