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Implementation and Evaluation of a Preceptor/Mentorship Program During Orientation in a Long Term Care Facility: A Strategy to Increase Nursing Employee Satisfaction

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Implementation and Evaluation of a Preceptor/Mentorship Program During Orientation in a
Long Term Care Facility: A Strategy to Increase Nursing Employee Satisfaction

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September 1, 2017
Dedication

For my husband, Tim, thank you for your unconditional love and support. To my children, Emilia, Timothy, and Juan Pablo, I will never forget your kind words of encouragement, soft kisses and warm hugs. You are so special to me and I am blessed to be your mother. May God bless you, guide you and keep you safe all the days of your lives. For my parents, Orlando and Marcia Flores, thank you for teaching me spiritual principles and to always honor God first. To my brothers and sisters Martha Mooneyham, Marcia Malzahn, Isa Tyler, Orlando Flores, and Juan Flores, thank you for having faith in me to achieve my dreams.
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Abstract

High nursing turnover in long-term care (LTC) facilities is a significant problem that results in additional expenses, lower quality of patient care, increased adverse patient events, and decreased patient and nursing satisfaction. A structured orientation and supportive preceptors are protective factors in retaining nurses as well as increasing nursing job satisfaction and improving patient outcomes. The goal of this pilot project was to implement an evidence-based preceptor program for staff registered nurses (RNs), licensed practical nurses (LPNs) and certified nursing assistants (CNAs) in an LTC facility to develop preceptors’ skills and preceptees’ orientation satisfaction. The preceptor development project facilitated by the project coordinator (PC), consisted of two, 3-hour workshops, four, 12-hour shifts precepting new staff, and a one hour weekly meeting for 4 weeks during the preceptee’s orientation.

Two CNA preceptors had the opportunity to precept a CNA preceptee. The preceptors, preceptee, and PC met weekly to develop an action plan to overcome barriers and fulfill the competency criteria for the preceptee’s CNA job description. Upon workshop completion, preceptors took a competency test and rated its effectiveness. The project was considered effective based on preceptors’ pass rate of 80% or greater on the competency test and a rating of 80% or higher on the effectiveness in meeting the goals and objectives of the workshops. The annual estimated total return on investment (ROI) for 3 nursing staff to be educated and function as preceptors with 30 new nursing staff equals approximately $74,150.96.

Keywords: nursing turnover, nursing satisfaction, preceptor, mentorship, nursing retention, long-term care
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Implementation and Evaluation of a Preceptor/Mentorship Program During Orientation in a Long Term Care Facility: A Strategy to Increase Nursing Employee Satisfaction

Executive Summary

As the aging population continues to rise, so does the need for qualified caregivers, in particular registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs). Researchers have linked a strong association between decrease in nursing/CNA satisfaction and high turnover in long-term care (LTC) and negative patient outcomes. There are a variety of reasons that contribute to nursing attrition and dissatisfaction. In LTC, lack of support and an inadequate orientation have been identified by nursing staff as problematic areas that affect intent to leave an organization. Orientation programs led by qualified preceptors and mentors have been effective in improving work culture and morale, improving nursing satisfaction, and improving work longevity.

An LTC and rehabilitation facility in the Midwest United States has been struggling with nursing satisfaction and retention. The project coordinator (PC) conducted informal interviews with the nursing staff and CNAs to gain insight into problematic areas at the work site as phase one. The nursing staff and CNAs reported a lack of support and guidance during the orientation process as the main reasons for high turnover and dissatisfaction. In an effort to improve satisfaction of newly hired nurses and CNAs during the orientation process, a preceptor evidence-based pilot project was designed as phase two and implemented and evaluated as phase three. The staff was invited to participate and completed an interest form for participation. The rehab manager and the director of nursing (DON) selected two LPNs and two CNAs to participate. The participants completed two 3-hour preceptor workshops taught by the PC. Two CNA preceptors were paired up with one CNA preceptee. Over a 4-week period a series of
meetings were held with the preceptors, preceptee, and PC to assess and monitor the progress of the preceptee’s orientation. The preceptee reported high satisfaction with her experience in working with the preceptors.

Qualitative and quantitative metrics were used to measure project outcomes. Quantitative outcomes were measured in several ways. Preceptors completed multiple choice workshop competency tests at the end of each workshop and a workshop evaluation. The preceptors had the opportunity to provide additional comments regarding the workshop and the PC as the teacher of the class. Preceptor comments included: “Fantastic! I really enjoyed it. Excited for workshop #2 and to learn more,” and “very well researched, learned a lot.” At the completion of the 4-week orientation, the preceptee evaluated the effectiveness of her assigned preceptors. All of the preceptors reported being satisfied or highly satisfied with the information learned at the workshops. The preceptee stated her preceptors adequately educated her in her role as a CNA and were supportive throughout the orientation.

To date, all of the preceptors and the preceptee remain employees of the organization and report gaining a greater sense of commitment toward the organization. Although the sample size was very small in this pilot project, the results clearly indicate the perceived benefits and improved satisfaction by both the preceptors and preceptee. The preceptee also expressed interest in becoming a preceptor and completing the workshops. Before the implementation of the project, the nursing staff did not appear to have a clear understanding of the unique role of the preceptor versus having someone “shadow.” Preceptors have been educated to observe, assess, and implement teaching strategies to effectively develop the clinical skills of the preceptee. Shadowing only entails observing another employee work. Offering preceptor workshops to other nurses and CNAs would increase the pool of qualified preceptors. Preceptors
also need continued support and education regarding their role as well as how to transition to the mentorship role if interested. Phase four provided the organization a tool kit to sustain the preceptor program and expand preceptor development as a mentor when timing is right. Additional similar program development quality improvement projects would be beneficial to continue the positive impact of preceptorship with licensed nursing staff in LTC.

The financial impact that this project can have in LTC facilities nationwide is an important aspect to consider. In this LTC facility, the cost of turnover for 10 RNs is $43,359.01. The turnover cost if 10 LPNs quit is $20,693.03 and for 10 CNAs it is $13,751.41 up to $20,539.54 (cost variation based on CNA training reimbursement). The cost of one full-time RN to participate in the preceptor program and precept nine additional RNs is $2,445.00 (LPNs $2,169.00 and CNAs $1,705.10). The annual ROI for ten RNs, ten LPNs, and ten CNAs is $39,540.17, $17,150.19 and $10,672.47 (up to $17,460.60) respectively. The cost savings potential are well worth the investment of implementing and sustaining this QI preceptor project. The annual estimated total return on investment (ROI) for three nursing staff to be educated and function as preceptors with 30 new nursing staff equals approximately $74,150.96.

**Introduction and Background**

Individuals born during the post-World War II era, approximately between the years 1946-1964, will require increased levels of care as they age. The need for trained healthcare professionals such as RNs, LPNs and CNAs to provide for their long-term care needs will also increase. The United States is already experiencing a nursing shortage that is expected to continue to increase in the next decade (American Health Care Association [AHCA], 2015). The population of the individuals over the age of 85, known as the “oldest old” is expected to triple from 6.3 million in 2015 to 19 million in 2050 (Vincent & Velkoff, 2010).
High nursing turnover in LTC and rehabilitation facilities is a national problem that leads to a negative effect on organizational performance, patient outcomes, quality of care and patient and staff satisfaction (Parmelee, 2009; Tummers, Groeneveld, & Lankhaar, 2013). Stakeholders in a LTC and rehabilitation facility in the Midwest United States have identified an annual high nursing turnover (142.86% RN, 75% LPN, and 75.61% CNA). Researchers have found a direct association between inadequate nurse-to-patient staff ratios that have resulted in adverse patient outcomes such as urinary tract infections (UTIs), pneumonia, failure to rescue, pressure ulcers, patient falls, and medication errors (Pappas, 2007). High nursing turnover rates contributes to inadequate nurse-to-patient ratios. Adequate nursing staff ratios can decrease avoidable adverse outcomes such as cardiac arrest and shock, upper gastrointestinal bleeding and deep vein thrombosis (O’Keefe, 2016). High nursing turnover leads to lower staffing ratios, which jeopardize patient safety.

**Scope of the Problem**

In the United States, the annual nursing turnover rate in LTC is estimated to be as high as 56% for RNs, 51% for LPNs and 75% for CNAs (Antwi & Bowblis, 2016). Some of the most common reasons nurses and CNAs in LTC leave their organization include insufficient development and career opportunities, high levels of stress, negative work environment, inadequate staffing, reduced autonomy, intense workload, feeling anxious or nervous, low compensation and interpersonal conflict (Castaneda & Scanlan, 2014; Currie & Carr Hil, 2012; Kwon, Chu, & Kim, 2014; McGilton, Boscart, & Brown, 2013).

**Preceptor/Mentorship Programs**

According to Moyle, Skinner, Rowe, and Gork (2003), nurses in acute care facilities as compared to LTC facilities receive more incentives such as longer orientation periods,
continuing education opportunities, greater flexibility in shifts, and other incentives. Aaron (2011) noted, “Turnover rates [of RNs] in LTC range from 50% to 75% [annually], which showcases that retention is a larger problem than recruitment” (p. 48). Preceptor and mentorship programs are ways to address this problem. Preceptor programs and the use of nursing mentors in hospital settings have been shown to be effective ways to retain nursing staff, with increased satisfaction and decreased turnover (Pappas, 2007). LTC facilities would also benefit from these types of programs however, there are few programs nationwide that have applied and sustained the preceptor or mentorship models.

High turnover in LTC is presumed to be related to insufficient orientation programs (Aaron, 2011). The use of preceptor programs as a way of enhancing the orientation phase has been shown to support experiential learning of student nurses and new nurses in LTC as well as increasing patient satisfaction and quality of life (Mullenbach & Burggraf, 2012). Preceptor programs have been used in acute care settings and have had a positive impact on nursing work satisfaction and retention. Shermont and Krepcio (2006) implemented a preceptor program in an acute care setting and reported a decrease in turnover rate from 54% to 8% in 3 years. The orientees reported having increased shared accountability that assisted in promoting critical thinking, partnership, and a sense of belonging. New nurses who participated in the program reported stronger interpersonal relationships in the work environment (Shermont & Krepcio, 2006). The preceptor program positively changed the organizational culture and group cohesion.

The first preceptor program for LTC was developed by Shemansky in 1989 at the Masonic Home of New Jersey (Aaron, 2011). Preceptees were paired with a preceptor over a 30-day orientation. The newly oriented nursing staff commented about the positive experience
they had during the orientation period. Over a 9-year period, the program was successful in reducing turnover of new nurses from 53.4% to 17%.

The Centers for Medicare and Medicaid Services (CMS) funded a 30-month nurse LTC residency program initiative in New Jersey (Cadmus, Salmond, Hassler, Black, & Bohnarczyk, 2016). This program was conducted in collaboration with LTC organizations including the Health Care Association, Leading Age, Herldrich Center, New York University Nurses Improving Care for Healthsystems Elders [NICHE] program, New Jersey Department of Health and Rutgers University School of Nursing. A project director and two faculty members were hired to oversee the CMS project. The residency program was developed to increase retention and employee satisfaction for new RN graduates employed in LTC. There were three phases to the program: preceptor development, nurse resident development, and a joint preceptor/nurse resident collaboration phase. Preceptor education occurred to ensure the preceptors had the “knowledge, skills, and attitudes needed to support the new nurse resident” (Cadmus, et al., 2016, p. 236). The curriculum was presented over 19 days in a 9-week period. Breakout monthly sessions were held to encourage collegial support, discuss concerns and brainstorm solutions. The first cohort consisted of 37 recently hired RNs and 37 preceptors. The results led to an RN retention rate of 86% during the first year of implementation.

The Vermont Nurse Internship Project (VNIP), an acute care nurse preceptor based orientation program, consisted of 2-day workshops that emphasized the role of the preceptor as a protector, educator, and socializer (Delfino, Wegener, Williams, & Homel, 2014). Although not explicitly identified, these concepts and the style of workshops are quite similar to the evidence-based preceptor program implemented in this scholarly project. Of the 352 participants, 135 participated in a survey. The majority of the participants indicated gaining a greater
understanding of the preceptor role (p < .001) and an overall high level of satisfaction with the program (p < .001).

Factors Influencing Turnover and Nurse Satisfaction

According to Merriam-Webster (2016), **turnover** is “the number of persons hired within a period to replace those leaving or dropped from an organization.” **Nursing satisfaction** refers to the “source or means of enjoyment” at the workplace. Poor job satisfaction can lead to stress, decreased motivation, absenteeism and high turnover (Castenada & Scanlan, 2014). In addition, dissatisfied caregivers may demonstrate more aggression toward co-workers and residents (Castle, 2010).

Findings from an extensive literature review revealed common reasons why RNs, LPNs and CNAs leave organizations. Some of the reasons nurses leave include high level of stress, poor work conditions and environment, inadequate staffing and intense workload, low compensation, conflict with interpersonal relationships, job-related burnout, personal factors, better job alternatives, and non-supportive managers and supervisors (Castaneda & Scanlan, 2014; Currie & Carr Hil, 2012; Feathers, 2015; Lambrou, Merkouris, Middleton, & Papastavrou, 2014; McGilton, et al. 2013; Meyer, Raffle, & Ware, 2014; Whitworth, 2008). It is difficult to isolate one particular factor as they are all interrelated and affect one another.

Factors Influencing Nursing Retention

There are numerous factors that influence nurses and CNAs to stay in an organization. Jones and Gates (2007) called this **nursing retention** and stated, “Nurse retention focuses on preventing nurse turnover and keeping nurses in an organization’s employment” (p. 1). According to the Cambridge Dictionary, **job satisfaction** is defined as “the feeling of pleasure and achievement that you experience in your job when you know that your work is worth doing,
or the degree to which your work gives you this feeling.” According to Lu, While, and Barribal (2005), what makes a job satisfying or dissatisfying also depends on the expectations that individuals have of what the job should provide.

According to global research studies, the following factors have been shown to increase nursing retention and satisfaction in acute care settings: autonomy and ability to manage stress, ability to perform nursing tasks and care well for patients, adequate nurse-to-patient ratios/staffing and acuity-based staffing, adequate training and mentoring, positive work attitude, personality style, compensation, professional practice environment, and supportive managers and respect from supervisors (Castaneda & Scanlan, 2014; Feathers 2015, Gelinas, 2016; Lambrou et al., 2014; Meyer et al., 2014; O’Keeffe, 2016; Rodwell & Ellershaw, 2016; Wendsche et al., 2014). When Lu, et al., (2005) conducted a systematic literature review of international literature on nurses’ job satisfaction in acute care and LTC settings they found that interpersonal relationships among patients, coworkers and managers were just as important as workload, compensation and promotion, autonomy and leadership styles, and organizational policies. Job satisfaction of CNAs has also been directly associated with the quality of care provided to residents (Castle, 2010).

In LTC, similar research findings to those in acute care regarding nursing retention include support from management and coworkers, the use of preceptors and mentors, positive work environment, nursing professional development opportunities and the ability to enact leadership practices (Chu, Wodchis, & McGilton, 2014; Ejaz, Noelker, Menne, & Bagakas, 2008; Shemansky, 1998). Researchers have indicated that the use of well-trained preceptors can influence first-year retention and possibly improve patient safety (Clipper & Cherry, 2015). All of these factors are interrelated in particular ways.
Many LTC facilities experience difficulty in sustaining preceptor projects for several reasons. Ideally, a preceptor program would be conducted by a baccalaureate prepared nurse educator. However, the nurse educator is usually also the preceptor to new nursing staff. Many organizations struggle with the financial cost of an educator and as an alternative, assign the director of nursing (DON) to take on this role (Cadmus, et al., 2016). The DON attempting to fulfill two roles prioritizes what seems crucial to the expectations of her DON role, and the nurse educator role dissolves. Providing adequate and sufficient training to the nursing staff to become preceptors is one way to increase the likelihood of a preceptor program’s succeeding.

**Project Site**

A LTC facility in the Midwest has been experiencing high levels of annual nursing turnover including RNs (142.86%), LPNs (75%), and CNAs (75.61%) in 2015-2016. Employee turnover was calculated by how many employees left the company versus how many new employees were hired (Marzec, 2017). When the total number of employees leaving the company exceeds the average number of employees for the year, the annual turnover will be greater than 100% (Lipinski & Irvin, n.d.). These rates were higher than annual national LTC turnover rates in the United States of 56% for RNs, 51% for LPNs and 75% for CNAs (Antwi & Bowblis, 2016). According to informal interviews by the PC and formal exit interviews of staff and nurses by the Department of Human Resources (HR), the nursing staff identified the lack of administrative support and an ineffective orientation process as reasons contributing to a decrease in their employment satisfaction.

The key stakeholders in the organization were interested in finding a solution to increase nursing retention and satisfaction in an effort to decrease nursing turnover. The stakeholders
have agreed that the evidence is strong in support for a pilot evidence-based preceptor program in an effort to increase nursing retention. The pilot project will be led by the PC.

**Problem Statement**

The problem was that high rates of nursing turnover in LTC lead to inadequate staffing, decrease nursing satisfaction and potentially decrease quality patient outcomes. The clinical quality improvement questions explored in this proposal to address this problem were: Will participation by nurses in a preceptor program in an LTC facility (a) provide the preceptor with the ability to function as a role model, socializer, and educator? (b) result in an increased preceptee satisfaction rate of 80% or higher or with the orientation and their precepted experience as a result of their preceptor’s participation in the preceptor workshops?

**Evidence-Based Initiative**

The benefit of this evidence-based preceptor program is that is has already been developed and tested with success in LTC settings. Alspach’s Instructor’s Manual (2000) is available for the nurse conducting the program to facilitate the workshops. The workshop material includes a variety of class activities, discussion points, and reflection summaries that can be used to enhance the preceptor’s learning process. The workshops can be provided in a variety of ways:

- One 8-hour workshop;
- Two, 4-hour workshops;
- Four, 2-hour workshops;
- Eight 1-hour workshops; or
- Two 3-hour workshops (Alspach, 2000).
Substituting an experienced health care worker instead of a nurse could be an alternative method to cut costs. One way to increase preceptor efficiency is by the use of email or the phone when providing weekly updates and reports to the unit supervisor regarding the preceptees’ progress in the orientation. The time, cost, and effort involved with high turnover in LTC is much greater than the time, cost, and effort involved in sustaining a preceptor program.

Increased patient acuity and budget cuts in LTC have increased the need for nurses and CNAs to be fully competent and practice safely (Pappas, 2007). A comprehensive orientation along with a preceptorship program facilitates the learning process and improves the ability of nurses and CNAs to practice safely. The adequate orientation of new hires is essential “because it provides new hires with a first and lasting impression of the facility and affords them time to develop an understanding of the organization and its values” (Conley, Branowicki, & Hanley, 2007, p. 491).

In 1989, Shemansky (1991) used Alspach’s From Staff Nurse to Preceptor Program (2000a) to develop the first successful training program for preceptors in LTC (see Appendix A). Although other preceptor programs have been used to guide the development of preceptor programs in LTC, Alspach’s evidence-based preceptor program alone provides a complete step-by-step guide for the implementation process as well an instructor’s manual and a preceptor workbook/manual. The program was used in a 451-bed LTC facility in New Jersey. The preceptor-training program was given during two 5-hour workshops. The first day consisted of reviewing the facility’s orientation program, policies and procedures. On the second day, the nurses were introduced to the objectives of the preceptor program and learned about their role and responsibilities as a preceptor. Content included the topic of socialization, teaching and communication techniques. The participants received a preceptor manual that contained
orientation material, preceptor guidelines, evaluation tools and policies appropriate to their job category (RN, LPN, or CNA). The program was consistently offered twice per year and in a 9-year period the nursing turnover rate decreased by 36.4%, job satisfaction increased, and the quality of resident care increased (Shemansky, 1998).

Orientation programs in healthcare settings have used Alspach’s program (2000a) along with Benner’s (1984) from novice to expert learning model as a way to measure an individual’s ability to perform or demonstrate certain behaviors and competencies (Aaron, 2010; Conley, et al., 2007; Grossman, 2009; see Appendices B and C). Benner, a nurse educator, developed a learning model for nurses to evolve through the different stages of developmental learning. The model is based on “skill acquisition developed by professors Hubert L. Dreyfus and Stuart E. Drefus” (Benner, 1984, p. v). O’Malley Floyd, Kretschmann and Young (2005) evaluated an orientation program for new graduate RNs using Alspach’s framework and Benner’s model together as the program’s foundation. The program consisted of 34 RNs and 29 preceptors in a regional medical center with two acute care hospitals, an addiction recovery center and an LTC facility (O’Malley Floyd et al., 2005). The new RNs attended educational sessions and worked with a preceptor for 7-12 weeks. After 4 months the nurses were considered to have completed the orientation and a 46-item survey was distributed. The nurses evaluated areas of professional and personal development, clinical skills, organization orientation, and patient and family advocacy. The nurses did not complete a pre-program survey. Of the 46 items in the survey, 42 items were evaluated positively. In the first year of the program, the facility reported a retention rate of 94.3% (O’ Malley Floyd, et al., 2005). The investigators did not report nursing turnover rates prior to the initiation of the program.
A pilot preceptor study used Benner’s (1984) model for the development of a preceptor program to facilitate new nurses’ transitions into LTC and to become gerontological experts (Aaron, 2011). The project director, a former LTC director of nursing (DON), conducted the study in an effort to address the issues that affect nursing recruitment and retention. In this study, focus groups of nursing home staff were led by a research assistant to identify the strengths and weakness of the preceptor process. Four nursing homes were part of the Expanding Teaching-Nursing Home Project (Aaron, 2011). The participants included the administrator, DON and assistant DON as well as eight RNs. Focus groups were held at each nursing home. The administrator, DON and assistant DON had the same role as the RNs as focus group participants. The focus groups from each facility lasted 1 hour, and the nursing staff were asked the following questions: (a) “Why are nurses attracted to work at this facility?” (b) “Why do the current nurses stay?” (c) “What procedures are used for orientation of new nurses, and (d) What is the length of the orientation phase before new nurses work independently?” (Aaron, 2011, p. 51). Aaron conducted data analysis to determine the themes related to recruitment and retention. Then one of the four facilities agreed to be the site of the pilot project. Only one nurse preceptor was used to orient new nurses and was available while the preceptees became familiarized with the policies and procedures and nursing tasks. Ten nurses were hired during the implementation of the program. After 6 months, all 10 nurses were retained. After 1 year of utilizing the program, the facility saved over $150,000, and resident outcomes and satisfaction improved.

Preceptor programs used in LTC varied in length of curriculum, content, frameworks, number of preceptors, and support provided for preceptors, but they have had much in common, including:
- The use of an evidence-based framework;
- The need to train preceptors to work effectively in their role;
- The need for collaboration between the preceptors, preceptees and leadership staff;
- The positive outcomes in preceptor/preceptee satisfaction and improvement in clinical skills;
- An increase in nursing retention and a decrease in nursing turnover;
- Improved resident outcomes and satisfaction;
- Increased cost savings;
- Use of workshops to prepare the preceptors;
- Rewards and incentives for preceptors; and
- Use of evaluation tools to assess the effectiveness of the workshops and the preceptors in their roles after program completion.

The use of preceptor programs in LTC has consistently led to a work environment that is more conducive for nurses to adequately gain the skills they need to competently perform their job. More research studies are needed to assess the effectiveness of preceptor programs in CNAs in LTC.

**Conceptual Models**

In this project, two models were used to guide the project. Benner’s (1984) model was used for the preceptor and preceptees to self-reflect and evaluate their professional growth and development (see Appendix C). Alspach’s (2000a) model was used to facilitate both preceptor workshops (see Appendices A and B). Alspach incorporated Kramer’s (1974) four phases of reality shock in the workplace model to teach preceptors how to effectively assist preceptees understand these phases during the orientation process. Benner’s model was also incorporated
into the workshops because Benner’s model has been used often as the foundation for preceptor programs in LTC with positive outcomes (Aaron, 2010). Additionally, the model has also been used in combination with Alspach’s model with excellent outcomes particularly related to nursing retention rates (O’Malley Floyd, et al., 2005).

**Benner’s Novice to Expert Framework**

Benner’s (1984) model has been a useful model for the development of a preceptor/mentorship program (Aaron, 2011; Benner, Tanner, & Chesla, 2009; Burns & Grove, 2009; Clipper & Cherry, 2015; Papas, 2007). Benner proposed that nurses develop skills and understanding of patient care with an educational base as well as through experiences (Dracup & Byran-Brown, 2004). Knowledge, experience and skills gained as a preceptor can then be applied and further developed to function in the role of a mentor. In Benner’s model, nurses pass through five levels of development: novice, advanced beginner, competent, proficient, and expert (Dracup & Byran-Brown, 2004; Appendix C). As the nurse gains experience, the nurse is able to progress from one level to the next. Ideally, preceptors are in the competent-through-expert stages of professional development. Student nurses are considered novices and new graduates are advanced beginners (Grossman, 2007). Nursing preceptors have the potential with the proper support and organizational incentives to become talented mentors (Benner, et al., 2009).

**Alspach’s Preceptor Model**

Alspach’s (2000a) program was designed to be a guide for healthcare organizations to prepare nurses for the preceptor role. Alspach referred to a variety of well-known organizations and models to guide her work. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is to be used as a benchmark for requirements related to the orientation of new staff, which includes the use of competency assessments to verify that employees are able
to performing their jobs. This program emphasizes the preceptor’s role, responsibilities and rapport. Alspach (2000a) stated, “The preceptor functions as a facilitator of socialization, assessor of learning needs, and planner of learning experiences” (p. vii). The concept of Kramer’s (1984) “reality shock” is adopted to assist preceptees in the four phases of employment: honeymoon, shock, recovery, and resolution. The four phases of the education process (assessment, planning, implementation, and evaluation) are used to evaluate the preceptee (Alspach, 1995). Not all experienced nurses make the best preceptors. Less experienced nurses can be effective preceptors if they are able to demonstrate effective teaching and communication with novices (Panzavecchia & Pearce, 2014).

**Sustainability**

For preceptors to have continued success in their role, it is important that they be offered the opportunity for professional growth. In an effort to keep the proposed project sustainable, the PC developed a future workshop that included training materials for preceptors wishing to continue their professional development to the mentor role. The role of the mentor expands a step beyond that of a preceptor. Mentors facilitate learning experiences and guide the preceptee in making career decisions (Dracup & Byran-Brown, 2004,). The Robert Wood Johnson Nurse Fellows Program developed five core competencies of leaders and mentors, as cited in Dracup and Byran-Brown (see Appendix D). The first competency is self-knowledge, which is the ability to understand and develop oneself in the context of challenges, interpersonal demands and individual motivation. Second is strategic vision, the ability to connect to the political environment within the organization. The third competency is risk-taking and creativity. Mentors are risk takers and find creative solutions to everyday problems. The fourth competency is interpersonal and communication effectiveness. Leaders and mentors need to have effective
communication skills to develop and nurture partnership work in a collaborative manner. Finally, mentors *inspire* others. Mentors are change agents who can encourage others and set a positive and constructive tone (Dracup & Bryan-Brown, 2004).

In summary, Benner’s (1984) model is ideal for the development of a preceptor program for LTC. Preceptors play a key role in the transition of staff from novice to expert by “guiding and role modeling their knowledge, skills, and practice to increase confidence and enhance newly qualified professionals’ practice” (Panzavecchia & Pearce, 2014, p. 1119). The majority of these models use or acknowledge Benner’s model as the best for a competency-based evaluation process (Mullenbach & Burggraf, 2012).

Alspach’s (2000a) program has received nationwide recognition by nursing educators who have used the program in their own healthcare institutions (Bette, 2003). After a thorough literature review, it is evident that this is the only preceptor program that has been used successfully in LTC where RNs, LPNs, and CNAs function as preceptors to educate new staff (Shemansky, 1998). Alspach’s program is currently used today and available on the Internet to individuals and organizations under the new name, ‘AACN: The Preceptor Challenge: The AACN Preceptor Development Program’ (HealthStream, 2016, para. 1). The program has been copyrighted by the American Association of Critical-Care Nurses (AACN, n.d.). Alspach (2016) emphasizes three areas related to preceptorship: (a) expectations of nurse preceptors, (b) educational preparation of nurses to serve as preceptors, and (c) ongoing development and educational support of nurse preceptors (para. 1). Nursing preceptors need adequate training and support in order to be effective and successful in their roles.
Need and Feasibility Assessment of the Organization/Population

The LTC facility was established in 2005 and in 2008 became a partner with a continuing care retirement community (CCRC). The CCRC is a large organization with multiple geographic locations and community partners, in a metropolitan region with facilities that offer assisted living, independent living, subsidized independent living, rehabilitation and LTC as well as homecare and private duty. There are five units at the project site with a total of 49 beds. The South Main level has 11 private rooms, the North Main level has 10 private rooms, the South Garden has 7 private rooms that are used for independent residents, the North second level has 10 private rooms and the South second level can accommodate 11 residents. There are one licensed nurse and one CNA for each unit with the exception of the Garden Level, which is combined with the North Main level. There are one nurse and one CNA who work on both of these units.

Some of the stakeholders from the CCRC include the vice president (VP) of clinical services, and chief operating officer (COO)/chief financial officer (CFO). The leadership team at the project site consists of the executive director, also known as the administrator; DON, rehab nurse manager, and nurse coordinator. The nurse coordinator works on the various units and monitors data for quality assurance. The stakeholders at the CCRC and at the project site have identified high nursing turnover to be problematic, which leads to a decrease in nursing employee satisfaction and retention, an increase in expenses related to hiring and training new nursing staff, and a possible decrease in patient satisfaction. The organization occasionally uses temporary staff from agencies, but not routinely. The stakeholders agree that the orientation process is not well organized or structured and that new nursing staff would benefit from a preceptor/mentorship program. The current nursing staff who orient new employees would also
benefit from the program to enhance and further develop their skills to become qualified preceptors and mentors.

Prodded by informal interviews, some of the staff nurses reflected on their orientation. They felt they had been inadequately prepared to handle the everyday duties including charting using the software program, Vision, especially concerning admissions, transfers, and discharges. During orientation, new nurses and CNAs shadow two to four different staff for four 12-hour shifts, which many staff members complained felt chaotic and unorganized. Several nurses stated that they received different information on how to conduct procedures from the various staff nurses, adding to their confusion of processes. After the orientation phase was completed, the new nurses continued to struggle and felt isolated, unsupported and overwhelmed by the amount of responsibilities and patient care.

The CNAs had similar experiences. They also felt the orientation was unorganized and chaotic. They shared common frustrations such as a lack of cooperation and assistance from the licensed nursing staff, inability to consistently take a break, difficulty in providing patient needs, inadequate patient-to-aide ratios, limited ability to take time off work due to the known shortage of CNAs and high turnover, and frequent mandated overtime. Surprisingly, overall there was less discontent among the CNAs than with the LPNs and RNs.

Upon completion of the organizational assessment, it was evident that the nursing staff and CNAs would benefit from a more structured orientation as well as increased support, particularly during the orientation phase of employment. The pilot preceptor program was intended to be an extension of the orientation for additional support. The strengths, weakness, opportunities, and threats (SWOT) analysis has been used nationwide and is an effective way to
assist in conducting an organizational assessment (Moran, Burson, & Conrad, 2014; See Appendix E).

The strengths of the organization include strong corporate leadership and presence, experienced leadership staff, and a desire for continuous improvement. The internal weaknesses consist of workplace differences in culture, limited resources, resistance to change and differences in communication styles among the nursing staff and leadership team. External opportunities include other organizations that are similar but offer higher quality benefit packages and tuition reimbursement. The recent changes in the political structure, a changing economy, and potential new LTC regulations are some of the external threats.

**Project and Study Design**

The primary purpose of this project was to improve the orientation of new nursing and CNA employees by providing increased support through the use of adequately educated preceptors. A future objective of the organization is for the preceptors to become mentors. Other goals of the project were for the preceptors to develop accountability; enhance communication skills; strengthen critical thinking, decision-making, priority setting, and problem solving skills; and strengthen professional supportive relationships with new staff members. The objectives for the preceptor program that at the completion of the program, the preceptors would be able to:

- Identify the roles of a preceptor;
- Assist preceptees in identifying their learning needs;
- Demonstrate how to evaluate a preceptee’s performance;
- Demonstrate how to resolve potential work related conflict;
• Identify at least five elements of the Preceptee’s Bill of Rights and Preceptor’s Bill of Rights (Alspach, 2000b); and

• Complete the organizational documents to collect the preceptor incentive.

The objectives of the preceptee were to

• Identify learning needs;

• Develop a plan with the preceptor to meet those needs;

• Successfully perform the competency measures as indicated in the nursing/CNA orientation checklist; and

• Complete the precepted orientation program (Alspach, 2000a).

Using Alspach’s (2000a) program as a guide, the PC provided two 3-hour workshops that emphasized the transition and development of staff nurses and CNAs to the preceptor role (see Appendix A). One of the objectives of the workshops was to increase the preceptors’ knowledge, skills, and attitudes necessary to enact the role of a preceptor (Alspach, 2000a). The preceptors then applied the new knowledge and skills, and then met weekly with the preceptee for 4 weeks for assessment and support. During these meetings, the preceptor evaluated the performance of her assigned preceptee using a skills nursing/CNA checklist (developed by the organization) and identified areas that needed further teaching or clinical practice. The preceptor also developed an action plan and a follow up agenda for the next meeting to discuss the progress. The workshops and weekly meetings addressed the first clinical question: will a preceptor program in an LTC facility provide the preceptor with the ability to function as a role model, socializer, and educator?

The preceptee had the opportunity to rate the effectiveness of the preceptors at the end of their 4-week orientation as well as the orientation program as a whole. The precepted orientation
addressed the second clinical question: will preceptees be satisfied or very satisfied with 80% of the orientation and 80% of the precepted experience as a result of their preceptors’ participation in the preceptor/mentor workshops? The PC was involved in the preceptorship portion of the orientation program therefore the information collected from the orientation evaluation that the preceptees completed was provided to the organization but was not analyzed or reported as part of this pilot quality improvement (QI) project. Other aspects of the orientation consisted of attending a 4-hour presentation provided by an HR representative as well as software training. The PC did not participate in these areas of the orientation.

**Project Plan**

This section contains the elements of the DNP project and provides an overview of the purpose and objectives, type of project, setting, design, participants, measurement tools, implementation and timeline, project evaluation, ethics, and budget. The pilot project was divided into four phases. Phase one, determined the organization’s priority need for QI based on the organizational assessment and strengths, weaknesses, opportunities, and threats (SWOT) analysis. Phase two of the QI initiative focused on the identification or design and tailoring of a preceptor educational offering based on the organization’s needs and limitations. Phase three involved the steps to implement the preceptor educational program including processes for incentives, recruitment and selection of preceptors and preceptees. A mentorship education tool kit was developed as an extension to the preceptor program to assist preceptors develop mentorship skills. Phase four of the QI project focused on the deliverables to the organization and a plan for sustainability of the QI preceptor education initiative.
Purpose of Project with Objectives

The purpose of the DNP project was to address the first clinical question: Will a preceptor program in an LTC facility provide the preceptor with the ability to function as a role model, socializer, and educator? The second clinical question was: Will preceptees be satisfied or very satisfied with 80% of the orientation and 80% of the precepted experience as a result of their preceptors’ participation in the preceptor/mentor workshops? This DNP project had the following evidence-based objectives:

1. Nursing staff will gain knowledge and skills in the preceptor role and perceive the workshops as being valuable and effective in meeting the goals of each workshop.
   - Preceptors will attend the first two workshops by April 30, 2017.
   - Preceptors will be able to identify the preceptees’ learning needs and develop a plan of action during the weekly meetings, and
   - Preceptors will be able to communicate and work in collaboration with the DON or rehab manager to assist the preceptee to meet competencies as listed under their job description.
   - Preceptors will rate the workshop evaluation of 80% or higher by April 30, 2017.
   - Preceptors will complete the workshop competency tests with a score of 80% or higher by April 30, 2017.

2. Preceptees will be satisfied or very satisfied with 80% of the orientation and 80% of the precepted experience
   - Preceptees will evaluate his or her assigned preceptor as being effective during the orientation process
Type of Project

This scholarly project was designed as a pilot quality improvement (QI) project. At the conclusion of the project, the CCRC will consider replicating the QI initiative in other LTC facilities within the organization. The facilitators of QI projects in healthcare seek to improve an aspect of the healthcare system (Moran et al., 2014). In this project, the PC sought to improve the quality and effectiveness of preceptors and the overall preceptees’ satisfaction with the clinical orientation. DNP projects aim to incorporate evidence-based practice into the clinical setting. Alspach’s preceptor program (2000a) and Benner’s (1984) model have proven to be effective frameworks for the development and implementation of preceptor programs in LTC (Aaron, 2011).

Setting and Needed Resources

The setting for this project was at an LTC facility in a CCRC located in the Midwest, United States. Some of the resources needed were a conference room or office, computers, new orientee and preceptor supplies, equipment to use PowerPoint for presentations, printer, office supplies and phones. The personnel from the CCRC who supported the project from the CCRC included the COO, VP of clinical services, HR and Information Technology (IT) Department. Staff from the project site included the administrator, DON, rehab manager, and chosen RN, LPN, and CNA participants.

Other cost considerations of the project consisted of additional time that the preceptors needed to attend the two preceptor workshops. For full time employees, this required overtime. Ideally, the scheduler should have decreased the preceptor’s regular work hours to attend the workshops. This was difficult due to the high level of turnover and difficulty in finding staff to cover open shifts. The preceptors were compensated for the time spent in the preceptor role. If
the program is approved to be sustained within the organization and is integrated into the orientation process, the preceptors will benefit from an additional hourly differential of $1.50. The preceptee was expected to benefit from having more competent preceptors who would provide her with the skills and confidence needed to be satisfied in her staff CNA role and remain in the new job longer.

**Design for the Evidence-Based Initiative**

Alspach (2000a) provided a systematic, evidence-based approach to facilitating staff nurses in becoming effective, qualified preceptors. “Preceptors need to have the knowledge, attitudes, and skills that they are responsible for helping new staff attain” (Alspach, 2000a, p. iii). This project was enhanced by the inclusion of Benner’s model (1984) as a way to assist preceptors and preceptees in gaining insight into the five levels of proficiency through which students pass: “novice, advanced beginner, competent, proficient, and expert” (Benner, 1984, p. 13). Preceptors were able to use these stages to determine the baseline of preceptees’ knowledge and skills for goal setting. Combining these two excellent frameworks enhanced the design of the preceptor project.

**Phase 1: Determine the Organization’s Priority**

Initially, the PC met with the COO and VP of clinical services numerous times over the course of two months in 2016 to determine the needs of the organization. High nursing turnover was identified in several of the CCRC facilities however the project site had the highest level of nursing turnover. The PC conducted a literature review and found that preceptor programs were one way to decrease nursing turnover and increase employee satisfaction. Further discussion included the administrator of the LTC facility and she agreed to participate in the pilot preceptor project. The SWOT analysis, derived from formal and informal meetings, revealed that most of
the nursing and CNA staff members felt the orientation process was inadequate, therefore the preceptor program was developed by the PC to specifically address the orientation period of new nursing staff.

**Phase 2: Identification of and Design of Preceptor Program**

Preceptor programs in the acute care setting are common and there was an abundance of evidence to support this. However, there is limited evidence in the LTC setting. The sources for preceptor programs in LTC was very limited. The majority of the pilot projects conducted in LTC used either Alspach’s (2000a) model, Benner’s (1984) model or a combination of the two. Therefore, combining both models was determined to the best and most effective preceptor program for implementation.

**Phase 3a: Incentives and Recruitment**

Preceptors were recruited either in person by the PC, with a recruitment flyer (see Appendix I), and by PC participating in a staff meeting. To be considered for selection, staff members completed an application about the reasons they wanted to participate (see Appendix K). The leadership team reviewed the applications and took into consideration the employees’ job performance when making the final selection.

**Phase 3b: Implementation of Preceptor Workshops #1 and #2.**

Once chosen, the prospective preceptors attended preceptor workshops 1 and 2 (see Appendix A), which both used Alspach materials (2000b). The first workshop reviewed the role and responsibilities of the preceptor. Preceptors completed a competency test developed by the PC (see Appendix H) and a workshop evaluation (see Appendix L). In the second Preceptor Training Workshop (Appendix A), the preceptors learned about ways to assess the preceptees’ learning styles and evaluate his or her job performance as well as how to work effectively as a
team. The preceptors also learned about Benner’s model (1984) and how it can be used for self-reflection and to assess the preceptees’ professional development stage. The preceptors completed a second competency test (Appendix H) and a workshop evaluation (see Appendix L).

**Phase 3c: Identifying Barriers, Finding Solutions and Providing Support for Preceptees.**

The goal was for the preceptor, preceptee and PC to meet on a weekly basis for 4 weeks to evaluate the progress of the orientation, identify barriers that might arise and develop an action plan based on specific, measureable, achievable, relevant, and timely (SMART) objectives (MacLeod, 2012; see Appendices Q and R). The objectives of the meetings were to: (a) help the preceptee meet their learning needs, (b) provide support, guidance, and feedback to the preceptor in a constructive manner, and (c) provide an opportunity for the preceptor to function as a “role model, socializer, and educator” (Alspach, 2000b, p. 4). In these meetings, the preceptor had the ability to create a positive work environment in several ways such as by recognizing the preceptee for work well done, providing emotional support, allowing the preceptee to share frustrations in a nonthreatening private environment and empowering the preceptees in their designated role (Kennedy, 2007). Kennedy determined that “nurses who perceived their work environment as supportive were more satisfied with their jobs and their ability to provide quality patient care” (p. 40).

**Phase 3d: Collection and analysis of data.**

In the third phase, the information collected from the surveys and workshop competency tests was evaluated. These forms included: (a) the competency tests for both workshops completed by preceptors (see Appendix H), (b) the workshop evaluation (see Appendix L), (c) the preceptee’s evaluation of their preceptor (see Appendix N), (d) the preceptee’s evaluation of
orientation (see Appendix O), and (e) the PC observational notes of the preceptors’ ability to function as role model, socializer, and educator (see Appendix P).

The results of the QI project will be disseminated through posters at GVSU and the final project defense. The PC will present the results of the project to the organizational leaders at the project site and at the state and national nonprofit association meetings. In an effort to sustain the preceptor program, phase four will be discussed and presented as an optimal way for preceptors to transition to the mentorship role.

**Participants**

The participants in the project included the PC, stakeholders, chosen nursing staff including RNs, LPNs, and CNAs. Other participants involved included staff members from the HR and IT Departments.

**Measurement: Sources of Data and Tools**

The measurement tools were carefully selected to evaluate various elements of the QI project. Some of the tools had to be developed or adapted to meet the specific criteria for each type of evaluation. The competency tests for workshops one, two, and three were developed by the PC as a way to assess the knowledge of the preceptors (see Appendix H). The preceptees’ evaluation of the preceptor is an evidenced-based tool developed by Hitchings (1989; see Appendix N). The post-orientation evaluation for preceptees was developed by the VP of clinical services (Appendix O). It was adapted to fit the orientation in the LTC setting. The preceptor workshop evaluation is an online tool available to presenters to use to self-evaluate on the effectiveness of their speaking skills and the overall workshop (Speakerscore.com; see Appendix L). The techniques used to collect the information include observation, interview,
questionnaires and scales (Burns & Grove, 2005). A quantification process was used with Likert scales to signify how much of an attribute was present (Polit, Beck, & Hungler, 2001).

The competency tests for both workshops consisted of five 20-point questions for a total of 100 possible points. The benchmark goal was for test scores of 80% or higher. The workshop satisfaction evaluations were assessed using the preceptor’s subjective evaluation at post-workshops using a Likert scale rating survey after the completion of the workshops. Evaluation items included a rating score (1 “very satisfied” to 5 “very unsatisfied.”) The preceptee evaluated the effectiveness of her assigned preceptors using an evidence-based tool and rated the preceptors on a scale of 1 to 5 (1 “almost never,” 5 “always”). The preceptee’s orientation evaluation also used a Likert rating survey and rated the overall orientation from 1 “poor” to 5 “excellent.” The PC observed the preceptor/preceptee interactions and evaluated the preceptors’ ability to enact the preceptor role (Appendix P). The results were reported using a 1-5 Likert scale (1 “poor” and 5 “excellent”); however it is important to note that these observations depended on the amount of time available to observe the preceptors/preceptees working together.

**Steps for Implementation of Project**

Upon proposal approval, the proposal was submitted to the GVSU Human Research Review Committee (HRRC) for approval in April, 2017. The DNP student met with the organizational leaders from the project site to provide an update on the project. Once the HRRC and the organization approved the project a series of steps took place:

- The PC began the recruitment phase. The recruitment of preceptors (RNs, LPNs, and CNAs) was conducted by posting flyers on the nursing units and by speaking with employees face-to-face in April, 2017. Once the preceptors had been chosen by administration, the preceptor workshops were scheduled (April, 2017).
The preceptors attended the two preceptor training workshops, they were considered active preceptors and ready to be paired up with a preceptee within their discipline (RN, LPN, or CNA).

With a few exceptions, the preceptor, preceptee, and PC met weekly to evaluate the progress of the preceptee’s orientation.

Upon completion of the program, the preceptors completed a log with the dates and times worked in this role and submitted the form to HR for reimbursement (see Appendix T; refer to Appendix H for a project timeline).

The PC will present the findings to the organizational leaders at the project site. At this time, the leaders may continue to professionally develop preceptors as mentors by implementing phase four of the project (see Appendix F).

In phase four, sustainability, a third workshop will be given to the preceptors who have already completed the first two workshops (see Appendix U). After the third workshop, a competency test will be given to the preceptors (see Appendix V) and a workshop evaluation form is completed (Appendix L). The preceptors will continue to orient new preceptees and if possible, mentor the preceptees who have already completed orientation. As a culmination of the process, the PC will recommend to that a nursing/CNA job satisfaction survey be collected to establish a baseline for the level of satisfaction in the organization (see Appendix W). The Measure of Job Satisfaction (MJS) and the Nursing Home Certified Nursing Assistant Job Satisfaction Questionnaire (NH-CNA-JSQ) are both reliable and validate tools for use in LTC (Chou, Boldly, & Lee, 2002).
Project Evaluation Plan

Upon completion of each preceptor workshop, the preceptor completed a test to determine what was learned from the workshop (see Appendix H). In addition, the preceptors evaluated facilitation of the workshops (see Appendix L). Alspach’s (2000b) program is divided into units that describes “preceptors’ responsibilities for each of their primary roles… Each role has a set of performance criteria that are used to verify attainment of competency in that role” (p. 10). The knowledge, attitudes, and skills were collectively represented by the performance criteria. The workshop allowed for open dialogue and discussions through the use of numerous activities such as case studies, discussion, and role play. Preceptors used either an RN/LPN checklist or a CNA checklist (developed by the V. P. of clinical services at the CCRC) to assess the level of competency of the preceptees. The HR representative provided the checklist during the initial orientation. The preceptors used the checklist to identify areas that needed further teaching as well as areas where the preceptee demonstrated competency.

During the first 4 weeks of orientation, the preceptee met weekly with the two preceptors. The preceptee used this time to identify her learning needs and develop a plan, with the assistance of the preceptor, to meet her goals to successfully perform her designated role within the organization. Upon completion of the orientation period, the preceptee completed an evaluation of their preceptors (see Appendix N) as well as an evaluation of the precepted orientation program (see Appendix O). At the completion of the 90-day probationary period, the preceptee will meet with the rehab manager or DON and address any concerns or questions he or she may have for remediation. The project was to be deemed successful if the preceptors passed the competency workshop tests with a score of 80% of higher and the preceptees’ evaluation of their preceptors skills were rated as 4s and 5s (4 “almost always,” 5 “always”).
Likert responses can be treated as ordinal data and can be collated into bar charts and analyzed by non-parametric tests such as the chi-square test and the Mann-Whitney test (Statistics Café, n.d.). The best measure to use with Likert scale data is the mode, or the most frequent response. Success of the program was evaluated by determining the frequency of preceptors and preceptees responses that rated survey questions with 4s and 5s (4 = satisfied, 5 = very satisfied). The success was evaluated by whether the goals and objectives as described in the “Purpose of Project with Objectives” section of this document were met.

**Ethics and Human Subjects Protection**

The project proposal was submitted to GVSU HRRC for determination. This project received approval from the GVSU HRRC as a QI project. The project did not need approval from an additional review board by the organization however; a letter from the organization (see Appendix X) was obtained to ascertain agreement with the GVSU determination of project type.

The preceptors were instructed not write their names on the workshop competency tests. The workshop competency tests and evaluation completed by the preceptors were anonymous. The preceptors placed each evaluation form in a sealed envelope and into a sealed box, which remained closed until the conclusion of the project. The box was kept in the administrator’s office. The PC did not have access to the tests or evaluations until the project was completed. The forms used by the preceptors for the preceptor/preceptee weekly meetings, the preceptee’s post-orientation evaluation, and the preceptee’s preceptor evaluations were not anonymous because DON requested access to this information for the preceptee’s orientation evaluation.

**Budget**

The PC met with the HR director three times to discuss and assess the cost of the project. Some of the costs associated with this project included the time spent by the DNP student and
stakeholders involved in the project including the COO, VP of clinical services, HR director and other staff members, administrator, DON, rehab manager, and RNs/LPNs/CNAs involved in the project. The hourly rate for each job classification (RN, LPN, CNA) is based on annual median salaries based on full time employment (PayScale, n.d.). The HR Director explained that the hourly rates in the budget were average hourly rates based on each job title in the healthcare industry. Other costs for the project included office supplies, conference space, orientation materials, and an incentive for completion of surveys (see Appendix Y). The total direct cost for each full time RN, LPN and CNA to complete the preceptor workshops and precepting four 12-hour shifts, would be $447.00, $387.00 and $283.10, respectively. This includes an hourly differential of $1.50 per hour while precepting. This did not include the cost associated with other stakeholders however the salary for these employees remained the same and was not affected by the time spent towards this project. The total indirect cost associated with the program is $4,121.53 for all three classifications of nursing staff. Therefore, the total costs for a full time RN to complete the program would be $2,468.83, for an LPN $2,408.82 and for a CNA $2,304.94.

Some of the expenses involved in orienting a new nursing employee include costs associated with recruitment, orientation, precepted experience, computer clinical software training, completion of occupational safety online modules, uniforms, office supplies, recruiting and marketing efforts, HR time during interviewing process and follow up phone calls. The series of online training modules included information on patient privacy, work safety, and other state regulatory mandatory education for nursing staff. Nonmonetary costs also included the possibility of the exiting staff expressing a negative work experience to family and friends in the community thus affecting the reputation of the organization. Additional costs associated with
new CNAs were the nurse aid training and testing cost reimbursement as required by state law (State of Michigan Department of Health and Human Services [MDHHS], n.d.). Organizations are expected to reimburse the CNA $898.00 if this is the first job of the CNA. The cost for a new RN to quit at the project site after the first 4-week period would have been $3,035.37. The cost for a new LPN to leave the LTC facility project site at 4 weeks would have been $2,759.07. For CNAs, the cost varies between $1,818.87 to $2,716.87 depending on whether they would need to be reimbursed for the nurse aid training and testing costs. These figures do not take into account the regular rate of the preceptor nurse during the precepting time with the new employees because they have regular patient assignments, however an additional expense of $1.50 per hour would occur if the preceptors were receiving a stipend during the time precepting. If 10 RNs, 10 LPNs, and 10 CNAs were hired in one year, the return on investment (ROI) would be $39,540.17, $17,150.19 and $10,672.47 (up to $17,460.60) respectively (see Appendix FF).

**Stakeholder Support**

The stakeholders at the executive level championed the project. These stakeholders included the COO, VP of clinical services, administrator and the HR director. The DON and rehab manager were also involved, but minimally. The four preceptors who participated also demonstrated interest and support in the project. The CNA preceptee was also an important part of the final phase. Nurse preceptors are already being used at the project site. However, now the nursing staff being asked to train new employees will receive focused training on how to become qualified and effective preceptors.

**Project Outcomes**

Project outcomes included successful completion of the organizational assessment, SWOT analysis, the development of the preceptor program individualized to meet the needs of
the organization, the implementation of the pilot project, and the development of a tool kit for sustainability. The pilot project was also deemed successful upon completion of the preceptor workshops one and two, by four preceptors (two LPNs and two CNAs) and completion of a preceptor-led orientation with a newly hired CNA. It was not possible to assign all preceptors to a newly hired preceptee due to the unpredictability of the hiring of new staff during the duration of the project. As a result of scheduling challenges, two preceptors (instead of one) were assigned to one CNA preceptee. All of the preceptors were still employees at the CCRC at the conclusion of the project eight weeks later, indicating a possible increase in satisfaction leading to nursing retention, but speculation is premature.

**Selection of Preceptors (Phase Three a)**

The PC spent several weeks working with the nursing staff on various floors and units. During this time the purpose and goals of the preceptor program were shared with them. Many nurses and CNAs expressed interest in participating and becoming preceptors. During a monthly staff meeting, staff members were told that in flyers (see Appendix I), were posted at every nursing station. The prospective preceptors were encouraged to complete the Preceptor Interest Form for consideration (See Appendix K). The minimum criterion to participate were: (a) having worked at project site for at least 3 consecutive months, (b) being in good standing and not under disciplinary action, and (c) working part-time or full-time. Five LPNs, one RN, and six CNAs completed the interest form for a total of 12 applicants. The PC met with the DON and rehab manager individually and they selected two LPNs and two CNAs to participate. The DON and rehab manager took into consideration employment status, work ethic, previous experience precepting, and leadership potential. The chosen LPNs and CNAs were notified in person and they accepted the invitation.
**Preceptor Workshops One and Two (Phase Three b)**

In the first workshop, the preceptor’s role and responsibilities were presented with the use of Alspach (2000a). The preceptor’s responsibilities included working as a (a) staff nurse role model, (b) facilitator of socialization, (c) assessor of learning needs, and (d) planner of learning experiences (Alspach, 2000a). The second workshop included an introduction to Benner’s model (1984). The role of the preceptor was discussed in depth. Topics in the workshop included the role of the preceptor as (a) an implementer of learning plans, (b) evaluator of job performance and (c) effective worker with preceptees (Alspach, 2000b; see Appendix A).

Ideally, all four preceptors would have attended workshops one and two together, but it was not possible due to work schedules. The first 3-hour workshop was offered on 2 days. An LPN and a CNA participated in each of these workshops. The second 3-hour workshop was given on 3 different days. In the first session of the second, 2 CNAs attended. In the second and third sessions of workshop two, one LPN participated. The nurses and CNAs reported having enjoyed each other’s company in the workshops. All of the preceptors expressed an increased understanding of each other’s role as well as well as how to communicate more effectively.

**Weekly Meetings (Phase Three c)**

The CCRC was given a 30-day time frame to recruit a new nurse or CNA and pair her up with one of the newly educated preceptors. During this time frame, one CNA was hired but was paired up with two preceptors instead of one due to conflicts with scheduling. Based on the initial meeting between the PC and the newly hired CNA, it was apparent that no one had shared with her that a preceptor program was being implemented and that she had been selected as a participant. The PC shared the goals and objectives of the project with the CNA and she agreed to participate.
Week 1  In the first week the CNA worked on a different unit from her intended permanent unit. The preceptee worked with her assigned preceptor for two 12-hour shifts. The PC observed the interactions of the preceptor as she worked in her new role (see Appendix P). Upon agreement a time and date were set up for the first weekly meeting. On the assigned day to meet with the preceptor and preceptee, the preceptor was unable to meet therefore the meeting was held without her. The preceptee met with the PC and set up goals and objectives for the remainder of the orientation. The preceptor/preceptee/project coordinator weekly meetings CNA form was used (see Appendix R).

Week 2  In the second week, the second CNA preceptor, the preceptee, and the PC were able to meet to discuss the progress of her orientation and review goals and objectives. From this point on, the CNA was assigned to work on her designated permanent unit. This gave her relief, as she was able to learn the workflow of her unit. Upon completion of the third 12-hour shift of precepted experience, the preceptee was able to complete the majority of the items on the CNA orientation checklist. She felt she needed to learn more about the process for admissions, transfers, and discharges. Her preceptor did not feel this was an area of high priority because her assigned unit consisted of mostly LTC permanent stay type patients with very few transitions of patient care. Educating her on post mortem care was a higher priority because most of the patients on her unit are in their late 80s and 90s. The preceptor described the CNA as confident, a hard worker and able to work well with others.

Week 3  During the third week, the preceptor, preceptee, and PC met. The preceptee was now working independently and had completed the 4 days of precepted experience (first 2 days with the first preceptor and second 2 days with the second preceptor). The preceptor expressed that the preceptee was able to meet her goals and objectives and complete the orientation
checklist. The PC reviewed Benner’s (1984) model with the preceptee to help her reflect on where she was in her career progression as a CNA. She felt this model was helpful and would consider using it if she decided to become a preceptor in the future.

**Week 4** In the fourth week, the PC arrived to meet with the preceptor and preceptee for the final session however the preceptee called in and was not able to come to work that day. Nevertheless, this opportunity was used to meet with the preceptor to discuss her overall impression of the preceptor program and its usefulness in the preceptor role. The preceptor stated the program was very helpful and helped her become more prepared in her role as preceptor. She would recommend it to others interested in becoming preceptors. She was very pleased with the progress that the preceptee had made and her ability to complete her orientation successfully.

**Week 5** In the fifth week, the PC met with the preceptee. The preceptor was unable to meet with the PC and the preceptee at the time due to patient care responsibilities. The preceptee expressed that it was easier for her to be open about her experience without the presence of her preceptors. She stated the orientation went well and she enjoyed working with both of her preceptors. She was able to gain perspective and insight in observing “two ways” to do the same job. This experience would assist her to feel more at ease when asked to float to different units. She again expressed interest in attending preceptor workshops and becoming a preceptor herself. At the conclusion of the meeting she completed a preceptor evaluation for each preceptor and the post-orientation evaluation form (see Appendices N and O).

**Observational Evaluation of Preceptors (Phase Three c)**

The PC had the opportunity to observe the CNA preceptors work with their assigned preceptee. The first preceptor was able to enact the role of the CNA by demonstrating correct
application of compression stockings on a patient, keeping composure when facing difficult situations (a patient complaining about inadequate care), and use of pager and computer software. She fulfilled the role as an educator by teaching the preceptee how to individualize patient care and explained where supplies were kept and about different diets and meal protocols. As a socializer, the preceptor introduced the preceptee to other CNAs however, she did not introduce the PC to her or to other patients. On many occasions she also did not notify patients that she was orienting a new staff member, which left patients questioning why their care was slower than usual. The first preceptor also refused to participate in the first weekly meeting, demonstrating a lack of collaboration and teamwork.

The second preceptor highlighted the CNA role by acting in a professional manner, consistently staying active and alert to patients’ needs, and individualizing care plans to meet the needs of patients. As an educator, she instructed the preceptee in proper documentation of activities of daily living (ADL) and how to safely transfer and reposition patients. As a socializer, she introduced the PC to the preceptee as well as described the role of the coordinator within the scope of the project. She worked well with others and showed team spirit. In addition, she made the preceptee aware of the work culture and ‘unwritten’ expectations.

**Statistical Analysis (Phase Three d)**

The workshop competency tests consisted of 10 open-book, multiple-choice questions with a selection of four possible answers (a-d). The test questions were taken directly from *Alspach’s Preceptor Handbook* (2000b). The test scores from the first workshop from the four preceptors were: 80%, 90%, 90%, and 90% (see Appendix CC). The tests were anonymous so there is no way of knowing which respondents were LPNs or CNAs. All of the participants answered Question 6 incorrectly, which was “the most effective way to determine the
preceptee’s learning needs is?” This may have been caused by a lack of clarity in the question format or lack of emphasis on the topic during the workshop discussion. In the second workshop, two preceptors scored 100% and two scored 90% (see Appendix DD). Different questions were answered incorrectly. The benchmark for the goals and objectives of the two workshops set by the PC were met by reaching percentages of 80% or higher on the competency tests for both workshops.

The preceptors completed a preceptor workshop evaluation at the completion of each workshop. The evaluation consisted of four questions in this order: (1) How well did the workshop meet your expectations? (2) How interesting did you find the workshop? (3) How valuable was the workshop? and (4) How well was the workshop presented? The preceptors were given a 5-point Likert scale (1 “very dissatisfied,” 5 “very satisfied”). The scores from the first workshop were: 95%, 100%, 100%, and 80%. In the fifth question, preceptors were asked to choose from one of the following answers: “The speaker was: really funny, a true expert, a strong-motivator, or an excellent teacher” (Speakerscore, n.d., para. 1). In the first workshop, three of the four preceptors selected “excellent teacher.” The fourth preceptor, selected all of them. The preceptors also had an area in which to provide additional comments. In the first workshop, one of the preceptors recommended including more interactive materials or videos. Another preceptor stated he/she felt the workshop was “fantastic” and was looking forward to the second workshop. One of the preceptors stated “Very well researched. Learned a lot.”

The scores from the second workshop were 100% for three of the preceptors and 85% from the fourth preceptor. Three of the four preceptors felt the PC was an “excellent teacher.” The fourth preceptor circled all of the choices but highlighted a “strong motivator.” One of the preceptors stated:
Helped me look at a few different issues in a new and helpful way. The whole workshop has been really helpful in clarifying what exactly the role of the preceptor is. Also gave lots of helpful tips on how to improve myself as well as helping new trainees to improve.

Upon completion of her orientation, the newly hired CNA had the opportunity to evaluate the effectiveness of her assigned preceptors. The Preceptee’s Evaluation of Preceptor form was used (see Appendix N). The preceptee evaluated her assigned preceptors on 10 different areas using a 5 point Likert scale (1 “almost never”, 5 “always”). The first preceptor was given a score of 94% and the second 100% (see Appendix EE). The first preceptor was scored lower on “encourage independent decision making” (3 “usually”) and on “acknowledge your feelings” (4 “almost always”). Both of the preceptors received high scores reflecting a high level of preceptee satisfaction.

**Enhanced Acceptance of Preceptor Role**

For preceptors to improve the experience of new nurses to LTC, preceptors must be knowledgeable in their roles, both clinically and as an instructor (Sanford & Tipton, 2016). The preceptor-preceptee relationship is important in ensuring a successful orientation. Good preceptors are usually experienced, excellent role models, willing to share ideas, and able to manage poor performance and develop action plans when needed (Sanford & Tipton, 2016).

From personal observation, during the second phase of the project there appeared to be an increased acceptance and understanding of the preceptor role. The preceptors were now acknowledged as “qualified preceptors” and were assigned to additional preceptees. (The additional preceptees were out of the project time line and were not included in the final project). The HR representative and scheduler commented that there was a need for more preceptors to meet the needs of the organization. Although job satisfaction and nursing retention were not
measured directly, these two factors are positively affected when nurses have the ability to grow professionally and are able to use their gifts and talents.

Implications for Practice

As discussed earlier, the cost of nursing turnover is astonishing. Fortunately, the preceptor program is one way to assist with reducing nursing turnover and saving a substantial amount of money. At this LTC facility, the annual cost of nursing turnover is significant: RN ($43,359.01), LPN ($20,693.03), and CNA ($13,751.41 up to 20,539.54; See Appendix FF). CNAs that are working at the facility for the first time receive a reimbursement for the CNA training and cost of testing for $898.00. The cost for one RN, LPN and CNA to complete the program and precept nine additional nurses is 2,445.00, 2,169.00 and 1,705.10, respectively. The annual ROI for each discipline is: RN ($39,540.17), LPN ($17,150.19) and CNA ($10,672.47 up to 17,460.69). The CNA cost varies because the organization is obligated to reimburse CNAs that have recently graduated the cost of the CNA education program ($898.00). The total annual return on investment (ROI) is $67,362.83 (up to $74,150.96).

The future of effective nurses depends on effective preceptors and mentors. Indeed, “developing preceptor and mentorship programs within our organizations is one effective way to integrate and support nurses of tomorrow” (Dracup & Byran-Brown, 2004, p. 450). Nursing preceptors have reported enjoying the development of preceptees in their personal and professional growth, salary increases, and participating in workshops (Hallin & Danielson, 2008). Many preceptors become more committed to their new role and are more likely to stay in the organization (Hallin & Danielson, 2008). Incorporating incentives for preceptors and mentors such as salary compensation and promotional growth is important for the retention of nurses. Precepting and mentoring programs have been used in magnet LTC programs to create
positive and supportive work environments, which have been shown to increase nursing job satisfaction and reduce turnover rates (Kennedy, 2007). Adequately prepared and competent staffing should improve patient outcomes, nursing satisfaction, organizational performance, and overall patient quality of care (Tummers, et al., 2013). Although there is a cost associated with the implementation of preceptor/mentorship programs it is a fraction of the costs associated with high nursing turnover (Aaron, 2011). It is well documented in the literature that the negative effects of inadequate nurse-to-patient ratios that lead to adverse patient outcomes such as UTIs, pneumonia, pressure ulcers, patient falls and medication errors (Pappas, 2007). It is an investment for the nursing staff as well as the organization.

**Project Strengths and Successes**

The greatest strength of this project was the high level of support from the VP of clinical services, COO, and the administrator of the CCRC. Over a 12-month period, the PC met with the executive leadership on more than 10 occasions. The HR director and HR director assistant were also influential and supported the project. The guidance and recommendations from the stakeholders were crucial in the development of the project during all phases.

The nursing staff was welcoming towards the PC and freely shared concerns regarding the work environment. Information obtained from informal interviews was quite helpful in identifying common themes of nursing dissatisfaction. All of the workers felt that the current orientation and amount of support from co-workers and the supervisors was inadequate. The idea of a preceptor program was well accepted and many nurses were enthusiastic and willing to participate.

A toolkit was developed for the organization for sustainability of the preceptor education program. The toolkit included a trainer’s manual for workshops one, two, and three; a preceptor
handbook, and a preceptee binder with forms necessary for the completion of the program including the supplemental handout on Benner’s (1984) model (see Appendix Z).

Alspach’s (2000a) framework and workbook provided an excellent evidence-based program. The Instructor’s Manual includes multiple questions and scenarios that assisted in the initiation of group discussions and enhanced the quality of the workshops (Alspach, 2000a). The Preceptor’s Handbook was designed to allow the preceptor to reflect, analyze, and synthesize the information presented (Alspach, 2000b). The PC developed a PowerPoint for each workshop based on Alspach’s program that was helpful to the preceptors as a visual aide. The organization will assign someone to present workshop three. The ideal candidate for this role, is the DON because she is an experienced RN in a leadership capacity.

Project Weaknesses and Barriers

The selection process of the preceptors should have been more rigorous and a discussion with the administrator of the CCRC regarding the strengths and weaknesses of each applicant would have been helpful in conjunction with the PC. Taking the time to explain to other employees how the selection process took place from the leaderships’ perspective would have been beneficial to avoid feelings of resentment toward the selected preceptors and possible perceived favoritism.

Workshops are more enjoyable when there are more participants from diverse backgrounds. In larger workshops, attendees have the opportunity to gain valuable knowledge and insight by listening to others’ stories and personal experiences. Three of the five workshops consisted of two preceptors. In the other two workshops, only one preceptor participated. Although the PowerPoint presentation and handouts were useful as a visual aids, some of the preceptors requested additional visual aids such as videos. This was not possible due to the time
frame of the workshops. The 3-hour workshops could easily be translated into 4-hour workshops. This would allow for more time to have group discussions in greater depth, share ideas and use short video clips to highlight major themes. However, it would also make the preceptor program more costly.

The executive leadership had agreed that one preceptor would precept the same preceptee. The scheduling staff and the management at the CCRC decided to assign the preceptee to two preceptors. The preceptee spent two 12-hour shifts with each preceptor on two units. The rationale for having only one preceptor was to allow an opportunity for the preceptee to develop a professional relationship that could potentially develop into a mentorship relationship. It was interesting to note that the preceptee thought it was beneficial to have two preceptors because it allowed her to see two different ways to fulfill her role as a CNA on two very different units (rehab and LTC). She mentioned that if she had not had any previous experience in working as a CNA she would have preferred to have the same preceptor for consistency.

Usually, there is an estimated one-to-three new nursing or CNA staff monthly. In agreement with the organizational stakeholders, the goal of the project was to enroll four preceptors in the program; only some of the preceptors would have the opportunity to get assigned to preceptees. This depended on the influx of new nursing and CNA staff, the preceptors’ schedules, and the nursing unit that had the vacancy. The DON and rehab manager assigned each preceptor to a preceptee. During phase three b, only one CNA was hired. This one CNA preceptee was assigned to two CNA preceptors. It is unclear why the preceptee was assigned to two preceptors instead of one because the organizational leaders had already agreed to assign one preceptor to a preceptee. The newly hired CNA was expected to float on different
units. She was told by the scheduler she needed to have experience on different units. On the first day of the facility orientation, the new CNA attended the traditional 4-hour orientation session led by a representative from HR. This session included general organizational information such as history, mission statement, customer service standards, employee benefits, payroll, roles and responsibilities, performance appraisal, and confidentiality (see Appendix M).

The preceptee and her assigned preceptors provided patient care for four 12-hour shifts (two shifts with each preceptor). The preceptors gave her critique and support for her performance of her job duties. The preceptors evaluated the preceptee by completing a nurse/CNA checklist, which was provided by the HR representative on the first day. RNs and LPNs are assessed with the same checklist. The staff nurse’s ability to supervise CNAs, administer medication, incorporate patient treatments, communicate effectively with physicians/providers and other interprofessional team members, have knowledge of patient diets, draw blood, document on patient charts, use care plans, complete admissions/transfers/discharges, maintain infection control and order medical supplies and medications are evaluated. No licensed staff were hired or precepted as part of this pilot project.

In addition, the preceptor documented each section as acceptable, needs improvement, and needs additional teaching. The CNA orientation checklist assessed the ability of CNAs to complete their designated assignments, use team work, provide personal patient care, use proper body mechanics, comply with procedures, know patient dietary needs, complete documentation, demonstrate proper transfer and ambulation of patients, complete admission requirements, and properly use infection control and oxygen tanks properly.
Sustainability and Limitations

The VP of the CCRC verbalized to the PC that she has assigned the preceptor project as a goal for the Administrator to enforce. Because the nurse educator position has been terminated, the majority of the responsibility would fall to the DON and the rehab manager. It is essential to have the RN, LPN or CNA as the educator to know the scope of practice each position and the nursing perspective in order to related to other RNs, LPNs, and CNAs in an effective way. If successful, this QI project will be used in other CCRC facilities that offer similar services. Other facilities within the CCRC such as the assisted living units or the independent living facilities will consider using this program.

The initial 4-hour orientation session would continue to be presented by an HR representative. Preceptors would be expected to prepare the preceptees on the use of the computer software during the 12-hour shift precepted experience. The DON would assume the role of the PC to sustain the program in the future. This includes teaching the preceptor/mentorship courses and continuing education for the mentor role of the nurses and CNAs. The DON could also facilitate the weekly meetings between the preceptor and new employee.

Phase four (sustainability), was developed with the intention that the preceptors will continue to receive additional education to transition from the preceptor to the mentor role when the organization has greater shift stability. Because the mentee/mentor relationship is one that develops over time, extending the length of time of ongoing precepting to 6 months or 1 year may be feasible if an incentive was decreased or omitted. In the fourth phase, the third workshop, becomes an extension of the preceptor program to prepare preceptors to the mentor role (to be implemented by the DON or rehab manager to prepare preceptors for the mentor role;
see Appendix F). In this phase, the preceptors are taught mentorship skills to encourage and facilitate the progression from preceptor to mentor. The RWJ mentorship model was used as a guide and framework (see Appendix D). Upon completion, the participants of the workshop would be evaluated by a competency test (see Appendix V). The Measure of Job Satisfaction (MJS) and Nursing Home Certified Nurse Assistant Job Satisfaction (NH-CNA-JS) questionnaires could also be administered at this time. This phase is optional and up to the discretion of the organization for implementation. The organization may want to consider continuing to incentivize the preceptors/mentors with the hourly stipend of $1.50 (when they are precepting) in an effort to retain staff members in the role and possibly increase their job satisfaction. The PC will present an educational session to the organizational leaders with information from phase four as well as a manual with resources developed to complete phase four. A preceptees’ supplemental handout on Benner’s (1984) model (see Appendix Z) and job description will also be available for the preceptees completing the program. It would also be beneficial for preceptees to receive a copy of the preceptor job description so he or she can think about the possibility of becoming preceptors in the future.

The organization scheduler could not guarantee that the preceptor and preceptee would work the same shifts or the same unit so this portion of the program implementation became a barrier.

**Reflection on Enactment of DNP Essentials**

In 2006, the American Association of Colleges of Nurses (AACN) developed the essentials of doctoral education for advanced practice nurses. These essentials reflect the depth and complexity of the discipline of nursing. They are described in greater detail in this section.
Scientific Underpinnings for Practice

DNP prepared practice nurses bring expertise to their work (Zaccagnini & White, 2017). The PC has worked in a variety of different areas in nursing including LTC and rehab. This previous experience was beneficial and assisted the PC with gaining the nursing floor staff’s acceptance for the project. The application of science-based theories and concepts was integral to the foundation of the project. The application of Alspach’s (2000a) and Benner’s (1984) model also led to the success of the project.

Organizational and Systems Leadership for Quality Improvement

A thorough organization assessment was completed in order to identify the organization’s problem and develop a plan to find a solution. Change was needed at a systems level in order to bring about the desired outcomes of an improved nursing orientation and qualified preceptors. In this quality pilot improvement project, the needs of the organization were met. The PC used advanced communication skills, developed a budget, and analyzed the cost effectiveness and risk associated with the project.

Clinical Scholarship and Analytical Methods for Evidence-Based Practice

The PC directed a QI project to promote patient-centered care, developed practice guidelines, used research methods appropriately, acted as a consultant, and disseminated the findings to improve the education of the preceptors. This project will likely be adapted within other LTC facilities within the CCRC.

Information Systems for Health Care Transformation

Various preceptor and preceptee evaluation tools were used to gather data regarding the effectiveness of the project. Nursing and CNA satisfaction surveys were another way to gather valuable information regarding nursing intent to leave and predicted turnover. This area could
be further developed by the incorporation of these measurement tools into electronic format to aid analysis and interpretation of the results. The PC met with statistical experts to analyze, synthesize and present the evaluation tools in the best way possible.

**Health Care Policy for Advocacy in Health Care**

The PC was able to demonstrate leadership by influencing decision makers regarding the benefits of the project. This was accomplished by attending several meetings with the executive team and other stakeholders. The PC also advocated for an additional hourly stipend of $1.50 for the preceptors, which has continued to be awarded even after completion of the project. The PC developed a toolkit for sustainability of the project. The administrator has been appointed by the VP of clinical services to support the continuation of the preceptor program at the facility.

**Interprofessional Collaboration**

Interprofessional collaboration was an important aspect of the project. In this project, the PC collaborated with individuals from various departments and roles including the executive team, HR, supervisors, administrator, office staff, nursing and CNA staff. The executive team championed the project.

**Population Health**

The PC was able to synthesize the concepts and themes that were problematic to the nursing staff. The implementation of the project indirectly improved patient care. Nurses and CNAs who have received a higher quality orientation and training will likely provide better patient service.

**Advanced Nursing Practice**

This project involved the use of advanced clinical judgment, systems thinking, and evaluating evidenced-based care to improve patient outcomes. Educating nursing staff to precept
and mentor other nursing staff is an avenue to achieve excellence in nursing. The PC was able to establish and sustain a relationship with a professional organization and thus leave an open door for future DNP students to conduct projects.

**Plans for Dissemination of Outcomes**

This scholarly defense will be presented at GVSU to the Project Advisory Team and other interested members of the university at the conclusion of the project. The PC will conduct poster presentations at GVSU. The findings of the project will also be presented to the organizational leaders at the project site and state and national association meetings. The DON and rehab manager will be invited to participate in the workshops and receive additional training as needed. In addition, the proposal will be submitted to ScholarWorks.

As a result of the project, there are two LPNs and two CNAs that have been educated well in the role of preceptor. These preceptors are currently employed at the facility. The ROI clearly indicates the value and cost savings that this project may have if implemented for 1 year. The toolkit has been developed for additional nursing staff to become complete all three workshops. The preceptors have the opportunity to continue developing skills and transition into a mentorship role, if desired and supported by the organization. The program objectives and goals were met. Overall, the project was successful. Although the sample size was small, there is great value in the potential implications that this project made at this facility and may have at other LTC facilities.
References


Alspach, G. (2016). *Calling all preceptors: How can we better prepare and support you?* Retrieved from http://www.ccn.aacnjournals.org/content/28/5/13.full


Appendix A: Alspach’s Preceptor and Benner’s From Novice to Expert Framework Workshops:

Agenda Day 1 and 2

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<td><strong>The Preceptor’s Role</strong></td>
<td>Day 1</td>
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<td>Planner of learning experiences</td>
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<td><strong>Benner’s Novice to Expert Framework</strong></td>
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<td><strong>The Preceptor’s Rapport</strong></td>
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Workshop, Agenda Day 1

For the purpose of this project, please do not share this binder with other co-workers or leave at the nurses’ station. Please bring to your second day of training and for the weekly meetings with your assigned trainee. Thank you.

The Preceptor’s Role

Definitions

Primary Roles of the Preceptor

Differences Between Staff Nurse and Preceptor

The Preceptor’s Responsibilities

Staff Nurse Role Model

Facilitator of Socialization

Assessor of Learning Needs

Planner of Learning Experiences
Workshop Agenda, Day 2

‘From Novice to Expert’ (Benner)

**The Preceptor’s Responsibilities:** Implementor of Learning Plans
Evaluator of Job Performance

**The Preceptor’s Rapport:** Working Effectively with Preceptees

The Preceptee’s Bill of Rights
The Preceptor’s Bill of Rights
From Novice to Expert

**Background:** It is essential for trainers to develop insight into their own level of understanding and comfort within their nursing role. It is just as important to be able to assess the learner’s level of experience, competence and skills in order to effectively guide them to the next stage. Individuals confronting situations for the first time will approach them as a novice. With experience, learned experiences, and education the learner moves through the various stages. Benner refers to these stages as **novice, advanced beginner, competent, proficient, and expert** (Benner, Tanner, & Chesla, 2009).

**Novice to Expert Model:** This model that was developed utilizing the Dreyfus Model as a framework (Benner, Tanner, & Chesla, 2009). The Dreyfus Model focuses on actual performance and outcomes in particular situations. The model is developmental so that performance can be compared to previous situations. “This model focuses on situated skillful comportment and use of knowledge” (Benner, Tanner, & Chesla, 2009, p. xiv). Nurses need to develop ethical comportment and use good clinical judgment based on evidence based practices. “At the heart of good clinical judgment and clinical wisdom lies experiential learning from particular cases” (Benner, Tanner, & Chesla, 2009, p. xv).

**Experiential learning requires:**

- An engaged learner
- Openness and responsiveness by the learner to improve practice over time
- Recognize whole situations in terms of past experiences
- Aim to understand the nature of the situation
- Use clinical reasoning to assess the patient’s condition through transitions in the patient’s condition or concerns
Stage 1: Novice

The novice learner is given rules to draw conclusions or for determining actions based upon facts and features of the situation. These elements can be subjective (a patient appears to be agitated by facial expression) or subjective (blood pressure reading).

- The novice nurse/CNA may recognize an agitated individual (increased heart rate, restlessness, anxious appearance)
- The novice nurse/CNA uses intuition to guide our actions (use intuition in daily activities such as driving; learn to slow down on icy/wet roads or when see children playing)
- Feels little or no remorse for the outcome of their actions
- Needs to follow rules
- Novice nurses/CNAs “have no personal experience in the work they are to perform but they have preconceived notions and expectations about clinical practice that are challenged, refined, confirmed, or contradicted by personal experiences in a clinical setting” (Burns & Grove, 2009, p. 10)

Stage 2: Advanced Beginner

The performance improves “after the novice learner has had considerable experience coping with real situations” (Benner, Tanner, & Chesla, 2009, p. 11). The advance beginner begins to intuitively recognize meaningful elements prior to seeing concrete examples. The learner has now learned about new rules and elements involved various scenarios. Tasks appear to be more difficulty and the learner feels overwhelmed by the complexity of skills.
If the rules do not work out, the learner may rationalize but stating that the rules were not ‘good enough’ instead of feeling remorse for the mistake.

The advanced beginner “has just enough experience to recognize and intervene in recurrent situations” (Burns & Grover, 2009, p. 10)

Feels little or no remorse for the outcomes of their actions

The advanced beginner driver is able to anticipate when to change gears based on engine sounds and traffic

Stage 3: Competence

Individuals learn through instruction or experience to develop a hierarchical perspective. The learner now focuses on the relevant elements and is able to make decisions easier. The competent performer develops new rules and reasoning procedures so that rules can be applied based on facts. There is a greater sense of responsibility in this stage.

New type of relationship is formed between the performer and his or her environment

The competent performer feels responsible and is emotionally involved in the results of his choice.

Disasters or mistakes are no easily forgotten.

Experiential learning from past nursing experiences allows the nurse to develop a greater sense of salience. The nurse is able to recognize in what areas they have a clinical grasp or need more training.

Competent nurses/CNAs have “frequently been on the job for 2 to 3 years, and their personal experiences enable them to generate and achieve long-range goals and plans. The nurse is able to make conscious, deliberate actions that are efficient and organized” (Burns & Grove, 2009, p. 10)
“Since he has now lived through more clinical futures, he can now better predict immediately likely events and needs of patients and plan for them” (Benner, Tanner, & Chesla, 2009, p. 14).

Drivers are more likely to take risks in exchange for a quicker ride; remorse follows after a collision or near collision.

Stage 4: Proficient

Responses to either negative or positive experiences are strengthened or inhibited due to brain changes instead of rules and principles. Proficiency seems to develop when intuitive behavior replaces reasoned response.

- Action becomes easier and less stressful
- The learner sees what needs to be achieved
- The proficient learner still needs to decide what to do and falls back of rule-based determination of action
- The proficient drives decides to slow down during a curve on a rainy day. The competent driver spends additional time deciding what to do based on speed, angle of bank and other factors
- Sees the patient/family as a whole (Burns & Grove, 2009)

Stage 5: Expert

The expert knows what to do based on “mature and practiced situational discrimination, but also knows how to achieve the goal” (Benner, Tanner, & Chesla, 2009, p. 15).

- Sees what needs to be achieved and knows how to do it
The expert drives at all times feels the movement of going someplace but does not have to think about how to drive the car or actions that need to be taken according to external factors such as ice/stormy conditions.

Reflect on past actions through *deliberate rationality* (use detached, meditative reflection when time permits)

The expert trusts intuition

Unlike driving, nursing uses theoretical models to gain a deeper understanding of nursing theories and interventions

Avoids using *tunnel vision* and uses a holistic, comprehensive approach when dealing with situations

“Has extensive experience and is able to identify accurately and intervene skillfully in a situation” (Burns & Grove, 2009, p. 10)

Example: A caregiver walks into a patient’s room and offers to take the patient to the dinning room for dinner. The patient yells back “Get out of here! I just want to be left alone!” The expert would take a step back and reflect on the situation. Why would this patient react in this way? Do they have a psychiatric history? Have they taken their medications today? Have they experienced the recent loss of a loved one? Did something happen with another employee that has led to an increase level of agitation and frustration?
References


Appendix B: Alspach’s From Staff Nurse to Preceptor: Primary Roles of the Preceptor

<table>
<thead>
<tr>
<th>Role Model</th>
<th>Socializer</th>
<th>Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Leads by example</td>
<td>• Helps new staff feel welcomed</td>
<td>• Identifies all expected outcomes for the staff nurse orientation program</td>
</tr>
<tr>
<td>• Provides patient care services according to established LTC standards</td>
<td>• Facilitates new employees' integration with their peer group, co-workers, and employer</td>
<td>• Assesses the learning needs of the preceptees</td>
</tr>
<tr>
<td>• Fulfills duties according to established facility</td>
<td>• Recognizes elements in the current situation that may be new to the preceptee</td>
<td>• Specifies at least 4 means for determining a preceptor's learning needs</td>
</tr>
<tr>
<td>• Demonstrates safe &amp; correct operation of equipment</td>
<td>• Demonstrates how to assist preceptees in each of the 4 phases of reality shock</td>
<td>• Evaluates job performance</td>
</tr>
<tr>
<td>• Uses resources effectively, appropriately, and efficiently</td>
<td></td>
<td>• Formulates a mutually agreed on priority of learning needs with the preceptee</td>
</tr>
<tr>
<td>• Maintains effective working relationships with all members of the health care team</td>
<td></td>
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</tr>
</tbody>
</table>

Appendix C: Benner’s Novice to Expert Model

Appendix D: Robert Wood Johnson (RWJ) Mentorship Model

Diagram developed by Project Coordinator (PC), concepts adapted from RWJ Mentorship Model
Appendix E: Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis

<table>
<thead>
<tr>
<th>Internal Strengths</th>
<th>Internal Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong corporate leadership &amp; presence</td>
<td>Workplace differences in culture</td>
</tr>
<tr>
<td>Experienced leadership staff</td>
<td>Limited resources (time, money, staff)</td>
</tr>
<tr>
<td>A desire for continuous improvement</td>
<td>Resistance to change</td>
</tr>
<tr>
<td>Excellent reputation in the community for senior care</td>
<td>Differences in communication styles</td>
</tr>
<tr>
<td>Large and attractive building with private patient rooms</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>External Opportunities</th>
<th>External Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competitor vulnerabilities</td>
<td>Recent changes in political structure may affect</td>
</tr>
<tr>
<td>Other similar organizations may offer higher quality benefit package, tuition</td>
<td>reimbursement</td>
</tr>
<tr>
<td>reimbursement</td>
<td>Changing economy</td>
</tr>
<tr>
<td>More opportunities for growth &amp; development</td>
<td>Possible changes to the Affordable Care Act (ACA)</td>
</tr>
<tr>
<td></td>
<td>Potential new LTC regulations</td>
</tr>
<tr>
<td></td>
<td>New technologies which may not be attainable due to</td>
</tr>
<tr>
<td></td>
<td>financial barriers</td>
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<td></td>
<td></td>
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</tbody>
</table>
Appendix F: Project Design, Implementation of Pilot Project

**Phase 3 a**
1. Meet with organizational leaders and provided a detailed description of project design
2. Invite nursing staff to participate via flyer/employee meeting/faceto face communication
3. Prospective preceptors complete interest forms
   - Management team at the project site review the interest forms and select 2 RNs/LPNs and 2 CNAs
   - Selected preceptors ascent to participate.
4. Preceptors attend Workshops #1 & #2
   - Preceptors take Competency Tests #1 & #2
   - Preceptors evaluate PC upon completion of Workshops #1 and #2

**Phase 3 b**
1. DON assigns RN/LPN preceptors to RN/LPN preceptors
   - Rehab manager assigns CNA preceptors to CNA preceptee
2. Preceptees attend traditional 4 hour orientation
3. Preceptees work with preceptors for 4, 12-hour shifts
   - Preceptors evaluate preceptee by using standard RN/LPN/CNA competency skills checklist & computer training checklist
4. Preceptors/preceptees/PC meet weekly for 1 hour to evaluate the orientation progress and identify areas for remediation to meet performance goals (weeks 1-4)
5. Preceptors/PC give updates to rehab manager (address concerns & list of areas that preceptee needed further education)
6. On week 4 of orientation, preceptees complete an evaluation of the orientation (not analyzed by PC; collected per HR request)
7. Preceptees evaluate the effectiveness of his or her assigned preceptor and complete the preceptee’s evaluation of preceptor
8. Preceptors complete the reimbursement log and submit to HR for reimbursement

**Phase 3 c-d**
1. PC synthesizes the results of the evaluation tools
2. PC collaborates with GVSU statistician to analyze the data & determine the best way to present findings/themes
3. PC meets with organizational leaders to discuss findings and makes recommendations for sustainability
4. PC disseminates findings in the form of professional poster presentations, the Final Project Defense and ScholarWorks

**Phase 4**
1. Preceptors attend Workshop, Day 3 (led by DON or Rehab Manager)
   - Preceptors complete Competency Test for Workshop, Day 3
2. Preceptors identify ways to continue developing mentorship skills
3. RNs/LPNs complete Measure of Job Satisfaction (MJS) survey
   - CNAs complete the Nursing Home Certified Nurse Assistant Job Satisfaction Questionnaire (NH-CNA-JSQ)
   - HR and organizational leaders review and analyze results
Appendix G: Timeline of Project

<table>
<thead>
<tr>
<th>Estimated Date of Completion</th>
<th>Type of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 22, 2017</td>
<td>Proposal was approved</td>
</tr>
<tr>
<td>March 24, 2017</td>
<td>IRB approved project</td>
</tr>
<tr>
<td>March 27, 2017</td>
<td>Organization approved project</td>
</tr>
<tr>
<td>March 28- April 4, 2017</td>
<td>Preceptors were recruited</td>
</tr>
<tr>
<td>April 10-14, 2017</td>
<td>Workshop #1 is implemented</td>
</tr>
<tr>
<td>April 17-21, 2017</td>
<td>Workshop #2 is implemented</td>
</tr>
<tr>
<td>April 24-May 25, 2017</td>
<td>Preceptor(s) were assigned to preceptees, began to meet weekly with preceptor/preceptees</td>
</tr>
<tr>
<td>May 25- June 21, 2017</td>
<td>Continued to meet with preceptor/preceptees for weekly meetings</td>
</tr>
<tr>
<td>June 22- August 10, 2017</td>
<td>Collected information and completed project; prepared Final Project Defense</td>
</tr>
<tr>
<td>August 24, 2017</td>
<td>Final Project Defense: Findings presented to organizational leaders</td>
</tr>
<tr>
<td>September 1, 2017</td>
<td>Submit to ScholarWorks- completion of DNP Project</td>
</tr>
<tr>
<td>September 1-30, 2017</td>
<td>Recommend Workshop #3 is implemented</td>
</tr>
<tr>
<td>October 15, 2017</td>
<td>Organizational leaders meet to discuss sustainability of project; continue to assign preceptees to preceptors</td>
</tr>
<tr>
<td>November 15, 2017</td>
<td>Implement Nursing and CNA satisfaction survey</td>
</tr>
<tr>
<td>December 15, 2017</td>
<td>Organizational leaders meet to review the result of satisfaction surveys and develop an action plan</td>
</tr>
</tbody>
</table>
Appendix H: Competency Test for Preceptors, Workshop Day 1

*This is an open book test. Please work independently and circle the best answer.*

1. **Which of these components is NOT one of the primary roles of the preceptor?**
   
   (10 points)
   
   a. role model  
   b. socializer  
   c. educator  
   d. manager

2. **When a preceptor demonstrates safe and correct operation of equipment, the preceptor is demonstrating __________: (10 points)**
   
   a. competency  
   b. attention to detail  
   c. effective use of resources  
   d. ability to work well with others

3. **When a preceptor introduces the preceptee to the other co-workers and helps to integrate them into the work environment. The preceptor is functioning as a __________: (10 points)**
   
   a. role model  
   b. socializer  
   c. educator  
   d. manager

4. **Preceptors assist preceptees to plan learning experiences and evaluate job performance. These are examples of the preceptor enacting the role of __ (10 points)**
   
   a. Role model  
   b. socializer  
   c. educator  
   d. supervisor

5. **Preceptors can assist preceptees in each of the 4 phases of reality shock. This is an example of the preceptor as a: __________ (10 points)**
   
   a. Facilitator of socialization  
   b. Educator  
   c. Staff nurse role model  
   d. Assessor of learning needs
6. The most effective way to determine the preceptee’s learning needs is: ________
   (10 points)
   a. Based on a conversation you had last week with a co-worker
   b. Direct observation of the preceptee
   c. The dietary aide tells you the preceptee needs more training
   d. The preceptees’ own self-assessment

7. Some learning needs take priority over others. A ________ learning need takes priority because failure to meet it could result in serious harm or loss of life to a patient or staff member (10 points)
   a. Fundamental
   b. Frequent
   c. Fatal
   d. Facility

8. This type of learning need reflects a performance area that must be performed often by an employee in a specific position (10 points)
   a. Fundamental
   b. Frequent
   c. Fatal
   d. Facility

9. Kramer’s four phases of ‘reality shock’ describe the phases that most new employees, in particular new graduates, experience as a new employee. In the ________ phase, new employees view all aspects of the job as being great.
   (10 points)
   a. Shock
   b. Recover
   c. Honeymoon
   d. Resolution

10. In this phase, new employees may experience fatigue, anger, frustrations and rejection of school or work values. (10 points)
    a. Shock
    b. Recover
    c. Honeymoon
    d. Resolution
Competency Test for Preceptors, Workshop Day 1 - Key

This is an open book test. Please work independently and circle the best answer.

1. Which of these components is NOT one of the primary roles of the preceptor? (10 points)
   
   a. role model  
   b. socializer  
   c. educator  
   d. manager  

   Answer: (d) manager. “The preceptor functions in 3 primary roles: staff nurse role model, socializer of new employee into workgroup, and educator” (Alspach, 2000b, p. 4)

2. When a preceptor demonstrates safe and correct operation of equipment, the preceptor is demonstrating __________: (10 points)
   
   a. competency  
   b. attention to detail  
   c. effective use of resources  
   d. ability to work well with others  

   Answer: (a) competency. The preceptor demonstrates competency when he or she “executes the staff nurse role in the assigned work setting as defined in the job description” (Alspach, 2000b, p. 11).

3. When a preceptor introduces the preceptee to the other co-workers and helps to integrate them into the work environment. The preceptor is functioning as a __________: (10 points)
   
   a. role model  
   b. socializer  
   c. educator  
   d. manager  

   Answer: (b) socializer. The preceptor is enacting the role of facilitator of socialization by assisting “preceptees in integrating socially and professionally as staff members” (Alspach, 2000b, p. 16).
4. Preceptors assist preceptees to plan learning experiences and evaluate job performance. These are examples of the preceptor enacting the role of __ (10 points)
   a. Role model
   b. socializer
   c. educator
   d. supervisor

   Answer: (c) educator. The preceptor assists the preceptee plan learning experiences and evaluates his or her job performance (Alspach, 2000b, p. 23).

5. Preceptors can assist preceptees in each of the 4 phases of reality shock? This is an example of the preceptor as a: ________ (10 points)
   a. Facilitator of socialization
   b. Educator
   c. Staff nurse role model
   d. Assessor of learning needs

   Answer: (a) facilitator of socialization. The preceptor “demonstrates how to assist preceptees in each of the 4 phases of reality shock” (Alspach, 2000b, p. 16).

6. The most effective way to determine the preceptee’s learning needs is: ________ (10 points)
   a. Based on a conversation you had last week with a co-worker
   b. Direct observation of the preceptee
   c. The dietary aide tells you the preceptee needs more training
   d. The preceptees’ own self-assessment

   Answer: (b) direct observation of the preceptee. “The most valid and reliable means for determining new employees’ learning needs is by observing their actual job performance” (Alspach, 2000b, p. 24).

7. Some learning needs take priority over others. A ________ learning need takes priority because failure to meet it could result in serious harm or loss of life to a patient or staff member (10 points)
a. Fundamental  
b. Frequent  
c. Fatal  
d. Facility  

Answer: (c) fatal. “This learning need takes priority because failure to meet it could result in serious harm or loss of life to a patient or staff member” (Alspach, 2000b, p. 27).

8. **This type of learning need reflects a performance area that must be performed often by an employee in a specific position (10 points)**

a. Fundamental  
b. Frequent  
c. Fatal  
d. Facility  

Answer: (b) frequent. “This learning need takes priority because it reflects a performance area that must be performed frequently by an employee in a specific position” (Alspach, 2000b, p. 27).

9. **Kramer’s four phases of ‘reality shock’ describe the phases that most new employees, in particular new graduates, experience as a new employee. In the __________ phase, new employees view all aspects of the job as being great.**

   (10 points)

a. Shock  
b. Recover  
c. Honeymoon  
d. Resolution  

Answer: (c) honeymoon. In this phase, all aspects of the job are perceived as being great by the new employee (Alspach, 2000b).

10. **In this phase, new employees may experience fatigue, anger, frustrations and rejection of school or work values. (10 points)**

a. Shock  
b. Recover  
c. Honeymoon  
d. Resolution
Answer: (a) shock. In the shock phase, new employees “may experience outrage, fatigue, perceptual distortions related to anger and frustrations…” (Alspach, 2000b, p. 17).
Competency Test for Preceptors, Workshop Day 2

_This is an open book test. Please work independently and circle the best answer._

1. Benner (1984) describes 5 stages of professional development. In the ______ stage, the learner uses intuition to guide his or her actions, feels little or no remorse for the outcome of their actions and needs to follow rules. (10 points)
   
   a. novice  
   b. expert  
   c. advanced beginner  
   d. proficient

2. In this stage of Benner’s model, the learner has years of experience and knowledge. He or she is able to trust their intuition and act accordingly. Peers often ask them questions for expert advice. (10 points)
   
   a. novice  
   b. expert  
   c. advanced beginner  
   d. proficient

3. What is an effective way to develop a learning experience for the preceptee? A ‘learning experience’ can be any task or concept that the preceptee needs to learn (10 points)
   
   a. The preceptor decides what the learning needs should be independently.
   
   b. The preceptor is a ‘hands on’ type of learner, therefore decides this is how the preceptee best learns as well.
   
   c. The preceptor, in collaboration with the preceptee, work together to determine a plan with the preceptee’s preferences in mind.
   
   d. The preceptor tells the preceptee to read the emergency manual from front to back before the start of the shift.
4. It is necessary to demonstrate ______________ in order to reflect empathy, support, caring, commitment, and responsibility towards one’s work. (10 points)
   a. knowledge  
   b. good attitude  
   c. skills  
   d. attention to detail

5. Which action is NOT an example of effective communication? (10 points)
   a. Maintain eye contact  
   b. Avoid interrupting the speaker  
   c. Ask questions to gain understanding of the message  
   d. Text and send emails while someone is talking to you

6. Which process includes identifying causes of a problem, selecting the best solution and defining the problems. (10 points)
   a. problem solving  
   b. team building  
   c. critical thinking  
   d. effective communication

7. In order to work effectively with a preceptee, a preceptor should do the following EXCEPT: (10 points)
   a. Make an effort to help the preceptee feel welcomed.  
   b. Provide support, praise, and encouragement  
   c. Remember what it was like to be a new employee  
   d. Embarrass new employees in front co-workers, other staff, or patients.

8. Part of the role of the preceptor is to provide effective feedback. The following are examples of positive feedback EXCEPT for one: (10 points)
   a. Based on facts instead of opinions  
   b. Clearly understood by the receiver
c. Directed at the behavior and not the person

d. Lacks sensitivity and is demoralizing

9. **To be _______________** means to take ownership and responsibility for one’s own actions. (10 points)

   a. accountable
   b. risk taker
   c. independent
   d. true friend

10. Recognizing the existence of problems, weighing risks and benefits, analyzing and synthesizing information are abilities that demonstrate: (10 points)

    a. Critical Thinking
    b. Decision Making
    c. Priority Setting
    d. Problem Solving
1. Benner (1984) described 5 stages of learning. In the ______ stage, the learner uses intuition to guide his or her actions, feels little or no remorse for the outcome of their actions and needs to follow rules. (10 points)
   a. novice  
   b. expert  
   c. advanced beginner  
   c. proficient
   Answer: (a) novice. In the novice stage, the novice nurse/CNA uses intuition to guide his or her actions, feels little or no remorse for his or her actions and needs to follow rules (Benner, 1984).

2. In this stage of Benner’s model, the learner has years of experience and knowledge. He or she is able to trust their intuition and act accordingly. Peers often ask them questions for expert advice. (10 points)
   a. novice  
   b. expert  
   c. advanced beginner  
   c. proficient
   Answer: (b) expert. Expert nurses trust their intuition. Peers often ask them for advice.

3. What is an effective way to develop a learning experience for the preceptee? A ‘learning experience’ can be any task or concept that the preceptee needs to learn (10 points)
   a. The preceptor decides what the learning needs should be independently.
   b. The preceptor is a ‘hands on’ type of learner, therefore decides this is how the preceptee best learns as well.
c. The preceptor, in collaboration with the preceptee, work together to determine a plan with the preceptee’s preferences in mind.

d. The preceptor tells the preceptee to read the emergency manual from front to back before the start of the shift.

Answer: (c). The preceptor, in collaboration with the preceptee, work together to determine a plan with the preceptee’s preferences in mind. The preceptor “formulates a mutually agreed on priority of learning needs with the preceptee” (Alspach, 2000b, p. 23).

4. **It is necessary to demonstrate ______________ in order to reflect empathy, support, caring, commitment, and responsibility towards one’s work.** (10 points)

   a. knowledge
   b. good attitude
   c. skills
   d. attention to detail

Answer: (b). good attitude. Preceptors are responsible for teaching job responsibilities that include maintaining a good attitude. A good attitude is often reflected in interpersonal actions with patients and their families as well as co-workers (Alspach, 2000b).

5. **Which action is NOT an example of effective communication?** (10 points)

   a. Maintain eye contact
   b. Avoid interrupting the speaker
   c. Ask questions to gain understanding of the message
   d. Text and send emails while someone is talking to you
Answer: (d) text and send emails while someone is talking to you. Using electronic equipment such as phones during face-to-face interactions can be perceived by patients and co-workers as rude and disrespectful (Alspach, 2000b).

Steps in this process include identifying causes of a problem, selecting the best solution and defining the problem. (10 points)

a. problem solving  
b. team building  
c. critical thinking  
d. effective communication

Answer: (a) problem solving. “Steps in the problem-solving process include: identify all potential causes of the problem and select the best solution” (Alspach, 2000, p. 42).

6. In order to work effectively with preceptees, preceptors should do the following EXCEPT: (10 points)

a. Make an effort to help the preceptee feel welcomed.

b. Provide support, praise, and encouragement

c. Remember what it was like to be a new employee

d. Embarrass new employees in front of co-workers, other staff, or patients.

Answer (d) embarrass new employees in front of co-workers, other staff, or patients. The preceptor should act in ways to enhance and build the preceptor/preceptee relationship.

7. Part of the role of the preceptor is to provide effective feedback. The following are examples of positive feedback EXCEPT for one: (10 points)

a. Based on facts instead of opinions

b. Clearly understood by the receiver

c. Directed at the behavior and not the person

d. Lacks sensitivity and is demoralizing
Answer: (d) lacks sensitivity and is demoralizing. Positive feedback should be based on
facts, be clearly understood by the receiver and directed at the behavior (Alspach, 2000,
p. 51).

8. To be _______________ means to take ownership and responsibility for one’s own
actions. (10 points)

a. accountable  
b. risk taker

c. independent  
d. true friend

Answer: (a) accountable. “Accountability refers to an individual being responsible or
answerable for something” (Alspach, 2000, p. 37).

9. Recognizing the existence of problems, weighing risks and benefits, analyzing and
synthesizing information are abilities that demonstrate: (10 points)

a. Critical Thinking  
b. Decision Making

c. Priority Setting  
d. Problem Solving

Answer: (a) critical thinking. Weighing risks and benefits as well as analyzing and
synthesizing information are examples of critical thinking skills (Alspach, 2000, p. 39).
Appendix I: Preceptor Recruitment Flyer

**Nursing Staff:** Seeking RNs, LPNs, and CNAs to join a **Preceptor Program**

**The Preceptor’s Role & Responsibilities to New Nurses**

**Benefits:**
- Enhance preceptor & leadership skills
- Learn about mentorship
- Get additional compensation for attending Workshops, precepting, and completing all assessments
- Become a change agent
- Build your resume & advance your career

**Commitment:**
- Attend two 3-hour educational training sessions
- Meet with designated preceptee on 4 occasions in a 4-week period (1 hr. each meeting- only if you are assigned)
- Complete surveys & evaluations
- Selection criteria: Work FT/PT, have worked at MWHC at least 3 mo., & be in good standing in your job (not in probation)

For more information please contact: Maria Painter, BSND, BSN, RN, DNP Student

Appendix J: Recruitment Electronic Mail to Nursing Employees

Dear Nursing Staff:
My name is Maria Painter. I am a 4th year graduate student at Grand Valley State University (GVSU). Although there are many factors that affect employee satisfaction, having a structured orientation process and co-worker support has been shown to increase nursing satisfaction. I will be implementing a Preceptor Training Project at your facility. The purpose of the project is to enhance the orientation process of new employees by enhancing preceptor skills among nursing staff members. All nursing staff members are invited to participate (RNs, LPNs, and CNAs). In order to participate the employee must have worked at the organization for at least 3 months, be in good standing, and work full time. The program will consist of two 3-hour Preceptor Workshops and weekly meetings with your assigned preceptee for 4 weeks. You will be paid an additional hourly stipend for your participation and overtime will be approved during the time frame that you are involved in this project. We appreciate your support and cooperation. Please contact me directly to enroll. Thank you.

Sincerely,

Maria Painter, BSN, RN, DNP Student

Appendix K: Preceptor Interest Form to Preceptor Program

Dear Applicant:
Thank you for your interest in the Preceptor Program. Please complete this form and answer the questions below. In order to qualify you must meet the following criteria: (1) Have worked at MWHC for at least 3 consecutive months, (2) Be in good standing and not under disciplinary action, and (3) work part-time or full time. If selected, in recognition of your participation you will be paid an **hourly incentive of $1.50** while working the preceptor role. You must commit to attending two 3-hour **Preceptor Workshops** and meet on four occasions over a 4 week period, preferably weekly for up to one hour with your assigned preceptee and Project Coordinator [outside of your regular schedule]. You will be paid overtime if you exceed 40 hours per week while working your usual work schedule. RNs, LPNs, and CNAs may apply. Some of the preceptors may not be assigned to a preceptee due to the unpredictability of the hiring process.

| Name: _____________________________________________________________________ |
| How long have you worked at this organization? ________________________________ |
| Do you work full time? YES:____ NO:____ |
| Please circle if you are an: RN, LPN, CNA |
| Are you in good standing with your employment? Yes:_____ No:____ |
| Regular work days/shifts:______________________________________________________ |
| What days/times are you available to complete the training sessions?______________ |

| Have you worked training other nursing staff in the past? ____________________________ |
| What do you hope to accomplish by participating in this project?________________________ |
| Do you have any previous formal training for working as a preceptor or mentor?__________ |

These forms will be reviewed by Marywood administration and the final selection will be made by the administrative team. Two RNs/LPNs and two CNAs will be selected. Please feel free to contact me directly if you have any questions or would like to discuss this opportunity further.

Thank you.

*Maria Painter, BSND, BSN, RN, DNP Student*

---

Appendix L: Preceptor’s Evaluation of Workshop

<p>| Please clearly circle one number |</p>
<table>
<thead>
<tr>
<th></th>
<th>(1= very dissatisfied, 5 = very satisfied)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How well did the Workshop meet your expectations?</strong> (Did the Workshop honor the promise made in the description/title?)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>How interesting did you find the Workshop?</strong> (As you watched the talk, did it engage you?)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>How valuable was the Workshop?</strong> (What was your take away from the Workshop-knowledge, inspiration insight, etc.)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>How well was the Workshop presented?</strong> (This relates to the speaker’s appearance, slides, &amp; presentation techniques)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The speaker was (select one):</td>
<td></td>
</tr>
<tr>
<td>- Really funny</td>
<td></td>
</tr>
<tr>
<td>- A true expert</td>
<td></td>
</tr>
<tr>
<td>- A strong motivator</td>
<td></td>
</tr>
<tr>
<td>- An excellent teacher</td>
<td></td>
</tr>
<tr>
<td>Please provide any additional comments you would like to share:</td>
<td></td>
</tr>
</tbody>
</table>

Retrieved from http://speakerscore.com

Appendix M: Orientation Checklist
Overview of Handbook and Policies

History and Mission of Project Site
Mission Statement of the Organizational Culture
Roles and Responsibilities of Nurses and Aides
Case Conferencing
Introductory Period
Performance Appraisal Process
Employment Status
Newsletters/Memos/Paycheck Attachments
Job Posting Process/Internal Application
Attendance Policy/Absenceness/Lateness
Social Media Policy
Injury & Accident Reporting
Gratuities
Conflict of Interest
Parking
Dress Code & Name Tags
Confidentiality
Telephone & Computer Usage
Problem Resolution
Discipline Procedure & Prohibited Conduct
Non-Smoking Policy
HIPPA
Compliance Hotline
Required Personal Information
Leave of Absence Requests & Family Medical Leave Act
Emergency Procedures & Material Safety Data Sheets (MSDS)
Benefits Overview
Benefit Enrollment

Appendix N: Preceptees’ Evaluation of Preceptor
<table>
<thead>
<tr>
<th>How often did your preceptor:</th>
<th>Almost never (1)</th>
<th>Seldom (2)</th>
<th>Usually (3)</th>
<th>Almost Always (4)</th>
<th>Always (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present information clearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourage independent decision making</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide you with assistance when you had questions and/or concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist you to select learning experiences to meet your clinical learning needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listen with empathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acknowledge your feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist in making you feel welcome</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist in making you feel like an integral part of the unit staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Show enthusiasm for the orientation process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give feedback related to your progress during daily interactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Appendix O: Post-Orientation Evaluation Form for Preceptees
Please rate/circle the aspects of orientation on a scale of 1 – 5  
(*1 being poor and 5 being excellent*)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial orientation session (1st day)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer software (Vision) training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online modules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall experience with your preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall experience with co-workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-service/staff meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to document admissions/transfers/dc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support from leadership team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall orientation experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What areas of the orientation process could have gone more smoothly?

What was the most valuable knowledge or skills that you learned in orientation?

How would you describe your overall orientation experience?

Do you have any suggestions to improve the orientation process in the future?

Developed by VP of Clinical Services, Project Site; Adapted by Maria Painter, Project Coordinator
Appendix P: PC’s Observational Notes of Preceptor/Preceptee

<table>
<thead>
<tr>
<th>Date/Time Observation</th>
<th>How the preceptor enacted the role of role model, socializer, or educator</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. **Preceptor**: please review the preceptees’ ‘Licensed Nurse Orientation’ checklist. Under each section identify areas that need improvement or further teaching.

<table>
<thead>
<tr>
<th>Supervisory</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admissions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge/Transfer/Death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>References</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books/Miscellaneous Forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergencies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. **Discuss differences between goals & objectives.**

**Goals:** “broad in scope, general, intangible, qualitative, abstract, end result, hard to validate, longer-term” (MacLeod, 2012, p. 68)

**Objectives:** “narrower in scope, specific, tangible, quantitative, concrete, required steps, easy to validate, shorter-term” (MacLeod, 2012, p. 68)

Use the acronym SMART to assist in developing goals/objectives.

**SPECIFIC:** Make specific objectives.
MEASURABLE: Objectives should be measurable so that the accomplishment can be accurately measured.

ACHIEVABLE: Set achievable and realistic objectives.

RELEVANT: Ensure objectives are relevant and prioritize.

TIMELY: Agree to achieve/complete objectives by a specific date.

3. Develop an action plan to attain competency in the areas described above using SMART format.

Goal 1: ________________________________________________________________

Objective a: ____________________________________________________________

Objective b: ____________________________________________________________

Objective c: ____________________________________________________________

Goal 2: ________________________________________________________________

Objective a: ____________________________________________________________

Objective b: ____________________________________________________________

Objective c: ____________________________________________________________

Goal 3: ________________________________________________________________

Objective a: ____________________________________________________________

Objective b: ____________________________________________________________

Objective c: ____________________________________________________________
Reference


https://www.go.galegroup.com.ezproxy.gvsu.edu/ps/i.do?p=HRCA&u=lom_gvalleysu&id=GALE/A286256760&v=2.1&it=r&sid=summon&authCount=1#
Appendix R: Preceptor/Preceptee/PC Weekly Meetings: Agenda CNA

1. Preceptor: please review the preceptee’s ‘Certified Nursing Assistant Orientation’ checklist. Under each section identify areas that need improvement or further teaching.

<table>
<thead>
<tr>
<th>General Information</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>‘CENA’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Mechanics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Dietary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission Require</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Discuss differences between goals & objectives.

**Goals:** “broad in scope, general, intangible, qualitative, abstract, end result, hard to validate, longer-term” (MacLeod, 2012, p. 68)

**Objectives:** “narrower in scope, specific, tangible, quantitative, concrete, required steps, easy to validate, shorter-term” (MacLeod, 2012, p. 68)

Use the acronym SMART to assist in developing goals/objectives.

<table>
<thead>
<tr>
<th>Infection Control</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Utensil Cleaning</td>
<td></td>
</tr>
<tr>
<td>Oxygen</td>
<td></td>
</tr>
<tr>
<td>Staff Role Review</td>
<td></td>
</tr>
<tr>
<td>Computer/Software</td>
<td></td>
</tr>
</tbody>
</table>
SPECIFIC: Make specific objectives.

MEASURABLE: Objectives should be measurable so that the accomplishment can be accurately measured.

ACHIEVABLE: Set achievable and realistic objectives.

RELEVANT: Ensure objectives are relevant and prioritize.

TIMELY: Agree to achieve/complete objectives by a specific date.

3. Develop an action plan to attain competency in the areas described above using SMART format.

Goal 1: ________________________________________________________________

Objective a: __________________________________________________________

Objective b: __________________________________________________________

Objective c: __________________________________________________________

Goal 2: ________________________________________________________________

Objective a: __________________________________________________________

Objective b: __________________________________________________________

Objective c: __________________________________________________________

Goal 3: ________________________________________________________________

Objective a: __________________________________________________________

Objective b: __________________________________________________________

Objective c: __________________________________________________________
Reference


https://www.go.galegroup.com.ezproxy.gvsu.edu/ps/i.do?p=HRCA&u=lom_gvalleysu&id=GALE/A286256760&v=2.1&it=r&sid=summon&authCount=1#
Appendix S: Preceptor Consent and Agreement

I agree to participate in the Preceptor Program at Marywood Health Center sponsored by Grand Valley State University. As a participant I agree to attend to two 3 hour-Preceptor Workshops. If assigned to a preceptee, I agree to meet with my designated preceptee for up to one hour on 4 occasions weekly for 4 weeks. I will receive an hourly stipend of $1.50 for the time spent as part of the program. This includes the training sessions, weekly 1-hour meetings and four 12-hour shifts as part of the preceptor role. I also agree to complete anonymous surveys associated with the program. My decision to participate or not participate will not affect my employment status, nor will my decision be linked to my employment record or be made available to persons who assess my job performance. Normally, a quality improvement project would not require your consent. However when investigators want to share the results outside the Marywood organization as either presentations or publications to help others, consent is required. By participating in the project, you are giving consent. My responses will be coded in a manner that will not be traced to me individually at any time and will be kept in a locked file cabinet in a locked research room at Grand Valley for 7 years.

Time will be allowed during the training sessions to complete these forms. The following evaluation will be given (do not write your name on these forms):

- **Competency Test Workshop #1 and #2** (each test is open book, 10 questions, multiple choice)

- **Workshop Evaluation #1 and #2** (the same evaluation is used, has 4 questions, rate on a scale from 1-5 and 1 close ended question)
The results from the Competency Tests and the Workshop Evaluations will be reported in an
group form and will not be identifiable to any one person.

In an effort to complete the orientation process for preceptees, the Marywood
Administration will have access to:

- **Weekly meeting notes** between the preceptor/preceptee/project coordinator
- **Preceptee’s Post-Orientation Evaluation**
- **Preceptee’s Preceptor Evaluation**

I agree to keep the material for this program in a safe place and not share it with co-
workers. At the completion of the program I agree to complete the reimbursement form and
submit to Human Resources for reimbursement.

Maria Painter, BSND, BSN, RN, DNP Student

Project Coordinator
Appendix T: Preceptor Reimbursement Log

Name (Preceptor): ________________________________

Assigned Orientee (Preceptee): ___________________

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Description</th>
<th>Total Number of Hours worked as Preceptor:</th>
<th>Additional Hourly Stipend</th>
<th>Total Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preceptor Training Workshop #1</td>
<td>3 hours</td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[3 hours]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preceptor Training Workshop #2</td>
<td></td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[3 hours]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job Shadow Day 1</td>
<td></td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[12 hours]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job Shadow Day 2</td>
<td></td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[12 hours]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job Shadow Day 3</td>
<td></td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[12 hours]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job Shadow Day 4</td>
<td></td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[12 hours]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preceptor/Trainee meeting #1</td>
<td></td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[1 hour]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preceptor/Trainee meeting #2</td>
<td></td>
<td>1.50</td>
<td></td>
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<tr>
<td></td>
<td>[1 hour]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preceptor/Trainee meeting #3</td>
<td></td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[1 hour]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preceptor/Trainee meeting #4</td>
<td></td>
<td>1.50</td>
<td></td>
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<tr>
<td></td>
<td>[1 hour]</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>TOTAL:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix U: Workshop, Agenda Day 3

From Preceptor to Mentor

Mentorship is an intense form of role modeling (Burns & Grove, 2009). “In mentorship, the expert nurse, or mentor, serves as a teacher, sponsor, guide, exemplar, and counselor for the novice nurse or mentee (Burns & Grove, 2009, p. 10). Researchers have indicated that mentees have expressed a need to spend time with mentors outside their formal work setting for an opportunity to ask questions (LaFleur & White, 2010). According to the literature, three main attributes are associated as qualities of mentors: personal attributes, professional skills and abilities and communication skills (LaFleur & White, 2010). Sharing responsibilities, role modeling and interprofessional relationships were also cited as important aspects of excellent mentors.

**Personal Attributes:** honesty, openness, friendliness, enthusiasm, compassion, flexibility, & consistency

**Professional Skills:** teaching ability, competence, knowledge, and assessment skills

**Communication Skills:** active listening, openness to communication, providing constructive feedback

*The Robert Wood Johnson Nurse Fellows Program* developed 5 core competencies of leaders and mentors (Dracup & Byran-Brown, 2004). These competencies have been utilized by many organizations in an effort to develop the skills necessary to becoming an effective leader and mentor.

**Self-knowledge:** “the ability to understand self in the context of organizational challenges, interpersonal demands, and individual motivation” (Morjikian & Bellack, 2005, p. 432).
Utilize self-assessment evaluations to provide insight into strengths and weaknesses (Thomas & Herring, 2008)

Identify areas for potential growth & behavior transformation (Thomas & Herring, 2008)

What is your greatest asset and how are you applying this skill to your work?

Strategic Vision: “The ability to transform self and organization by moving outside of the traditional and patterned ways of success” (Morjikian & Bellack, 2005, p. 432).

➢ Use of strategic vision for a new approach on a problem/challenge (Thomas & Herring, 2008)

➢ See the possibilities for the future (Thomas & Herring, 2008)

➢ Anticipate the consequences of current decisions (Thomas & Herring, 2008)

➢ Use innovative practices

Risk Taking and Creativity: “The ability to transform self and organization by moving outside of the traditional and patterned ways of success” (Morjikian & Bellack, 2005, p. 432).

➢ What risks have you taken in your career/education? (Thomas & Herring, 2008)

➢ Use of creativity to solve problems (Thomas & Herring, 2008)

➢ Name 1 or 2 problems in your unit and what could be done to solve them?

➢ Mentors encourage fresh ideas and creative ways to solve problems, even when there is a risk involved

Interpersonal Communication: “The ability to translate strategic vision into compelling and motivating messages” (Morjikian & Bellack, 2005, p. 432).

➢ Encourage use of interpersonal communication skills such as active listening, providing feedback (Thomas & Herring, 2008)
 Ability to articulate clear, strong messages that engage and influence others (Thomas & Herring, 2008)

 Use of positive communication skills vs. negative communication skills

**Inspiring and Leading Change**: the ability to create, structure, and effectively implement organizational change in a continuous manner (Morjikian & Bellack, 2005, p. 432).

 Inspire and lead change by acting as a role model (Thomas & Herring, 2008)

 Teach students how to use different styles of leadership to influence others (Thomas & Herring, 2008)

 Involve multiple stakeholders in change processes

**References**


Appendix V: Competency Test for Workshop, Day 3

1. Describe two personal attributes of an ideal mentor: (20 points)

_____________________________________________________________________
_____________________________________________________________________

2. Teaching ability, competence, knowledge, and assessment skills are examples of a mentor’s (choose one) (20 points):
   A. Personal attributes  
   B. Professional skills  
   C. Communication skills  
   D. Leadership skills

3. List two effective communication skills. (20 points)

_____________________________________________________________________
_____________________________________________________________________

4. Describe a problem you encountered with a patient that involved a staff member and what steps you took to solve the problem? How can you effectively guide mentees towards problem solving and respectfully engaging in patient/staff ‘difficult’ conversations? (20 points)

_____________________________________________________________________
_____________________________________________________________________

5. Describe an area in your workflow that you feel needs improvement (work process such as the admission of a new patient to the unit). What are ways to address your concerns with the DON or Rehab Manager? In what ways can you inspire to lead change as a role model? (20 points)

_____________________________________________________________________
_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
## Appendix W: Measure of Job Satisfaction (MJS)

<table>
<thead>
<tr>
<th>Item</th>
<th>Please clearly circle one number (1= very dissatisfied, 5 = very satisfied)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The feeling of worthwhile accomplishment I get from my work</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The extent to which I can use my skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The contribution I make to resident care</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The amount of challenge in my job</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The extent to which my job is varied and interesting</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>What I have accomplished at the end of the day</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The standard of care given to residents</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The amount of personal growth and development I get from my work</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The quality of my work with residents</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The amount of independence thought and action I can exercise in my work</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The time available to get through my work day</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The amount of time available to finish everything I have to do</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The time available for resident care</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>My workload</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Overall staffing levels</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The way I am able to care for residents</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The amount of time I spend on administration</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The match between my job description and what I do</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The amount of support and guidance I receive</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The opportunities I have to discuss my concerns</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The support available to me in my job</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The overall quality of the supervision I receive in my work</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The degree of respect and fair treatment I receive from my boss</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The opportunity to attend courses</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Time off to attend courses</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Being funded for courses</td>
<td>1 2 3 4 5</td>
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<tr>
<td>The extent to which I have adequate training to do what I do</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The degree to which I feel part of the team</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The people I talk to and work with</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The contact I have with colleagues</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The value placed on my work by my colleagues</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Authorization to Use MJS in Project

Hi Maria:

Permission granted.

I’ve attached the original staff satisfaction questionnaire we used, in case this is of interest, etc.

Best wishes for your project.

Duncan Boldy, PhD, Adjunct Professor, School of Nursing, Midwifery and Paramedicine, Faculty of Health Sciences, Curtin University.

Email | d.boldy@curtin.edu.au | Web | http://curtin.edu.au
## Nursing Home Certified Nurse Assistant Job Satisfaction Questionnaire (NH-CNA-JSQ)

<table>
<thead>
<tr>
<th>Item/Domain</th>
<th>Please clearly circle the number using the analogue rating format (1= very poor, 10 = excellent)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coworkers</strong></td>
<td></td>
</tr>
<tr>
<td>Rate the people you work with</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Rate whether you feel you are part of a team effort</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Rate cooperation among staff</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Work Demands</strong></td>
<td></td>
</tr>
<tr>
<td>Rate the support you get when doing your job</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Rate the chances you have to talk about your concerns</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Rate the demands residents and family place on you</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Work content</strong></td>
<td></td>
</tr>
<tr>
<td>Rate how much you enjoy working with residents</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Rate how your role influences the lives of residents</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Rate your closeness to residents and families</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Workload</strong></td>
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<td>Rate your workload</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
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<tr>
<td>Rate your work schedule</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Rate the amount of time you have to do your job</td>
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</tr>
<tr>
<td><strong>Training</strong></td>
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<td>Rate whether your skills are adequate for the job</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Rate the training you have had to perform your job</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Rate chances you have for more training</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Rewards</strong></td>
<td></td>
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<tr>
<td>Rate how fairly you are paid</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
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<tr>
<td>Rate your chances for further advancement</td>
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</tr>
<tr>
<td><strong>Quality of care</strong></td>
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<tr>
<td>Rate the care given to residents</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Rate the impact you have on residents lives</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
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</table>

Appendix X: HRRC Determination Letter

DATE: March 27, 2017
TO: Maria Painter, BSND, BSN
FROM: Grand Valley State University Human Research Review Committee

STUDY TITLE: [1047889-1] Implementation and Evaluation of a Preceptor/Mentorship Program During Orientation in a Long Term Care Facility: A Strategy to Increase Nursing Employee Satisfaction

REFERENCE #: 17-190-H
SUBMISSION TYPE: Non-Human Subject Research Determination
ACTION: Not Research
EFFECTIVE DATE: March 27, 2017

REVIEW TYPE: Administrative Review

Thank you for your submission of materials for your planned research study. Upon review of the aims and description of your study, it has been determined that this project DOES NOT meet the definition of covered human subjects research* according to current federal regulations. The project, therefore, DOES NOT require further review and approval by the HRRC.

According to your study description, you are seeking to implement a training program for RNs, LPNs, and CNAs to become preceptors at a single long-term care facility. This project therefore does not meet 45 CFR 46.102(d) because the activities are not designed to develop or contribute to generalizable knowledge.

Should you change the aims and activities of your project such that it would then meet the definition of human subjects research, please cease any contacts with potential human subjects until such time as you submit the project protocol to the HRRC and receive the committee's approval to proceed. Should you change the aims and activities of your project such that you are unsure if it meets the definition of human subjects research, please submit a new Non-Human Research Determination Form for review by the Office of Research Compliance and Integrity. If you have any questions, please contact the Office of Research Integrity and Compliance at (616) 331-3197 or rci@gvsu.edu. Please include your study title and reference number in all correspondence with our office.

*Research is a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge (45 CFR 46.102 (d)).

Human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains: data through intervention or interaction with the individual, or identifiable private information (45 CFR 46.102 (f)). Scholarly activities that are not covered under the Code of Federal Regulations should not be described or referred to as "human subjects research" in materials to participants, sponsors or in dissemination of findings.

Office of Research Compliance and Integrity | 1 Campus Drive | 049 James H Zumberge Hall | Allendale, MI 49401
Ph 616.331.3197 | rci@gvsu.edu | www.gvsu.edu/rci
### Appendix Y: Budget

**Cost of Full Time RN to Participate in Preceptor Program**

<table>
<thead>
<tr>
<th>Description</th>
<th>Hourly Cost</th>
<th>Overtime</th>
<th>Hourly Incentive</th>
<th>Other Incentive</th>
<th>Total # hours</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Training Modules</td>
<td>24.00</td>
<td>12.00</td>
<td>1.50</td>
<td>0</td>
<td>6</td>
<td>225.00</td>
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<tr>
<td>RN Weekly meetings</td>
<td>24.00</td>
<td>12.00</td>
<td>1.50</td>
<td>0</td>
<td>4</td>
<td>150.00</td>
</tr>
<tr>
<td>RN precepting new employee (4, 12-hour shifts)</td>
<td>Only additional cost considered</td>
<td>0</td>
<td>1.50</td>
<td>0</td>
<td>48</td>
<td>72.00</td>
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<tr>
<td>DNP Student meetings/time spent at MW, preparation time</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>300</td>
<td>(10,500) in kind</td>
</tr>
<tr>
<td>COO/CFO meetings/Proposal Defense/Final Project Defense</td>
<td>100.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>1600/ 3= 533.33</td>
</tr>
<tr>
<td>VP Clinical Services meetings/Proposal Defense/Final Project Defense</td>
<td>90.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>1440/3 = 480.00</td>
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<tr>
<td>HR Director</td>
<td>43.75</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>175.00/3 = 58.33</td>
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<td>HR Staff</td>
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<td>0</td>
<td>0</td>
<td>4</td>
<td>100.00/3 = 33.33</td>
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<tr>
<td>IT Director</td>
<td>43.75</td>
<td>0</td>
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<td>0</td>
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<td>175.00/3 = 58.33</td>
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<td>0</td>
<td>0</td>
<td>4</td>
<td>187.48/3 = 62.49</td>
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<tr>
<td>DON</td>
<td>43.75</td>
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<td>0</td>
<td>4</td>
<td>175.00/3 = 58.33</td>
</tr>
<tr>
<td>Rehab Manager</td>
<td>34.45</td>
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<td>0</td>
<td>0</td>
<td>4</td>
<td>137.80/3 = 45.93</td>
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<tr>
<td>QA Nurse</td>
<td>43.75</td>
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<td>0</td>
<td>3</td>
<td>131.25/3= 43.75</td>
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<tr>
<td>GVSU conference room for Proposal Defense &amp; Final Project Defense</td>
<td>250.00</td>
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<td>(500.00) provided by GVSU</td>
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<tr>
<td>Training Materials</td>
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<td>(20.00) in kind</td>
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<td><strong>Costs associated with RN preceptor only</strong></td>
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<td><strong>447.00</strong></td>
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<td><strong>Costs associated with entire Project</strong></td>
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<td></td>
<td></td>
<td><strong>12,840.82 (- in kind cost) = 1820.82</strong></td>
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</table>

*Cost of organizational leaders divided by three since additional meetings were not set up for each type of discipline (RN/LPN/CNA)*

* Apart from the RN, other staff members would not receive additional compensation from their regular salary

Cost of Full Time LPN to Participate in Preceptor/Mentorship Program

<table>
<thead>
<tr>
<th>Description</th>
<th>Description</th>
<th>Hourly Cost</th>
<th>Hourly Incentive</th>
<th>Other Incentive</th>
<th>Total # hours</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPN Training Modules</td>
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<td>10.00</td>
<td>1.50</td>
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<td>6</td>
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<td>0</td>
<td>4</td>
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<tr>
<td>LPN precepting new employee (4, 12-hour shifts)</td>
<td>Only additional cost considered</td>
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<td>1.50</td>
<td>0</td>
<td>48</td>
<td></td>
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<tr>
<td>DNP Student meetings/time spent at MW, preparation time</td>
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<td>28.00</td>
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<td>0</td>
<td>300</td>
<td>(10,500)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>in kind</td>
</tr>
<tr>
<td>COO/CFO meetings/Proposal Defense/Final Project Defense</td>
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<td>0</td>
<td>0</td>
<td>16</td>
<td>1600/3 = 533.33</td>
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<tr>
<td>VP Clinical Services meetings/Proposal Defense/Final Project Defense</td>
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<td>0</td>
<td>16</td>
<td>1440/3 = 480.00</td>
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<td>HR Director</td>
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<td>175.00/3 = 58.33</td>
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<tr>
<td>HR Staff</td>
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<td>0</td>
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<td>100.00/3 = 33.33</td>
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<td>IT Director</td>
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<td>43.75</td>
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<td>0</td>
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<td>175.00/3 = 58.33</td>
</tr>
<tr>
<td>Administrator</td>
<td></td>
<td>46.87</td>
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<td>4</td>
<td>187.48/3 = 62.49</td>
</tr>
<tr>
<td>DON</td>
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<td>43.75</td>
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<td>0</td>
<td>4</td>
<td>175.00/3 = 58.33</td>
</tr>
<tr>
<td>Rehab Manager</td>
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<td>34.45</td>
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<td>137.80/3 = 45.93</td>
</tr>
<tr>
<td>QA Nurse</td>
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<tr>
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<td>12,780.82 (- in kind cost)= 1760.82</td>
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</tbody>
</table>

*Cost of organizational leaders divided by three since additional meetings were not set up for each type of discipline (RN/LPN/CNA)
*Apart from the LPN, other staff members would not receive additional compensation from their regular salary
Cost of Full Time CNA to Participate in Preceptor/Mentorship Program

<table>
<thead>
<tr>
<th>Description</th>
<th>Hourly Cost</th>
<th>Overtime</th>
<th>Hourly Incentive</th>
<th>Other Incentive</th>
<th>Total # hours</th>
<th>Total Cost</th>
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</thead>
<tbody>
<tr>
<td>CNA Training Modules</td>
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<td>84.44</td>
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<td>1.50</td>
<td>0</td>
<td>48</td>
<td>72.00</td>
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<td>DNP Student meetings/time spent at MW, preparation time</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>300</td>
<td>(10,500) in kind</td>
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<tr>
<td>COO/CFO meetings/Proposal Defense/Final Project Defense</td>
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<td>0</td>
<td>16</td>
<td>1600/3 = 533.33</td>
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<tr>
<td>VP Clinical Services meetings/Proposal Defense/Final Project Defense</td>
<td>90.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>1440/3 = 480.00</td>
</tr>
<tr>
<td>HR Director</td>
<td>43.75</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>175.00/3 = 58.33</td>
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<tr>
<td>HR Staff</td>
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<td>0</td>
<td>0</td>
<td>4</td>
<td>100.00/3 = 33.33</td>
</tr>
<tr>
<td>IT Director</td>
<td>43.75</td>
<td>0</td>
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<td>0</td>
<td>2</td>
<td>175.00/3 = 58.33</td>
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<td>Administrator</td>
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<td>0</td>
<td>0</td>
<td>4</td>
<td>187.48/3 = 62.49</td>
</tr>
<tr>
<td>DON</td>
<td>43.75</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>175.00/3 = 58.33</td>
</tr>
<tr>
<td>Rehab Manager</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>137.80/3 = 45.93</td>
</tr>
<tr>
<td>QA Nurse</td>
<td>43.75</td>
<td>0</td>
<td>0</td>
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<td>3</td>
<td>131.25/3 = 43.75</td>
</tr>
<tr>
<td>GVSU conference room for Proposal Defense &amp; Final Project Defense</td>
<td>250.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>(500.00) provided by GVSU</td>
</tr>
<tr>
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<td>(20.00) in kind</td>
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<td></td>
<td></td>
<td>12,767.92 (- in kind cost) = 1,656.92</td>
</tr>
</tbody>
</table>

*Cost of organizational leaders divided by three since additional meetings were not set up for each type of discipline (RN/LPN/CNA)

* Apart from the RN, other staff members would not receive additional compensation from their regular salary

Cost of RN Turnover at 4 weeks

<table>
<thead>
<tr>
<th>Description/Activity</th>
<th>Hourly Rate</th>
<th># Hours</th>
<th>Other Expenses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance initial orientation session</td>
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<td></td>
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* Details of expenses provided by HR Director of the CCRC
Cost of LPN Turnover at 4 weeks

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* Details of expenses provided by HR Director of the CCRC
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* Details of expenses provided by HR Director of the CCR
Appendix Z: Preceptees’ Supplement Handout- Benner’s Model

**Novice to Expert Model**: This model that was developed utilizing the Dreyfus Model as a framework (Benner, Tanner, & Chesla, 2009). The Dreyfus Model focuses on actual performance and outcomes in particular situations. The model is developmental so that performance can be compared to previous situations. “This model focuses on situated skillful comportment and use of knowledge” (Benner, Tanner, & Chesla, 2009, p. xiv). Nurses need to develop ethical comportment and use good clinical judgment based on evidence based practices. “At the heart of good clinical judgment and clinical wisdom lies experiential learning from particular cases” (Benner, Tanner, & Chesla, 2009, p. xv).

**Experiential learning requires**:

- An engaged learner
- Openness and responsiveness by the learner to improve practice over time
- Recognize whole situations in terms of past experiences
- Aim to understand the nature of the situation
- Use clinical reasoning to assess the patient’s condition through transitions in the patient’s condition or concerns
- Need to be able to articulate the reason for using a standing order or protocol
- Recognize the unexpected

**Stage 1: Novice**

The novice learner is given rules to draw conclusions or for determining actions based upon facts and features of the situation. These elements can be subjective (a patient appears to be agitated by facial expression) or objective (blood pressure reading).
The novice nurse/CNA may recognize an agitated individual (increased heart rate, restlessness, anxious appearance)

The novice nurse/CNA uses intuition to guide his or her actions (use intuition in daily activities such as driving; learn to slow down on icy/wet roads or when see children playing)

Feels little or no remorse for the outcome of their actions

Needs to follow rules

Novice nurses/CNAs “have no personal experience in the work they are to perform but they have preconceived notions and expectations about clinical practice that are challenged, refined, confirmed, or contradicted by personal experiences in a clinical setting” (Burns & Grove, 2009, p. 10)

Stage 2: Advanced Beginner

The performance improves “after the novice learner has had considerable experience coping with real situations” (Benner, Tanner, & Chesla, 2009, p. 11). The advance beginner begins to intuitively recognize meaningful elements prior to seeing concrete examples. The learner has now learned about new rules and elements involved various scenarios. Tasks appear to be more difficulty and the learner feels overwhelmed by the complexity of skills.

If the rules do not work out, the learner may rationalize but stating that the rules were not ‘good enough’ instead of feeling remorse for the mistake.

The advanced beginner “has just enough experience to recognize and intervene in recurrent situations” (Burns & Grover, 2009, p. 10)

Feels little or no remorse for the outcomes of their actions
The advanced beginner driver is able to anticipate when to change gears based on engine sounds and traffic.

**Stage 3: Competence**

Individuals learn through instruction or experience to develop a hierarchical perspective. The learner now focuses on the relevant elements and is able to make decisions easier. The competent performer develops new rules and reasoning procedures so that rules can be applied based on facts. There is a greater sense of responsibility in this stage.

- New type of relationship is formed between the performer and his or her environment.
- The competent performer feels responsible and is emotionally involved in the results of his choice.
- Disasters or mistakes are no easily forgotten.
- Experiential learning from past nursing experiences allows the nurse to develop a greater sense of salience. The nurse is able to recognize in what areas they have a clinical grasp or need more training.
- Competent nurses/CNAs have “frequently been on the job for 2 to 3 years, and their personal experiences enable them to generate and achieve long-range goals and plans. The nurse is able to make conscious, deliberate actions that are efficient and organized” (Burns & Grove, 2009, p. 10).
- “Since he has now lived through more clinical futures, he can now better predict immediately likely events and needs of patients and plan for them” (Benner, Tanner, & Chesla, 2009, p. 14).
- Drivers are more likely to take risks in exchange for a quicker ride; remorse follows after a collision or near collision.
Stage 4: Proficient

Responses to either negative or positive experiences are strengthened or inhibited due to brain changes instead of rules and principles. Proficiency seems to develop when intuitive behavior replaces reasoned response.

- Action becomes easier and less stressful
- The learner sees what needs to be achieved
- The proficient learner still needs to decide what to do and falls back of rule-based determination of action
- The proficient driver decides to slow down during a curve on a rainy day. The competent driver spends additional time deciding what to do based on speed, angle of bank and other factors
- Sees the patient/family as a whole (Burns & Grove, 2009)

Stage 5: Expert

The expert knows what to do based on “mature and practiced situational discrimination, but also knows how to achieve the goal” (Benner, Tanner, & Chesla, 2009, p. 15).

- Sees what needs to be achieved and knows how to do it
- The expert drives at all times feels the movement of going someplace but does not have to think about how to drive the car or actions that need to be taken according to external factors such as ice/stormy conditions.
- Reflect on past actions through deliberate rationality (use detached, meditative reflection when time permits)
- The expert trusts intuition
Unlike driving, nursing uses theoretical models to gain a deeper understanding of nursing theories and interventions.

Avoids using tunnel vision and uses a holistic, comprehensive approach when dealing with situations.

“Has extensive experience and is able to identify accurately and intervene skillfully in a situation” (Burns & Grove, 2009, p. 10)

Example: A caregiver walks into a patient’s room and offers to take the patient to the dining room for dinner. The patient yells back “Get out of here! I just want to be left alone!” The expert would take a step back and reflect on the situation. Why would this patient react in this way? Do they have a psychiatric history? Have they taken their medications today? Have they experienced the recent loss of a loved one? Did something happen with another employee that has led to an increase level of agitation and frustration?

References


## Appendix AA: Workshop 1 Competency Test Analysis

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*Key: ID = participant assigned identification number, 0 = incorrect, 1 = correct*

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*Key: ID = participant assigned identification number, 0 = incorrect, 1 = correct*
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Key: ID = participant assigned identification number; 5 point Likert Scale 1 = very dissatisfied, 5 = highly satisfied; Q5: really funny, a true expert, a strong motivator, an excellent teacher
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</tr>
<tr>
<td>7</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>Excellent teacher</td>
<td>blank</td>
<td>20</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>Excellent teacher</td>
<td>blank</td>
<td>16</td>
</tr>
</tbody>
</table>

Key: ID = participant assigned identification number; 5 point Likert Scale 1 = very dissatisfied, 5 = highly satisfied; Q5: really funny, a true expert, a strong motivator, an excellent teacher

Q6/ID 5: “Helped me look at a few different issues in a new & helpful way. The whole workshop has been really helpful in clarifying what exactly the role of preceptor is. Also gave lots of helpful tips on how to improve myself as well as helping new trainees to improve.”
Appendix EE: Preceptee Evaluations of Preceptors Analysis

<table>
<thead>
<tr>
<th>How often did your preceptor:</th>
<th>Preceptor A</th>
<th>Preceptor B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present information clearly</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Encourage independent decision making</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Provide you with assistance when you had questions and/or concerns</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Assist you to select learning experiences to meet your clinical learning needs</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Listen with empathy</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Acknowledge your feelings</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Assist in making you feel welcome</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Assist in making you feel like an integral part of the unit staff</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Show enthusiasm for the orientation process</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Give feedback related to your progress during daily interactions</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Total (%)</td>
<td>47 (94%)</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>


*Likert Scale: 1 = almost never, 2 = seldom, 3 = usually, 4 = almost always, 5 = always*
# Appendix FF: Annual Return on Investment (ROI) for Nursing Staff

(10 RNs, 10 LPNs, 10 CNAs)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost of FT Preceptor to attend Workshops (6 hours including overtime &amp; hourly stipend)</th>
<th>Hourly Stipend ($1.50) when orienting preceptee (48 hours)</th>
<th>4 -1 hour Weekly Meetings (overtime &amp; hourly stipend)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of RN Turnover (10)</td>
<td></td>
<td>43,359.01</td>
<td></td>
</tr>
<tr>
<td>Cost of LPN Turnover (10)</td>
<td></td>
<td>20,693.03</td>
<td></td>
</tr>
<tr>
<td>Cost of CNA Turnover (10)</td>
<td></td>
<td>13,751.41 (up to 20,539.54)*</td>
<td></td>
</tr>
<tr>
<td>1 FT RN Preceptor</td>
<td>225.00</td>
<td>72.00</td>
<td>150.00</td>
</tr>
<tr>
<td>FT RN to precept 9 new RNs (4, 12-hour shifts)</td>
<td>648.00</td>
<td>1,350.00</td>
<td></td>
</tr>
<tr>
<td>1 FT LPN Preceptor</td>
<td>189.00</td>
<td>72.00</td>
<td>126.00</td>
</tr>
<tr>
<td>FT LPN to precept 9 new LPNs (4, 12-hour shifts)</td>
<td>648.00</td>
<td>1,134.00</td>
<td></td>
</tr>
<tr>
<td>1 FT CNA Preceptor</td>
<td>126.66</td>
<td>72.00</td>
<td>84.44</td>
</tr>
<tr>
<td>FT CNA to precept 9 new CNAs (4, 12-hour shifts)</td>
<td>648.00</td>
<td>774.00</td>
<td></td>
</tr>
<tr>
<td>Indirect Costs Associated with Project (planning, meetings with stakeholders)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROI for 10 RNs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROI for 10 LPNs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROI for 10 CNAs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total ROI</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cost of RN Turnover = 142.86% (percentage of turnover) x 10 (# hired annually) x 3,035.07 cost of turnover per RN

Cost of LPN Turnover = 75% (percentage of turnover) x 10 (# hired annually) x 2,759.07
Cost of CNA Turnover = 75.6% (percentage of turnover) x 10 (#hired annually) x 1,818.97 (up to 2,716.87 if CNA training test is reimbursed 898.00) cost of turnover per CNA
Average national hourly rate in LTC: RN (24.00), LPN (20.00), CNA (13.07)
* Difference equals the training reimbursement of 10 newly hired.