THE DEVELOPMENT OF A ONE DAY PRECEPTORSHIP WORKSHOP FOR REGISTERED NURSES IN THE EMERGENCY DEPARTMENT

by

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Abstract

Background: Every year health care organizations conduct orientation sessions for nurses who are entering or transitioning into a new or unfamiliar area of practice. The Emergency Department (ED) is an area where there is a high turnover rate of nurses. Research has shown that preceptorship programs can decrease costs associated with high nurse turnover rates and ongoing nursing orientations, improve patient health care outcomes, support nurse's transition into the new areas of practice, and foster the retention of highly qualified nurses in the ED. The Scarborough Hospital (TSH) ED provides emergency services to 110,000 numbers of people annually and would benefit from the implementation of a structured preceptorship program. **Purpose:** The purpose of this practicum is to develop a one-day preceptorship program that would prepare nurses to be effective preceptors in the emergency room at TSH. **Methods:** A literature review and consultations with key stakeholders guided the development of the preceptor workshop. Benner's Novice to Expert Theory (1984), Knowles Theory of Andragogy (1984) and Morrison, Ross, Kalman, and Kemp's (2013) Model of Instructional Design were used to guide the development of the preceptorship workshop. **Results:** ED preceptors need a structured preceptorship workshop that addressed their learning needs. A one- day preceptorship workshop comprised of six key sessions was developed that included an overview of preceptorship, teaching and learning strategies, conflict resolution techniques, methods to provide effective feedback, how to develop critical thinking and foster socialization to the ED. The advanced nursing competencies: clinical practice, research, leadership, consultation and collaboration were achieved throughout the process.

Acknowledgements

List of Figures

List of Appendices

Table of Contents

Every year health care organizations conduct orientation sessions for nurses who are entering or transitioning into a new or unfamiliar area of practice. The Emergency Department (ED) is an area where there is a high turnover rate of nurses. The estimated annual turnover rate of nurses working in the ED at The Scarborough Hospital (TSH), Toronto, Canada is 20% (TSH-Emergency Department new hire database, 2014). Attributing to this fact is that ED nurses are practicing in a highly stressful setting where clinical decisions and nursing actions happen at a rapid pace, often with little or no warning. Even for the most experienced nurse this can be quite daunting and stressful. As a novice nurse, this transition can be more challenging when orientation to the ED is not structured or the nurse is co-signed to another nurse who does not have the requisite skills or education to be a preceptor (Patterson, Bayley, Burnell, & Rhoads, 2010). A preceptor program that supports nurses as they transition into the ED can address these concerns.

Preceptorship is a short-term teaching and learning relationship between an experienced nurse and novice nurse with the purpose of assisting a smooth transition of the novice nurse into the clinical environment (Kaviani & Stillwell, 2000). Preceptorship workshops have the potential to benefit the preceptor, the preceptees, and nursing practice by providing the education necessary for preceptors to become effective mentors. As a preceptor, the experienced ED nurse plays a role in teaching, counseling, inspiring, role modelling, and supporting the growth and development of a nurse for a fixed amount of time, with the specific purpose of socializing the nurse into the role and expectations of the ED nurse (Happell, 2009). Hence, fostering preceptees to develop the knowledge, critical thinking, and decision-making skills to provide safe competent care in the ED

(Marks-Maran et al., 2013), and in return reducing nursing turnover rates in the ED.

This reports starts with a summary of background and rationale for the project followed by a brief overview of the methods used to develop the one-day preceptor workshop. The application of Benner's Nursing Theory (1984), Knowles' Theory of Adult Learning (1984), and Morrison, Ross, Kalman, and Kemp's (2013) Instructional Design Model in the development of the one-day preceptorship workshop is provided. In conclusion, a synopsis of how I integrated the Advanced Nursing Practice competences into this practicum is presented.

Background and Rationale

Canadian hospitals have seen a growth in the number and acuity of ED patient visits each year (Canadian Institute for Health Information [CIHI], 2016). From 2011 to 2015 there was an overall increase of 2.5% in the number of ED patient visits at 9,065, 261 to 10,857,844 (CIHI, 2016). In Ontario alone, there has been a 1% increase in the number of patient visits to the ED and a 1.4% increase in the number of emergent ED visits (CIHI, 2016). This sustained growth in ED visits coupled with the increase in complexity of patients seeking healthcare in ED places stress on health care providers, specifically nurses, to provide safe and competent care in such a fast paced environment. As a result, nurses in the ED experience high rates of burnout, job turnover, absenteeism and practice errors (Lee, Tzeng, Lin, & Yeh, 2009). Two solutions that have been adopted to address these concerns are the hiring of novice nurses to work in ED (Jarman & Newcombe, 2010; Sorrentino, 2013) and the implementation of preceptor workshops

(Canadian Nursing Association, 2005). The goal of this practicum project was to develop a preceptor workshop for ED nurses that will contribute to a positive orientation experience for both the preceptor and preceptee hence, addressing above cited issues in the ED at TSH.

Researchers have found that nurses do not feel prepared to take on the role the preceptor (Korzon & Trimmer, 2015; Sandau et al., 2011; Sorensen & Yankech, 2008). Preceptees who were preceptored by nurses who had no educational preparation to take on the role were dissatisfied with the learning experience, lacked confidence, and left the department within a year (Lee et al., 2009; Marks-Maran et al., 2013; Sandau et al., 2011). For the novice nurse, who may have less than one years' experience, transitioning into the ED is challenging given the fast paced environment, the patient acuity, and the level of knowledge and skills required to function safely (Patterson et al., 2010). Nurses however, who completed a preceptorship workshop reported an increase in their knowledge, skills, and judgement that improved patient health care outcomes by reducing adverse events (e.g., medication errors) (Kingsnorth-Hinrichs, 2009; Lee et al., 2009). Being mentored by an experienced preceptor was also found to foster the knowledge and skills of preceptees to practice in a safe competent manner; retaining nurses in the ED to become future leaders (Swiharts, 2007) and preceptors. In order to ensure the success of a preceptor workshop it is critical that the preceptor has a strong foundation as to their roles and responsibilities including teaching- learning styles and conflict resolution skills (Duteau, 2012).

Despite the large body of literature and documented success of preceptor workshops to retain nurses, to decrease costs related to increased turnover rates, to

improve patient health care outcomes, and to support the development of qualified health care professionals (Lee et al., 2009), at TSH there is no such formalized program. Such a program could prove beneficial to TSH as it faces many of the same challenges as other EDs in Canada and those cited by Lee et al. (2009). TSH is a two campus healthcare organization consisting of two EDs that operate 24 hours a day; seven days a week, with the ability to provide healthcare services for all levels of care. There is an average 130-140 patient visit per day at the Birchmount Campus (BC) and 180-200 patient visit per day at General Campus (GC). This is an estimated 50,000 annually for BC and 56,000 annually for GC. Each year there is approximately 3000 patient visit increase between the two campuses. Additionally, the turnover for new hires is approximately 30% within the first two years (TSH-Emergency Department new hire database, 2014). TSH has an estimate $750,000 annual cost incurred related to turnover and new hire orientation needs (TSH-Emergency Department new hires database, 2014).

Nurses, who are new to the ED at TSH, are randomly buddied with an experience nurse who has a minimal two years of experience working in the ED. Through personal experience, as a new hire, as a preceptor in the ED, and in speaking with nurses working in the ED, gaps in the present orientation process were identified. These include lack of a structured orientation process, communication and leadership skills, requisite skills and competencies to support preceptees, and a formal training program to prepare nurses to become effective preceptors.

The preceptorship program supports TSHs' mission (to provide an outstanding care experience that meets the unique needs of each and every patient), vision (to be recognized as Canada's leader in providing the best health care for our global

community) and values (Integrity, Compassion, Accountability, Respect, Excellence) (TSH, 2016). With nursing shortage, rapid turnover, aging nursing workforce, retirement, retention concerns such as job dissatisfaction and burnout, the ED recruitment strategy would benefit from the introduction of a preceptorship program (Sawatzky & Enns, 2012). The preceptorship workshop will provide nurses at TSH ED with the education, tools and resources to support them in the role of a preceptor. As a result the preceptor will have a strong understanding of the roles and responsibilities of the position such as collaborating with the preceptee to develop critical thinking skills, identify learning goals, master ED specific competencies, and to manage and prioritize care.

While there is a large body of literature that does address the preceptorship experience in relation to the preceptor, preceptees, and nursing profession there is a dearth of literature that contextualizes the nature of preceptorship within the ED. The general literature that does address the merits and challenges of preceptorship programs and key stakeholder consultations are drawn upon to fulfill the goal of this practicum by informing the development of a one-day preceptorship workshop for ED nurses. The one-day workshop will identify adult teaching and learning strategies, tools to support learning and feedback for preceptee, conflict resolution, a discussion on roles and responsibilities of participants, and strategies to support transition and socialization of new hires into ED

Goal and Objectives

The goal of this practicum was to develop a one-day preceptorship workshop for registered nurses (RN) working in the ED at TSH. The preceptor workshop will provide ED nurses with the education and resources to support new nurses transitioning into the ED at TSH to develop the required knowledge, skills, and competencies to practice in a safe manner.

Practicum Objectives

1. To complete a comprehensive literature review to inform the development of a one-day preceptorship workshop for nurses in the ED of TSH.

2. To collaborate and consult with key stakeholders to inform the development of a one-day preceptorship workshop for nurses in the ED of TSH.

3. To demonstrate competency in the application of the Advanced Nursing Practice Competencies in the development of the practicum project.

Overview of Methods

Four methods were used to achieve the practicum goal and objectives. These methods included a literature review, consultation with key stakeholders, application of a theoretical framework and a model of instructional design. For the complete integrated literature review, literature review table, and consultation results see Appendix A, B and C of this report.

Summary of Literature Review

There were three main bodies of literature identified that provide evidence as to the key components of successful preceptor programs (1) benefits of preceptorship program to preceptor and preceptees, (2) implications and benefits of preceptorship program to the health care organization, (3) scope and characteristics of existing preceptorship programs.

Benefits of Preceptorship

Preceptor. Implementation of a preceptor program has been found to foster the successful transition of the preceptee into practice, enhance the required competences of the preceptee, and provide a reciprocal learning experience for the preceptor (CNA, 2005; Glynn & Silva, 2012; Jewell, 2013; Kingsnorth-Hinrichs, 2009). Research has shown that a preceptorship program increases the preceptor's confidence, knowledge and leadership skills to apply principles of adult teaching and learning, to provide feedback, to use conflict resolution and communication skills, and to develop the preceptor's critical thinking skills (Cloete & Jeggels, 2014; Korzon & Trimmer, 2015; Marks-Maran, 2013;

Sandau Cheng, Pan, Gaillard, Hammer, 2011; Smedley, 2008; Tracey & McGowan, 2015).

Preceptorship programs have been shown to have a positive effect on the overall attitudes and commitment of preceptors to the role (Marks-Maran et al., 2013; Sandau et al., 2011; Sandau & Halm, 2011). Nurses who participated in preceptor programs had a renewed interest in the transition and socialization of preceptees. That is, they had an increased appreciation for the learning needs for preceptee, wanted to provide a positive experience, were motivated to be a good preceptor, and had an increased commitment to foster critical thinking (Lee et al., 2009; Marks-Maran et al., 2013; Martensson et al., 2016; Sandau et al., 2011; Sorensen & Yankech, 2008).

Preceptee. Despite the challenges associated with transitioning into a new area of practice research is clear that a preceptorship program provides benefits for the preceptee including professional growth and development, decrease in stress and anxiety, and improvement in communication skills.

Threaded throughout the literature is the notion that participation in a preceptorship workshop fosters preceptee growth and development in competencies such as critical thinking (Sorensen &Yankech, 2008), decision making, problem solving, skills, and improved overall practice (Marks-Maran et al., 2013). Preceptees who received support from preceptors with respects to socializing and transitioning into the practice area stated they had a decrease in stress and anxiety (Korzon & Trimmer, 2015). Preceptorship programs help prepare preceptors to support and guide, and evaluate learning and competence of preceptee during these stressful and anxiety provoking times, thus aiding to decrease the stress and anxiety (Elmers, 2010). Marks-Maran et al. (2013)

found that preceptees felt more confident and competent with communicating with other

colleagues, patients and management as result of trained preceptor education and support.

The improvement in communication skills contributed positively to the development of

professional relationships and the ability to work as a team member (Marks-Maran et al.,

2013).

Implications and Benefits for a Preceptorship Program to the Institution

The financial implications to organizations related to RN retention, turnover, and

quality of care (QOC) are important indicators of an organizations sustainability and

contribute to the overall economic burden to the organization (Cottingham, DiBartolo,

Battistoni, & Brown, 2011). Evident throughout the literature are the benefits of a

preceptorship program to the healthcare institution in an effort to combat the above

issues.

There is a consensus in the literature that preceptor programs decreased nurse

turnover rates and improved retention (Beecroft et al., 2001; Beecroft, Santner, Lacy,

Kunzman, Dovey, 2006; Casey, Fink, Krugman, Probst, 2004; ; Lee et al., 2009; Marcum

& West, 2004; Persaud, 2008; Pine & Tart, 2007) by addressing factors such as workload,

stress and anxiety, burnout, and lack of support. For example, Pine and Tart (2007) found

that retention rates increased from 15% to 37% for new graduate nurses (NGN) by

implementing a preceptorship program. Sandau et al. (2011) also reported that new hire

retention was significantly greater one-year post implementation of a preceptorship

program.

Researchers have noted that high turnover rates can lead to a negative impact on

learning and QOC as shown by an increase in errors such as medication errors (Bae, Mark

& Fried, 2010; O'Brien-Pallas, Murphy, Shamian, Li, Hayes, 2010), which impacts the

overall financial burden to the organization. Lee et al. (2009) found that preceptors who

participated in a preceptorship program contributed to a significant improvement in

overall QOC for patients. For example, there was a decrease in medication errors by 50%,

the incident of falls decreased by 10%, and the incidents of adverse events by 13% (Lee

et al., 2009).

Existing Preceptorship Programs

Studies to support best practice on duration of preceptorship programs are not

consistent. The breadth and depth of preceptorship programs and the body of literature on

existing preceptorship programs describe unique yet similar duration and qualities of

those programs with a focus on outcomes, strengths and barriers.

The scope of existing preceptor programs vary from private face to face meetings

to a series of workshops held over one to two days (Gurney, 2002; Speers, Strzyzewski,

& Ziolkowski, 2004). These workshops were effective as they provided the content and

structure that help nurses obtain the requisite skills to perform effectively in the preceptor

role. Although the evidence does not suggest which approach is best, what is clear is that

the preceptor requires concentrated time to develop the required the skills, knowledge and

confidence to perform effectively in that role.

There will be a variety of characteristics and techniques incorporated into the

preceptorship workshop that will help in developing the core skills for preceptors.

Research has showed that effective preceptorship workshops include individual and group

discussions on positive and negative characteristics of a preceptor, opportunity to self-

reflect on one's own qualities as preceptor and strategies to improve upon those qualities (Elmers, 2010), and strategies for providing feedback (Almada et al., 2004; Gurney, 2002). Research has also showed the importance of weekly meetings between preceptor and nurse educator for support and ongoing education (Gurney, 2002; Henderson, Fox & Malko-Nyhan, 2006), and weekly meetings between preceptor and preceptee to provide feedback and develop learning goals (Almada et al. 2004; Golden, 2008). The workshop will include case studies that will support development of critical thinking strategies (Gurney, 2002), and conflict resolution and communication skills (Speers et al., 2004). There will be discussion regarding the roles and responsibilities of preceptorship, understanding the preceptees needs during orientation, and adult learning and teaching exercises (Henderson, Fox & Malko-Nyhan, 2006; Speers, Strzyzewski, & Ziolkowski, 2004). The literature provided evidence that these techniques were effective in supporting the development of the nurses to become ideal preceptors.

Gaps in the Literature

Although there is a large body of literature that examines the benefits of a preceptorship program, there is a dearth of literature on the experiences and preparation of ED nurses' in the role as preceptor. Studies to support best practice on duration of preceptorship programs and years of clinical experience for preceptor selection are not consistent. For example, research has showed that one to five years of experience as the range for a preceptor (Bengtsson & Carlson, 2015; Henderson, Fox & Malko-Nyhan, 2006; O'Malley, Cuncliffe, Hunter, & Breeze, 2000) with no definitive conclusion on how many years of experience is best. Research has showed that most successful

preceptorship programs have run over 1-2 days (Gurney, 2002; Henderson, Fox & Malko-Nyhan, 2006; Speers, Strzyzewski, & Ziolkowski, 2004) but there is no definitive conclusion on what duration is best.

What is clear is that preceptorship programs do benefit the preceptor, the preceptees, the health care organization, and most importantly the patient. Existing literature suggests that the use of a preceptorship model as a means of orientating new nurses to their role within the ED is beneficial in that it helps them develop the requisite skills to provide safe and competent care in a supportive environment. Preceptors have reported overall that they feel more prepared and committed to the preceptorship roles and responsibilities. At an organizational level, preceptorship programs are cost effective in that they improve nurse retention, decrease turnover and decrease errors and adverse events in practice.

The literature provides a rich amount of evidence that supported the development of a one-day preceptorship workshop for ED nurses. This will support the mission, vision and values of TSH, the preceptee, and preceptor, with an overall focus on improving patient care and patient outcomes. Through the development of a preceptorship program, this gap will be addressed.

Summary of Consultations

The literature review guided the development of an interview questionnaire that was used during stakeholder consultation. Based on the findings, a consultation report was completed (see Appendix C).

Eight interviews were completed including four frontline ED RN, two ED clinical resource leaders (CRL), and two ED nurse managers. The sample of RNs consisted of three females and one male, ranging in age from 25-50 years. All RNs have experienced the preceptee role, but only three had been a preceptor. The years of experience working as an RN in the ED fluctuated from one year to 20 years. The CRLs and ED managers consisted of four females ranging in age from 40-50 years, all who have been frontline ED staff that have moved into management roles. The years of experience working in the ED fluctuated from ten years to 25 years.

The objectives for the consultation were:

1. To identify gaps in the current ED orientation process to inform the development and delivery of a one-day preceptorship workshop

2. To identify the educational needs of preceptors and preceptees in the ED.

3. To obtain recommendations from key stakeholders (nurses, CRL, nurse managers) working in the ED on the design, content, and delivery of a one-day ED preceptorship workshop

Data Collection

Prior to participating in the interview participants were provided with an overview of the project including rationale for the interviews and the objectives for the

consultation. Privacy and confidentiality was discussed. Consent was inferred by an

email agreement to participate in interview lasting 30-45 minutes. Face to face interviews

were conducted in a private office using a semi structured interview questionnaire. The

interview questionnaire was informed by the literature review and in consultation with my

supervisor. The Health Research Ethics Authority Screening Tool (HREA, 2011), was

completed to confirm that the project was quality improvement and not research hence,

ethics approval was not required. Notes were transcribed into a password protected

computer that was accessible only by me. To further protect confidentiality, participants

were assigned codes with no identifying features and all paper questionnaires were locked

in a filing cabinet in my house of residence. Once the data was analyzed, it was

destroyed. The consultation provided key findings that informed the development of my

practicum project and provided insight into gaps in literature.

Data Analysis

Responses to the interview questions were reread and common key themes

identified. Throughout this process I consulted with my supervisor to confirm emerging

themes. Themes were then compared with findings in the literature and guided the

development of the preceptorship workshop.

Theme One: "The Good and the Bad of Existing ED Preceptorship Program"

The first theme captures the strengths and challenges of the current preceptorship

program for preceptors and preceptees in the ED. A key strength of preceptorship

programs identified by the stakeholders was that the program offered variety of learning

methods to meet the learning styles and needs of preceptees. The common instruction

activities found to be successful were face to face classroom teaching, online education,

quizzes, hands on demonstration with preceptor and CRL, and being buddied with an experienced ED for approximately four to six weeks while gradually taking on more responsibility.

Challenges of existing preceptorships captured the lack of a formalized process to address arising issues or dealing with elements that support a smooth transition into ED. For example, conflict resolution, effective communication with members of interdisciplinary team, socialization in the ED, dealing with challenging personalities, managing workload, understanding learning styles and needs of preceptee, and performance evaluation. A lack of dedicated time for the preceptor and preceptee to meet and review progress and set learning goals was a challenge identified by all participants. While in principle preceptors valued their contribution to the preceptorship program they found it challenging and stressful due to lack of guidance as to their roles and responsibilities, the nature of the ED environment, acuity of patients, and lack of educational opportunity to develop that role. The high expectations that preceptors had of preceptees to know everything "right away", and frustration felt when this was not the case was a challenge.

 Theme Two: "Choosing an Appropriate Preceptor"

All participants thought that there should be a process for selection of preceptors who meet certain preceptor criteria. Desired attributes identified by key stakeholders include being supportive, compassionate and patient, respectful with good work ethics, knowledgeable and competent, and having good conflict resolution and communication skills. Many stakeholders stated it was essential that a preceptor should be a good role model with a positive attitude, nonjudgmental with good leadership skills that support

transition into ED environment.

Theme Three: "Preceptorship Program Benefits"

The third theme included benefits associated with performing the preceptor role. The experience was thought to strengthen the preceptors' practice through reflection, renewed interest in nursing as a profession, commitment to learn and increase knowledge, improved communication skills, professional growth, increased confidence, and commitment to the development of future ED nurses. Understanding the significance of being a preceptor provided valuable information that informed the development of a one-day preceptorship workshop by addressing needs of the audience, the ED preceptors, and engagement from frontline staff. Some other benefits voiced by the managers and CRLs of ED included reduction in nurse turnover rates and associated costs, decrease in number of orientation sessions required, and staff satisfaction. Managers expressed that this led to a highly skilled secure workforce with retention of highly skilled and competent ED staff, and as a result improvement in patient outcomes.

Theme Four: "Designing an Effective Preceptorship Workshop"

The forth theme captures participants suggestions as to the design and content of the one-day preceptorship workshop. Recognizing that each participant has a unique learning style, participants agreed that the workshop should be interactive with opportunity to engage with other participants in working groups to practice what is being taught thus, supporting learning and understanding of content. Suggested content included: development of critical thinking, effective communication, and principles of adult teaching and learning principles. Many felt it was important to include a discussion on reality shock, providing feedback, roles and responsibilities of preceptor and

preceptee, generational differences, developing goals and objectives using learning plan, and conflict resolution. Participants felt this suggested content offered participants a board range of knowledge and education to support their learning needs to become an effective preceptor.

Limitations Noted in the Interview Findings

The results of the consultation with nurses and leadership highlighted a few limitations that may have narrowed the findings. Although there was an agreement from all participants that the current ED preceptorship program supports preceptee educational learnings, the small number of participants did not represent all nurses in the ED. This is a gap as there was only one nurse (12%), who had gone through orientation within the past year and could speak to the current preceptorship program from preceptee experience. There were only three nurses (37.5%), who had been a preceptor and could speak to the current preceptorship program from preceptor experience. Management represented fifty percent of participants, and although the information obtained was important and valuable as they were all frontline ED nurses at one time, this equaled to the same percentage of frontline nurses who were represented. This gap highlights that the opinions of the participants may not represent the opinions of all the ED nurses. Despite the consult limitations, the results have provided valuable information that will guide the development of a one-day preceptorship workshop for ED nurses.

Conclusion

The knowledge obtained from the literature review along with the results of the consultation with ED nurses, CRLs, and managers, guided the development of the one-

day preceptorship workshop for ED nurses. Although there is an informal preceptor program in place, it is not structured enough to satisfy the needs of all involved. A preceptorship workshop was an approach that all participants liked and felt it was a good strategy to prepare preceptors to take on that role and support preceptees transition into the ED. The content identified by stakeholders that was included in the workshop were discussed above and supported by the literature review.

Theoretical Framework

In preparing for a preceptorship workshop for ED nurses, the literature review and consultations with stakeholders were instrumental in providing the information regarding the needs, content and structure for the workshop. The development of the preceptorship workshop must also include a theoretical framework which guides the planning and activities of the workshop that addresses the individual learning needs of the audience, specifically ED nurses. To inform the one-day preceptorship workshop and to support the development of the learning sessions, Benner's Nursing Theory (Benner, 1984), and Knowles' Theory of Andragogy (1984) were chosen. Benner's theory is appropriate for this project as it recognizes that learner's knowledge acquisition is progressive and builds on previous experiences. Knowles' Theory of Andragogy (1984) is fitting for this project as it takes the perspective that learning should be geared to the needs of the adult learners, which is representative of the audience for this workshop.

Benner: Novice to Expert

Benner's (1984) theory was used to inform the development of the one-day preceptorship workshop for ED nurses. As indicated above, this theory recognizes that learners come with previous experience that can be used to support development of further knowledge. Previous experience provides the platform for learners to reflect upon to engage in new experiences that facilitate further knowledge acquisition. Benner's theory is appropriate for this project in that it will facilitate ED preceptors to identify and reflect on preceptees past experiences hence, create opportunities to engage in practices that foster the development of requisite skills preceptees need to progress from novice to expert in the ED (Valdez, 2008). There are five levels of experience that nurse's progress through as they shift along the continuum from novice to expert practitioners 1) novice, 2) advanced beginner, 3) competent, 4) proficient 5) expert.

Novice

According to Benner (1984), the novice nurse is a beginning nurse (e.g. student nurse) with no prior experience in nursing practice and who is taught general rules to help perform tasks, which they apply to all patients. The novice nurse requires guidance by an experienced nurse as he/she progresses to the next level. An experienced nurse who enters a new practice area, such as the ED, can be considered a novice (Valdez, 2008). During the preceptorship workshop, preceptors will gain an awareness of the preceptees level of confidence, critical thinking skills, and past clinical experiences as a means to develop a plan to improve these attributes further.

Advanced Beginner

The advanced beginner demonstrates marginally acceptable performance; applying prior experience to new situations looking for connections to help understand what is happening (Benner, 1984). These nurses are guided by rules, are task oriented and require guidance by preceptor as they are lacking nursing instinct that develops with experience. During the preceptorship workshop, preceptors will acquire the skills to identify the advanced beginner and help them to develop the confidence and critical thinking skills while engaging in clinical situations. The hope is that the advanced beginner will start to apply knowledge to other diverse clinical situations in the ED as they work towards becoming competent nurses.

Competent

The competent nurse possess two to three years of experience in the same clinical area and uses conscious, abstract, and analytic thinking to plan nursing care actions and patient goals (Benner, 1984, p. 26). The competent nurse has insight and awareness to recognize patterns based on prior experience to discern acuity of situation and act appropriately. The preceptor workshop will provide the preceptor with the requisite skills to support and guide the preceptee as they build upon the capability to plan nursing actions based on presenting situations and conditions.

Proficient

The proficient nurse possesses three to five years of experience in the same clinical area demonstrating critical thinking and decision-making skills (Benner, 1984, p.

27). Based on past experiences the nurse has a deep understanding of the practice

environment, is able to assess the clinical situation as a whole, and respond appropriately.

The preceptorship workshop will provide the preceptor with the requisite skills to guide

the preceptees as they develop the ability to perceive clinical situations in their entirety in

order to provide safe and competent nursing care.

Expert

The expert nurse possesses five years or more of experience in the same clinical

area with an intuitive comprehension of clinical conditions and deep appreciative of the

situation as a whole, which guides nursing actions (Benner, 1984, p. 29). The use of

critical thinking skills and judgment by expert nurses is evident in the adaption of care to

diverse patient conditions that may still require the use of diagnostic tools to confirm the

clinical situation. The expert nurse would make ideal preceptor. The preceptorship

workshop will provide the preceptor with the requisite skills to support the preceptor in

appreciating and trusting how the role intuition plays in grasping of clinical situations; the

hallmark of the expert.

Knowles's Theory of Andragogy

Knowles's Theory of Andragogy (1984) was used to inform the development of

the one-day preceptorship workshop. This theory recognizes the adult learner as being

self-directed and motivated to learn (Knowles, 1984). The principles within this theory

are geared towards the adult learner, which is representative of the participants attending

this preceptorship workshop. The adults attending the workshop have their own unique

life experiences with specific goals, needs and learning style (Eyres, Loustau, & Ersek, 1992). Knowles's theory is appropriate because it specifies that adults are more likely to engage in leaning when information is considered relevant to them, in this case ED practice.

The six principles of adult learning identified by Knowles (1984) recognize that adult learners 1) need to know why they are learning, 2) are independent and responsible for their actions and decisions, 3) have previous experience and education that impacts how they learn, 4) readiness to learn impacts learning, 5) must be orientated to learning, and 6) are motivated to learn by a need to solve problems. The learning activities (e.g., role play, group discussions, word game, and mini lecture) and reflection questions in the workshop are designed to appeal to the adult learners thus, encourage participation and desire to learn.

The first principle involves adults need for information to fill an existing gap in knowledge. Adults will engage in learning if they perceive the learning will benefit them and result in an improvement in one's practice (Knowles, 1984). The reviewed literature and consultations with stakeholders revealed that there was ambiguity and frustration with respects to the preceptor-preceptee dyad (e.g., role and responsibilities, teaching and learning strategies, conflict management, and feedback strategies). The preceptorship workshop will focus on providing the ED nurse preceptor with the requisite skills to become an effective preceptor and to foster the growth of the preceptee from a novice to expert practitioner in the ED. This was identified as a perceived need by nurses and therefore will encourage and engage learners as it is something they want and relevant to

their practice. To assist with the application of this principle, nurses will engage in group discussions, role play and self-reflection on their personal experiences. They will be encouraged to discuss learning objectives, strategies to address identified objectives, and the application of those learnings into the practice area of ED as a preceptor.

The second principle involves adults' ability to be independent, self-directed and responsible for their own learning (Knowles, 1984). The preceptorship workshop will provide information and activities for the adult nurses, who by nature and maturity can evaluate and use the learnings into the practice area of ED. Engaging in role play, group discussions, and reflection, will provide opportunity for nurses to have control over the learning process and apply those learnings in the clinical area of ED. The nurses make a decision to attend the workshop and take responsible to engage in activities such as role play and consider the information presented and its applicability to practice.

Adults draw on their previous experiences in order to augment their learning (Knowles, 1984). Most ED nurses have been involved with orientating new nurses to the ED at some point. Unfortunately, for some of the ED nurses, the experience as preceptor has not always been a positive one. The preceptorship workshop will provide the ED nurses the opportunity to reflect on previous experiences as ED nurse and/or preceptor to further enhance existing knowledge and experience and increase confidence in preceptor role. This will be achieved through learning activities such as case studies, reflection, and group discussions. The past negative experiences can be transformed into positive experiences as new learnings develop during the workshop.

The forth principle involves adults readiness to engage in the learning experience and activities. Adult learners are more receptive to learning when the information provided can be applicable to and improve upon everyday life or work challenges (Knowles, 1984). The ED nurses expressed an interest in learning about the preceptor role. They felt this information would help them to fulfill the role and expectations of a good preceptor. The preceptorship workshop will provide learners with information that they can use to improve the preceptee experience, thus enhancing receptiveness and readiness to learn. Providing clear goals and objectives of the workshop will address this principle for adult learners. Engaging in role playing activities that stimulates ED will help preceptors apply methods to address any arising conflict with the preceptee. Being able to discuss cases that preceptors can relate to in the ED will encourage preceptors to see relevance of the activity and increase readiness to learn.

Nurses must have a strong orientation to the educational material provided. That is they need to feel that the preceptor workshop is something that is relevant to the ED, is interesting, will have a positive impact on their practice, ED, and patients (Knowles, 1984). The ED nurses expressed their feelings regarding lack of understanding and confidence of preceptor role. The literature review and consultation with stakeholders provided supports that the preceptorship program is timely and is something everyone wanted as it will address the high turnover rate in ED and offer support and knowledge for novice nurses working in the ED to improve the delivery of care. The preceptorship workshop will provide opportunities for learners to work together in group sessions to identify challenges with the existing preceptorship program at TSH, discuss new

information provided in workshop, and to develop strategies to apply this material to their

practice in effort to improve the preceptor experience, enhance learning, and increase

their confidence in the role as a preceptor.

The sixth principle involves adults' motivation to learn through internal (e.g., job

satisfaction) and external factors (e.g., increase patient satisfaction) (Knowles, 1984). The

ED nurses expressed a desire and need to learn more about the preceptorship to decrease

their anxiety and improve confidence in the role hence, are motivated to learn. Nurses

stated they valued the fact that a well-planned preceptorship program could enhance their

skills as a preceptor to prepare novice nurses to work in the ED, foster a more positive

work environment, increase staff satisfaction, and improved quality of care for patients.

The preceptorship workshop will provide an environment that is safe and comfortable

where participants feel respected in expressing their views. Participants will be motivated

to learn as they engage in self-reflection on new learnings, particularly when there is

positive implication to practice area of ED.

Model of Instructional Design

Morrison, Ross, Kalman, and Kemp's (2013) Model of Instructional Design was

used to guide the development of the one-day preceptorship workshop for ED nurses.

This Model is applicable and will be effective as the approach considers the viewpoints

and learning needs of the adult learners in the development of the preceptor workshop. It

provides a framework to guide the development of instructional strategies that supports

the learning needs of the ED nurses as they prepare to be a preceptor. The model will help

identify resources and instructional solutions that will enhance the learning experience for

the nurses attending the workshop. Morrison et al.'s (2013) instructional design contains

three circles, inner, middle and outer (see figure 1). The outer circle includes 1) planning,

2) implementation, 3) project management, and 4) support services. The middle circle

includes 1) summative evaluation, 2) formative evaluation, 3) confirmative evaluation,

and 4) revisions. The middle circle and the outer circle are representative of the ongoing

process for the design and are used so to make improvements in the workshop as

suggested by stakeholders and participants. The inner circle contains nine elements within

this instructional design, and is flexible in the application with no starting or ending point.

The nine elements include 1) instructional problem, 2) learner characteristics, 3) task

analysis, 4) instructional objectives, 5) content sequence, 6) instructional strategies, 7)

designing the message, 8) development of instruction, 9) evaluation instruments

(Morrison et al., 2013).

Figure 1.1. **Diagram of Model of Instructional Design (Morrison et al., 2013)**

Instructional Problem

Identifying the problem is the first step in instructional design. The felt need, or

problem, that was identified for this practicum was the need for ED nurses to be provided

education and resources to support them to become effective in the role as preceptors.

That is, to support new nurses transitioning into the ED at TSH to develop the required

knowledge, skills, and competencies to practice in a safe manner The solution proposed

by the stakeholders was the development of a structured preceptorship workshop that

would address the knowledge gaps and increase confidence of the ED nurses in the preceptor role.

Identifying the needs of the learner will help focus the instructional design (Morrison et al., 2013). The initial idea for this workshop was based on my own personal experience as an ED nurse. In the ED I observed and experienced the lack of education and preparation in the role of preceptor and the struggles by the preceptor as a result as well as the preceptees struggle to transition into the ED. The literature review along with consultation with key stakeholders provided a further understanding of the needs for the ED nurses. Some of the specific content identified during consultation included how to give feedback, effective teaching strategies, conflict resolution strategies, and critical thinking skills. This provided me with required information to start the planning to develop and design the preceptorship workshop that meets those identified needs.

Learner Characteristics

An examination of the characteristics and learning styles of the target audience (ED nurses) is important as it will impact decisions about the design and guide the planning for the workshop. Each nurse has unique characteristics (e.g., age, gender, work experience, and life experiences) that will need to be considered in order to address their unique and diverse learning styles (Morrison et al., 2013) during workshop sessions and activities. Participants will have similar characteristics including an orientation to emergency medicine upon hire, working as a team in the ED - which will be beneficial

during group work in sessions, have a minimum of two years' experience working in the ED, and possess pre-determined preceptor attributes.

Desired preceptor attributes identified from the consultations and literature include being competent, having good communication and leadership skills, a positive role model, and having a professional presence. This information will provide background about characteristics that are common and unique among the target audience and guide instructional strategy development for the workshop.

Task Analysis

Task analysis involves an understanding of what knowledge, skills, and content are necessary to include in the design that ensures the successful achievement of the workshop objectives (Morrison et al., 2013). Topic analysis, a sub-section of task analysis, was used to develop the workshop.

Topic analysis analyzes cognitive knowledge and develops course content related to preceptorship for the workshop. It provides the information to present at the workshop and the structure or sequence of how the learning will be presented. A literature review, consultation with stakeholders, and personal experience helped guide the development of the content and structure of the workshop. Key topics identified in the consultations which were confirmed in the literature included roles and responsibilities of preceptor and preceptee, conflict resolution, how to provide feedback, critical thinking skills, and teaching strategies. The educational workshop will provide an introductory on the definitions of preceptorship, preceptor, and preceptee, so as to have a strong starting

foundation for all participants. Further content will be provided with opportunity to engage in group discussion, role play, word games, and reflection which considers the learner characteristics and different learning styles of the nurses thus, enhancing their learning experience.

Instructional Objectives

Instructional objectives involves the identification of the instructional and learning objectives that provide a road map into what the learner must achieve at the end of the workshop and how to evaluate (Morrison et al., 2013). The workshop manual was designed to provide an easy to read and organized resource that will guide the facilitator during the workshop and during the activities. Each session starts with learning objectives. Sessions that provide participants with the opportunity to engage in activities (e.g., group discussion, case studies, role play, word game, and self-reflection) to help achieve the learning objectives are included.

The one-day workshop includes objectives from cognitive and affective domain. Activities have specific learning objectives with instructional strategies that are designed to help participants achieve those objectives. Within the cognitive domain, objectives relate to knowledge and information whereby the learner moves from lowest level of knowledge to highest level of complexity in order to achieve the objectives. The learner first attains knowledge (lowest level) regarding preceptorship and moves upward (highest level) toward comprehension, application, analysis, synthesis, and evaluation (Morrison et al., 2013). Participants will meet objectives by engaging in activities such as mini

lectures, group discussions, role play, word games, and reflection. Reflective activities
throughout the workshop will be used to evaluate the nurses overall learnings.

Within the affective domain, learning objectives relate to attitude, appreciations,
values, and emotions (Morrison et al., 2013). Learners must be motivated to ensure that
the learning objectives can be achieved. Motivation of the learner was substantiated in
that the nurses had to apply to participate in the preceptor program and go through a pre-
selection interview with the manager and/or CRL. These objectives will be evident by the
nurse's willingness to engaging in the activities, discussing issues and challenges within a
group setting, developing strategies to address issues and challenges, and translate the
learnings into practice area.

Content Sequencing

Content sequencing involves the careful arrangement and presentation of the
content in a logical order to ensure effective knowledge translation thus achieving
learning objectives (Morrison et al., 2013). Learning-related sequencing is the content
sequencing used and is based on five learning concepts 1) identifiable prerequisites, 2)
familiarity, 3) difficulty, 4) interest, and 5) development (Morrison et al., 2013).

Identifiable prerequisites allows for the developer to present information in a
logical manner and build upon that information to assist the learner to understand and
make connections before new information is presented. For example, starting with pre-
requisites content and build toward more complex content (Morrison et al., 2013). In the
workshop, the nurses need to understand the scope of preceptorship and what constitutes

the preceptor-preceptee dyad before moving on to more complex content. Familiarity is the process of presenting familiar material/information and progress to least familiar material/information. Difficulty is similar in that least difficult material/information is presented before more difficult material/information is presented. For example each session starts with learning objectives and includes content that is first learned and understood before adding new material that will flow into the next session. Interest involves stating learning sessions with content/activity that will stimulate and attract the nurses. For example, start with group discussion on qualities of ideal preceptor which would be of interest to the nurses as it is speaking to them personally. Development ensures that learners are at the appropriate level for learning before engaging in any form of teaching. Important to note is that each session leads into activities to test comprehension and will end with a reflection question and evaluation. As one session is completed and objectives achieved, the next session can begin.

Instructional Strategies

Instructional strategies involve the use of creative approaches during the workshop to present the content and allow participants to actively engage by drawing from previous knowledge to build new knowledge. Using a variety of strategies will meet the diverse learning styles of each learner and encourage engagement so as to support learning and achieve leaning objectives. The instructional strategies that are used were identified during stakeholder consultation, literature review and from personal experience. These strategies will include mini lectures using power point, group discussions, case studies, self-reflection, short video clips, brain storming, word games,

and role play. The workshop begins with an ice breaker that assesses current knowledge

using group discussion and brainstorming, this allows for interaction between the

participants to stimulate discussions and develop strategies. Critical thinking skills will be

enhanced through the use of role play and one-minute preceptor method. Nurses will have

a chance to work alone, in pairs, and as a group during session activities and this will be

used to support and evaluate learning. The use of word games and reflection will be use

to evaluate learning and determine further learning needs. Through practice using role

play, nurses will engage in feedback and conflict resolution which will increase their

confidence in real life experiences as a preceptor. The opportunity to discuss past

experiences with each other and develop strategies to deal with these experiences will

foster an effective learning environment for the ED nurses.

Designing the Message

The methods which the message is conveyed will determine engagement of the

learner into the overall content. Designing a message that is appealing will ensure that it

is received and the important points are vividly conveyed. Through words, pictures, and

videos important take away messages are designed so that the learner easily read, receive

and understand what is being conveyed (Morrison et al., 2013). During the one-day

workshop signals will be used to support nurses understanding. This involves structuring

the text and using typographical design (**bold**, *italicized*, and <u>underlined</u>), pictures (a

nurse arguing with another nurse), video (one-minute preceptor method) and

brainstorming (small group discussion) and PowerPoint are used to stimulate the senses.

Signals also include the use of lists, definitions, and examples that mark important points

which will help the nurses understand the message being conveyed. The design of the

each session was similar throughout in the manual with pre-workshop preparation,

learning objectives, learning activity/resources, material required, instructions on activity,

and ending with reflection question in orange color shaded box.

Development of Instruction

The eighth element involves the use of other resources to support the activities of

the workshop and help participant's realization the message. Effectively communicating

information is an important step when designing instructions (Morrison et al., 2013). The

PowerPoint will be accessible from USB drive and will contain all the printed material

required for the workshop. The workshop manual was developed for the facilitator and

provides the key information (bolded, italicized, shaded boxes) to make it easier to read.

The manual is divided into six sessions and includes a section on what the CRL must do

pre-workshop to prepare and during each session. Titles and font size are consistent

throughout the PowerPoint and manual. Each session will include learning objectives,

resources material, learning activities, reference speaker notes, and end with a reflect

question that is bolded in orange that serves to evaluate the nurses comprehension of the

material.

The stakeholders reviewed the workshop content and activities for accuracy and

applicability and felt it would enhance nurses' knowledge with respects to being a

preceptor and encourage interaction, which will provide opportunity for rehearsal so that

it can be used in practice. A reference list will be available should any participant want to review further information to improve knowledge.

Evaluation Instruments

The development of evaluation instruments to assess and evaluate learner's achievement of objectives and effectiveness of the program is the final step (Morrison et al., 2013). Formative and summative evaluation will allow for improvements to be made and incorporated into the program. Formative evaluation is ongoing during the workshop to measure knowledge and determine if there are any problems that need to be addressed to make improvements in real time (e.g. word games, role play, reflective questions). Feedback on workshop content and structure from key stakeholders will be conducted prior to implementation. If any of the participants have difficulty and does not understand the content, the facilitator will provide further support and resources. Summative evaluation is used to assess overall success of the workshop with opportunity for improvements based on feedback from participants. At the end of the workshop nurses will be provided with an evaluation form to complete, which is private and confidential. Once completed participants will place the form in the box provided. The information on the evaluation form will be for the facilitator only so as to make improvements and revisions in future workshop and manual.

Summary of the One Day Preceptorship Workshop Manual

The contents of the resource manual (see Appendix D) are for the CRL who will deliver the one-day preceptorship workshop. Educational leave and payment will need to

be approved from the manager of the ED for those nurses who will attend the workshop. Each participant will receive a certificate of completion post participation in the workshop. This aligns with the need for recognition for performing the preceptor role as voiced by the participants during the consultation.

The one-day preceptorship workshop and manual (see Appendix D) was developed out of a felt need voiced by ED nurses for education relating to role of preceptor. In order to recruit potential preceptors an email will be sent to the manager seeking recruitment support, who in turn will send a letter via email to all ED nursing staff looking for those who are interested in becoming a preceptor and requesting they contact her to discuss this opportunity. Selected nurses will then meet with the CRL and/or the unit manager to determine if the nurse meets the preceptor selection criteria. Nurses selected to attend the workshop will be sent an email inviting them to participate in the preceptor workshop. The one-day workshop will have a minimum of 20 participants to ensure sufficient opportunity to engage in activities and learning.

The workshop will provide ED nurses with the education and resource tools to support new nurses transitioning into the ED at TSH to develop the required knowledge, skills, and competencies to practice in a safe manner. The resource manual provides the information and instruction for the CRL to successfully implement the preceptor workshop for the ED nurses. The resource manual is divided into six sessions. Session 1 provides an overview of the one-day workshop. Session 2 includes an ice breaker to test participant's knowledge. Session 3 reviews the concept of preceptorship and the challenges novice nurses experience while transitioning and socializing into the ED.

Session 4 explores principles of adult teaching and learning and critical thinking as well an opportunity to learn about individual learning styles. Session 5 examines how to communicate with a preceptee, provide feedback/ evaluation, and resolve any potential conflict. Session 6 ends the workshop with a participant evaluation and presenting certificate of completion.

Each session starts off with learning objectives followed by learning activities/resources, required materials, and directions for the facilitator. All sessions end with a reflection question that is bolded within an orange shaded box and an exercise that will test participants' comprehension to ensure they are meeting the objectives of the session. Corresponding to each session is a PowerPoint with assigned slides and speaker notes which are highlighted in yellow box (PowerPoint on USB drive). Throughout the workshop, formal evaluation methods will be used to test comprehension through activities and reflective questions. Should any participant have challenges with meeting the objectives of the workshop, there will be an opportunity to provide further support and resources. These participants will be offered one on one support from the facilitator who will seek out alternative resources to augment participants learning.

The literature review and consultation with key stakeholders guided the development of the content and structure of the workshop manual. Benner's Novice to Expert theory, Knowles's Theory of Adult Learning, and Morrison, Ross, Kalman & Kemp's (2013) Instructional Design Model were used to develop the sessions and activities for the workshop.

Advanced Nursing Practice Competencies

The Canadian Nurses Association (CNA) outlines four Advanced Nursing Practice (ANP) competencies that include clinical, research, leadership, and consultation and collaboration competencies (CNA, 2008). Throughout the development of this practicum project these competencies were demonstrated and helped strengthen my practice.

Clinical

Integrating experience, theory, and research while working with healthcare team to improve practice demonstrates ANP use of competencies outlined in CNA framework (CNA, 2008). The clinical competency was demonstrated by working in conjunction with the healthcare team to integrate expertise and theory to improve the current preceptorship program. My personal experience and clinical competence as a RN in the ED was a source of knowledge during the development of this project. Engaging in needs assessment with ED nurse, ED CRL, and ED managers allowed for planning to tailor preceptorship workshop based on these key stakeholder needs.

Research

Generating, synthesizing and utilizing research is a critical component of ANP (CNA, 2008). The research competency was demonstrated by conducting a literature review and critically appraising and synthesizing the articles retrieved that helped inform the development of a one-day preceptorship program for ED nurses. Of the many articles that were retrieved, 15 of these articles were critically appraised using the Public Health

agency of Canada's Infection Prevention and Control Guidelines: Critical Appraisal Tool

Kit (PHAC, 2014). Based on the literature review an interview guide was constructed for

key stakeholders. The reviewed literature influenced the content of the workshop such as

teaching and learning strategies, conflict resolution, and communication skills that

includes evaluation tools.

Leadership

As agents of change, APN are on a continuous journey seeking new ways to

improve practice (CNA, 2008). The leadership competency was demonstrated by

identifying the learning needs of the ED nurses and engaging in activities that will

improve my knowledge and competency related to developing educational program

which will facilitate a change in practice. In so doing, the delivery of care to patients

seeking care in the ED will be improved. Identifying the learning needs of the ED nurses

who will become preceptors and developing a workshop that meets those needs through

continued learning demonstrates leadership in nursing.

Consultation and Collaboration

Communicating effectively through consultation and collaboration with other

health care team members is essential to effective nursing practice (CNA, 2008). The

consultation and collaboration competency was demonstrated by communicating,

consulting, and collaborating with members of the ED team. In doing so, information and

data was gathered on the present preceptor program in ED, areas for improvement, and

content for one-day preceptorship workshop for ED nurses were identified. Seeking input

from key stakeholders for revisions to the one-day preceptorship workshop also

demonstrated consultation and collaboration. The competency of consultation and

collaboration was utilized with Dr. April Manuel, my practicum supervisor, during the

entirety of this practicum.

Next Steps

The development of a one-day preceptorship workshop for ED nurses was

achieved with further steps required before implementation. As this is supported by

management, they will need to secure finances through the educational budget for nurses

to attend the paid day workshop. Additionally, to ensure that the workshop captures the

stated needs of the target audience they will be provided with a draft copy of the

workshop manual to review for accuracy of content and suitability of learning activities.

Once this review is complete and feedback obtained, final revisions will be made.

Once the final revisions have been made, a pilot of the workshop will be required.

This will be arranged by the managers and CRLs of ED. The nurses who attend the pilot

workshop will provide feedback by completing an evaluation form at the end of the day.

Based on the feedback received by these nurses, further revisions will be made.

Evaluation of the workshop at six month intervals will need to occur to determine if the

workshop was helpful, did it help the nurses in the role of preceptor in the ED, was

anxiety reduced as a result of attending the workshop, were they able to apply the

learnings into practice, and areas for improvement. The evaluation plan requires work as

it has not been developed yet. This requires consultation with key stakeholders to develop the evaluation tool and methods.

To further determine the impact of the workshop, it would be beneficial to review with the manager the status of retention, turnover, and overall cost benefit analysis relating to this. In addition, there will need to be a review with CRL to ascertain if there were any effects on QOC, such as adverse events. As a final step it would be helpful to meet with new hires that have had an opportunity to be paired with a preceptor who attended the workshop. This would provide information on their preceptorship experience and determine if what was learned during the workshop is actually being integrated into practice. This follow-up post workshop will provide valuable information that can be used to make changes as required.

Conclusion

The goals and objectives of this practicum were met. This was evident through the completion of an integrated literature review, consultation with key stakeholders, application of theory to guide development of educational program, and demonstration of ANP competencies. The identified need from key stakeholders was the development of a formal preceptorship program to help prepare ED nurses to take on the preceptor role. The overall goal of developing a one-day preceptorship workshop for ED nurses was achieved. The workshop will provide the education to ED nurses to support them in developing the requisite knowledge and skills to become an effective preceptor. This will

directly affect the overall financial impact to the ED and organization by decreasing retention, turnover, and overall cost associated with these concerns.

Through the completion of this practicum, the APN competencies have been strengthen and the learnings gained are plentiful and will support me in my professional development moving forward. The practicum has taught me the importance of consultation and collaboration when developing educational programs. It has also enforces the importance of using theory to guide the development of educational programs. These are valuable learnings obtained and will guide me in my practice.

References

Allanach, B. C., & Jennings, B. M. (1990). Evaluating the effects of a nurse preceptor

programme. *Journal of Advanced Nursing, 15*(1), 22-28.

doi:10.1111/j.1365-2648.1990.tb01668.x

Almada, P., Carafoll, K., Flattery, J. B., French, D. A., & McNamara, M. (2004).

Improving the retention rate of newly graduated nurses. *Journal for Nurses in*

Staff Development, 20(6), 268-273.

Bae, S., Mark, B., & Fried, B. (2010). Impact of nursing unit turnover on patient

outcomes in hospitals. *Journal of Nursing Scholarship, 42*(1), 40-49.

doi:10.1111/j.1547-5069.2009.01319.x

Baggot, D. M., Hensinger, B., Parry, J., Valdes, M., & Zaim, S. (2005). The new

hire/preceptor experience: Cost-benefit analysis of one retention strategy. *The*

Journal of Nursing Administration, 35 (3), 138-145.

Beecroft, P., Dorey, F., & Wenten, M. (2008). Turnover intention in new graduate nurses:

A multivariate analysis. *Journal of Advanced Nursing, 62*(1), 41-52.

doi:10.1111/j.1365-2648.2007.04570.x

Beecroft, P., Kunzman, L., & Krozek, C. (2001). RN internship: Outcomes of a one-year

pilot program. *Journal of Nursing Administration, 31*(12), 575-582.

Beecroft, P. C., Santner, S., Lacy, M. I., Kunzman, L., & Dorey, F. (2006). New graduate

nurses' perception of mentoring: Six-year program evaluation. *Journal of Advance*

Nursing, 55(6), 736-747. doi:10.1111/j.1365-2648.2006.03964.x

Bengtsson, M., & Carlson, E. (2015). Knowledge and skills needed to improve as

preceptor: Development of a continuous professional development course-a

qualitative study Part 1. *BioMed Central Nursing, 14,* 51-57.

doi: 10.1186/s12912-015-0103-9

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing*

practice. California: Addison Wesley Publishing Company.

Betts, L. (2003). Mentorship: An emergency department recruitment strategy. *The*

Canadian Nurse, 99(9), 28-30. Retrieved from

http://search.proquest.com/docview/232042922?accountid=12378

Boyle, D. K., Popkess-Vawter, S., & Tauton, R. L. (1996). Socialization of new graduate

nurses in critical care. *Heart & Lung, 25* (2), 141-154.

http://dx.doi.org/10.1016/S0147-9563(96)80117-8

Canadian Institute for Health Information (CIHI). (2016). NACRS emergency department

(ED) visits: Volumes and medium length of stay by triage level, visit disposition,

and main problem. Retrieved from

https://www.cihi.ca/en/types-of-care/hospital-care/emergency-and-ambulatory-

care/nacrs-emergency-department-ed-visits

Canadian Nurses Association (2000). *A National Framework for Continuing Competence*

Programmes for Registered Nurses. Retrieved from

https://www.nurseone.ca/~/media/nurseone/files/en/national_framework_continuing_competence_e.pdf?la=en

Canadian Nurses Association (2008). Advanced nursing practice: A National

Framework. Retrieved from

https://www.cna-aiic.ca/~/media/cna/page-content/pdf
en/anp_national_framework_e.pdf

Canadian Nurses Association (2005). Towards a Pan-Canadian Planning Framework for

Health Human Resources. Retrieved from

https://www.cna-aiic.ca/~/media/cna/page-content/pdf-
fr/cma_cna_green_paper_e.pdf?la=en

Casey, K., Fink, R., Krugman, N., & Probst, J. (2004). The graduate nurse experience.

Journal of Nursing Administration, 34(6), 303-311. Accession Number:00005110-

200406000-00010

Cloete, I. S., & Jeggels, J. (2014). Exploring nurse preceptors' perceptions of benefits and

support of and commitment to the preceptor role in the Western Cape Province.

Curationis, 37(1), 1-7. http://dx.doi.org/10.4102/curationis.v37i1.1281

College of Nurses of Ontario (2002). Practice Standards. Retrieved from

http://www.cno.org/globalassets/docs/prac/41006_profstds.pdf

Cottingham, S., DiBartolo, M. C., Battistoni, S., & Brown, T. (2011). Partners in nursing:

A mentoring initiative to enhance nurse retention. *Nursing Education

Perspectives, 32*(4), 250-5. doi:10.5480/1536-5026-32.4.250.

Danielsson, A., Sundin-Andersson, C., Hov, R., & Athlin, E. (2009). Norwegian and

Swedish preceptors' views of their role before and after taking part in a group

supervision program. *Nursing and Health Sciences, 11*(2), 107-113.

doi:10.1111/j.1442-2018.2009.00455.x

Dube, A., & Jooste, K. (2006). The leadership characteristics of the preceptor in selected

clinical practice settings in Botswana. *Curationis, 29*(3), 24-40.

doi: 10.4102/curationis.v29i3.1091

Duteau, J. (2012). Making a difference: The value of preceptorship programs in nursing

education. *The Journal of Continuing Education in Nursing, 43*(1), 37-43.

doi:103928/00220124-20110615-01

Elmers, C. (2010). The role of preceptor and nurse leader in developing intensive care

unit competency. *Critical Care Nursing Quarterly, 33*(1), 10-18.

doi:10.1097/CNQ.0b013e3181c8e0a9

Embree, J. L., & White, A. H. (2010). Concept analysis: Nurse-to-nurse lateral violence.

Nursing Forum, 45(3), 166-173. doi:10.1111/j.1744-6198.2010.00185.x.

Facione, P., Facione, N., Blohm, S., & Giancarlo, C. (2002). *The California Critical thinking skills test* manual 2002. Millbrae, CA: California Academic Press LLP

Facione P. (1990). *Executive summary – critical thinking: A statement of expert consensus for purposes of educational assessment and instruction*. Millbrae, CA: The California Academic Press.

Filipetto, F. A., Weiss, L. B., Switala, C. A., & Bertagnolli, J. F. (2006). The effectiveness of a first-year clinical preceptorship on the data collection and communication skills of second-year medical students. *Teaching and Learning in Medicine, 18* (2), 137-141. doi:10.1207/s15328015tlm1802_8

Foley, V., Myrick, F., & Yonge, O. (2012). Generational clashpoints in nursing preceptorship. *Journal of Nursing Education, 61* (10), 557-562. doi:10.3928/01484834-20120820-04

Giallonardo, L., Wong, C., & Iwasiw, C. (2010). Authentic leadership of preceptors: Predictor of new graduate nurses' work engagement and job satisfaction. *Journal of Nursing Management, 18*(8), 993-1003. http://dx.doi.org.qe2a-proxy.mun.ca/10.1111/j.1365-2834.2010.01126.x

Glynn, P., & Silva, S. (2012). Meeting the needs of new graduates in the emergency department: A qualitative study evaluating a new graduate internship program. *Journal of Emergency Nursing, 39(2), 173-178.* doi:10.1016/j.jen2011.10.007

Golden, T. (2008). An outcomes-based approach to improve registered nurse retention.

Journal for Nurses in Staff Development, 24 (3), 6-11.

doi:10.1097/01.NND.0000320653.80178.09

Gurney, D. (2002). Developing a successful 16-week "transition ED nursing" program:

One busy community hospital's experience. *Journal of Emergency Nursing, 28*(6),

505-514. doi:10.1067/men.202.129707

Hallin, K., & Danielson, E. (2008). Being a personal preceptor for nursing students:

Registered nurses' experiences before and after introduction of a preceptor model.

Journal of Advanced Nursing, 65(1), 161-174. doi: 10.1111/j.1365-

2648.2008.04855.x

Hanley, M. (2009). Morrison, Ross, Kalman, & Kemp's Model of Instructional Design.

Diagram retrieved from

http://michaelhanley.ie/elearningcurve/wp-content/uploads/2009/06/kemp-model-
addie.jpg

Happell, B. (2009). A model of preceptorship in nursing: Reflecting the complex

functions of the role. *Nursing Education Perspectives, 30* (6), 372-376. Accession

number 19999939

Hautala, K. T., Saylor, C. R., & O'Leary-Kelley, C. (2007). Nurses' perception of stress

and support in the preceptor role. *Journal for Nurses in Staff Development, 23*(2),

64-70. doi: 10.1097/01.NND.0000266611.78315.08

Henderson, A., Fox, R., & Malko-Nyhan, K. (2006). An evaluation of preceptors'

perceptions of educational preparation and organizational support for their role. *Journal of Continuing Education in Nursing, 37*(3), 130-136. doi**:**10.3928/00220124-20060301-04

Higgins, G., Spencer, R. L., & Kane, R. (2010). A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdome. *Nurse Education Today, 30*(6), 499-508. doi:10.1016/j.nedt.2009.10.017

Hyrkas, K., & Shoemaker, M. (2007). Changes in the preceptor role: Re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing, 60*(5), 513-524. doi:10.1111/j.1365-2648.2007.04441.x

Jarman, H., & Newcombe, P. (2010). Support for nurses who are new to emergency care. *Emergency Nurse, 17*(9), 16-19. doi:10.7748/en2010.02.17.9.16.c7535

Jeggels, J. D., Traut, A., & Africa, F. (2013). A report on the development and implementation of a preceptorship training programme for registered nurses. *Curationis, 36* (1), 1-6. doi:10.4102/curationis.v36i1.106

Jewell, A. (2013). Supporting the novice nurse to fly: A literature review. *Nurse Education in Practice, 13*(4), 323-327. doi: 10.1016/j.nepr.2013.04.006

Kaviani, N., & Stillwell, Y. (2000). An evaluation study of clinical preceptorship. *Nurse Education Today, 20,* 218-226. doi:10.1054/nedt.1999.0386

Kingsnorth-Hinrichs, J. (2009). Growing new graduates: Training and retention...it takes

a village. *RN, 72* (1), 40. Retrieved from

http://www.modernmedicine.com/modernmedicine/news/modernmedicine/moder

n-medicine-feature-articles/growing-new-nursing-graduates-t

Kleinman, C. S. (2004). Leadership strategies in reducing staff nurse role conflict.

Journal Of Nursing Administration, 34 (7), 322-324. Accession: 00005110-

200407000-00003

Knowles, M. (1984). *The modern practice of adult education: From pedagogy to

androgogy*. Chicago, IL: Associated Press, Follett Publishing Co.

Korzon, J., & Trimmer, W. (2015). The mutual benefits of preceptorship. *Kai Tiaki

Nursing New Zealand, 21*(8), 14-16. Accession Number: 109545106

Krugman, M., Bretschneider, J., Horn, P. B., Krsek, C. A., Moutafis, R. A., & Smith, M.

O. (2006). The national post-baccalaureate graduate nurse residency program: A

model for excellence in transition to practice. *Journal for Nurses in Staff

Development, 22*(4), 196-205. Accession Number: 00124645-200607000-00008

Lee, T., Tzeng, W., Lin, C., & Yeh, M. (2009). Effects of a preceptorship programme on

turnover rate, cost, quality and professional development. *Journal of Clinical

Nursing, 18(*8), 1217-1225. doi:10.1111/j.1365-2702.2008.02662.x

Loiseau, D., Kitchen, K., & Edgar, L. (2003). A comprehensive ED orientation for new

graduates in the emergency department: The 4-year experience of one Canadian

teaching hospital. *Journal of Emergency Nursing, 29*(6), 522-527.

doi:10.1016/j.jen.2003.09.010

Mamchur, C., & Myrick, F. (2002). Preceptorship and interpersonal conflict: A

multidisciplinary study. *Journal of Advanced Nursing, 43* (2), 188-196.

doi:10.1046/j.1365-2648.2003.02693.x

Marcum, E., & West, R. (2004). Structured orientation for new graduates: A retention

strategy. *Journal for Nurses in Staff Development, 20*(3), 118-124.

Accession: 00124645-200405000-00003

Marks-Maran, D., Ooms, A., Tapping, J., Muir, J., Phillips, S., & Burke, L. (2013). A

preceptorship programme for newly qualified nurses: A study of preceptees'

perception. *Nurse Education Today, 33*(11). 1428-1434.

http://dx.doi.org/10.1016/j.nedt.2012.11.013

Martensson, G., Lofmark, A., Mamhidir, A., & Skytt, B. (2016). Preceptors' reflection on

their educational role before and after a preceptor preparation course: A

prospective qualitative study. *Nursing Education in Practice, 19*(1), 1-6.

http://dx.doi.org/10.1016/j.nepr.2016.03.011

Matua, G. A., Seshan, V., Savithri, R., & Fronda, D. C. (2014). Challenges and strategies

for building and maintaining effective preceptor-preceptee relationships among

nurses. *Clinical and Basic Research, 14* (4), 530-536. Retrieved from

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4205066/

McCarthy, B., & Murphy, S. (2010). Preceptors' experiences of clinically educating and

assessing undergraduate nursing students: An Irish context. *Journal of Nursing*

Management 18(2), 234-244. doi:10.1111/j.1365-2834.2010.01050.x

Messmer, P. R., Jones, S. G., & Taylor, B. A. (2004). Enhancing knowledge and self-

confidence of novice nurses: The "shadow-a-nurse" ICU program. *Nursing*

Education Perspectives, 25(3), 131-136. Accession Number:106658804

Mills, J., & Mullins, A. (2008). The California nurse mentor project: Every nurse

deserves a mentor. *Nurse Economics, 26*(5), 310-315. Accession Number:

105704209

Moore, M. L. (2008). Preceptorships: Hidden benefits to the organization. *Journal for*

Nurses in Development, 24(1), 9-15. doi:10.1097/01.NND.0000300859.29503.ae

Morrison, G. R., Ross, S. M., Kalman, H., & Kemp, J. E. (2013). *Designing effective*

instruction (7th ed.). John Wiey & Sons, Inc.

Myrick, F., Luhanga, F., Billay, D., Foley, V., & Yonge, O. (2012). Putting the evidence

into preceptor preparation. *Nursing Research and Practice,*1-8.

doi:10.1155/2012/948593

O'Brien-Pallas, L., Murphy, G. T., Shamian, J., Li, X., & Hayes, L. J. (2010). Impact and

determinants of nurse turnover: A pan-Canadian study. *Journal of Nursing

Management, 18*(8), 1073-1086. doi:10.1111/j.1365-2834.2010.01167.x

O'Malley, C., Cuncliffe, E., Hunter, S., & Breeze, J. (2000). Preceptorship in practice.

Nursing Standards, 14 (28), 45-49.

http://dx.doi.org/10.7748/ns2000.03.14.28.45.c2801

Omasky, G. L. (2010). Staff nurses' experiences as preceptors and mentors: An

integrative review. *Journal of Nursing Management, 18*(6), 697-703.

doi: 10.1111/j.1365-2834.2010.01145.x

Parker, V., Giles, M., Lantry, G., & McMillian, M. (2014). New graduate nurses'

experience in their first year of practice. *Nurse Education Today, 34* (1), 150-156.

doi:10.1016/j.nedt.2012.07.003

Patterson, B., Bayley, E. W., Burnell, K., & Rhoads, J. (2010). Orientation to emergency

nursing: Perceptions of new graduate nurses. *Journal of Emergency Nursing,

36*(3), 203-211. doi: 10.1016/j.jen.2009.07.006

Peirce, A., G. (1991). Preceptorial student's view of their clinical experience. *Journal of

Nursing Education, 30* (6), 244-250.

https://search-proquest-com.qe2a-

proxy.mun.ca/docview/1026697621?accountid=12378

Persaud, D. (2008). Mentoring the new graduate perioperative nurse: A valuable retention

　　　　strategy. *Association of Operating Room Nurse, 87*(6), 1173-1179.

　　　　 doi:10.1016/j.aorn.2007.10.014

Pine, R., & Tart, K. (2007). Return on investment: Benefits and challenges of a

　　　　baccalaureate nurse residency program. *Nursing Economics, 25*(1), 13-19.

　　　　Retrieved from https://www.nursingeconomics.net/ce/2009/article021319.pdf

Public Health Agency of Canada. (2014) *Infection Prevention and Control Guidelines:*

　　　　Critical Appraisal Tool Kit. Retrieved from http://www.phac-aspc.gc.ca/nois-

　　　　sinp/guide/catk-toec-eng.php

Rajan, D., & Chandrasekaran, K. (2013). Turnover among nurses in private hospitals.

　　　　Asian Journal of Research in Social Sciences and Humanities, 3(10), 186-207.

　　　　 Retrieved from

　　　　http://www.indianjournals.com/ijor.aspx?target=ijor:ajrssh&volume=3&issue=10

　　　　&article=014.

Sandau, K. E., Cheng, G., Pan, Z., Gaillard, P. R., & Hammer, L. (2011). Effect of a

　　　　preceptor education workshop: Part 1. Quantitative results of a hospital-wide

　　　　study. *The Journal of* Continuing *Education in Nursing, 42*(3), 117-126.

　　　　doi:10.3928/00220124-20101101-01

Sandau, K. E., & Halm, M. (2011). Effect of a preceptor education workshop: Part 2.

　　　　Qualitative results of a hospital-wide study. The *Journal of Continuing Education*

　　　　in Nursing, 42(4), 172-181. doi:10.3928/00220124-20101101-02

Sanford, P. G. (2016). Is nursing preceptor behavior changed by attending a preceptor

    class? Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4900768/

Sawatzky, J. V., & Enns, C.L. (2012). Exploring the key predictors of retention in

    emergency nurses. *Journal of Nursing Management, 20* (5), 696-707.

    doi: 10.1111/j.1365-2834.2012.01355.x

Scheffer, B.K., & Rubenfeld, M. G. (2000). A consensus statement on critical thinking in

    nursing. *Journal of Nursing Education, 39* (8), 352-359.

    doi: 10.3928/0148-4834-20001101-06

Shinners, J. S., & Franqueiro, T. (2015). Preceptor skills and characteristics:

    Considerations for preceptor education. *The Journal of Continuing Education in*

    Nursing, 46 (5), 233-236. doi:10.3928/00220124-20150420-04

Singer, C. (2006). A preceptor training program model for the hemodialysis setting.

    Nephrology Nursing Journal, 33 (6), 623-629. Accession Number:106253499

Smedley, A. M. (2008). Becoming and being a preceptor: A phenomenological study. *The*

    Journal of Continuing Education in Nursing, 9(4), 185-191.

    doi:10.3928/00220124-20080401-08

Sorensen, H. A. J., & Yankech, R. (2008). Precepting in the fast lane: Improving critical

    thinking in new graduate nurses. *The Journal of Continuing Education in Nursing,*

    *39(*5), 208-216.

    http://dx.doi.org.qe2a-proxy.mun.ca/10.3928/00220124-20080501-07

Sorrentino, P. (2013). Preceptor: Blueprint for successful orientation outcomes. *Journal of Emergency Nursing, 39*(5), 83-90. http://dx.doi.org/10.1016/j.jen.2012.05.029

Speers, A. T., Strzyzewski, N., & Ziolkowski, L. D. (2004). Preceptor preparation: An investment in the future. *Journal for Nurses in Staff Development, 20*(3), 127-133. doi:10.2202/1548-923X.1940

Swearingen, S., & Liberman, A. (2004). Nursing generations: An expanded look at the emergence of conflict and its resolution. *Nursing Generations, 23* (1), 54-64. Accession Number: 106758300

Swihart, D. (2007). *Nurse Preceptor Programs Builder: Tools for a successful preceptor program* (2nd Ed.). HCPro, Inc. Marblehead MA

TSH-Emergency Department New Hires electronic data file. 2013-2015-Clinical resource leader-emergency program (electronic files).

TSH (2016). Mission, Vision, Values. Retrieved from http://www.tsh.to/welcome/who-we-are/mission-vision-values/

Tracey, J. M., & McGowan, I. W. (2015). Preceptors' views on their role in supporting newly qualified nurses. *British Journal of Nursing, 24*(20), 998-1001. doi:10.12968/bjon.2015.24.20.998

Usher, K., Nolan, C., Reser, P., Owens, J., & Tollefson, J. (1999). An exploration of the preceptor role: Preceptors' perceptions of benefits, rewards, supports and

commitment to the preceptor role. *Journal of Advanced Nursing, 29*(2), 506-514.

doi:10.1046/j.1365-2648.1999.00914.x

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

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

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

Watkins, C., Hart, P. L., & Mareno, N. (2016). The effect of preceptor role effectiveness

on newly licensed registered nurses' perceived psychological empowerment and

professional autonomy. *Nurse Education in Practice, 17*(1), 36-42.

http://dx.doi.org/10.1016/j.nepr.2016.02.003

Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L.,…

Walker, C. (2013). Supporting newly qualified nurses in the UK: A systematic

literature review. *Nurse Education Today, 33*(4), 370-377.

doi:10.1016/j.nedt.2013.01.009

Winslow, S., Almarode, M., Cottingham, S., Lowry, K., & Walker, K. (2009). New

graduates in the emergency department: Could you, would you, should you?

Journal of Emergency Nursing, 35(6), 521-524. doi:10.1016/j.jen.2008.12.016

Yonge, O., Billay, D., Myrick, F., & Luhanga, F. (2007). Preceptorship and mentorship:

Not merely a matter of semantics. *International Journal of Nursing Education*

Scholarship, 4 (1), 1-13. doi:10.2202/1548-923x.1384

Zavotsky, K. E. (2000). Developing an ED training program: How to "grow your own"

ED nurses. *Journal of Emergency Nursing, 26*(5), 504-506.

doi:10.1067/men.2000.108745

Zilembo, M., & Monterosso, L. (2008). Towards a conceptual framework for

preceptorship in clinical education of undergraduate nursing students.

Contemporary Nurse, 30(1), 89-94. doi:10.5172/conu.673.30.1.89

Appendix A: Literature Review

Literature Review: An Overview of Preceptorship Programs for Nurses

N6660 Practicum 1

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Table of Contents

Literature Review: An Overview of Preceptorship Programs for Nurses

Every year health care organizations conduct orientation sessions for nurses who are entering or transitioning into a new or unfamiliar area of practice. The ED is an area where there is a high turnover rate of nurses. The estimated annual turnover rate of nurses working in the ED at TSH, Toronto, Canada is 20% (TSH-Emergency Department new hire database, 2014). Attributing to this fact is that ED nurses are practicing in a highly stressful setting where clinical decisions and nursing actions happen at a rapid pace, often with little or no warning. Even for the most experienced nurse this can be quite daunting and stressful. As a novice nurse, this transition can be more challenging when orientation to the ED is not structured or the nurse is co-signed to another nurse who does not have the requisite skills or education to be a preceptor (Patterson, Bayley, Burnell, & Rhoads, 2010). A preceptor program that supports nurses as they transition into the ED can address these concerns.

Preceptorship is a short-term teaching and learning relationship between an experienced nurse and novice nurse with the purpose of assisting a smooth transition of novice nurse into the clinical environment (Kaviani & Stillwell, 2000). Preceptorship workshops have the potential to benefit the preceptor, the preceptees, and nursing practice by providing the education necessary for preceptors to become effective mentors. As a preceptor, the experienced ED nurse plays a role in teaching, counseling, inspiring, role modelling, and supporting the growth and development of a nurse for a fixed amount of time, with the specific purpose of socializing the nurse into the role and expectations of the ED nurse (Happell, 2009). Hence, fostering preceptees to develop the knowledge,

critical thinking, and decision-making skills to provide safe competent care in the ED (Marks-Maran et al., 2013), and in return reducing nursing turnover rates in the ED.

To inform the development of a one-day preceptorship workshop for RNs working in the ED, a literature review was conducted to find pertinent articles on the many facets of a preceptorship workshop, experiences of preceptees and preceptors. The databases searched were CINAHL, PubMed, Cochrane and Google School using key words such as preceptorship, preceptor, preceptee, new graduate nurse, orientation, emergency department, emergency nursing, novice nurse, nursing transition, and "benefits of preceptorship", "preceptorship and emergency department". Titles and abstracts were retrieved and read with full article retrieval of those of relevance. The search was limited to English language studies within a 20 year date limit that resulted in a large number of articles found, estimating over 500, which was again shortened based on relevancy to study. Search of reference lists of articles retrieved were reviewed that lead to further relevant articles. Of the many articles that were retrieved, 15 of these articles were critically appraised using the Public Health agency of Canada's Infection Prevention and Control Guidelines: Critical Appraisal Tool Kit (PHAC, 2014). Literature summary tables were developed (see Appendix B) that summarizes the evidence identified.

Background and Rationale

Each year Canadian hospitals have seen a growth in the number and acuity of ED patient visits (Canadian Institute for Health Information [CIHI], 2016). From 2011 to

2015 there was an overall increase of 2.5% in the number of ED patient visits at 9,065,

261 to 10,857,844 (CIHI, 2016). In Ontario alone, there has been a 1% increase in the

number of patient visits to the ED and a 1.4% increase in the number of emergent ED

visits (CIHI, 2016). This sustained growth in ED visits, coupled with the increase in

complexity of patients seeking healthcare in ED, places stress on health care providers,

specifically nurses, to provide safe and competent care in such a fast paced environment.

As a result, nurses in the ED have high rates of burnout, job turnover, absenteeism and

errors (Lee, Tzeng, Lin, & Yeh, 2009).

Two solutions that have been adopted to address the preceding concerns are the

hiring of novice nurses to work in ED (Jarman & Newcombe, 2010; Sorrentino, 2013)

and the implementation of preceptor workshops (Canadian Nursing Association, 2005).

The focus of this practicum project is the development of a preceptor workshop for ED

that will contribute to a positive orientation experience and encourage socialization into

the ED. Research has shown that nurses who completed a preceptorship workshop

reported an increase in their knowledge, skills, and judgement that improved patient care

and outcomes (Kingsnorth-Hinrichs, 2009). For example, preceptorship programs have

been found to decrease medication errors and adverse events by preparing new nurses to

deal with the expectations of the workplace (Lee et al., 2009). Furthermore, having

experienced preceptors share their knowledge and insight they have gained, and pass on

lessons learned has been shown to facilitate the growth and development of novice to

acquire the knowledge and skills to nurses that hopefully remain in the ED, become

leaders within the department (Swiharts, 2007), and future preceptors themselves.

In order to ensure the success of a preceptor workshop it is critical that the preceptor has a strong foundation as to their roles and responsibilities. Preceptors also require formal education with a focus on knowledge acquisition related to the area of practice (e.g. ED), learning styles of preceptees, and conflict resolution skills that improve nursing practice and patient outcomes (Duteau, 2012). The lack of educational preparation of nurses to take on the role of the preceptor is concerning as many staff nurses have reported that they lack confidence and are ill prepared to effectively support the transition and development of novice nurses (Korzon & Trimmer, 2015; Sandau et al., 2011; Sorensen & Yankech, 2008). Furthermore, research has shown that preceptees who engaged in a preceptoring relationship with nurses who had no educational preparation to take on the role were dissatisfied with the learning experience, lacked confidence, and did not socialize well into the department and left the department within a year (Lee et al., 2009; Marks-Maran et al., 2013; Sandau et al., 2011).

Despite the large body of literature and documented success of preceptor workshops to retain nurses, to decrease costs related to increased turnover rates, to improve patient health care outcomes, and to support the development of qualified healthcare professionals (Lee et al., 2009), at TSH (TSH) there is no such formalized program. Such a program could prove beneficial to TSH as it faces many of the same challenges as other EDs in Canada and those cited by Lee et al. (2009). TSH is a healthcare organization consisting of two EDs that operate 24 hours a day; seven days a week, with the ability to provide healthcare services for all levels of care. There is an average 130-140 patient visit per day at the Birchmount Campus (BC) and 180-200 patient visit per day at General Campus (GC). This is an estimated 50,000 annually for

BC and 56,000 annually for GC. Each year there is approximately 3000 patient visit increase between the two campuses. Additionally, the turnover for new hires is approximately 30% within the first two years (TSH-Emergency Department new hire database, 2014). TSH has an estimated $750,000 annual cost incurred related to turnover and new hire orientation needs (TSH-Emergency Department new hires database, 2014).

In an effort to provide safe, competent care nurses who are new to the ED at TSH, are randomly buddied with an experience nurse who has a minimal two years of experience working in the ED. Through personal experience, as a new hire, as a preceptor in the ED, and in speaking with nurses working in the ED, gaps in the present orientation process were identified. These include no formal structure to the orientation process, lack of support from peers who do not understand the benefits of the preceptor role, ineffective communication and leadership skills, lack of requisite skills and competencies to support preceptees, and no formal training program to prepare nurses to become effective preceptors. For the novice nurse, who may have less than one years' experience, transitioning into the ED is challenging given the fast paced environment, the patient acuity, and the level of knowledge and skills required to function safely (Patterson et al., 2010). Also, pairing novice nurses with an experienced ED nurse, who does not have any formal teaching learning experience, can result in a dissatisfied relationship that hinders a smooth transition into the ED. This preceptorship workshop will help management at TSH to identify and sustain a pool of preceptors that have the required requisites skills and knowledge to support the learnings of novice nurses and strengthen the preceptor/preceptee dyad.

The proposed preceptorship program supports TSHs' mission (to provide an outstanding care experience that meets the unique needs of each and every patient), vision (to be recognized as Canada's leader in providing the best health care for our global community) and values (Integrity, Compassion, Accountability, Respect, Excellence) (TSH, 2016). With nursing shortage, rapid turnover, aging nursing workforce, retirement, retention concerns such as job dissatisfaction and burnout, the ED recruitment strategy would benefit from the introduction of a preceptorship program (Sawatzky & Enns, 2012). The preceptorship workshop will provide nurses at TSH ED with the education, tools and resources to support them in the role of a preceptor (e.g., leadership, effective communication, providing constructive feedback and evaluation).

While there is a large body of literature that does address the preceptorship experience in relation to the preceptor, preceptees, and nursing profession there is a dearth of literature that contextualizes the nature of preceptorship within the ED. The general literature that does address the merits and challenges of preceptorship programs is drawn upon to fulfill the goal of this practicum by informing the development of a one-day preceptorship workshop for ED nurses. The goal of this review is to obtain a good understanding of the factors that contribute to a positive preceptoring relationship and an effective preceptor program.

Literature Review

There were three main bodies of literature identified that provide evidence as to the key components of successful preceptor programs and their benefits to the preceptor, preceptees and health care organization (1) benefits of preceptorship program to preceptor

and preceptees, (2) implications and benefits of preceptorship program to the health care

organization, (3) scope and characteristics of existing preceptorship programs.

Benefits of Preceptorship Program: Preceptor and Preceptee

Preceptor

Implementation of a preceptor program has been found to foster the successful

transition of preceptee into practice, enhance the required competences of the preceptee,

and provide a reciprocal learning experience for the preceptor (CNA, 2005; Glynn &

Silva, 2012; Jewell, 2013; Kingsnorth-Hinrichs, 2009).

The preceptor is defined as an experienced practitioner who engages in teaching,

instructing, supervising, and role model for novice nurse and new hirers for a set period

of time (Usher, Nolan, Reser, Owens, & Tollefson, 1999). A novice nurse is "a beginner

who has no experience in the situations in which they are expected to perform" (Benner,

1984, p. 20). Preceptor's roles and responsibilities can be stressful (Danielson, Sundin-

Andersson, Hov, & Athlin, 2009; Hautala, Saylor, & O'Leary-Kelley, 2007; Omansky,

2010) being that it requires a set of skills that supports and guides a novice nurse from

knowledge acquisition to safe patient care practices. Adding to this is the fact that some

preceptors feel that this role is not supported by management, or they do not have the

proper educational preparation to take on the role (McCarthy & Murphy, 2010).

Research has shown that a preceptorship program that prepares and supports the preceptor

to take on this role is beneficial in that it increases the nurse's confidence and comfort in

the preceptor role, increases knowledge and professional growth in leadership skills,

augments the teaching and learning process, enhances a sense of commitment to the

preceptor-preceptee relationship, and fosters conflict resolution and communication skills (Cloete & Jeggels, 2014; Korzon & Trimmer, 2015; Marks-Maran, 2013; Sandau Cheng, Pan, Gaillard, Hammer, 2011; Smedley, 2008; Tracey & McGowan, 2015).

Confidence and Comfort in Role

The role of the preceptor can be challenging and stressful as the expectations and responsibilities to help "develop and prepare" a novice nurse to work safe and independently can lead to internal conflict for the preceptor if the expectations of the novice nurse is different than the preceptors (Hautala, et al., 2007). These feelings can lead to decreased confidence and comfort in the role as preceptor. Preceptorship programs have been proposed as a means to increase preceptor confidence and comfort in the role (Almada et al., 2004; Cloete & Jeggels, 2014; Hautala et al., 2007; Hyrkas & Shoemaker, 2007; Korzon & Trimmer, 2015; Marks-Maran, 2013; Sandau et al., 2011; Sandau & Halm, 2011).

Hautala et al.'s (2007) study identified several factors that contributed to preceptor's stress and hindered one's sense of confidence and comfort in the preceptor role including an increased workload, increased responsibility, inadequate preceptee skills, lack of critical thinking, and a lack of organizational support. The development of a structured preceptorship program was suggested as a means to prepare preceptors to support preceptees transition into practice and to address preceptors' stressors (Hallin & Danielson, 2008; Hautala et al., 2007) which can increase confidence and comfort in the preceptor role. Having a structured preceptor program was noted to create a positive experience for the preceptor and preceptee leading to increase attention and attraction to

the preceptor role and willingness for other nurses in the department to take on the role as

preceptor (Hallin & Danielson, 2008).

Similar to Hautala et al. (2007) , other researchers have found that continued support

is needed to sustain the benefits of the preceptor program for all parties involved - the

preceptor, preceptee, and the organization (Sandau et al., 2011). In this study after

attending a preceptorship program, preceptors felt prepared for the role and

responsibilities of being a preceptor (e.g., precepting a new nurse; coaching critical

thinking; working with different personalities or learning styles; working with a different

ethnic background; and providing timely feedback) (Sandau et al., 2011).

Knowledge and Growth

Preceptors indicated that attending a preceptorship program increased their

knowledge and growth with respects to the preceptor and preceptees roles and

perspectives (Marks-Maran et al., 2013; Sandau et al., 2011; Sandau & Halm, 2011;

Smedley, 2008; Zilembo & Monterosso, 2008) including each person's responsibilities as

healthcare professional and how to approach situations with preceptee (Sandau et al.,

2011). Marks-Maran et al. (2013) found that nurses who attended a preceptorship

program expressed a change in the way they practiced (e.g. providing feedback, support

reflection, making time to meet with preceptee to review progress, observation and

collaboration) that positively impacted the preceptees' learning experience and patient

outcomes. Other studies focusing on the link between preceptor knowledge and program

outcomes found that an increase in knowledge helped preceptors support new nurses

transition into new work areas (Brown, 2010; Marks-Maran et al., 2013; Omasky, 2010)

and facilitated the clinical and professional development of preceptees through sharing of

knowledge in practice setting, critical thinking skills, increase confidence (Smedley, 2008; Tracey & McGowan, 2015). This knowledge was noted to foster preceptor's awareness of teaching and learning strategies.

Teaching and Learning

Preceptors expressed confidence in teaching (e.g., using adult learning principles, coaching critical thinking, providing feedback) and learning (e.g., hands-on, assessing learning style of learner) strategies as result of attending a preceptorship workshop (Sandau et al., 2011). Adding to this newfound sense of confidence was the understanding that teaching and learning involves timely feedback and evaluation at regular intervals (Sandau et al., 2011), that characteristics and needs of each individual differ, and each individual has a unique way of learning. Recognizing the different characteristics and experiences of the learner, enabled the preceptor to engage in adult learning and teaching strategies that provided the greatest opportunity to learn and fostered critical thinking in practice; in doing so preceptors' sense of confidence in teaching and learning approaches increased (Marks-Maran et al., 2013; Myrick, Luhanga, Billay, Foley, & Yonge, 2012; Sandau et al., 2011).

In one study preceptors who attended a preceptorship workshop described increase confidence in their abilities to teach critical thinking skills using practical thinking tools such as a laminated card (MAP) to prompt preceptors to coach critical thinking (Sandau et al., 2011). Preceptor workshops also provided preceptors with other tools that included how to engage preceptees in conversation, acquisition of new knowledge, and reflection approaches to teaching (Myrick, Luhanga, Billay, Foley, & Yonge, 2012). As a result of attending the preceptorship workshop, preceptors gained a sense of confidence and

comfort in being able to encourage and challenge the preceptee to move from novice to expert; translating acquired knowledge into practice (Martensson, Lofmark, Mamhidir, & Skytt, 2016).

Commitment

Preceptorship programs have been shown to have a positive effect on the overall attitudes and commitment of preceptors to the role (Marks-Mara et al., 2013; Sandau et al., 2011; Sandau & Halm, 2011). Nurses who participated in preceptor programs had a renewed interest in the transition and socialization of preceptees. That is, they had an increased appreciation for the learning needs for preceptee, wanted to provide a positive experience, were motivated to be a good preceptor, and had an increased commitment to foster critical thinking (Lee et al., 2009; Marks-Maran et al., 2013; Martensson et al., 2016; Sandau et al., 2011; Sorensen & Yankech, 2008). As well, being aware of the responsibilities, expectations, obligations, and demands of the role added to an increase in self-esteem, satisfaction, and ultimately commitment to the position (Martensson et al., 2016).

Commitment to the preceptor role was also evident with older and more experienced preceptors, especially most notable those who had preparation through a preceptorship program (Hallin & Danielson, 2008), preceptors who had an interest in teaching (Dube, 2009), and those who were familiar with the positive benefits of preceptorship models (Sandau et al., 2011). Sandau et al. (2011) found that the majority of preceptors who attended a preceptor workshop reported increased commitment when they perceived positive benefits from performing in the role as preceptor (e.g., preceptee growth and

development, support from management). Despite these results several studies reported

no increase level of commitment to being a preceptor (Cloete, Jeggels, 2014; Sandau et

al., 2011; Watkins, Hart, & Mareno, 2016). For example, Cloete & Jeggels (2014) found

87% of preceptors experienced satisfaction in the role as preceptor which increased

commitment to role, while 12% perceived no gain in personal satisfaction from the role

which affected level of commitment. Low levels of commitment to the preceptor role

were related to the lack of opportunity to be a preceptor or short exposure to the role.

Hence, findings may not be an accurate reflection of their commitment to the preceptor

role had the opportunity presented itself properly (e.g., long term).

Conflict Resolution and Communication Skills

Conflict in nursing is inevitable and can range from mild tension to extreme tension

for varying reason (Mamchur & Myrick, 2003). Conflict can be positive or negative

resulting in healthy or dysfunctional relationships and work environment (Kleinman,

2004; Mamchur & Myrick, 2003) that can have long-lasting effects. The methods by

which we address conflict are important to the final resolution. In the preceptorship

relationship, particularly ED, conflict can arise from differences between preceptee and

preceptor personality and style, expectations, knowledge, skill, and world-view

(Mamchur & Myrick, 2003). Equipping preceptors with the education to effectively

engage in conflict resolution through effective communication skills will support the

learning experience, the transition of preceptee and preceptor, and provide for a healthy

working relationship and environment.

Novice nurses transitioning into the ED will experience periods of conflict as they

move through the orientation aiming for excellence while realizing reality of a busy ED.

Preceptors are in a position to help alleviate conflict and support transition, through an understanding of what conflict is, how people handle conflict, the different kinds of conflict that may arise in the ED, and methods to resolve and support relationships as nurses transition into the ED. Understanding roles and responsibilities as preceptee and preceptor, providing feedback to preceptee, and understanding expectations will help alleviate stress and associated conflict for the dyad and decrease negative consequences related to conflict (Kleinman, 2004).

Marks-Maran et al. (2013) found that the preceptorship program provided preceptors with the education and tools to effectively engage in conflict resolution during the orientation period. Preceptors felt that communication skills they learned and developed during the preceptorship program better prepared them to have difficult conversations and provide feedback to preceptees without feeling apprehensive (Marks-Maran et al., 2013). Similarly Filipetto et al. (2006) reported that preceptorship provided preceptors with the opportunity to improve upon interpersonal communication skills which they draw upon when engaging in conversation with preceptees. Those skills are beneficial when faced with conflict and as such can aid in conflict resolution with preceptee or any member of the healthcare team.

Preceptee

There is a lack of consensus in the literature as to the definition of a preceptee. For the purpose of this project, Sandau et al's (2011) definition of a preceptee is adopted; a preceptee is a nurse who is new to the facility and/or practice area, engaging in active listening and learning, adjusting to the new environment. Transitioning into a new practice setting creates feelings of stress due to feelings of decrease confidence and

competency (Krugman et al., 2006). Despite the challenges associated with transitioning into a new area of practice research is clear that a preceptorship program provides benefits for the preceptee. The main benefits reported by preceptee included: professional growth and development (e.g., critical thinking and confidence), decrease stress and anxiety, and improvement in communication skills.

Professional Growth and Development

The professional standards provided by nurses' governing body guides nursing practice and provides nurses with the standards of practice. Canadian Nurses of Ontario (2002) standards clearly state that each nurse has a responsibility to engage in professional growth and development and continued competency for themselves and others. The ED is an area of practice that requires highly skilled nurses to engage in advanced skills that meets the needs of patient populations. These advanced skills are competencies that require continuous upgrading and certification. The Canadian Nurses Association (2005) defines competence as "the ability of a RN to integrate and apply the knowledge, skills, judgement and personal attributes required to practice safely and ethically in a designated role and setting" (p.22). The ED nurse is on a continuous journey of growth and development in order to meet the advanced competencies required to safely and competently work in this environment. Preceptorship programs provide nurses with the opportunity to meet these goals (Sorensen & Yankech, 2008).

Threaded throughout the literature is the notion that participation in a preceptorship workshop fosters preceptee growth and development in competencies such as critical thinking (Sorensen &Yankech, 2008), decision making, problem solving, skills, and improved overall practice (Marks-Maran et al., 2013). The Delphi project under the

direction of Peter Facione (1990), defines critical thinking as "purposeful, self-regulatory judgement which results in interpretation, analysis, evaluation and inference as well as explanation of the evidential conceptual, methodological, criteriological or contextual considerations upon which that judgement was based" (p.2). Critical thinking is an essential competency for all nurses and especially in the highly specialized area of the ED to ensure safe and competent care. Critical thinking in nursing employs cognitive skills (e.g. analyzing, applying standards, discriminating, information seeking, logical reasoning, predicting, and transforming knowledge) and intellectual ways of knowing (e.g. confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection) (Scheffer & Rubenfeld, 2000).

Sorensen and Yankech (2008) conducted a quasi-experiment, mixed-method design to measure the effects of a preceptorship program on the development of critical thinking in preceptees using California Critical Thinking Skills Test (CCTST). Findings revealed that preceptees who attended a preceptor program had an increase in knowledge, questioning and problem solving abilities, feelings of empowerment, and critical thinking. Similarly, Whitehead et al. (2013) reported that preceptees had an increase in ability to reflect on practice, a key component of critical thinking and decision-making. Marks-Maran et al. (2013) found that preceptees experienced an increase sense of confidence in their care with respects to medication administration, nutrition, health and safety issues, and wound care. This finding is significant as confidence is an essential component of critical thinking as identified by Scheffer & Rubenfeld (2000) and a core competency for all nurses to ensure safe and competent care.

The link between critical thinking and one's level of confidence and sense of professional growth and development is evident in the literature. Starting a new job brings forth an emotional response, such as stress and anxiety that can impact confidence. This in turn may impact critical thinking and professional growth, which may ultimately impact the transition of nurses into that role. Higgins, Spencer, and Kane (2010) conducted a systematic review into the experience and perception of NGN during transition into new practice settings. From this review, four themes were identified that capture challenges of NGN: transition and change, personal and professional development, pre-registration education, preceptorship and support. This new role along with the increase in responsibility contributes to the stress and anxiety felt by preceptees. These feelings of stress and anxiety can contribute to the perceived deficit in knowledge and skill which in turn may impact one's confidence (Higgins et al., 2010). NGN often go into a new role with expectations that are not realistic and this may lead to frustration and lack of confidence. As noted in other research studies (Sandau et al. 2011; Tracey & McGowan, 2015; Hautala et al., 2007) preceptorship programs were identified as an option that would help to bridge the theory-practice gap and increase preceptee confidence during this transition.

In another mixed method study that evaluated the effects of a preceptor education workshop on preceptor and preceptees, Sandau et al. (2011) indicated that preceptees reported increased confidence in preceptors (clinical ability, role model, teacher, and support socialization, giving feedback, dealing with diversity, and coaching critical thinking), and in critical thinking skills when their preceptor had attended a preceptorship

program. This in turn led to more opportunities for learning experiences, which increased

the preceptees level of competency and confidence. As confidence in ability and

competency increased for NGN, feelings of empowerment and autonomy in role also

improved (Mills & Mullins, 2008).

Stress and Anxiety

Regardless of the years of experience there is still an element of stress and anxiety

that preceptees experience during transition into the practice setting (Higgins et al., 2009)

with the most stress felt during the first several months of starting in a new practice area

(Hautala et al., 2007). Stress can be prompted by a lack of confidence in skills such as

critical thinking, inadequate socialization into practice setting, frustration with one's work

environment, increase workload, and a knowledge deficit (Casey et al., 2004).

Preceptorship workshops have been found to help prepare the preceptee to effectively

recognize and reduce work related stress by 73% (Marks-Maran et al., 2013).

Noteworthy, is that of the preceptees who reported strategies to decrease stress and

anxiety, 96% felt they had a supportive relationship with a trained preceptor (Marks-

Maran et al., 2013). Keeping in align with this body of literature another study noted that

preceptees who received support from preceptors with respects to socializing and

transitioning into the practice area stated they had a decrease in stress and anxiety

(Korzon & Trimmer, 2015). Preceptees feelings of stress and anxiety are heightened

when they face unfamiliar environment such as ED, striving to become familiar with the

new policies and procedures of the ED, are exposed to the culture of ED, struggle with

socialization into department, met with challenging personalities in the department, and

are unfamiliar with the overall norms of the ED (Glynn & Silva, 2013; Valdez, 2007).

Preceptees in the ED reported that the building of relationship with other staff members

was difficult and they felt unwelcomed and unsupported by senior staff (Glynn & Silva,

2013). Preceptorship programs help prepare preceptors to support and guide, and

evaluate learning and competence of preceptee during these stressful and anxiety

provoking times, thus aiding to decrease the stress and anxiety (Elmers, 2010).

Based on this review of the literature, strategies that will be included in the

preceptorship workshop that will help preceptors in their support of preceptee to decrease

stress and anxiety include: understanding the reasons preceptees feel stress, critical

thinking skills, understanding learning domain of preceptee, evaluation tools and

methods, providing feedback, effective communication skills and development of weekly

meetings to review and plan (Elmers, 2010). With a commitment from preceptors to the

role, the success for preceptee development and transition into practice area can be

improved with the recommendation that protected time be included in the preceptorship

relationship to improve the experience and further commitment from preceptor and

preceptee (Tracey & McGowan, 2015). This demonstrated commitment by the preceptor

will provide the preceptee with an assured promise to support the learnings and transition

into practice area, ultimately decreasing stress and anxiety.

Communication Skills

Effective communication is an important attribute for a nurse that develops

over time and with experience. Marks-Maran et al. (2013) found that preceptees felt more

confident and competent with communicating with other colleagues, patients and

management as result of trained preceptor education and support. The improvement in

communication skills contributed positively to the development of professional

relationships and the ability to work as a team member (Marks-Maran et al., 2013).

Preceptorship encourages a style of communication that is supportive and

inclusive of active listening and providing feedback that will positively impact the

preceptee (Sorrentino, 2013). Effective communication skills are essential to avoid

unnecessary conflict and stress and ensure patient safety. Preceptees in the ED reported

that they did not feel adequately prepared to communicate with physicians, patients and

families, which is a patient safety concern (Valdez, 2008). In the ED, the method by

which we communicate (verbal, nonverbal) can influence the patients experience through

delivery of care. If communication is not effective between preceptee and preceptor, the

patient experience will not be a positive experience. Role play has been found to support

preceptors and preceptees to develop effective communication skills that in turn will

support the learnings from preceptorship workshop, particularly non-verbal cues such as

body language (Sanford, 2016). During preceptorship programs, preceptor obtain a better

understanding of the roles and responsibility as preceptor which positively impacted

growth and development of preceptees, increased preceptor confidence and knowledge

with associated improvement in communication skills (Singer, 2006) which has

contributed positively to the preceptee experience.

Implications and Benefits for a Preceptorship Program to the Institution

The financial implications to organizations related to RN retention, turnover, and

QOC are important indicators of an organizations sustainability and contribute to the

overall economic burden to the organization (Cottingham, DiBartolo, Battistoni, &

Brown, 2011). Evident throughout the literature are the benefits of a preceptorship program to the healthcare institution in an effort to combat the above issues.

Retention and Turnover

Workload and patient acuity has led to turnover rate of NGN being over 30% during the first year, with an additional increase of 20% during year two (Beecroft et al., 2008; Watkins et al., 2016). The recruitment and retention of skilled and knowledgeable nurses is of utmost importance in an effort to decrease negative patient outcomes (Beecroft, Kunzman, & Krozek, 2001). There is a consensus in the literature that preceptor programs decreased nurse turnover rates and improved retention (Beecroft et al., 2001; Beecroft, Santner, Lacy, Kunzman, Dovey, 2006; Casey, Fink, Krugman, Probst, 2004; ; Lee et al., 2009; Marcum & West, 2004; Persaud, 2008; Pine & Tart, 2007) by addressing factors such as workload, stress and anxiety, burnout, and lack of support. For example, Pine and Tart (2007) found that retention rates increased from 15% to 37% for NGN by implementing a preceptorship program. Sandau et al. (2011) also reported that new hire retention was significantly greater one-year post implementation of a preceptorship program. Similarly, in the study by Lee et al. (2009), retention rates improved by 15% with a reduction in turnover rate of 46.5% with the introduction of a preceptorship program. Almada et al. (2004) also found an increase in retention rates by 29% with reduction in vacancy rate by 9.5% one year post implementation of a preceptor program

Several studies have found that preceptorship programs contribute to the positive relationship development between preceptor and preceptee (Marcum & West, 2004; Messmer, Jones &Taylor, 2014; Moore, 2008; Pine & Tart, 2007; Watkins et al., 2016). This in turn contributed to improvement in knowledge, skill and confidence of preceptees,

positive transition and socialization experience into practice setting, and retention (Moore, 2008). Strengthening the preceptor and preceptee relationship through a preceptorship program has also been shown to build confidence in preceptee to confide and consult with preceptor for timely feedback and reducing the desire to resign (Pine & Tart, 2007; Marcum & West, 2004). The findings in the study by Watkins et al. (2016) noted that preceptees who felt supported remained in the practice setting and had an increase sense of confidence, empowerment, and autonomy.

The cost to prepare nurses to work in a practice setting can be alarming with each employee costing an averaging $3000/month (Lee et al., 2009), with turnover cost averaging $44,000/nurse which includes hiring, orientation, cost to cover vacancy and fill shifts (Baggot et al., 2005). When these same nurses make a decision to resign, the organization must bear the cost to orientate yet more new nurses. These growing costs place a financial burden on the organization and it is paramount to develop effective strategies to address and resolve this burden. In an effort to combat these costs, a preceptorship program has been the focus of many organizations to decrease turnover rate and operating costs (Almada et al., 2004; Beecroft et al., 2006; Lee et al., 2009; Moore, 2008). The preceptorship programs provide the education and tools for preceptors to effectively support transition of preceptees into practice setting with the optimism of securing a strong workforce. In the study by Lee et al. (2009), as a result of the improvement in retention and decrease in turnover rate due to preceptor preparation, the cost associated with turnover decreased which lessens the financial burden on the organization.

An organizations inability to recruit and retain skilled staff can affect the overall

financial burden and increase risk to patient care. In 2003, University of Michigan Health

System had an annual turnover cost of $5,500,000 which equates to 25% of 500 newly

hired nurses vacating their position during the first year of employment (Baggot et al.

2005). To support retention, preceptors were provided with education that addressed their

learning needs to become effective preceptors (e.g. adult learning, teaching skills,

professional development that includes skills to support preceptee competencies and

transition) which in turn helps decrease turnover cost (Baggot et al., 2005). As a result,

over a two year period the nurse vacancy rate decreased by 68% with turnover decreasing

by 27%, which shows support for preceptor educational training to retain staff, decrease

costs associate with turnover and contribute to satisfaction for preceptor, preceptee and

the organization (Baggot et al., 2005).

Quality of Care

Researchers have noted that high turnover rates can lead to a negative impact on

learning and QOC in that there is an increase in errors such as medication errors with

associated decrease in patient satisfaction (Bae, Mark & Fried, 2010; O'Brien-Pallas,

Murphy, Shamian, Li, Hayes, 2010), which impacts the overall financial burden to the

organization. In contrast NGNs who participated in a preceptor program were found to

have an increase in their level of confidence and competencies that improved QOC and

better patient outcomes (Beecroft et al., 2001; Giallonardo, Wong, & Iwasiw, 2010;

Higgins et al., 2010; Lee et al., 2009; Messmer et al., 2004). Lee et al. (2009) found that

as a result of preceptors obtaining educational preparation, through a preceptorship

program, there was a significant improvement in overall QOC for patients as a result of a

reduction in medication errors by 50%, the incident of falls decreased by 10%, and

adverse events by 13% (Lee et al., 2009). Similarly, Marks-Maran et al. (2013) found

that preceptees had overall improvement in clinical competencies, 75% of preceptees

reported feeling more confident with patient care issues, 68% had improvement in drug

administration and 76% reported positive impact on developing high standards of practice

(Marks-Maran et al., 2013).

Existing Preceptorship Programs

Studies to support best practice on duration of preceptorship programs are not

consistent. The breadth and depth of preceptorship programs and the body of literature on

existing preceptorship programs describe unique yet similar duration and qualities of

those programs with a focus on outcomes, strengths and barriers.

Scope of Existing Preceptorship Programs

The scope of existing preceptor programs vary from private face to face meetings

to a series of workshops held over one to two days (Gurney, 2002; Speers, Strzyzewski,

& Ziolkowski, 2004). One ED preceptorship program consisted of private meeting

between preceptors and nurse educator (mentor) that included competency-based learning

principles, coaching on difficult situations and providing feedback, critical-thinking

philosophy, and outcome focus (Gurney, 2002). Another preceptorship program was a

full one-day workshop that included topics related to roles and responsibilities of

preceptor and preceptee, adult learning principles, teaching and learning styles, strategies

for effective feedback (positive or constructive), and evaluation methods (Speers,

Strzyzewski, & Ziolkowski, 2004). In one study, nurses who had minimum one year

experience attended a two-day preceptorship program that included information sharing

regarding the roles and responsibilities of preceptorship, understanding the preceptees

needs during orientation, adult learning and teaching, assessment of preceptee

performance, effective precepting strategies, and support from nurse educator during

scheduled meetings (Henderson, Fox & Malko-Nyhan, 2006). These workshops were

effective as they provided the content and structure that help nurses obtain the request

skills to perform effectively in the preceptor role. Although the evidence does not suggest

which approach is best, what is clear is that the preceptor requires concentrated time to

develop the required the skills, knowledge and confidence to perform effectively in that

role.

Characteristics of Existing Preceptorship Programs

The characteristics that prove to be successful throughout existing preceptorship

programs identified in the literature will be helpful in planning for the content and

structure of a one-day preceptorship workshop for the ED nurses for this project. Some

of the characteristics and techniques that will be incorporated into the preceptorship

workshop that will help in developing the core skills for preceptors include engaging in

individual and group discussions on positive and negative characteristics of a preceptor,

allowing preceptors to self-reflect on their own qualities as preceptor and strategies to

improve upon those qualities (Elmers, 2010), reviewing the debriefing and review

progress, how to develop collaborative goals, and provide feedback (Almada et al., 2004;

Golden, 2008; Gurney, 2002; Henderson, Fox & Malko-Nyhan, 2006), case studies to

develop critical thinking strategies (Gurney, 2002), discussions on preceptor-preceptee

dyad (Almada et al., 2004), exploration of the roles and responsibilities of preceptorship, understanding the preceptees needs during orientation, adult learning and teaching exercises, doing preceptee performance appraisals, effective precepting strategies (Henderson, Fox & Malko-Nyhan, 2006; Speers, Strzyzewski, & Ziolkowski, 2004), goal setting, teaching strategies, conflict resolution and communication skills exercises, stress inducing factors, and reasons for burnout (Speers et al., 2004). Using preceptors who had a minimal 1 year experience in nursing and interest in preceptoring (Henderson, Fox & Malko-Nyhan, 2006) was considered appropriate. In the ED, a nurse who has one year experience may not be the most appropriate choice to be a preceptor as they are still on a steep leaving curve.

To meet the needs of NGN and address patient safety, staff satisfaction, skill development, and staffing needs in a community hospital, the nursing team (nurse manager, nurse educator, and professional development team) restructured the orientation process (Almada et al., 2004). Nurses attended a one-day workshop to increase their knowledge and prepare them for the requirements and expectations as preceptor. The premise of the program was to match a preceptor and preceptee for the full orientation period in what was referred to as married state. The dyad would work together for the entire orientation of 11 weeks to ensure continuity. The preceptor was the resource person for preceptee and was always present to support and address concerns as they arise. The preceptor and preceptee set goals and met weekly to evaluate progress. Preceptors had additional educational opportunity throughout the year to support continued learning. Almada et al. (2004) found that as a result of the unique qualities of this program, there

was an increase in preceptee comfort, confidence and satisfaction. There was also

decrease in cost resulting from an increase in retention rates. Preceptors and preceptees

within this program indicated that the area of focus to improve upon was the need for

more dedicated time for the preceptor to meet and provide feedback to preceptee, which

was a challenge due to workload.

Registered nurses with a minimum one year experience of nursing and an interest

in preceptor role were provided an opportunity to attend a two-day preceptorship program

(Henderson, Fox & Malko-Nyhan, 2006). The workshop included information sharing

regarding the roles and responsibilities of preceptorship, understanding the preceptees

needs during orientation, adult learning and teaching, assessment of preceptee

performance, effective precepting strategies, and support from nurse educator during

scheduled meetings. Preceptors were satisfied with the program and indicated that it

contributed to personal and professional growth. The preceptor felt that the qualities of

the program prepared them to be more responsive to the preceptee, commitment to the

preceptor role, opportunities for reciprocal learning between preceptor and preceptee that

fostered development. Preceptors felt that the preceptorship program had qualities that

positively impacted practice which in turn contributed to preceptee development and

transition into practice setting (Henderson et al., 2006). As indicated in the previous

program above, and also indicated as a challenge in this program, was the workload that

contributed to preceptor not having enough dedicated time to meet with preceptee, which

was needed to support and ensure further development.

In effort to help novice nurses transition into the ED another hospital in Detroit developed an introductory preceptor class. The one-day workshop included nurses who were identified by management as meeting the criteria for having the potential to be an effective preceptor (Speers, Strzyzewski, & Ziolkowski, 2004). The program included topics related to roles and responsibilities of preceptor and learner, adult learning principles, teaching and learning styles, strategies for effective feedback (positive or constructive), and evaluation methods. Preceptors reported an increase in job satisfaction, knowledge, and staff appreciation. This program evaluation found that preceptees had higher levels of satisfaction which positively impacted transition and retention (Speers et al., 2004). In response to the feedback from preceptors who attended the workshop, an advanced preceptor program was developed called "Polishing Your Preceptor Skills: A Day of Enrichment and Empowerment". Topics included in the program were goal setting, teaching strategies, conflict resolution and communication, stress, and burnout. Preceptors who attended this advanced workshop showed increase self-confidence; felt appreciated and strived to help others feel the same (Speers et al., 2004). The uniqueness of the two step program added richness to the development of the preceptor and had a positive impact on the preceptee experience and transition into practice.

Barriers to Preceptorship

Despite the fact that preceptorship programs have been found to have many positive benefits for the preceptor, preceptees and the institution, several barriers have been noted in the literature. Preceptors have reported high levels of stress due to workload while facilitation the orientation and learning of preceptee (Cloete & Jeggels, 2014;

Hautala et al., 2007; Sandau & Halm, 2011), lack of time for preceptor and preceptee

meetings to provide feedback to preceptee (Almada et al., 2004; Marks-Maran et al.,

2013; Sandau & Halm, 2011; Tracey & McGowan, 2015), lack of comfort with providing

feedback to preceptee (Sandau et al., 2011), lack of recognition for preceptor role

(Henderson, Fox, & Malko-Nyhan, 2006).

Threaded throughout out the literature is evidence of barriers that can impact the

preceptor and preceptees relationship and success in achieving outcomes. These barriers

include factors relating to the 1) cost required to implement program (Korzon & Trimmer,

2015; Sandau et al, 2011), 2) commitment to role relating to lack of time and support

(Cloete & Jeggels, 2014; Loiseau, Kitchen, & Edgar, 2003; Tracey & McGowan, 2015),

3) preceptors qualities, personality conflict and intergenerational differences. Addressing

these barriers through a structured preceptorship program will benefit the preceptor,

preceptee, organization and patient outcomes.

Cost

The cost associated with implementing a preceptorship program can be a deterrent

to organizations. Organizations need to be more committed to this initiative and

understand the long term benefits of investing financially in the future of healthcare by

investing in healthcare professionals (Korzon & Trimmer, 2015; Sandau et al, 2011).

While I could not ascertain literature on the actual cost of a preceptor program, one article

did a cost-benefit analysis of a pilot preceptorship program at a hospital in Tennessee

(Golden, 2008) to determine the estimated savings. When a nurse vacates a position, the

cost for replacement to the organization is approximately $45,000 to $64,000 depending

on speciality area, which is higher in ED. With an annual turnover rate of 35% to 61%

this can be costly to an organization (Golden, 2008). With the implementation of a

preceptorship program, there was a 31% decrease in turnover rate which was an estimated

$1,170,000 cost savings (Golden, 2008). Comparing the benefits of a preceptorship

program, which include retaining highly skilled nurse's year over year, increased

competency, reduction in turnover rate, and reduction in orientation cost (Embree &

White, 2010) to the start-up cost of a preceptorship program (develop program, material,

implement) and annual training for preceptors (cost to attend 8-hour class), it is prudent to

state that the benefits outweigh the cost in the long run. The decision to conduct a one-

day workshop versus two-day workshop is an alternative to consider when cost savings

are a factor.

Commitment: Time and Support

Despite preceptors commitment to their role (Hautala et al., 2007; Korzon &

Trimmer, 2015; Sandau et al, 2011), limited time spent with preceptees to provide timely

feedback, to enhance the learning experience and to provide support (Cloete & Jeggels,

2014; Loiseau, Kitchen, & Edgar, 2003; Tracey & McGowan, 2015) were identified as

barriers to developing an effective preceptorship experience. A key factor contributing to

these preceding factors was the heavy patient workload of the preceptor (Cloete &

Jeggels, 2014; Loiseau, Kitchen, & Edgar, 2003; Tracey & McGowan, 2015). Threaded

throughout the literature was the theme of "protected time" to foster learning and to

support the preceptorship dyad (Cloete & Jeggels, 2014; Hautala et al., 2007; Tracey &

McGowan, 2015). When time and support are limited, commitment is decreased and the experience can be affected for preceptor and preceptee (Cloete & Jeggels, 2014).

A study conducted in the ED of a Canadian hospital (Loiseau, et al., 2003) clarified the experiences of nurses in the preceptor role and the perceived lack of support received from other staff. Preceptors indicated a perceived professional growth as a result of engaging in the preceptorship relationship, but felt unsupported in the role from other ED staff and management. Staff who did not participate in the preceptor role had a perception that the preceptor and preceptee dyad consisting of two nurses who should be able to take a heavier patient load. They did not appreciate or comprehend the time and effort required to support the preceptee during this time of learning. This perceived lack of support resulted in an increase in stress for the preceptor and preceptee which can negatively affect the learning experience and performance (Loiseau et al., 2003). As a result of this study three recommendations were made. First, to adjust the patient assignment to allow for dedicated time between preceptor and preceptees. Second, to educate all staff on the role of preceptor. Third, the developments of a preceptorship workshop which will help prepare future preceptors. Similarly to Loiseau et al. (2003), other researcher reported that preceptors would be more committed to the preceptor role if there was more support from management (Cloete & Jeggels, 2014) , which would have a positive impact on the preceptor and preceptee relationship and ultimately patient outcomes. This would be apparent by growth and development of the preceptor and the preceptee (Tracey & McGowan, 2015) improvement in clinical competence (Marks-Maran et al., 2013) and reciprocal learning and reflection (Korzon & Trimmer, 2015).

Preceptors Qualities

According to Happell (2009) "the success of the preceptorship is determined by the strength of the relationship between the student (preceptee) and the professional (preceptor)", which adds to the importance of selecting preceptors with specific qualities. In selecting preceptors to engage in this important role, a quality that must be considered is years of clinical experience and expertise in the practice area of interest. The literature has suggested that preceptors have between 1-5 years' experience in clinical area of interest, while in comparison, it has also been suggested that 12 months' experience is adequate to become a preceptor (Bengtsson & Carlson, 2015; Jeggels, Traut, & Africa, 2013; Matua et al., 2014; O'Malley, Cuncliffe, Hunter, & Breeze, 2000; Speers et al., 2004)). Successful preceptorship programs identified critical qualities of a preceptor which include: strong clinical skills, willingness to facilitate learning, good communication skills, be able to act as role model (Duteau, 2012; O'Malley et al., 2000), the ability to make decisions (Duteau, 2012; Jeggels, Traut, & Africa, 2013; O'Malley et al., 2000; Shinners & Franqueiro, 2015; Speers et al., 2004;Yonge et al., 2007), an interest in teaching (Duteau, 2012; O'Malley et al., 2000; Shinners & Franqueiro, 2015; Speers et al., 2004). Further qualities included a desire for professional growth (O'Malley et al., 2000; Shinners & Franqueiro, 2015), good leadership (Zilembo & Monterosso, 2008), be able to provide feedback (Shinners & Franqueiro, 2015; Speers et al., 2004), and have a strong foundation in conflict management (Shinners & Franqueiro, 2015).

Conflict and Intergenerational Differences

Matching a preceptee with preceptor requires more than merely pairing the dyad; it requires an understanding of the qualities that will make a good fit (Sandau et al., 2012). Preceptor selection is important in order to limit the barriers to the development of a positive and trusting dyad relationship and overall preceptorship experience for preceptee and preceptor.

Conflict between a preceptor and preceptee can be mild to extreme, initiating for varying reasons (e.g., differences in personality or style, conflicting expectations, experiences or world-view) creating negative or positive results (Mamchur & Myrick, 2002). During preceptorship, preceptors and preceptees enter into a professional relationship, and despite best efforts to select an appropriate match, challenges and conflict may occur during that preceptorship relationship that can lead to preceptor fatigue, frustration and burnout which impacts preceptee experience, socialization, job satisfaction and transition (Matua et al., 2014). It is imperative that conflict during preceptorship be adequately explored and addressed and that during the preceptorship workshops it is included so as to prepare preceptors to be proactive in the approach to resolutions (Mamchur & Myrick, 2002).

Reasons identified in the literature causing conflict between the preceptor and preceptees include disagreement with the way preceptees performed clinical procedures, frustration with preceptee, lack of trust and readiness to commit to relationship, time constraints due to workload, perceived knowledge gap regarding best practice between

the preceptor and preceptee affecting self-confidence on the preceptor side as they feel

that their knowledge is not current compared to preceptee (Matua et al., 201). Preceptors

noted that conflict between themselves and the preceptee impacted the preceptors practice

and preceptees experiences during preceptorship (Korzon & Trimmer, 2015; Sandau et

al., 2011). For example, the preceptors want to provide a positive learning experience for

preceptees, but at times "old habits' creep into practice and conflict can arise during the

teaching moments (Korzon & Trimmer, 2015; Matua et al., 2014; Sandau et al., 2011).

Preceptors who have unresolved conflict with their preceptees tend to abandon future

opportunities into that role (Mamchur & Myrick, 2002).

Novice nurses and new hires can feel role ambiguity and lack comprehension

relating to expectations in the role as nurse, which can lead to conflict between preceptor

and preceptee (Boyle et al., 1996). This in turn can lead to an increase in stress, decrease

in job satisfaction and difficulty transitioning into practice area (Parker et al., 2014).

Peterson et al. (2011) found that a supportive preceptor, team members and leaders can be

instrumental in alleviating stress, and address factors relating to reality shock, which can

positively affect job satisfaction and transition. Negative outcomes can occur when

preceptees experience communication and interpersonal problems with their preceptor,

resulting in conflict that is not resolved (Myrick & Barrett, 1994; Mamchur & Myrick,

2002). Preceptees, who have unresolved conflict with their preceptor may have a poor

clinical experience which creates disillusionment about nursing, decreases the learning

and one's integration into practice (Peirce, 1991). Mamchur & Myrick (2002) reported

that preceptors felt conflict when the competency of the preceptee was in question, when

expectations from the preceptor were not congruent with the preceptees expectations, and when there was personality clashes.

Threaded throughout the literature is that the success of any preceptorship program depends heavily on a positive working relationship between the preceptor and preceptee (Foley, Myrick, & Yonge, 2012). With the aging population and resulting challenges relating to generational diversity, more generations of nurses will work side by side with the potential for intergenerational conflict. Each generational cohort possesses unique values, beliefs, life experiences, and attitudes that may generate tension and conflict in the workplace due to clashing of these differences (Swearingen & Liberman, 2004). These intergenerational differences that can lead to conflict that infiltrates the nursing profession by affecting performance, job satisfaction, retention and recruitment (Swearingen & Liberman, 2004) which ultimately affects patient care and health outcomes. The mere act of having knowledge about each generation is not sufficient; we must also proactively address the conflict that arises resulting from the clashing of these generations to create a cohesive working environment.

Conflict and intergenerational differences between preceptor and preceptee can be a challenge and a barrier to effective preceptorship relationship (Boyle et al., 1996). The preceptorship workshop can address these barriers by providing education on learning styles, teaching strategies, effective methods and tools to support the relationship, conflict and generational differences (Duteau, 2012; Sandau et al., 2011). During the preceptorship program development, determining the criteria for preceptor section,

preceptor preparation, and the best way to match the preceptor-preceptee dyad is vital to minimizing the barriers and conflict during preceptorship (Duteau, 2012).

Gaps in the Literature

Although there is a large body of literature that examines the benefits of a preceptorship program, there is a dearth of literature on the experiences and preparation of ED nurses' in the role as preceptor. Studies to support best practice on duration of preceptorship programs and years of clinical experience for preceptor selection are not consistent. One to five years of experience has been suggested as the range for a preceptor (Bengtsson & Carlson, 2015; Henderson, Fox & Malko-Nyhan, 2006; O'Malley, Cuncliffe, Hunter, & Breeze, 2000). Most successful preceptorship programs have run over 1-2 days (Gurney, 2002; Henderson, Fox & Malko-Nyhan, 2006; Speers, Strzyzewski, & Ziolkowski, 2004).

Despite the vast literature on the benefits of a preceptorship program there is limited literature that focuses solely on the ED preceptor experiences. The ED setting is highly stressful with constant focus on wait times coupled with increased volume and acuity. Future research that examines the experiences of ED preceptors would inform the further development of tailored preceptorship programs that capture the unique experiences of the ED practice environment.

What is clear is that preceptorship programs do benefit the preceptor, the preceptees, the health care organization, and most importantly patient care outcomes. Existing literature suggests that the use of a preceptorship model as a means of orientating new nurses to their role within the ED is beneficial in that it helps them develop the

requisite skills to provide safe and competent care in a supportive environment.

Preceptors have reported overall that they feel more prepared and committed to the

preceptorship roles and responsibilities. At an organizational level, preceptorship

programs are cost effective in that they improve nurse retention, decrease turnover and

decrease errors and adverse events in practice. Important to note is the lack of consistency

in the studies that provide evidence as to what strategies are more effective than others in

supporting nurses learnings.

The literature provides a rich amount of evidence that will support the

development of a one-day preceptorship workshop for ED nurses. This will support the

mission, vision and values of TSH, the preceptee, and preceptor, with an overall focus on

improving patient care and patient outcomes. Through the development of a preceptorship

program, this gap will be addressed.

Summary

The literature reviewed clearly points to the fact that the investment in a

preceptorship program will provide a long term solution to the issues of nurse retention,

turnover, transition, and stress felt by all key stakeholders (e.g., preceptor, preceptee and

the organization) and can improve patient health care outcomes (Tracey & McGowan,

2015). It is evident that the benefits of a preceptorship program to the preceptor (e.g.,

increase in confidence and knowledge of teaching and learning principles), preceptee

(e.g., decrease in stress, job satisfaction), and organization (e.g., decrease adverse events),

outweighs the barriers (e.g., costs).

TSH faces many of the challenges with respects to retaining qualified nurses in the ED hence, would benefit from a preceptorship program. The mission of TSH is in align with the key outcomes of any preceptorship program , to foster the development of nurses who have the knowledge and skill to provide a quality of care that meets the unique needs of each patient. As such, the proposed preceptorship program is timely and will meet the needs of TSH management. Preceptees deserve a preceptor who has the education and tools to support the transition into practice setting. Preceptors deserve the attention and commitment by the organization to prepare them for the role as preceptor. Patients deserve to have nurses who are highly skilled and prepared to address their ever changing complexity patient care needs. A preceptorship program that focuses on the ED environment and the needs of the preceptor, preceptee and organization will provide outcomes that have long term benefits that are similar to those discussed within this literature review.

References

Allanach, B. C., & Jennings, B. M. (1990). Evaluating the effects of a nurse preceptor

programme. *Journal of Advanced Nursing, 15*(1), 22-28.

doi:10.1111/j.1365-2648.1990.tb01668.x

Almada, P., Carafoll, K., Flattery, J. B., French, D. A., & McNamara, M. (2004).

Improving the retention rate of newly graduated nurses. *Journal for Nurses in*

Staff Development, 20(6), 268-273. Accession Number:106567990

Bae, S., Mark, B., & Fried, B. (2010). Impact of nursing unit turnover on patient

outcomes in hospitals. *Journal of Nursing Scholarship, 42*(1), 40-49.

doi:10.1111/j.1547-5069.2009.01319.x

Baggot, D. M., Hensinger, B., Parry, J., Valdes, M., & Zaim, S. (2005). The new

hire/preceptor experience: Cost-benefit analysis of one retention strategy. *The*

Journal of Nursing Administration, 35 (3), 138-145. Accession: 00005110-

200503000-00007

Beecroft, P., Dorey, F., & Wenten, M. (2008). Turnover intention in new graduate nurses:

A multivariate analysis. *Journal of Advanced Nursing, 62*(1), 41-52.

doi:10.1111/j.1365-2648.2007.04570.x

Beecroft, P., Kunzman, L., & Krozek, C. (2001). RN internship: Outcomes of a one-year

　　　pilot program. *Journal of Nursing Administration, 31*(12), 575-582.

　　　Accession: 00005110-200112000-00008

Beecroft, P. C., Santner, S., Lacy, M. I., Kunzman, L., & Dorey, F. (2006). New graduate

　　　nurses' perception of mentoring: Six-year program evaluation. *Journal of Advance*

　　　Nursing, 55(6), 736-747. doi:10.1111/j.1365-2648.2006.03964.x

Bengtsson, M., & Carlson, E. (2015). Knowledge and skills needed to improve as

　　　preceptor: Development of a continuous professional development course-a

　　　qualitative study Part 1. *BioMed Central Nursing, 14,* 51-57. doi: 10.1186/s12912-

　　　015-0103-9

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing*

　　　practice. California: Addison Wesley Publishing Company.

Betts, L. (2003). Mentorship: An emergency department recruitment strategy. *The*

　　　Canadian Nurse, 99(9), 28-30. Retrieved from

　　　http://search.proquest.com/docview/232042922?accountid=12378

Boyle, D. K., Popkess-Vawter, S. & Tauton, R. L. (1996). Socialization of new graduate

　　　nurses in critical care. *Heart & Lung, 25* (2), 141-154.

　　　http://dx.doi.org/10.1016/S0147-9563(96)80117-8

Canadian Institute for Health Information (CIHI). (2016). NACRS emergency department

(ED) visits: Volumes and medium length of stay by triage level, visit disposition,

and main problem. Retrieved from https://www.cihi.ca/en/types-of-care/hospital-

care/emergency-and-ambulatory-care/nacrs-emergency-department-ed-visits

Canadian Nurses Association (2000). *A National Framework for Continuing Competence*

Programmes for Registered Nurses. Retrieved from

https://www.nurseone.ca/~/media/nurseone/files/en/national_framework_continui

ng_competence_e.pdf?la=en

Canadian Nurses Association (2008). Advanced nursing practice: A National

Framework. Retrieved from

https://www.cna-aiic.ca/~/media/cna/page-content/pdf-

en/anp_national_framework_e.pdf

Canadian Nurses Association (2005). Towards a Pan-Canadian Planning Framework for

Health Human Resources. Retrieved from

https://www.cna-aiic.ca/~/media/cna/page-content/pdf-

fr/cma_cna_green_paper_e.pdf?la=en

Casey, K., Fink, R., Krugman, N., & Probst, J. (2004). The graduate nurse experience.

Journal of Nursing Administration, 34(6), 303-311. Accession Number:00005110-

200406000-00010

Cloete, I. S., & Jeggels, J. (2014). Exploring nurse preceptors' perceptions of benefits and

support of and commitment to the preceptor role in the Western Cape Province.

Curationis, 37(1), 1-7. http://dx.doi.org/10.4102/curationis.v37i1.1281

College of Nurses of Ontario (2002). Practice Standards. Retrieved from

http://www.cno.org/globalassets/docs/prac/41006_profstds.pdf

Cottingham, S., DiBartolo, M. C., Battistoni, S., & Brown, T. (2011). Partners in nursing:

A mentoring initiative to enhance nurse retention. *Nursing Education

Perspectives, 32*(4), 250-5. doi:10.5480/1536-5026-32.4.250.

Danielsson, A., Sundin-Andersson, C., Hov, R., & Athlin, E. (2009). Norwegian and

Swedish preceptors' views of their role before and after taking part in a group

supervision program. *Nursing and Health Sciences, 11*(2), 107-113.

doi:10.1111/j.1442-2018.2009.00455.x

Dube, A., & Jooste, K. (2006). The leadership characteristics of the preceptor in selected

clinical practice settings in Botswana. *Curationis, 29*(3), 24-40.

doi: 10.4102/curationis.v29i3.1091

Duteau, J. (2012). Making a difference: The value of preceptorship programs in nursing

education. *The Journal of Continuing Education in Nursing, 43*(1), 37-43.

doi:103928/00220124-20110615-01

Elmers, C. (2010). The role of preceptor and nurse leader in developing intensive care

    unit competency. *Critical Care Nursing Quarterly, 33*(1), 10-18.

    doi:10.1097/CNQ.0b013e3181c8e0a9

Embree, J. L., & White, A. H. (2010). Concept analysis: Nurse-to-nurse lateral violence.

    Nursing Forum, 45(3), 166-173. doi:10.1111/j.1744-6198.2010.00185.x.

Facione, P., Facione, N., Blohm, S., & Giancarlo, C. (2002). *The California critical*

    thinking skills test manual 2002. Millbrae, CA: California Academic Press LLP

Facione P. (1990). *Executive summary – critical thinking: A statement of expert*

    consensus for purposes of educational assessment and instruction. Millbrae, CA:

    The California Academic Press.

Filipetto, F. A., Weiss, L. B., Switala, C. A., & Bertagnolli, J. F. (2006). The

    effectiveness of a first-year clinical preceptorship on the data collection and

    communication skills of second-year medical students. *Teaching and Learning in*

    Medicine, 18 (2), 137-141. doi:10.1207/s15328015tlm1802_8

Foley, V., Myrick, F., & Yonge, O. (2012). Generational clashpoints in nursing

preceptorship. *Journal of Nursing Education, 61* (10), 557-562.

doi:10.3928/01484834-20120820-04

Giallonardo, L., Wong, C., & Iwasiw, C. (2010). Authentic leadership of preceptors:

Predictor of new graduate nurses' work engagement and job satisfaction. *Journal

of Nursing Management, 18*(8), 993-1003.

http://dx.doi.org.qe2a-proxy.mun.ca/10.1111/j.1365-2834.2010.01126.x

Glynn, P., & Silva, S. (2012). Meeting the needs of new graduates in the emergency

department: A qualitative study evaluating a new graduate internship program.

Journal of Emergency Nursing, 39(2), 173-178. doi:10.1016/j.jen2011.10.007

Golden, T. (2008). An outcomes-based approach to improve registered nurse retention.

Journal for Nurses in Staff Development, 24 (3), 6-11.

doi:10.1097/01.NND.0000320653.80178.09

Gurney, D. (2002). Developing a successful 16-week "transition ED nursing" program:

One busy community hospital's experience. *Journal of Emergency Nursing, 28*(6),

505-514.doi:10.1067/men.202.129707

Hallin, K., & Danielson, E. (2008). Being a personal preceptor for nursing students:

Registered nurses' experiences before and after introduction of a preceptor model.

Journal of Advanced Nursing, 65(1), 161-174. doi: 10.1111/j.1365-

2648.2008.04855.x

Happell, B. (2009). A model of preceptorship in nursing: Reflecting the complex

functions of the role. *Nursing Education Perspectives, 30* (6), 372-376. Accession

number 19999939

Hautala, K. T., Saylor, C. R., & O'Leary-Kelley, C. (2007). Nurses' perception of stress

and support in the preceptor role. *Journal for Nurses in Staff Development, 23*(2),

64-70. doi: 10.1097/01.NND.0000266611.78315.08

Henderson, A., Fox, R., & Malko-Nyhan, K. (2006). An evaluation of preceptors'

perceptions of educational preparation and organizational support for their role.

Journal of Continuing Education in Nursing, 37(3), 130-136.

doi**:**10.3928/00220124-20060301-04

Higgins, G., Spencer, R. L., & Kane, R. (2010). A systematic review of the experiences

and perceptions of the newly qualified nurse in the United Kingdome. *Nurse

Education Today, 30*(6), 499-508. doi:10.1016/j.nedt.2009.10.017

Hyrkas, K., & Shoemaker, M. (2007). Changes in the preceptor role: Re-visiting

preceptors' perceptions of benefits, rewards, support and commitment to the role.

Journal of Advanced Nursing, 60(5), 513-524. doi:10.1111/j.1365-

2648.2007.04441.x

Jarman, H., & Newcombe, P. (2010). Support for nurses who are new to emergency care.

Emergency Nurse, 17(9), 16-19. doi:10.7748/en2010.02.17.9.16.c7535

Jeggels, J. D., Traut, A., & Africa, F. (2013). A report on the development and

implementation of a preceptorship training programme for registered nurses.

Curationis, 36 (1), 1-6. doi:10.4102/curationis.v36i1.106

Jewell, A. (2013). Supporting the novice nurse to fly: A literature review. *Nurse

Education in Practice, 13*(4), 323-327. doi: 10.1016/j.nepr.2013.04.006

Kaviani, N., & Stillwell, Y. (2000). An evaluation study of clinical preceptorship. *Nurse

Education Today, 20,* 218-226. doi:10.1054/nedt.1999.0386

Kingsnorth-Hinrichs, J. (2009). Growing new graduates: Training and retention...it takes

a village. *RN, 72* (1), 40. Retrieved from

http://www.modernmedicine.com/modern-medicine/news/modernmedicine/modern-medicine-feature-articles/growing-new-nursing-graduates-t

Kleinman, C. S. (2004). Leadership strategies in reducing staff nurse role conflict. *Journal of Nursing Administration, 34* (7), 322-324. Accession: 00005110-200407000-00003

Knowles, M. (1984). *The modern practice of adult education: From pedagogy to androgogy*. Chicago, IL: Associated Press, Follett Publishing Co.

Korzon, J., & Trimmer, W. (2015). The mutual benefits of preceptorship. *Kai Tiaki Nursing New Zealand, 21*(8), 14-16. Accession Number: 109545106

Krugman, M., Bretschneider, J., Horn, P. B., Krsek, C. A., Moutafis, R. A., & Smith, M. O. (2006). The national post-baccalaureate graduate nurse residency program: A model for excellence in transition to practice. *Journal for Nurses in Staff Development, 22*(4), 196-205. Accession Number: 00124645-200607000-00008

Lee, T., Tzeng, W., Lin, C., & Yeh, M. (2009). Effects of a preceptorship programme on turnover rate, cost, quality and professional development. *Journal of Clinical Nursing, 18(*8), 1217-1225. doi:10.1111/j.1365-2702.2008.02662.x

Loiseau, D., Kitchen, K., & Edgar, L. (2003). A comprehensive ED orientation for new

    graduates in the emergency department: The 4-year experience of one Canadian

    teaching hospital. *Journal of Emergency Nursing, 29*(6), 522-527.

    doi:10.1016/j.jen.2003.09.010

Mamchur, C., & Myrick, F. (2002). Preceptorship and interpersonal conflict: A

    multidisciplinary study. *Journal of Advanced Nursing, 43* (2), 188-196.

    doi:10.1046/j.1365-2648.2003.02693.x

Marcum, E., & West, R. (2004). Structured orientation for new graduates: A retention

    strategy. *Journal for Nurses in Staff Development, 20*(3), 118-124.

    Accession: 00124645-200405000-00003

Marks-Maran, D., Ooms, A., Tapping, J., Muir, J., Phillips, S., & Burke, L. (2013). A

    preceptorship programme for newly qualified nurses: A study of preceptees'

    perception. *Nurse Education Today, 33*(11). 1428-1434.

    http://dx.doi.org/10.1016/j.nedt.2012.11.013

Martensson, G., Lofmark, A., Mamhidir, A., & Skytt, B. (2016). Preceptors' reflection on

    their educational role before and after a preceptor preparation course: A

    prospective qualitative study. *Nursing Education in Practice, 19*(1), 1-6.

    http://dx.doi.org/10.1016/j.nepr.2016.03.011

Matua, G. A., Seshan, V., Savithri, R., & Fronda, D. C. (2014). Challenges and strategies

for building and maintaining effective preceptor-preceptee relationships among

nurses. *Clinical and Basic Research, 14* (4), 530-536. Retrieved from

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4205066/

McCarthy, B., & Murphy, S. (2010). Preceptors' experiences of clinically educating and

assessing undergraduate nursing students: An Irish context. *Journal of Nursing

Management 18*(2), 234-244. doi:10.1111/j.1365-2834.2010.01050.x

Messmer, P. R., Jones, S. G., & Taylor, B. A. (2004). Enhancing knowledge and self-

confidence of novice nurses: The "shadow-a-nurse" ICU program. *Nursing

Education Perspectives, 25*(3), 131-136. Accession Number:106658804

Mills, J., & Mullins, A. (2008). The California nurse mentor project: Every nurse

deserves a mentor. *Nurse Economics, 26*(5), 310-315. Accession Number:

105704209

Moore, M. L. (2008). Preceptorships: Hidden benefits to the organization. *Journal for

Nurses in Development, 24*(1), 9-15. doi:10.1097/01.NND.0000300859.29503.ae

Morrison, G. R., Ross, S. M., Kalman, H., & Kemp, J. E. (2013). *Designing effective*

instruction (7th ed.). John Wiey & Sons, Inc.

Myrick, F., Luhanga, F., Billay, D., Foley, V., & Yonge, O. (2012). Putting the evidence

into preceptor preparation. *Nursing Research and Practice, 2012*, 1-8.

doi:10.1155/2012/948593

O'Brien-Pallas, L., Murphy, G. T., Shamian, J., Li, X., & Hayes, L. J. (2010). Impact and

determinants of nurse turnover: A pan-Canadian study. *Journal of Nursing*

Management, 18(8), 1073-1086. doi:10.1111/j.1365-2834.2010.01167.x

O'Malley, C., Cuncliffe, E., Hunter, S., & Breeze, J. (2000). Preceptorship in practice.

Nursing Standards, 14 (28), 45-49.

http://dx.doi.org/10.7748/ns2000.03.14.28.45.c2801

Omasky, G. L. (2010). Staff nurses' experiences as preceptors and mentors: An

integrative review. *Journal of Nursing Management, 18*(6), 697-703.

doi: 10.1111/j.1365-2834.2010.01145.x

Parker, V., Giles, M., Lantry, G., & McMillian, M. (2014). New graduate nurses'

experience in their first year of practice. *Nurse Education Today, 34* (1), 150-156.

doi:10.1016/j.nedt.2012.07.003

Patterson, B., Bayley, E. W., Burnell, K., & Rhoads, J. (2010). Orientation to emergency

nursing: Perceptions of new graduate nurses. *Journal of Emergency Nursing,*

36(3), 203-211. doi: 10.1016/j.jen.2009.07.006

Peirce, A., G. (1991). Preceptorial student's view of their clinical experience. *Journal of*

Nursing Education, 30 (6), 244-250.

https://search-proquest-com.qe2a-

proxy.mun.ca/docview/1026697621?accountid=12378

Persaud, D. (2008). Mentoring the new graduate perioperative nurse: A valuable retention

strategy. *Association of Operating Room Nurse, 87*(6), 1173-1179.

 doi:10.1016/j.aorn.2007.10.014

Pine, R., & Tart, K. (2007). Return on investment: Benefits and challenges of a

baccalaureate nurse residency program. *Nursing Economics, 25*(1), 13-19.

Retrieved from https://www.nursingeconomics.net/ce/2009/article021319.pdf

Public Health Agency of Canada. (2014) *Infection Prevention and Control Guidelines:*

Critical Appraisal Tool Kit. Retrieved from http://www.phac-aspc.gc.ca/nois-

sinp/guide/catk-toec-eng.php

Rajan, D., & Chandrasekaran, K. (2013). Turnover among nurses in private hospitals.

Asian Journal of Research in Social Sciences and Humanities, 3(10), 186-207.

Retrieved from

http://www.indianjournals.com/ijor.aspx?target=ijor:ajrssh&volume=3&issue=10

&article=014.

Sandau, K. E., Cheng, G., Pan, Z., Gaillard, P. R., & Hammer, L. (2011). Effect of a

preceptor education workshop: Part 1. Quantitative results of a hospital-wide

study. *The Journal of Continuing Education in Nursing, 42*(3), 117-126.

doi:10.3928/00220124-20101101-01

Sandau, K. E., & Halm, M. (2011). Effect of a preceptor education workshop: Part 2.

Qualitative results of a hospital-wide study. The *Journal of Continuing Education

in Nursing, 42*(4), 172-181. doi:10.3928/00220124-20101101-02

Sanford, P. G. (2016). Is nursing preceptor behavior changed by attending a preceptor

class? Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4900768/

Sawatzky, J. V., & Enns, C.L. (2012). Exploring the key predictors of retention in

emergency nurses. *Journal of Nursing Management, 20* (5), 696-707.

doi: 10.1111/j.1365-2834.2012.01355.x

Scheffer, B.K., & Rubenfeld, M. G. (2000). A consensus statement on critical thinking in

nursing. *Journal of Nursing Education, 39* (8), 352-359.

doi: 10.3928/0148-4834-20001101-06

Shinners, J. S., & Franqueiro, T. (2015). Preceptor skills and characteristics:

Considerations for preceptor education. *The Journal of Continuing Education in

Nursing, 46* (5), 233-236. doi:10.3928/00220124-20150420-04

Singer, C. (2006). A preceptor training program model for the hemodialysis setting.

Nephrology Nursing Journal, 33 (6), 623-629. Accession Number:106253499

Smedley, A. M. (2008). Becoming and being a preceptor: A phenomenological study. *The

Journal of Continuing Education in Nursing, 9*(4), 185-191.

doi:10.3928/00220124-20080401-08

Sorensen, H. A. J., & Yankech, R. (2008). Precepting in the fast lane: Improving critical

thinking in new graduate nurses. *The Journal of Continuing Education in Nursing,

39(*5), 208-216.

http://dx.doi.org.qe2a-proxy.mun.ca/10.3928/00220124-   20080501-07

Sorrentino, P. (2013). Preceptor: Blueprint for successful orientation outcomes. *Journal*

of Emergency Nursing, 39(5), 83-90. http://dx.doi.org/10.1016/j.jen.2012.05.029

Speers, A. T., Strzyzewski, N., & Ziolkowski, L. D. (2004). Preceptor preparation: An

investment in the future. *Journal for Nurses in Staff Development, 20*(3), 127-133.

doi:10.2202/1548-923X.1940

Swearingen, S., & Liberman, A. (2004). Nursing generations: An expanded look at the

emergence of conflict and its resolution. *Nursing Generations, 23* (1), 54-64.

Accession Number: 106758300

Swihart, D. (2007). *Nurse preceptor programs builder: Tools for a successful preceptor*

program (2nd Ed.). HCPro, Inc. Marblehead MA

TSH-Emergency Department New Hires electronic data file. 2013-

2015-Clinical resource leader-emergency program (electronic files).

TSH (2016). Mission, Vision, Values. Retrieved from

http://www.tsh.to/welcome/who-we-are/mission-vision-values/

Tracey, J. M., & McGowan, I. W. (2015). Preceptors' views on their role in supporting

newly qualified nurses. *British Journal of Nursing, 24*(20), 998-1001.

doi:10.12968/bjon.2015.24.20.998

Usher, K., Nolan, C., Reser, P., Owens, J., & Tollefson, J. (1999). An exploration of the

preceptor role: Preceptors' perceptions of benefits, rewards, supports and

commitment to the preceptor role. *Journal of Advanced Nursing, 29*(2), 506-514.

doi:10.1046/j.1365-2648.1999.00914.x

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

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

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

Watkins, C., Hart, P. L., & Mareno, N. (2016). The effect of preceptor role effectiveness

on newly licensed registered nurses' perceived psychological empowerment and

professional autonomy. *Nurse Education in Practice, 17*(1), 36-42.

http://dx.doi.org/10.1016/j.nepr.2016.02.003

Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L.,…

Walker, C. (2013). Supporting newly qualified nurses in the UK: A systematic

literature review. *Nurse Education Today, 33*(4), 370-377.

doi:10.1016/j.nedt.2013.01.009

Winslow, S., Almarode, M., Cottingham, S., Lowry, K., & Walker, K. (2009). New

graduates in the emergency department: Could you, would you, should you?

Journal of Emergency Nursing, 35(6), 521-524. doi:10.1016/j.jen.2008.12.016

Yonge, O., Billay, D., Myrick, F., & Luhanga, F. (2007). Preceptorship and mentorship:

Not merely a matter of semantics. *International Journal of Nursing Education*

Scholarship, 4 (1), 1-13. doi:10.2202/1548-923x.1384

Zavotsky, K. E. (2000). Developing an ED training program: How to "grow your own"

ED nurses. *Journal of Emergency Nursing, 26*(5), 504-506.

doi:10.1067/men.2000.108745

Zilembo, M., & Monterosso, L. (2008). Towards a conceptual framework for

preceptorship in clinical education of undergraduate nursing students.

Contemporary Nurse, 30(1), 89-94. doi:10.5172/conu.673.30.1.89

Appendix B: LITERATURE SUMMARY TABLES

Title #1	Sandau, K. E., Cheng, G., Pan, S., Gaillard, P. R., & Hammer, L. (2011). Effect of a preceptor education workshop: Part 1. Quantitative results of a hospital wide study.
Setting & Objectives	Setting: Large Midwest hospital, with 926 beds in Minnesota Objective: To examine the effect of a mandatory 8-hour preceptor workshop on preceptors and orientees in 5 areas: - Preceptor self-report of confidence and comfort - Preceptors self-report of frequency in actively coaching critical thinking - Preceptors self-report of providing positive and constructive feedback to orientees - Orientee self-report of confidence and satisfaction with preceptors - Orientee retention
Sample, Method & Analysis	Sample: - Purposeful sampling of preceptors and orientees from all inpatient units - Cohort 1: Past preceptors (n=74) who did not attend workshop and orientees (n=39) whose preceptors did not attend workshop - Cohort 2: Preceptors (n=131) who participated in workshop and orientees (n=53) who preceptor attended workshop Method: - Mixed-method (quantitative Part 1 and qualitative Part 2 article) with a quasi-experimental (pretest-post-test) design to test nurse preceptors' self-reported confidence and comfort ,frequency of coaching critical thinking and feedback. - Cross-sectional cohorts of preceptors and orientees - Compare orientee retention 1 year pre and 1 year post workshop - Three surveys: orientee survey, baseline preceptor survey, follow-up preceptor survey. Analysis: - Orientee Cohort: response rate 40% new hospital nurses; 46% transfer nurses - Preceptor Cohort 1: 30% response rate. - Preceptor Cohort 2: 3 to 6 month post completion response rate 44% - Statistical analysis using SAS 9.1 for Windows

Results	Preceptors (n=131) Paired *t* test • significant improved results for confidence and comfort in all five specific preceptor roles at 3 to 6 months post workshop • coaching of critical thinking increased (premean=3.12, postmean=3.25; p<.01) • formal feedback not increased (premean=3.46, postmean=3.46; p=.82) • preceptor reported comfort and confidence were not significantly greater for cohort who participated in workshop (n=71 compared with noninterventional cohort (n=74) • both preceptor cohorts significantly higher scores for satisfaction with preceptoring education (mean=3.81 vs. 3.30, p=.001) Orientee Cohort • satisfaction with preceptors (who attended workshop) showed no significant difference compared with preceptors who did attend workshop • Using ANOVA: Greater confidence and critical thinking skills for nurses with experience who were transferred from another unit (Cohort 2) compared with cohort 1 orientees new to hospital (mean=4.50 vs. 3.64) and (mean=4.67 vs. 4.07; p=.02) respectively. • Highest composite satisfaction if had three to four preceptors • Retention of orientees post intervention (95%) improved by 8% compared to previous year (87%) (chi-square, p<.05)
Limitations & Strengths	Limitations: • Outcomes based on self-reports • Preceptors may have been influenced by previous education or experience in precepting • Little opportunity to precept post workshop may have affected preceptor reported confidence and comfort • Completion of survey by preceptee during first year which is a time whereby learning curve is large for them and reflective of same Strength: • Sample size • Method for analysis was suitable • Construct validity (based on survey questions related the workshop curriculum and adult learning theories) • Content Validity (established by panel of three experts) • Alpha coefficients for internal reliability for surveys using Likert-type portions: orientee survey-correlation coefficient for seven Likert-type scale items (Cronbach's alpha 0.95) ; preceptor baseline survey (Cronbach's alpha 0.82).

Comments	Preceptor workshops may be effective in preparing experienced nurses to precept new nurses. Found to increase confidence and critical thinking skills in preceptors and preceptees.
Rating	Strength of design: Strong Quality of Study: Strong
Title #2	Sandau, K. E., & Halm, M. (2011). Effect of a preceptor education workshop: Part 2. Qualitative results of a hospital-wide study
Setting & Objectives	Setting: Large Midwest hospital; 926 beds in Minnesota Objective: To examine the effect of a mandatory 8-hour preceptor workshop on preceptors and orientees with respect to: • Orientee: perception of the quality of primary preceptors in preceptor roles; Confidence in critical thinking skills; Confidence on completion of orientation on taking an assignment on their own • Preceptor: perception of how workshop affected knowledge use, attitudes and skills as preceptor; barriers to making changes in precepting
Sample, Method & Analysis	Sample: • Purposeful sampling of preceptors and orientees from all inpatient units • Cohort 1: Past preceptors (n=74) who did not attend workshop ; orientees (n=39) whose preceptors did not attend workshop • Cohort 2: Preceptors (n=131) who participated in workshop; orientees (n=53) who preceptor attended workshop Method: • Mixed-method (quantitative + qualitative) • Quantitative surveys with qualitative short-answer questions • One-time survey to past preceptors (cohort 1) and past orientees (cohort 1). Survey also given preceptors who participated in educational intervention (cohort 2) before intervention, 3 months and 6 months after workshop. Survey also given to orientees whose preceptor had participated in workshop (cohort 2). Analysis: • Content analysis of short answer portions of survey categorizing into themes

Results	Themes:
	Orientees Perception of Preceptorship Experience:
	• Perceived quality of preceptors (e.g. skilled, welcoming, seemed uncomfortable)
	• Recommended 3-4 preceptors for an orientee as ideal for consistency
	• Tailoring orientation for experienced nurses
	• Lack of time for feedback
	Preceptors Perceptions of Preceptorship Experience:
	• How to coach critical thinking for orientees (e.g. promote independence, problem solve, prioritize actions and why)
	• Desire for more education
	• Enjoyment and appreciation for the role as preceptor
	• Dissatisfaction with current precepting process and enthusiasm for new process
	• Dissatisfaction with heavy workload while in preceptor role
	• Increase in knowledge
	• Understanding different learning styles
	• Providing timely feedback
	• Understanding roles of preceptor and orientee
	(Themes correlate with quantitative findings indicating preceptor reported significantly greater confidence and comfort in roles as preceptor).
Limitations & Strengths	Limitations
	• Small number of participants who provided short answers to surveys
	• Preceptors may have been influenced by previous education or experience in preceptoring
	• Little opportunity to precept post workshop may have affected preceptor reported confidence and comfort
	• Completion of survey during first year which is a time whereby learning curve is large for orientees
	Strengths:
	• Investigator bias addressed
	• Audit trail to allow for identification to changes in coding
	• Purposeful sampling to reduce threats to validity
	• Findings provide an opportunity to revise clinical practice
Comments	Preceptor workshops are effective in preparing experienced nurses to precept new nurses. Preceptors require lighter patient load in order to have more time to spend with preceptees
Rating	Strength of design: Strong
	Quality of Study: Strong

Title #3	Sorensen, H. A. J., & Yankech, L. R. (2008). Precepting in the fast lane: Improving critical thinking in new graduate nurses (NGN).
Setting & Objectives	Setting: Midwestern (USA) Objectives: • To examine whether a research-based, theory-driven preceptor educational program could improve the critical thinking scores of NGN • To explore how participation in the program would influence preceptors, and evaluate the learning outcomes of the NGN.
Sample, Method & Analysis	Sample: • Control group: convenience sample n=16 NGN • Experimental group: convenience sample n=15 NGN • n=15 preceptors who attended educational program Method: • Quasi-experimental, mixed-methods design measuring critical thinking ability of NGN • Phenomenological Inquiry : Focus groups interviews with preceptors and NGN Analysis: • California Critical Thinking Skills Test (CCTST), to measure critical thinking ability in NGN; internal consistency reliability values ranged from 0.78-0.80 • Descriptive statics using demographic and personal background questionnaires • SPSS software • Paired *t* tests, chi-square tests, and analysis of covariance (ANCOVA) used to compare scores between control and experimental groups of preceptee

Results	• Significant difference in critical thinking ($p<.05$) in evaluation subscale using ANCOVA (several controlled variables) for NGN
	• Statistical significance was achieved in the evaluation subscale ($F=4.709$, $p=.039$) in control and experimental groups (N=31)
	Themes from Preceptor Interview
	  1. Identification of need for the education
	  2. Value of the educational program
	  3. Benefits to the preceptee (e.g. learning experience, increase knowledge, growth and development, develop preceptees,)

Limitations & Strengths	Limitations • Sample in control and experimental mainly white women from diploma programs-thus not representative of nursing profession Strengths • Replication and expansion of study can be performed based on significance of both quantitative and qualitative components of the study • Two researchers independently performed analysis and coding reducing bias • sample size (N=31)
Comments	• Preceptor' participation in a research-based, theory-driven education program contributed to significance in critical thinking testing scores of experimental group as evidence by CCTST scores. • Preceptor preparation positively influences NGN
Rating	Strength of design: Strong Quality of Study: Moderate

Title #4	Marks-Maran, D., Ooms, A., Tapping, J., Muir, J., Phillips, S., & Burke, L. (2013). A preceptorship programme for newly qualified nurses (NQN): A study of preceptees' perception.
Setting & Objectives	Setting: St. George's Healthcare NHS Trust in South west London, UK Objectives: • To determine preceptee engagement with the preceptorship programme • To determine the impact value and sustainability of the programme from the preceptees' perspective
Sample, Method & Analysis	Sample: • 90 NQN-all female • Response rate 48.9% (n=44) Method: Evaluation measure: • Preceptee engagement with preceptorship program • Impact of program on preceptees • Value of program to preceptees • Sustainability of the program

	• Mixed-method study using Questionnaires, reflective journals, personal audio recordings over 6-month post preceptorship period from preceptees Analysis: • Quantitative data analysed using SPSS through descriptive statistic and t-tests • Cronbach's alpha coefficient assess reliability of impact and value scales • Qualitative data from open-ended questions from reflective diaries, reflective recordings coded and thematic development and analysis using Framework Method of analysis
Results	*Preceptee engagement with preceptorship program:* • 82% making time for meeting between preceptee/preceptor was a challenge • 93% meetings should be high priority • 97% preceptors had expertise • 70% wanted to choose own preceptor • 80% felt comfortable discussing problems with preceptor • 84% liked preceptor style of facilitation • 75% felt socialization to team helped *Themes Relating to Engagement:* 1. Value of program: support and providing feedback from preceptor 2. Challenges: time, paperwork, and different preceptors 3. Reflection: to support learning 4. Relationship with preceptor: relationship good/bad; role of preceptor *Impact of program on preceptees:* 1. Communication skills • Increase confidence and competence in communication with colleagues, patients, relatives and managers improved. Cronbach's alpha coefficient of .970 2. Personal development • 73% preceptorship enabled better management of stress and supported • 78% program enabled ability to share anxieties • Strong internal consistency with a Cronbach's alpha coefficient of .910 for confidence and communication skills 3. Role development • 66% helped settle into their new role and make transition from student to practitioner/employee • 78% improved their confidence in making decisions about patient care

	96% encouraged them to think about professional development and improved their ability to reflect on their practice 84% helped them to plan their career 70% enhanced their role satisfaction 79% made them more aware of their accountability as a nurse 76% had positive impact on developing high standards of practice - Cronbach's alpha coefficient of .878 with preceptorship and role development 4. Professional relationships 63% helped deal with difficult work relationships - Two thirds improved ability to work in a team - Cronbach's alpha coefficient of .929 with preceptorship and professional relationship development 5. Clinical skills development - Improvement in clinical competence was valued by preceptees 75% helped deal more confidently with problems related to patient care 68% improved competence in drug administration 68% develop competence in health and safety issues 55% develop competence in meeting nutritional needs of patient 50% enhanced level of competence in wound management - Cronbach's alpha coefficient of .938 Value of program to preceptees 87% managers valued program 57% colleagues valued program 54% program crucial to clinical practice 59% crucial to career development 98% program useful to new hires to organization 91% useful to anyone new to clinical speciality - Cronbach's alpha coefficient of .708 Sustainability of the program 90% consider becoming preceptor 80% recommend preceptorship to a colleague
Limitations & Strengths	Limitations: - Generalizability cannot occur as study conducted in one country - Validity not addressed Strengths: - Internal consistency - Provides evidence of benefits of preceptorship program - Reliability: Cronbach's alpha coefficient values .878 to .970

Comments	Preceptorship can alleviate the stress, anxiety and lack of confidence experienced by NQN through communication, role and clinical skills development, building relationships.
Rating	Strength of study: moderate Quality of study: high

Title #5	Allanach, B. C., & Jennings, B. M. (1990). Evaluating the effects of a nurse preceptorship programme
Setting & Objectives	Setting: Military medical center, California Objectives: • To evaluate the transition process of new graduates in a preceptorship programme • To examine changes in anxiety, hostility and depression among preceptees and the influence of locus of control
Sample, Method & Analysis	Sample: • NGN (n=44) • n=37 female (84%) Method: • 8 week preceptorship program • Preceptor attended general session and biweekly meetings with principal investigator (examine progress of preceptee) • Preceptee attended informal group session and biweekly group meetings with principle investigator (expectations and plan) • Data collected instrument: Multiple Adjective Affective Check list (MAACL): affective states (anxiety, hostility and depression) were collected at 1,8,13 and 24 week of program • I-E scale (series of 29 forced choice question pairs) to assess locus of control of preceptees Analysis: • Repeated measures design of variance (ANOVA) to assess changes in preceptees affective status over time.
Results	• No statistically significant changes to affective (anxiety, hostility, depression) for preceptees over time • Participants internal locus of control (mean=7.45, sd=4.48) was sustained over time. • No statistical significant noted: Anxiety: highest Pre-program at week 1 (mean=7.39); lowest end of program at week 8

	(mean=6.18) with slight increase week 13 (6.23) and decrease week 24 (6.20) • Hostility and depression: lowest pre-program at week 1 (mean=7.11 and 11.57 respectively); highest post program at week 13 (mean=8.02 and 12.30 respectively). (due to lack of time, patient workload)
Limitations & Strengths	Limitations • Recoil effect may have affected results • Results not transferable to other settings as not representative of population • Primary investigator may have influenced results as result of biweekly meetings Strengths • Multiple Adjective Affective Check list (MAACL) to assess affective status was valid and reliable tool • I-E scale to assess difference in affective status as result of locus of control (validity and reliability not discussed but evident in literature)
Comments	Preceptorship programs are important and necessary intervention to facilitate a successful transition from student nurse to staff nurse and decrease hostility and depression due to period of turmoil.
Rating	Strength of Design: moderate Quality of study: moderate

Title #6	Lee, T., Tzeng, W., Lin, C., & Yeh, M. (2009). Effects of a preceptorship programme on turnover rate, cost, quality and professional development
Setting & Objectives	Setting: Teaching medical center, Taiwan 1800 bed hospital Objectives: To evaluate the effect of preceptorship program on turnover rate, cost, quality of care and professional development.
Sample, Method & Analysis	Sample: Convenience sampling for recruitment Clinical preceptors • RN, >2yrs experience, possess requirements (skills and

	knowledge), recommended by manager, participate and passed preceptor program • n=24 • All female New nurses to unit. • n=34 • All female Method: Quai-experimental research design Survey Self-report Measure post preceptorship (6 months post preceptorship program) *Independent Variables:* Preceptorship Program *Dependent Variables:* • Turnover rate (hospital database) • Turnover cost (budget and hospital database) • Satisfaction of preceptors teaching behavior (using modified scale from Teaching Encounter Card Tool) • Preceptors perception (using modified scale from the Preceptor's Perception of Benefits and Rewards Sale, the Preceptor's Perception of Support Scale and the Commitment to the Preceptor Role). • Quality of Care Indicators(Committee of Quality Improvement) such as : medication errors, falls, Incident rates • Patient Satisfaction (Patient Satisfaction toward nursing care instruments) Analysis: • SPSS version 14.0 • Descriptive Statistics: frequency, percentage, mean, standard deviation to assess: demographics, distribution of each survey, staff turnover, medication error, falls, adverse events and cost. • Inferential Statistics evaluated by t-test-testing satisfaction with nursing care, turnover rates, training cost, medication error, falls, patient satisfaction) and comparing with same time period previous year
Results	Quality of Care • Cronbach's alpha was .86 for internal consistency reliability; Content Validity Index (CVI) was .92 for content validity Satisfaction of Preceptors teaching behavior • Cronbach's alpha was .9 for internal consistency reliability; CVI was .86 for content validity

	• Preceptors and preceptees reported high levels of satisfaction with preceptors teaching behaviors (α .9) Preceptors Perception • Cronbach's alpha was .89 and CVI was .87 for content validity • Preceptor reporter higher understanding of the benefits and rewards and support and commitment of program Turnover Rate for nurses • 15.4% resigned during this study • 33.1% resigned previous year • Turnover rate 46.5% less than previous year with preceptorship Turnover Cost • Retained 17% new nurses since preceptorship • Savings of $186,102 US dollars Medication Errors • Decrease in medication errors (8 previous year to 3 during study period) Patient Falls • Decrease in falls (52 previous year to 43 during study period) Adverse Events • Decrease in incidents (65 previous year to 52 during study period) Patient Satisfaction with Nursing Care ➢ Statistically significe compared to prior year for: • Increased positive attitude of nursing staff (t=2.772, p<0.01) • Increase in privacy of patient (t=2.550, p<0.05) • Increase in maintaining tranquility of wards (t=2.741, p<0.01) • Increase in instantaneous feedback (t=2.305, p<0.05)
Limitations & Strengths	Limitations: • Conducted in one hospital making representation and generalization difficult • Threats to external validity include Hawthorne effect • Uncontrolled variables (personal job satisfaction, organizational commitment, quality management perception) may account for turnover rates and indicators of nursing quality. • Potential threats to validity include selection and assignment bias of sample Strengths: • Elements for evaluation depicts importance for patient care and outcomes
Comments	Preceptorship program effectively lowered turnover rate, reduced turnover cost and enhanced quality of nursing care with respects to a decrease in falls, medication error and adverse event
Rating	Strength of Design: Moderate Quality of Study: Moderate

Title #7	Martensson, G., Lofmark, A., Mamhidir, A., & Skytt, B. (2016). Preceptors' reflections on their educational role before and after a preceptor preparation course: A prospective qualitative study
Setting & Objectives	Setting: Sweden university Objectives: To describe preceptors' experiences of their educational role before and after attending a preceptor preparation course
Sample, Method & Analysis	Sample: • Convenience sampling • n=27 (26 female, 1 male) RNs Method: • Phenomenological : prospective design • Preceptor preparation course at university • Group interviews/taped (pre-post course) • Semi-structured interview guide was developed (preceptors experience on role, commitment, performance as preceptor) Analysis • content analysis: Themes
Results	Education Role: *Before Course* • role characterized by individual experiences and understanding • constructive feedback was helpful • demanding and associated with insecurity *After Course* • role performance guided by personal and formal demands • course had provided a new awareness of the demands and complexity with role • greater responsibility and obligation for future colleagues • course increased status of role • preceptor role viewed as more interesting and enjoyable • increased self-esteem and capacity as preceptor Preconditions for Preceptorship: *Before Course* • focusing conditions of importance to fulfill the task • inadequate and unclear preconditions lead to feelings of insufficiency (e.g. lack of time influenced learning for preceptee; preceptee difficult and unsafe care and time constraints to address) • noted that preceptee prerequisites, interests, and knowledge were important to consider

	After Course • Dialogue and openness to ensure sufficient preconditions • Preceptees are important and require sufficient time and resources • Supportive colleagues to understand needs and provide supportive environment • Being aware of the differences between preceptee level of readiness • Preceptee motivation is important precondition Supervisory Process: *Before Course* • Teaching process • Teaching "how" requires planning and adjustment • Establishing good relation with preceptor and preceptee • Two preceptor to one preceptee for continuity of teaching "how" • Preceptee need to take responsibility to ask questions to advance learning • Aim to increase preceptee interest in nursing, teaching new procedures • Plan with preceptee experience in mind • Need for flexibility • Time for reflection is important *After Course* • Learning process • Flexibility and support to enhance learning • Treat preceptee with respect and help build confidence • Precepting is stressful yet adapting to the different preceptee needs is important • Action-reflection model • Aim to enrich preceptee clinical experience and develop • Positive feedback to support growth • Content of caring was stressed to preceptees • Being prepared and planning before preceptee arrives • Supportive and answer questions, explain and discuss, Overall, there was a shift in preceptors' perception of their educational role, preconditions for preceptorship and supervisory process.
Limitations & Strengths	Limitations: • Group interviews may have deterred participants from offering opinions • Sample limited to specific area and time period • Different researchers conducted interviews before and after course (interview guide was used to assure same questions were asked) Strengths: • The interviewers, senior lecturers at the university, were not

	involved in preceptor preparation course • 2 researchers confirmed data • Researchers experienced performing group interviews • All participants were involved in interaction in group interviews which adds to discussion • Participant had range of experience adding to support for results
Comments	• Findings from study show how participants develop in perception of educational role and confidence as result of taking part in a preceptor preparation course • Reflective learning can develop and strengthen preceptors' view of their educational role and help manage and create preconditions for preceptorship
Rating	Strength of Design: Moderate Quality of Study: Moderate

Title #8	Korzon, J., & Trimmer, W. (2015). The mutual benefits of preceptorship. Kai Tiaki Nursing New Zealand, 21(8), 14-16.
Setting & Objectives	<u>Setting:</u> Mental Health (MH) and Addition unit; Whitireia New Zealand <u>Objective:</u> • To identify the experiences of preceptors in mental health and addition • To ascertain further ideas to improve preceptorship role
Sample, Method & Analysis	<u>Sample:</u> • Register Nurses working in MH and addition at Whitireia • Had attended a clinical assessors'/preceptorship workshop by Whitireia • Provided preceptorship to new graduates in last five years • voluntary • n=16 • 75% female <u>Method:</u> • On-line survey (15 mins to complete) • Incorporating "four D" cyclic approach (discovery, dreaming, designing and destiny) • Appreciative Inquiry (AI) (focus is on strength and resources in role) • Results collated by research assistant

	<u>Analysis:</u> • Data entry and analysis conducted by researchers • Responses to open-ended questions were analysed for key ideas and themes • Thematic analysis
Results	Section One of Survey: Demographics • 63% age 45 to 54 • 75% female Section Two of Survey: Open-ended questions • Stories of best practice • Positive experiences • Greatest learning • Successful processes Section Three of Survey: Open-ended questions • Vision for enhancing preceptorship • Value of preceptorship Discovery Stage Themes • Opportunity for reciprocal learning • Witnessing learning • Growing confidence • Supporting transition to practice • Inter-generational contribution of knowledge over time • Reflective practice Dreaming/Designing/Destiny Stage Themes • Envisioning preceptorship • Actioning the vision for the future • Operational support- protected time allowing for more one-to-one time between preceptor and preceptee • Others to attend preceptor workshop to enhance their practice • Ongoing education toward role as preceptor • Preceptorship recognition by manager • Preceptors value role Benefits of Preceptorship • Reciprocity of knowledge sharing • Enhanced reflective skills • Interrelationship between academic knowledge and situational knowledge • Exposure to current evidence-based knowledge • Value of role as supporting and helping develop knowledge and growth • Supporting transition of preceptee into nursing profession area to alleviate stress and anxiety associated with that transition

Limitations & Strengths	Limitations: • Study design as it allows for real time follow up to clarify answers not evident • Self-report Strengths • Anonymous • Voluntary
Comments	Preceptorship programs provide preceptors practical solutions to some of the issues faced by NGN
Rating	Strength of Design: moderate Quality of Study: moderate

Title #9	Watkins, C., Hart, P. L., & Mareno, N. (2016). The effect of preceptor role effectiveness on newly licensed registered nurses' perceived psychological empowerment and professional autonomy.
Setting & Objectives	Setting: Southeast United States university Objective: To examine the relationship between newly licensed registered nurses'(NLRN) perceived preceptor role effectiveness (PPRE), psychological empowerment(PE) and professional autonomy(PA)
Sample, Method & Analysis	Sample: • 69 NLRN from baccalaureate nursing degree program • Female n=59 (85.5%), Caucasian n=51 (73.9%), Male n=10 • Convenience sample • Inclusion criteria (licenced as RN for 24 months or less, speak English, >18 yrs. old) • Power analysis to estimate sample size require of 85 NLRN (power=.80. alpha=.05, effect size=.30 Method: • Prospective, cross-sectional, descriptive research design • Emails sent to NLRNs who graduating within previous two years with link to survey • Survey using survey monkey (on-line) • Survey included: demographics, Preceptor Role Effectiveness Scale (PRES), Psychological Empowerment Scale (PES), Schutzenhofer Professional Nursing Autonomy Scale (SPANS) Analysis • Descriptive and inferential statistic using SPSS for Windows Release 21 • Descriptive statistics (freq, %, means, sd) to describe sample

	characteristics and NLRNs perceived preceptor role effectiveness, psychological empowerment, and professional autonomy. • Correlational analyses to examine the relationships between NLRNs perceived preceptor role effectiveness, psychological empowerment, and professional autonomy • Cronbach's alpha reliability coefficients to determine internal consistency reliability of the PRES,PES,SPANS • P≤.05 statistically significant
Results	• Had preceptorship n=63(91.3%) • Preceptors were effective in role in helping NLRN successfully transition to professional role of nursing n=58 (84.1%) PRES • NLRN perception of preceptors' role effectiveness during orientation(mean=63.04, sd=9.77) • Moderately high perception of preceptor role effectiveness PES • Measure NLRN perceived level of psychological empowerment (mean-3.98, sd=.57 • Moderately high perceived level of psychological empowerment SPANS • Measures NLRN level of professional autonomy (mean=198.90, sd=21.23 • Moderately high level of professional autonomy Relationships • Significant, moderately positive relationship between preceptor role effectiveness and professional autonomy (r(69)=.326, p=.006) • Significant, moderately positive relationship between preceptor role effectiveness and psychological empowerment (r(69)=.486, p<.001) • Significant, moderately positive relationship between psychological empowerment and professional autonomy (r(69)=.444, p<.001) Note: • As PPRE increased so did PPE and PA of NLRN • As PE increased so did PA High internal consistency reliability of PRES, PES and SPANS as assessed by calculating Cronbach's alpha coefficients (PRES=.97,PES=.88, SPANS=.91)
Limitations & Strengths	Limitations: • Email solicitation limits study to only students that provided the university with valid email • Assumption that participant would respond to email in timely manner resulting in low response rate • Small sample size • Generalizability of study finding: Study participant recruited from

	one university and only BN students; limits study participants, sample size, increases response bias, limited generalizability to diploma and associate's prepared NRN
	• Self-report questionnaires which increases response bias due to selection of socially desirable responses
	Strengths:
	• Design
	• analysis
Comments	• Preceptor role effectiveness is an important element in improving NLRN psychological empowerment, professional autonomy and successful transition to nursing practice for NLRN
	• Implementation of effective preceptorship is important to ease transition to practice and ensure retention for nursing workforce
Rating	Strength of Design: Moderate
	Quality of Study: Moderate

Title #10	Cloete, I. S., & Jeggels, J. (2014). Exploring nurse preceptors 'perceptions of benefits and support of and commitment to the preceptor role in the Western Cape province.
Setting & Objectives	Setting: UWC School of Nursing (SON), South Africa
	Objectives:
	To explore and describe nurse preceptors' perception of benefits, support and commitment to the preceptor role
Sample, Method & Analysis	Sample:
	• Convenience sampling n=41
	• Professional nurses who registered for preceptor program at UWC SON
	Method:
	• Descriptive correlational design
	• Inferential statistics to identify the relationships amongst variables (benefits, reward, perception of support, perception of commitment)
	• Data collection tool was adapted from previously developed questionnaire to address study question
	• Part 1: demographics; Part 2-4 based on preceptors' perceptions of benefits and rewards (PPBR), preceptors perceptions of support (PPS), commitment to preceptor role (CPR)
	• Pretested of questionnaire by two preceptors for validity and reliability

	Analysis: • Questionnaire valid and reliable • Data analysed using SPSS 20 software • Descriptive statistics to analyse the data collected from social demographics • Inferential statistics to analyse PPBR, PPS and CPR • Spearman's correlation coefficients to assess correlation between variables of PPBR, PPS and CPR • Non-parametric tests to analyze relationship between demographic variables and scores on CPR • Significance level 0.05 (two tailed)
Results	• Non-parametric test showed significant difference in mean CPR between those in clinical units and those in education units (p=0.018); this shows that preceptors working in clinical units are more committed to role • Increased exposure to preceptors increase satisfaction • 12.2% perceived no gain in personal satisfaction from role (they had short duration of preceptorship exposure which is clinically significant) • 87.8% had satisfaction in role (mean=4.71) • No indication of perceived benefits and rewards of role impact level of commitment to role • Preceptors perceived workload as appropriate when working as preceptor. 63% felt comfort with workload, 37% felt workload was inappropriate • No statistical significant between PPS and CPR (p=0.125) • Preceptors felt inspired to perform very best in role (90%) whereas 10% did not (perceived lack of support for role) • Results mostly positive from preceptors • Instruments reliability using Cronbach's alpha test yielded alpha coefficients of PPBR=0.73, PPS=0.76, CPR=0.75 confirming reliability
Limitations & Strengths	Limitations: • Study limited to professional nurses who completed preceptorship training at SON • Generalizability difficult • Small sample size affects generalizability of findings Strengths • Study design • Clear focus • Descriptive statics refers to the data in study • Inferential statistics refers to conclusion made

	• Content validity of instruments established • Face validity of instruments established
Comments	Preceptors who see themselves as having access to opportunity and support are likely to be committed to their role. Benefits to being a preceptor included increasing knowledge, satisfaction of teaching, satisfaction with role and integration new staff into unit, and recognition as role model.
Rating	Strength of Design: Strong Quality of Study: Moderate

Title #11	Hautala, K. T., Saylor, C. R., & O'Leary-Kelley, C. (2007). Nurses' perceptions of stress and support in the preceptor role.
Setting & Objectives	Setting: • Acute care setting • Two large acute care hospitals in San Francisco Bay Area Objectives: • To describe whether staff nurses perceive stress when precepting new staff or students • To describe the amount of stress staff nurses experience when precepting new staff or students • To describe the reasons staff nurses find precepting stressful • To describe staff nurses perceptions of whether they receive adequate support from other staff, such as nurse manager, nurse educator, and nursing faculty.
Sample, Method & Analysis	Sample: • Convenience sampling (n=65 RN) • Work in acute care • Inclusion criteria: preceptors identified by manager Method: • Descriptive, exploratory study • Investigator developed questionnaire (four parts) • Quantitative and qualitative data from questionnaire • Open-ended questions Analysis: • Descriptive statistics to describe the sample and perceptions of stress and support • Grounded theory approach
Results	65 questionnaires return Themes: Preceptors' Perception of Stress • Mild to moderate stress 83%; very stressful 4%; extremely stressful

	1%; no stress 11%
	• Using Pearson product-moment correlation coefficient (r): no relationship between years of experience and stress (n=65,r=.075,p=.55)
	• Stress felt for variety of reasons (workload, responsibility, time constraint)
	Most Common Reasons for Stress
	• Increased workload due to time and energy (patient care and teaching preceptee)
	• Competency or skill level of preceptee
	• Increased responsibility for supervision of preceptee
	• Patient acuity
	• Lack of organizational support
	• Lack of confidence in being effective teacher
	Preceptors' Perceived Levels of Support
	• Adequate preparation for role (88%)
	• Goals clearly defined (83%)
	• Workload appropriate (65%)
	• Coworkers supportive (91%)
	• Management committed to program (88%)
	• Availability of staff to assist preceptor development (49%)
	• Adequate opportunity to share information with other preceptors (57%)
Limitations & Strengths	Limitations: • Small sample n=65 • Unable to generalizing findings to all nurse preceptors • Participants voluntary which can lead to bias • Setting may not represent all other hospitals Strengths: • Design as provides flexibility on objectives and instruments for measurement • Contribution to nursing practice
Comments	• Workload reduction for preceptors • Written guidelines for preceptors • Provide feedback and critical thinking to preceptees • Educating preceptors on roles, goals, learning styles, strategies for constructive feedback • Preceptors crucial to successful orientation of nurses
Rating	Strength of Design: Moderate Quality of Study: Moderate

Title #12	Tracey, J. M., & McGowan, I. W. (2015). Preceptors' views on their role in supporting newly qualified nurses.
Setting & Objectives	Settings: Health and Social Care (HSC) Trust Objectives: To explore the perception of preceptors in relation to their role
Sample, Method & Analysis	Sample: • Experience as preceptor without training • List of preceptors stored on register in HSC trust • Purposive sampling • Voluntary • n=8 RN from acute care setting Method: • Qualitative exploratory design • Data collected by individual interviews conducted by one author - used questionnaires. • Interview recorded and transcribed verbatim Analysis: • Thematic analysis of interview questions by both authors and compared to ensure rigour and improve validity of findings
Results	Based on answers to questionnaire and thematic analysis, the following findings were concluded: • Understood role to support growth of preceptee • Felt prepared to engage in preceptorship • Felt supported by management • Preceptors identified rewards (growth, development, patient safety,) and challenges (time to spend with preceptee) with role • Recommendation to improve role and experience was protected time to spend with preceptee
Limitations & Strengths	Limitations: • Small sample n=8 • Unable to generalizing findings to all nurse preceptors • Participants voluntary which can lead to bias • Setting may not represent all other hospitals Strengths: • Design • Clear focus • Contribution to nursing practice

Comments	Preceptors view role as positive Findings of this study add to current literature by providing background and preceptors views in role
Rating	Strength of Design: Moderate Quality of Study: Moderate

Title #13	Moore, M., L. (2008). Preceptorship: Hidden benefits to the organization
Setting & Objectives	Setting: • Nursing department in eastern US Objectives: • To explore the relationship between preceptorship and organizational learning.
Sample, Method & Analysis	Sample: • Total 100 surveys • 51 nurses; 35 nurse managers; 6 educators; 6 nurse executives; 2 CNS • Female (84%); Caucasian (73%) Methods: • Purposeful, convenience, nonprobability sampling • Quasi-experimental, ex post facto survey study • Inclusion criteria: documents showing program goals/progress/skills • Sampling method aimed to represent two forms of orientation • Group A: preceptorship with preceptor training programs n=10 • Group B: non-preceptorship (buddy system) n=10 • Ten facilities for comparison • Five RN from convenience sample identified by DON from 20 nursing depts. • Organizational Action Survey (OAS) includes three types of measures: Likert scale, ranked by importance, forced-response items • Face validity and reliability of OAS confirmed (previous testing) • Construct validity confirmed (rigorous pilot testing process) • Survey items aggregated to form two scores: L for learning and P for performance • Subscale: "a" for adaptation to environment; "g" for goal achievement; "I" for integration of knowledge and information; "l" for latency in how system uses culture to stabilize itself

	Analysis: • Descriptive statistics to summarize demographics • Factor analysis and internal consistency (Cronbach's α) to assess psychometrics of OAS • T-test for independent groups to test for mean differences between groups • Significance set at α level <.05
Results	• Confirmatory factor analysis failed to explain subsystem function (a, g, I, l) due to unreadable markings and blank responses, hence uninterpretable data • Coefficient α for subscales >.7; performance latency .5313 • t-test showed Group A (preceptorship) rated dept. higher in organizational learning (p<.002) and performance (p<.008) then Group B (non-preceptorship)
Limitations & Strengths	Limitations: • sample limited to 20 nursing dept. in eastern US • generalizability limited to other industries and geographic locations • objective performance measures would have provided additional data to validate Strengths: • study design • clear focus
Comments	Preceptorship programs should include expectations of leaders, unit and organization which will support staff development and socialization
Rating	Strength of Design: Moderate Quality of Study: Moderate

Title #14	Almada, P., Carafoll, K., Flattery, J. B., French, D. A., & McNamara, M. (2004). Improving the retention rate of newly graduated nurses.
Setting & Objectives	Setting: Nursing dept. 150-bed nonteaching community hospital in Eastern Massachusetts Objectives: To determine if a newly designed preceptor program provided NGN adequate education, support, and acceptance in their new role as staff nurses and thereby increase retention rates
Sample, Method & Analysis	Sample: 40 NGN entering practice n=4 males; n=42 females

	Method:
	- Convenience sampling
	- Quantitative and qualitative study
	- Revamp of old orientation process
	- Utilization of Vermont Nurse Intern Project (VNIP) which matched preceptor and preceptee in "married state" for entire orientation
	- Preceptors attended full day program
	- Statistic data based on 40 surveys
	- NGN retention data based on 46 nurses who completed program
	- Coded survey tool and consent sent to NGN after completion of program and 3 months after working independently
	- DON provided statistics regarding retention and vacancy rates at baseline (April 2000 to May 2001) and post implementation (June 2001 to July 2002)
	Analysis:
	- Quantitative and qualitative data analysis
	- Survey addressed satisfaction, reasons NGN consider leaving, improvements in program
	- Survey included yes/no questions, visual analogue scale (VAS), open-ended questions
	- Validity of VAS confirmed
Results	- 89% (n=40) survey return rate
	- Program was what expected n=35 stated yes
	- Aspects ranked as important: length of orientation; matching of preceptor with preceptee; availability of professional development (PD) staff
	- Factors influencing going elsewhere: shift availability; location; money
	- VAS to determine satisfaction with program: high satisfaction (mean=93.7)
	- Retention rate: from 60% to 89% (increase by 29%)
	- Vacancy rate: January 2003 was 3% (decrease of 9.5%)
	- Retention rates increased and feedback on program positive for all
	- As reported by NGN: Increased level of comfort
	- As reported by DON: Fewer reported problems of NGN
	- As reported by PD: higher levels of confidence and satisfaction among NGN
Limitations & Strengths	Limitations:
	- Difficult to monitor new style of precepting for 100% compliance
	- Some preceptors needed as much guidance as NGN in new role
	- Sample size was small

	• Only conducted in a single setting • NGN can only compare program to personal expectations and needs Strengths: • Design • Contributes to literature by adding to knowledge of preceptor/preceptee experience
Comments	Preceptorship programs is a strategic plan to address retention, costs, recruitment and development of new staff
Rating	Strength of Design: moderate Quality of Study: moderate

Title #15	Henderson, A., Fox, R., & Malko-Nyhan, K. (2006). An evaluation of preceptors' perception of educational preparation and organizational support for their role.
Setting & Objectives	Setting: Acute tertiary referral center with 500 beds On general medical and surgical wards Objectives: To identify the appropriateness and usefulness of educational and managerial support provided to preceptors in the study organization
Sample, Method & Analysis	Sample: • Nurses who attended workshop (n=70) • Nurses who attended within last 3 months were invited to focus group • N=36 nurses participated in focus group or one-on-one interviews • Participants volunteered Method: • Phenomenological Inquiry • Interviews lasted 30-45 mins. • Six focus groups conducted at 2 to 3 months after workshop Focus groups lasted 1 hours • Small number nurses participated in interview (number not specified) • Four focus groups conducted 6 to 9 months after workshop • Audio-taped and transcribed verbatim to assist with analysis

	Analysis: • Thematic analysis
Results	Themes from Focus Groups and Interviews: *Satisfaction with Preparation Prior to Undertaking the Role* • Generally satisfied with preparation provided by workshop *Satisfaction with Their Role* • Satisfaction with being a preceptor for NGN and transferring staff • Highly committed to role • Role provided intrinsic rewards *Lack of Satisfaction with Practice Support* • Lack of recognition for role • Lack of organizational structure and commitment to role by manager • Lack of time to perform role effectively • Lack of assistance and support from educator to facilitate learning • Lack of reward system and recognition
Limitations & Strengths	Limitations: • Study relates to specific program • Generalizability to different programs in other organizations not evident • Results may different if participants not volunteers • Time and support to meet needs of preceptor not identified Strengths: • Focus group as group interaction provides data and insight • Methodology supports reflective process
Comments	Implication for staff development: Preceptors should be supported by providing continuing education, effective scheduling, and adequate time for learning and feedback in the clinical environment. Supports research findings for preceptorship educational program
Rating	Strength of Design: moderate Quality of Study: moderate

Appendix C: Consultation Report

Consultation Report with ED Staff

One-Day Preceptorship Workshop for Emergency Department Nurses

Teresa Reardon

008324881

April 18, 2017

Each year Canadian hospitals have seen a growth in the number and acuity of ED

patient visits (Canadian Institute for Health Information [CIHI], 2016). From 2011 to

2015 there was an overall increase of 2.5% in the number of ED patient visits at 9,065,

261 to 10,857,844 (CIHI, 2016). In Ontario alone, there has been a 1% increase in the

number of patient visits to the ED and a 1.4% increase in the number of emergent ED

visits (CIHI, 2016). This sustained growth in ED visits, coupled with the increase in

complexity of patients seeking healthcare in ED, places stress on health care providers,

specifically nurses, to provide safe and competent care in such a fast paced environment.

As a result, nurses in the ED have high rates of burnout, job turnover, absenteeism and

errors (Lee, Tzeng, Lin, & Yeh, 2009). A preceptor program that supports novice nurses

as they transition into the ED is proposed as a means to address the above concerns and

the health care needs of individuals and families who visit the ED. Preceptorship

programs have been shown to decrease medication errors and adverse events by preparing

new nurses to deal with the expectations of the workplace (Lee et al., 2009).

Every year health care organizations conduct orientation sessions for nurses who

are entering or transitioning into a new or unfamiliar area of practice. The ED is an area

where there is a high turnover rate of nurses. The estimated annual turnover rate of nurses

working in the ED at TSH, Canada is 20% (TSH-Emergency Department new hire

database, 2014). Attributing to this fact is that ED nurses are practicing in a highly

stressful setting where clinical decisions and nursing actions happen at a rapid pace, often

with little or no warning. Even for the most experienced nurse this can be quite daunting

and stressful. As a novice nurse, this transition can be more challenging when orientation

to the ED is not structured or the nurse is co-signed to another nurse who does not have

the requisite skills or education to be a preceptor (Patterson, Bayley, Burnell, & Rhoads, 2010). A preceptor program that supports nurses as they transition into the ED can address these concerns.

TSH is a two campus healthcare organization consisting of two EDs that operate 24 hours a day; seven days a week, with the ability to provide healthcare services for all levels of care. There is an average 130-140 patient visit per day at the Birchmount Campus (BC) and 180-200 patient visit per day at General Campus (GC). This is an estimated 50,000 annually for BC and 56,000 annually for GC. Each year there is approximately 3000 patient visit increase between the two campuses. The EDs at TSH face many of the same challenges as other EDs in Canada relating to staff turnover, shortage of experiences nurses, unstructured orientation program and burnout of senior nurses. In an effort to provide safe, competent care nurses who are new to the ED, are randomly buddied with an experience nurse who has a minimal two years of experience working in the ED. These experienced nurses often   have no formal training as a preceptor (e.g. teaching, coaching, mentoring, adult learning, tools or resources to help plan, support or evaluate novice nurses or new hires).

Starting a new job can be difficult and the transition for a novice nurse, who has less than a year nursing experience, into the ED can be challenging given the fast paced environment, the patient acuity, and the level of knowledge and skills required to work safely in the ED (Patterson et al., 2010). The pairing of novice nurses with an experienced ED nurse, who does not have any formal teaching learning experience, can result in a dissatisfied relationship that hinders a smooth transition into the ED. A goal of this

preceptorship workshop will be to identify and sustain a pool of preceptors who will have the required requisites skills and knowledge to support the learnings of novice nurses and strengthen the preceptor/preceptee dyad.

Through personal experience, as a new hire, as a preceptor in the ED, and in speaking with nurses working in the ED, gaps in the present orientation process were identified. These include no formal structure to the orientation process, lack of support from peers who do not understand the benefits of the preceptor role, ineffective communication and leadership skills, lack of requisite skills and competencies to support preceptees, and no formal training program to prepare nurses to become effective preceptors. As a result, the turnover for new hires is approximately 30% within the first two years (TSH-Emergency Department new hire database, 2014). TSH has an estimate $750,000 annual cost incurred related to turnover and new hire orientation needs (TSH-Emergency Department new hires database, 2014). A preceptor workshop, such as the one proposed, has the potential to decrease some of this financial burden as effective preceptor programs have been shown to decrease turnover rate, decrease orientation cost, increase retention (Lee et al., 2009; Sawatzky & Enns, 2012). Furthermore, a preceptor workshop can support the mission (to provide an outstanding care experience that meets the unique needs of each and every patient), vision (to be recognized as Canada's leader in providing the best health care for our global community) and values (Integrity, Compassion, Accountability, Respect, Excellence) of TSH (TSH, 2016). With the nursing shortage, rapid turnover of staff, aging nursing workforce, retirement, retention concerns such as job dissatisfaction and burnout, the ED recruitment strategy would benefit from the introduction of a preceptorship program (Sawatzky & Enns, 2012). The

purpose of this practicum project is to develop a one-day preceptorship workshop based

on evidence provided through the literature review and results of consultation with ED

staff.

Objectives

The objectives for the consultation were:

4. To identify gaps in the current ED orientation process to inform the development

    and delivery of a one-day preceptorship workshop

5. To identify the educational needs of preceptors and preceptees in the ED.

6. To obtain recommendations from key stakeholders (nurses, CRL, nurse managers)

    working in the ED on the design, content, and delivery of a one-day ED

    preceptorship workshop

Methods

Setting and Sample

The consultants were chosen based on their roles and experience within the ED. A

recruitment letter was sent by email, using established work group email address book, to

ED nurses, ED CRLs, and ED managers requesting their participation in a face-to-face

interview to discuss the existing preceptorship program in the ED and suggestions for

improvements (see Appendix A). The recruitment letter explained the purpose of the

consultations and provided background into the project. Responses to the recruitment

letter from staff, who agreed to participate, were received in my personal work email,

which is accessible only by me. I then contacted each person to arrange an interview.

Eight interviews were completed including four frontline ED RN, ED CRLs, and two ED nurse managers (see Appendix B and C). The sample of RNs consisted of three females and one male, ranging in age from 25-50 years. All RNs have experienced the preceptee role, but only three had been a preceptor. The years of experience working as an RN in the ED fluctuated from one year to 20 years. The CRLs and ED managers consisted of four females ranging in age from 40-50 years, all who have been frontline ED staff that have moved into management roles. The years of experience working in the ED fluctuated from ten years to 25 years.

Data Collection

Prior to participating in the interview participants were provided with an overview of the project including rationale for the interviews and the objectives for the consultation. Privacy and confidentiality was discussed. Consent was inferred by an email agreement to participate in interview lasting 30-45 minutes. Face to face interviews were conducted in a private office using a semi structured interview questionnaire (see Appendix B and C). The interview questionnaire was informed by the literature review and in consultation with my supervisor. The Health Research Ethics Authority Screening Tool (HREA, 2011), was completed to confirm that the project was quality improvement and not research hence, ethics approval was not required (see Appendix D). Notes were transcribed into a password protected computer that was accessible only by me. To further protect confidentiality, participants were assigned codes with no identifying features and all paper questionnaires were locked in a filing cabinet in my house of residence. Once the data was analyzed, it will remain in locked filing cabinet until the project is finalized then data will be destroyed. The consultation will provide key

findings that will inform the development of my practicum project and provide insight into gaps in literature.

Data Analysis

Responses to the interview questions were reread and common key themes identified. Themes were then compared with findings in the literature and guide the development of the preceptorship workshop.

Results

Interviews with the four ED RNs were conducted individually, interviews with two CRLs were conducted together and interviews with the two managers were conducted together.

Theme One: "The Good and the Bad of Existing ED Preceptorship Program"

The first theme captures the strengths and challenges of the current preceptorship program for preceptors and preceptees in the ED.

Several strengths were identified by participants with the current ED preceptor program for new hires which included that it offered a variety of learning methods to meet the learning styles and needs of preceptees. The common instruction activities found to be successful were face to face classroom teaching, online education, quizzes, hands on demonstration with preceptor and CRL, and being buddied with an experienced ED for approximately four to six weeks, while gradually taking on more responsibility. These findings were similar to that found in the literature review.

While all participants agreed that the current preceptorship program offers an opportunity for new hires to learn about the ED flow, ED policies and practice, and patient population and health concerns, there were challenges as it did not offer the

preceptor and preceptee a standard process for dealing with other important elements that support a smooth transition into ED. For example, conflict resolution, effective communication with members of interdisciplinary team, socialization in the ED, dealing with challenging personalities, managing workload, understanding learning styles and needs of preceptee, and evaluation on performance. Another challenge expressed by RNs was shared classroom time with Register Practical Nurses (RPN) whose scope of practice is different from RN thus; the level of instruction and content is not pertinent for both professionals. All participants identified a lack of dedicated time between preceptor and preceptee to meet and review progress and set learning goals as a challenge. This was attributed to no regular weekly meetings between the dyad and the heavy workload for the preceptor. That is, the preceptor had an assigned patient load while preceptoring which interfered with opportunity to provide feedback in a timely manner. This lack of structure leads to anxiety, stress, and limited learning experience for both. Adding to this is the fact that there is no designed method for evaluation. Participants stated that this negatively impacted the dyad relationship if expectations are not understood and addressed, leading to conflict. All nurses felt that formal evaluation tools would guide preceptors with providing feedback to preceptees and support ongoing learning and development. These findings were also noted in the literature review with the opportunity to address these challenges during the preceptorship workshop. Understanding the strengths and challenges of the current preceptorship program will provide an opportunity to build a preceptorship program that meets the needs of all stakeholders.

There were further strengthens and challenges reported by the preceptor. Strengths reported by the preceptor relate to a sense of pride in seeing the development of the

preceptees under their supervision as they felt it was a reflection of their own practice. A

challenge reported by preceptors was that they did not have formal training to address any

concerns warranting what they labeled as "difficult conversation" with preceptee, which

may lead to unresolved conflict. This can negatively impact the experience for the

preceptee and commitment for the preceptor. All participants felt that the role as teacher

was an essential part of the preceptor responsibility. Additionally, the preceptor was

fundamental in supporting the development of a competent practicing healthcare

professional. While in principle preceptors valued their contribution to the preceptorship

program they found it challenging and stressful due to lack of guidance, the nature of the

ED environment, acuity of patients, and lack of educational opportunity to develop that

role. This created stress for both preceptor and preceptee, which affected the overall

experience and learning. Preceptors felt that the current preceptorship program lacked

managerial support. They wanted a more structured process to meet with CRL to obtain

feedback on performance as preceptor, guidance on areas for improvement and focus.

Preceptors felt that this was an area to incorporate into the preceptorship workshop. The

reviewed literature supports the findings regarding the strengths and challenges that

nurses feel in the preceptor role (Cloete & Jeggels, 2014; Korzon & Trimmer, 2015;

Sandau et al., 2011; Sorensen & Yankech, 2008).

There were further strengths and challenges reported by the preceptee. Strengths

reported by preceptees relate to the fact that the ED provides numerous opportunities to

learn in diverse clinical scenarios identified under the guidance of a preceptor. This was

noted to build confidence in the preceptee and improve knowledge, skill, and judgement

that support practice. Preceptees felt it was important to have one preceptor during

orientation that could monitor and appreciate the progression in knowledge and skill development, support transition, offer guidance, and build trusting relationship between them. Furthermore, preceptees stated that it was a challenge when there are many preceptors for one preceptee, as it did not provide consistency for learning, which created anxiety for preceptee and preceptor and interferes with the learning experience and building of a trusting relationship.

Another challenge noted by one RN, who had the most recent experience as preceptee, was the high expectations that preceptors had of preceptees to know everything "right away", and frustration felt when this was not the case. This particular preceptee being new to ED felt there was much to learn, which takes time, yet preceptors can become impatient which creates tension. This same preceptee stated that she was considering resigning during orientation as she did not feel supported by preceptors and it was causing anxiety and stress. The reviewed literature supports the findings regarding the strengths and challenges that nurses feel in the preceptee role (Cloete & Jeggels, 2014; Korzon & Trimmer, 2015; Sandau et al., 2011; Sorensen & Yankech, 2008).

The managers and CRLs voiced concern that the present preceptorship program, although provides new hires with education to support practice, there is opportunity for improvements that would further support transition into the ED. Concerns were voiced related to constant nursing turnover and associated costs, staff shortage, recruitment and retention concerns such as new hires leaving within the first year, staff and patient satisfaction. As reported in the literature there was agreement among the leaders that a preceptorship workshop to address these concerns would reduce financial strain on the institution (Lee et al., 2009; Marks-Maran et al., 2013; Sandau et al., 2011; Sawatzky &

Enns, 2012).

Theme Two: "Choosing an Appropriate Preceptor"

The second theme identified revolved around the importance of choosing appropriate preceptors who possess attributes that are indicative of a good preceptor. All participants thought that there should be a process for selection of preceptors who meet certain preceptor criteria. The importance of pairing the preceptor and preceptee to ensure a "good fit" was voiced by all participants. This pairing may contributed to more positive learning experience for both preceptor and preceptee, as they build a trusting relationship.

There were many desired preceptor attributes that were suggested by the participants which should be considered when selecting appropriate preceptors. Some of these attributes include being supportive, compassionate, patience, confident, respectful, good work ethics, and knowledgeable, competent, effective communication skills. Further attributes include being professional, student-centered, approachable, good role model, positive attitude, coping skills, conflict resolution skills, adaptable, guides and supports autonomy, nonjudgmental, provides learning opportunities and feedback, and having good leadership skills that supports a positive learning experience and transition into ED environment. All nurses agreed that preceptors who possess these attributes would provide a positive learning experience for preceptees and positive outcomes for the preceptors. These findings were also supported by the literature (Duteau, 2012; Jeggels, Traut, & Africa, 2013; Marks-Maran et al., 2013; O'Malley et al., 2000; Speers et al., 2004).

Theme Three: "Preceptorship Program Benefits"

The third theme included benefits associated with performing the preceptor role.

All three nurses agreed that as a result of being a preceptor in the past, the experience

provided many benefits: it had strengthen their practice through reflection, renewed

interest in nursing as a profession, commitment to learn and increase knowledge,

improved communication skills, professional growth, increased confidence, and

commitment to the development of future ED nurses. These benefits were also supported

by the reviewed literature (Glynn & Silva, 2012; Jewell, 2013; Kingsnorth-Hinrichs,

2009; Marks-Maran et al., 2013). Understanding the significance of being a preceptor

provides valuable information that will inform the development of a one-day

preceptorship workshop by addressing needs of the audience, the ED preceptors, and

engagement from frontline staff.

Management weighed in on the benefits of developing a new and improved well-

structured preceptorship program that provided preceptors with the training to effectively

perform in the role. Some of the main benefits voiced by the managers and CRLs of ED

included reduction in turnover, reduction in costs related to turnover, decrease in number

of orientation sessions required, and staff satisfaction. Mangers expressed that this led to

a highly skilled secure workforce with retention of highly skilled and competent ED staff,

and as a result improvement in patient outcomes. These benefits were also supported in

the reviewed literature (Cottingham, DiBartolo, Battistoni, & Brown, 2011; Lee et al.,

2009).

Threaded throughout each interview with the nurses was the agreement that there

was a lack of recognition and /or rewards for the preceptor. The current incentive for

being a preceptor involved an interest to develop more highly skilled and competent ED

nurses to combat the shortage that pervades the ED. The participants felt that recognition

by management and the organization would mean a lot and secure future interests and

commitment in being a preceptor. Such recognition could include some form of financial

compensation or being formally recognized by management and peers. During the

preceptorship workshop participants will be recognized for their commitment through

email and monthly newsletter from the ED manager.

Theme Four: "Designing An Effective Preceptorship Workshop"

The forth theme captures participants suggestions as to the design and content of

the one-day preceptorship workshop. Recognizing that each participant has a unique

learning style, there was consensus that the workshop not involve sitting in a classroom

reading from a PowerPoint as the sole instructional method. Participants agreed that the

workshop should be interactive with opportunity to engage with other participants in

working groups to practice what is being taught thus, supporting learning and

understanding of content.

The content that was suggested by the nurses and management to include in the

workshop were ED culture and diversity, socialization of preceptee into ED practice area,

supporting development of critical thinking, effective communication, adult learning

principles, adult learning styles, and teaching strategies. Further content that was

suggested to include in the workshop was a discussion on reality shock, evaluation tools

and providing feedback, roles and responsibilities of preceptor and preceptee,

generational differences, developing goals and objectives using learning plan, and conflict

resolution. Participants felt this suggested content offered participants a board range of

knowledge and education to support their learning needs to become an effective

preceptor. The literature review supports the inclusion of this same content for a

preceptorship workshop (Duteau, 2012; Jeggels, Traut, & Africa, 2013).

Limitations Noted in the Interview Findings

The results of the consultation with nurses and leadership highlighted a few limitations that may have narrowed the findings. Although there was an agreement from all participants that the current ED preceptorship program supports preceptee educational learnings, the small number of participants did not represent all nurses in the ED. This is a gap as there was only one nurse (12%), who had gone through orientation within the past year and could speak to the current preceptorship program from preceptee experience. There were only three nurses (37.5%), who had been a preceptor and could speak to the current preceptorship program from preceptor experience. Management represented fifty percent of participants, and although the information obtained was important and valuable as they were all frontline ED nurses at one time, this equaled to the same percentage of frontline nurses who were represented. This gap highlights that the opinions of the participants may not represent the opinions of all the ED nurses. Despite the consult limitations, the results have provided valuable information that will guide the development of a one-day preceptorship workshop for ED nurses.

Conclusion

The knowledge obtained from the literature review along with the results of the consultation with ED nurses, CRLs, and managers, will guide the development of the one-day preceptorship workshop for ED nurses. Although there is an informal preceptor program in place, it is not structured enough to satisfy the needs of all involved. A preceptorship workshop was an approach that all participants liked and felt it was a good

strategy to prepare preceptors to take on that role and support preceptees transition into the ED. The content identified by stakeholders that should be included in the workshop were discussed above and supported by the literature review.

A final review of the content in the one-day workshop by key stakeholders will provide an opportunity to obtain feedback and improvements as necessary. The results will benefit participants (preceptors) who will have the opportunity to participate in the workshop and the new hires (preceptee) who will have the privilege to engage in a preceptorship relationship with a trained preceptor.

References

Canadian Institute for health Information (CIHI). (2016). NACRS emergency department

(ED) visits: Volumes and medium length of stay by triage level, visit disposition,

and main problem. Retrieved from

https://www.cihi.ca/en/types-of-care/hospital- care/emergency-and-ambulatory-
care/nacrs-emergency-department-ed-visits

Cloete, I. S., & Jeggels, J. (2014). Exploring nurse preceptors' perceptions of benefits and

support of and commitment to the preceptor role in the Western Cape Province.

Curationis, 37(1), 1-7. http://dx.doi.org/10.4102/curationis.v37i1.1281

Cottingham, S., DiBartolo, M. C., Battistoni, S., & Brown, T. (2011). Partners in nursing:

A mentoring initiative to enhance nurse retention. *Nursing Education*

Perspectives, 32(4), 250-5. doi:10.5480/1536-5026-32.4.250.

Duteau, J. (2012). Making a difference: The value of preceptorship programs in nursing

education. *The Journal of Continuing Education in Nursing, 43*(1), 37-43.

doi:103928/00220124-20110615-01

Glynn, P., & Silva, S. (2012). Meeting the needs of new graduates in the emergency

department: A qualitative study evaluating a new graduate internship program.

Journal of Emergency Nursing, 39(2), 173-178. doi:10.1016/j.jen2011.10.007

Health Research Ethics Authority Screening Tool. (2011). Screening tool for determining

the appropriate route for ethics review. Retrieved from

http://www.hrea.ca/Ethics-Review-Required.aspx

Jeggels, J. D., Traut, A., & Africa, F. (2013). A report on the development and

implementation of a preceptorship training programme for registered nurses.

Curationis, 36 (1), 1-6. doi:10.4102/curationis.v36i1.106

Kingsnorth-Hinrichs, J. (2009). Growing new graduates: Training and retention...it takes

a village. *RN, 72* (1), 40. Retrieved from
http://www.modernmedicine.com/modern-
medicine/news/modernmedicine/modern-medicine-feature-articles/growing-new-
nursing-graduates-t

Korzon, J., & Trimmer, W. (2015). The mutual benefits of preceptorship. *Kai Tiaki

Nursing New Zealand, 21*(8), 14-16. Accession Number: 109545106

Lee, T., Tzeng, W., Lin, C., & Yeh, M. (2009). Effects of a preceptorship programme on

turnover rate, cost, quality and professional development. *Journal of Clinical

Nursing, 18(*8), 1217-1225. doi:10.1111/j.1365-2702.2008.02662.x

Marks-Maran, D., Ooms, A., Tapping, J., Muir, J., Phillips, S., & Burke, L. (2013). A

preceptorship programme for newly qualified nurses: A study of preceptees'

perception. *Nurse Education Today, 33*(11). 1428-1434.

http://dx.doi.org/10.1016/j.nedt.2012.11.013

O'Malley, C., Cuncliffe, E., Hunter, S., & Breeze, J. (2000). Preceptorship in practice.

Nursing Standards, 14 (28), 45-49.
http://dx.doi.org/10.7748/ns2000.03.14.28.45.c2801

Patterson, B., Bayley, E. W., Burnell, K., & Rhoads, J. (2010). Orientation to emergency

nursing: Perceptions of new graduate nurses. *Journal of Emergency Nursing,*

36(3), 203-211. doi: 10.1016/j.jen.2009.07.006

Sandau, K. E., Cheng, G., Pan, Z., Gaillard, P. R., & Hammer, L. (2011). Effect of a

preceptor education workshop: Part 1. Quantitative results of a hospital-wide

study. *The Journal of Continuing Education in Nursing, 42*(3), 117-126.

doi:10.3928/00220124-20101101-01

Sandau, K. E., & Halm, M. (2011). Effect of a preceptor education workshop: Part 2.

Qualitative results of a hospital-wide study. The *Journal of Continuing Education*

in Nursing, 42(4), 172-181. doi:10.3928/00220124-20101101-02

Sawatzky, J. V., & Enns, C.L. (2012). Exploring the key predictors of retention in

emergency nurses. *Journal of Nursing Management, 20* (5), 696-707.

doi: 10.1111/j.1365-2834.2012.01355.x

Sorensen, H. A. J., & Yankech, R. (2008). Precepting in the fast lane: Improving critical

thinking in new graduate nurses. *The Journal of Continuing Education in Nursing,*

*39(*5), 208-216.

http://dx.doi.org.qe2a-proxy.mun.ca/10.3928/00220124-20080501-07

Speers, A. T., Strzyzewski, N., & Ziolkowski, L. D. (2004). Preceptor preparation: An

investment in the future. *Journal for Nurses in Staff Development, 20*(3), 127-133.

doi:10.2202/1548-923X.1940

TSH-Emergency Department New Hires electronic data file. 2013-

2015-Clinical resource leader-emergency program (electronic files).

TSH (2016). Mission, Vision, Values. Retrieved from

http://www.tsh.to/welcome/who-we-are/mission-vision-values/

Appendix A: Recruitment Email

Hi Everyone

As a requirement for my Master of Nursing program at Memorial University of Newfoundland (MUN), I will be developing a one-day preceptorship workshop for the Emergency Department (ED) nurses. This one-day preceptorship workshop will provide education for future ED preceptors to become effective in that role. I am requesting your participation and assistance with gathering information and perspectives of our current state preceptorship program in the ED, and suggestions for improvements. Please note that all information and opinions will be kept private and confidential.

For those interested in participating, I will arrange to meet with you face to face for approximately 20-30 minutes. This meeting will occur in a mutually agreed upon location that is convenient for you. During this meeting, a short questionnaire will be used to guide the interview.

Your agreement to assist with this program development will assist future ED preceptors and preceptee in professional development and ultimately address quality of care and improve patient outcomes.

I eagerly await to hear from you

Teresa Reardon

Appendix B
Interview Questionnaire for Nurses

Name	Have you been a preceptor in the past? Y N
Years of nursing experience? ED?	Have you had formal preceptor training? Y N

What is the current orientation process in the ED for new hires?
_____
_____

Can you provide examples of the strengths/challenges of the ED orientation process?
_____
_____

Can you provide an example of some the challenges as a preceptor/preceptee?
_____
_____

Can you provide examples of the roles, responsibilities and attributes of a preceptor?
_____
_____

Do you feel preceptors in the ED are adequately prepared to perform the role? Explain?
_____
_____

Can you provide suggestions on how to improve the orientation process?
_____
_____

Would a preceptorship program benefit preceptors/preceptees? How? Would you attend?
_____
_____

What program content do you feel should be included in a preceptorship workshop?
_____
_____
_____

Appendix C
Interview Questionnaire for Nurse Manager and Nurse Educator

Name/Title	Have you been a preceptor in the past? Y N
Years of nursing experience?	Have you had formal preceptor training? Y N

What is the current orientation process in the ED for new hires?
_____
_____

Can you provide examples of the strengths of the current ED orientation process?
_____
_____

Can you provide examples of the challenges of the current ED orientation process?
_____
_____

Can you provide examples of the roles, responsibilities and attributes of a preceptor?
_____
_____

Do you feel preceptors in the ED are adequately prepared to perform the role? Explain?
_____
_____

How would a preceptorship program benefit the preceptors, preceptees and the ED?
_____
_____

What program content do you feel should be included in a preceptorship workshop?
_____
_____

Comments
_____
_____
_____

Appendix D
Health Research Ethics Authority Screening Tool

	Question	Yes	No
1.	Is the project funded by, or being submitted to, a research funding agency for a research grant or award that requires research ethics review	☐	☒
2.	Are there any local policies which require this project to undergo review by a Research Ethics Board?	☐	☒
	IF YES to either of the above, the project should be submitted to a Research Ethics Board. **IF NO** to both questions, continue to complete the checklist.	☐	☐
3.	Is the primary purpose of the project to contribute to the growing body of knowledge regarding health and/or health systems that are generally accessible through academic literature?	☐	☒
4.	Is the project designed to answer a specific research question or to test an explicit hypothesis?	☐	☒
5.	Does the project involve a comparison of multiple sites, control sites, and/or control groups?	☐	☒
6.	Is the project design and methodology adequate to support generalizations that go beyond the particular population the sample is being drawn from?	☐	☒
7.	Does the project impose any additional burdens on participants beyond what would be expected through a typically expected course of care or role expectations?	☐	☒
LINE A: SUBTOTAL Questions 3 through 7 = (Count the # of Yes responses)		0	5
8.	Are many of the participants in the project also likely to be among those who might potentially benefit from the result of the project as it proceeds?	☒	☐
9.	Is the project intended to define a best practice within your organization or practice?	☒	☐
10.	Would the project still be done at your site, even if there were no opportunity to publish the results or if the results might not be applicable anywhere else?	☒	☐
11.	Does the statement of purpose of the project refer explicitly to the features of a particular program, organization, or region, rather than using more general terminology such as rural vs. urban populations?	☒	☐
12.	Is the current project part of a continuous process of gathering or monitoring data within an organization?	☒	
LINE B: SUBTOTAL Questions 8 through 12 = (Count the # of Yes responses)		5	0
	SUMMARY The sum of Line B is greater than the sum of Line A; the most probable purpose is quality/evaluation. I will therefore not involve a Research Ethics Board based on the guidelines used at Memorial University of Newfoundland that were adapted from ALBERTA RESEARCH ETHICS COMMUNITY CONSENSUS INITIATIVE (ARECCI).		

Appendix D: A One-Day Preceptorship Workshop Manual

Emergency Department Preceptorship Workshop Manual

A One-Day Educational Workshop

Table of Contents

Introduction

Every year health care organizations conduct orientation sessions for nurses who are entering or transitioning into a new or unfamiliar area of practice. The ED is an area where there is a high turnover rate of nurses. The estimated annual turnover rate of nurses working in the ED at TSH, Toronto, Canada is 20% (TSH-Emergency Department new hire database, 2014). Attributing to this fact is that ED nurses are practicing in a highly stressful setting where clinical decisions and nursing actions happen at a rapid pace, often with little or no warning. Even for the most experienced nurse this can be quite daunting and stressful.

Preceptorship is a short-term teaching and learning relationship between an experienced nurse and novice nurse with the purpose of assisting a smooth transition of novice nurse into the clinical environment (Kaviani & Stillwell, 2000). Preceptorship workshops have the potential to benefit the preceptor, the preceptees, and nursing practice by providing the education necessary for preceptors to become effective mentors. As a preceptor, the experienced ED nurse plays a role in teaching, counseling, inspiring, role modelling, and supporting the growth and development of a nurse for a fixed amount of time, with the specific purpose of socializing the nurse into the role and expectations of the ED nurse (Happell, 2009). Hence, fostering preceptees to develop the knowledge, critical thinking, and decision-making skills to provide safe competent care in the ED (Marks-Maran et al., 2013), and in return reducing nursing turnover rates in the ED.

The contents of this resource manual are for the CRL who will deliver the one-day preceptorship workshop. Educational leave and payment will need to be approved from the manager of the ED for those nurses who will attend the workshop.

The one-day preceptorship workshop was developed out of a need voiced by ED nurses for education relating to the role of the preceptor. In order to recruit potential preceptors an email will need to be sent to the manager seeking recruitment support **(see Appendix A),** who in turn will send a letter via email to all ED nursing staff looking for those who are interested in becoming a preceptor and requesting they contact her to discuss this opportunity **(see Appendix A).** Selected nurses will then meet with the CRL and/or the unit manager to determine if the nurse meets the preceptor selection criteria **(see Appendix B).** Nurses selected to attend the workshop will be sent an email inviting them to participate in the preceptor workshop **(see Appendix A).** The one-day workshop will have a minimum of 20 participants to ensure sufficient opportunity to engage in activities and learning.

The one-day preceptor workshop will provide ED nurses with the education and resource tools to support new nurses transitioning into the ED at TSH to develop the required knowledge, skills, and competencies to practice in a safe manner. This resource manual provides the information and instruction for the CRL to successfully implement the preceptor workshop for the ED nurses. This resource manual is divided into six sessions. Session 1 provides an overview of the one-day workshop. Session 2 includes an ice breaker to assess participant's existing level of knowledge about preceptorship. Session 3 reviews the concept of preceptorship and the challenges novice nurses

experience while transitioning and socializing into the ED. Session 4 explores principles

of adult teaching and learning, critical thinking, as well an opportunity to learn about

individual learning styles. Session 5 examines how to communicate with a preceptee,

provide feedback/ evaluation, and resolve any potential conflict. Session 6 ends the

workshop with a participant evaluation and presenting certificate of completion.

Each session starts off with learning objectives followed by learning

activities/resources, required materials, and directions for the facilitator. All sessions end

with a reflection question that is bolded within an orange shaded box and an exercise that

will test participants' comprehension to ensure they are meeting the objectives of the

session. Corresponding to each session is a PowerPoint with assigned slides **(see**

Appendix C) and speaker notes (PowerPoint on USB drive) which can be used as a

reference only for the facilitator who can determine if some or all the information

contained within the notes need to be shared during the workshop. Throughout the

workshop, formal evaluation methods will be used to test comprehension through

activities and reflective questions. Should any participant have challenges with meeting

the objectives of the workshop, there will be an opportunity to provide further support

and resources. These participants will be offered one on one support from the facilitator

who will seek out alternative resources to augment participants learning. Each participant

will receive a certificate of completion **(see Appendix M)** post participation in the

workshop. Appendix D to L contains supporting material that will be used throughout the

one-day workshop.

The next page contains a list of items/activities in order to prepare for the workshop. This is followed by an overview of the overall goal and objectives of the workshop and ends will a draft agenda for the day. Good Luck!

Preparing For Workshop

Preparation for Preceptorship Workshop

- It is a full day workshop (0800-1600)
- Establish agenda for one-day workshop
- Approval for educational days for preceptors from ED manager
- Book a room for 20 participants with laptop, projector, screen and sound available
- Familiarize self with program and facilitators binder
- Have PowerPoint presentation ready (on UBS drive)
- Have handouts printed and organized
- Print off certificate of completion which will be given at the end of the day
- Request funds for snacks and coffee for the workshop from ED manager
- Potential preceptors must meet with the manager and CRL to determine suitability using preceptor selection criteria **(see Appendix B)**
- Ensure email invitation are sent to potential preceptors **(see Appendix A)**

Pre Workshop (Day Prior to Workshop)

- Set up room (have table and chairs set up- 4 participants per table)
- Have a flip chart with paper and markers
- Have attendance sign in sheet, pen, name tags set up on the table
- Have PowerPoint set up and ready
- Have resource materials/handouts set out at a separate table
- Have group work organized
- Have facilitator binder ready for yourself
- Confirm snacks and coffee

As the facilitator, when you read through this manual to prepare for the workshop, please take note of the following important highlights throughout the manual to support you.

- Present the workshop in the order it is set out
- Each session begins with learning objectives and includes learning activities/resources, materials required, directions for facilitator.
- All sessions will end with a reflection question that is bolded within an <mark>orange</mark> shaded box for visibility and an exercise that will test comprehension.
- Corresponding to each session is a PowerPoint with assigned slides and speaker notes as a resource for the facilitator
- Key points will be **bolded** so that the facilitator emphasizes these points to the participants

Workshop Goals and Objectives

Goal:

To provide ED nurses the education and resources to become effective preceptors.

Objectives:

At the completion of this workshop, the participants will;

1) Develop an understanding of preceptorship

2) Identify the qualities of a preceptor

3) Describe the roles and responsibilities of preceptor and preceptee

4) Apply principles of adult education

5) To develop strategies that promote critical thinking

6) Develop strategies that provide constructive feedback to preceptees

7) Apply strategies for effective conflict resolution

Agenda

Session 1: 0800-0830 Introductions

Session 2: 0830-0900 Ice Breaker

Session 3: 0900-1000 Preceptorship and Socialization into ED

1000-1030: Coffee Break

Session 4: 1030-1200 Adult Teaching- Learning, Critical Thinking and Learning Styles

1200-1300: Lunch

Session 5: 1300-1400 Communication, Feedback/Evaluation and Conflict Resolution

1400-1430: Coffee Break

1430-1500: Question Period

Session 6: 1500-1530 Workshop Evaluation

1530-1600: Distribution of Certificate of Completion

Session 1: Introduction

Learning Objectives:

- To provide an overview of the ED preceptorship workshop

Learning Activities/Resources:

- PowerPoint **(see Appendix C)**

- Speaker Notes in PowerPoint (on USB drive)

Material Required:

- Laptop and projector

- Sign in sheet **(see Appendix D)** and name tags

Facilitator will need to do the following:

- Connect laptop to projector and confirm visible on screen

- Upload power point presentation

- Complete name tags

- Complete sign in sheet

Instructions: Discuss housekeeping items (respect, cell phone use, bathroom etc.).

Introduce yourself and ask everyone to introduce themselves and provide a brief

background on where they have worked and how long they have worked in the ED.

Facilitator will provide an overview of the day.

Session 2: Ice Breaker

Learning Objectives:

- To assess ED nurses current knowledge regarding attributes of an ideal preceptor

Learning Activities/Resources:

- PowerPoint **(see Appendix C)**

- Speaker Notes in PowerPoint (on USB drive)

- Group Discussion/Brainstorming on Qualities of Ideal Preceptor Activity # 1

Material Required:

- Laptop and projector

- Flip chart and markers

- Whiteboard

- Qualities of preceptor checklist for Activity 1 **(see Appendix E)**

Facilitator will need to do the following:

- Connect laptop to projector and confirm visible on screen

- Upload power point presentation

- Ensure each table has material (flip chart, markers)

Explain activity #1: Assessing Knowledge Regarding Qualities of Ideal Preceptor

Instructions: Divide the group into groups of 5. Read each question to group from

PowerPoint displayed on screen. Allow 15 minutes for table discussion, then bring group

back and discuss as larger group. Ask each group to select a person or lead who will

record responses to the questions on flip chart and report back to larger group. If participants do not provide many qualities, use the checklist in **Appendix E** to support ongoing discussion.

- On white board draw a table with two columns (see below)

Qualities of an Ideal Preceptor	Reason for Becoming Preceptor

- End ice-breaker session with the reflective question below

Reflection Question: **Are there any commonalities between "Preceptor Qualities" and "Reason for becoming a Preceptor". Do you see any of these qualities in yourself?**

- As a group discuss commonalities of the two questions.

Session 3: Preceptorship and Socialization into the ED

Learning Objectives:

- To discuss the roles and responsibilities of preceptor and preceptee

- To gain an understanding of the benefits of a preceptorship program

- To gain an appreciation for some of the challenges nurses experience when transitioning into ED

Learning Activities/Resources:

- PowerPoint **(see Appendix C)**

- Speaker Notes in PowerPoint (on USB drive)

- Preceptor Roles and Responsibility Word Game Activity # 1

- YouTube Video on Nurse Socialization Activity # 2

Material Required:

- Laptop and projector

- PowerPoint

- Preceptor Roles and Responsibilities Word Game for Activity 1 **(see Appendix F)**

- YouTube Video on Nurse Socialization for Activity 2 (on PowerPoint, slide 22)

Facilitator will need to do the following:

- Display PowerPoint on screen and ensure visible to all participants

- Begin PowerPoint and read out loud import points as you move through each slide

- Provide each participant with a copy of the word game

Explain activity # 1: Roles and Responsibilities of Preceptor Word Game

Instructions: In this activity, you will be assessing and discussing participant's comprehension of the roles and responsibilities of preceptor. Instruct participants to read each question and fill in the blank. When all nurses have completed the word game, bring back and discuss in larger group and provide correct answers to questions.

- Follow up by asking participants the following questions: *"What are some of the benefits of a preceptorship program?" and "What are some of the challenges nurses experience while transitioning into the ED?"*
- End session with reflection question below

Explain activity #2: Video on Nurse Socialization

Instructions: In this activity, participants will watch a video of a nurse's experience starting in a new practice area and trying to socialize into the culture of that area. You will gain an appreciation for the challenges nurse experience while transitioning into ED. Instruct participants to consider what challenges the nurse experienced and what could have been different to support the new hire.

- Show YouTube video socialization into the practice area while trying to learn
- End session with reflection question below.

<u>*Reflection Questions:*</u> **Reflect on your own areas of strength and areas for improvement as preceptor. Think about a time when you had to help socialize someone into the ED. How did you do that? What were some of the challenges? How would you help new hires socialize into ED today?**

Session 4: Adult Teaching- Learning and Critical Thinking

Learning Objectives:

- To apply principles of adult education

- To apply effective teaching strategies.

- To discuss application of Benner's novice to expert in nursing practice

- To develop strategies to promote critical thinking.

- To determine individuals' learning styles

Learning Activities/Resources:

- PowerPoint **(Appendix C)**

- Speaker Notes in PowerPoint (on USB drive)

- Teaching and Learning Word Game Activity # 1

- One Minute Preceptor Role Modeling Promoting Critical Thinking Activity # 2

- Individual Learning Styles Activity # 3

Material Required:

- Laptop and projector

- PowerPoint

- Teaching and Learning Word Game for Activity # 1**(Appendix G)**

- Critical Thinking Scenario/One Minute Preceptor Method for Activity # 2

  (Appendix H)

- Kolb's & VAK Learning Styles Questionnaires for Activity # 3 **(see Appendix I)**

Facilitator will need to do the following:

- Display PowerPoint on screen and ensure visible to all participants

- Begin PowerPoint and read out loud import points as you move through each slide

Explain activity #1: Teaching and Learning Word Game

- **<u>Instructions</u>***:* In this activity, nurses will recall principles of adult learning and effective teaching strategies. Instruct each nurse to read the question and match the answer with the word provided on the right side of the table. Come back as a larger group to discuss and provide correct answers. Follow up by asking the following question: ***"How would you know the competency level of preceptee and how will that affect the way you teach and support their learning?"***

Explain activity #2: One Minute Preceptor Role Modeling Promoting Critical Thinking

<u>Instructions:</u> In this activity, we will apply strategies to promote critical thinking. Instruct each table to break into pairs with one person being preceptor and the other person a preceptee. Each pair is provided with a scenario to promote critical thinking in preceptee using the one minute preceptor model as a guide. If time permits switch roles. Come back as a larger group and discuss strategies that were used and effectiveness of those strategies. Follow up by asking the group the following question: ***"What effective teaching strategies did you use to support preceptee learning and promote critical thinking?"***

- End session with below reflection question

Explain activity #3: Determining Individual Learning Styles Activity

Instruction: Participants will have an opportunity to determine their own individual learning style by completing Kolb's and VAK learning style questionnaires (see Appendix I) at each table. This will provide an appreciation of diverse learning styles and will impact the learning experience for preceptor and preceptee. Give a copy of each of the learning style questionnaire to participant for completion. When participants have finished completing both questionnaires discuss as a group. If participants would like to meet separately one on one to discuss further, make arrangements for this.

- End session with reflection question

Reflection Questions: *Reflect on your own personal experience. Think about a positive experience you had with a preceptor relating to teaching and learning. What made this experience a positive one for you? Think about a time when you had to help promote critical thinking in another nurse. How did you do that? What strategies would you use to promote critical thinking? What have you determined about you own learning styles?*

Session 5: Communication, Feedback, Evaluation, and Conflict

Learning Objectives:

- Develop strategies to provide constructive feedback to preceptee

- Apply strategies for effective conflict resolution

Learning Activities/Resources:

- PowerPoint **(Appendix C)**

- Speaker Notes in PowerPoint (on USB drive)

- Group Discussion on Constructive Feedback Activity #1

- Role Play on Conflict Resolution Activity # 2

Material Required:

- Laptop and projector

- PowerPoint

- Constructive Feedback Scenario/Tips for Providing Effective Feedback for Activity # 1 **(Appendix J)**

- Conflict Resolution Scenario and Strategies for Activity # 2 **(Appendix K)**

Facilitator will need to do the following:

- Display PowerPoint on screen and ensure visible to all participants

- Begin PowerPoint and read out loud import points as you move through each slide

Explain activity #1: Constructive Feedback Activity

Instructions: In this activity, we will apply methods of giving constructive feedback to preceptees. At each table, there is a paper with questions relating to providing feedback. Read each question as a group and provide answers that will be shared in larger group. When all nurses have had an opportunity to provide input, we will come back as a group and discuss.

- End session with reflection question below.

Reflection Question: **Reflect on your own personal experience. Think about a time when you received feedback on your performance. How was that feedback delivered? How did you feel? What would have made the feedback better?**

Explain activity #2: Applying Effective Conflict Resolution Strategies

Instructions: In this activity, we will apply strategies for effective conflict resolution. Break group into pairs. Give each pair a copy of a scenario and a list of conflict resolution strategies. In each pair, one nurse will play the role of preceptor and the other the role of the preceptee. Engage in conflict resolution using strategies provided. When all nurses have had an opportunity to play preceptor and preceptee, come back as a group and discuss the questions: *What was the source of conflict? What conflict resolution strategies did you use? Were they effective?*

- End session with reflection question below.

Reflection Question: **Reflect on your own personal experience. Think about a time when you had conflict with a colleague. What was the true source of that conflict? How did you handle it? Was it effective? How would you handle it today?**

Session 6: Evaluation

Learning Objectives:

- To evaluate participants knowledge gained from the one-day workshop

- To evaluate participants appreciation and usability of material provided

Learning Activities/Resources:

- Evaluation Activity 1

- Participant Recognition Activity 2

Material Required:

- Evaluation Form for Activity 1 **(see Appendix L)**

- Certificate of Completion for Activity 2 **(see Appendix M)**

During this session participants will be given an opportunity to provide feedback and

evaluate the one-day workshop. The participants will be asked to complete an evaluation

form to assess knowledge learned throughout the one-day workshop and quality of the

workshop. Participants will have the opportunity to provide input into future workshops

and improvements on material and activities.

Facilitator will need to do the following:

Explain activity # 1: Evaluation of Workshop

Instructions: In this activity, we would like to have input on the overall day and areas for

improvements into future workshop. Each nurse will complete the evaluation form which

is provided at each table. All evaluation forms are private and confidential. Once complete, instruct nurses to place forms in box provided.

Explain activity # 2: Participant Recognition

Instructions: In this activity, each participant will be presented with a Certificate of Completion for attending the one-day preceptorship workshop and achieving the goals and objectives of the workshop. This activity recognizes the commitment and hard work that the participants will engage in the role as preceptor.

- End workshop by providing nurses with Certificate of Completion.

References

Almada, P., Carafoll, K., Flattery, J. B., French, D. A., & McNamara, M. (2004). Improving the retention rate of newly graduated nurses. *Journal for Nurses in Staff Development, 20*(6), 268-273. Accession Number: 106567990

Bae, S., Mark, B., & Fried, B. (2010). Impact of nursing unit turnover on patient outcomes in hospitals. *Journal of Nursing Scholarship, 42*(1), 40-49. doi:10.1111/j.1547-5069.2009.01319.x

Beecroft, P., Dorey, F., & Wenten, M. (2008). Turnover intention in new graduate nurses: A multivariate analysis. *Journal of Advanced Nursing, 62*(1), 41-52. doi:10.1111/j.1365-2648.2007.04570.x

Bengtsson, M., & Carlson, E. (2015). Knowledge and skills needed to improve as preceptor: Development of a continuous professional development course-a qualitative study Part 1. *BioMed Central Nursing, 14,* 51-57. doi: 10.1186/s12912-015-0103-9

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. California: Addison Wesley Publishing Company.

Burns, C., Beauchesne, M., Ryan-Krause, P., & Sawin, K. (2006). Mastering the

preceptor role: Challenges of clinical teaching. *Journal of Pediatric Health Care,*

20 (3), 172-183. doi: 10.1016/j.pedhc.2005.10.012

Canadian Nurses Association (2005). Towards a Pan-Canadian Planning Framework for

Health Human Resources. Retrieved from https://www.cna-

aiic.ca/~/media/cna/page-content/pdf-fr/cma_cna_green_paper_e.pdf?la=en

Clay, M. C., Hardee Lilley, S., Borre, K., & Harris, J. R. (1999). Applying adult education

principles to the design of a preceptor development program. *Journal of*

Interprofessional Care, 13(4), 405-415.

doi: http://dx.doi.org/10.3109/13561829909010385

College of Nurses (2009) Practice Standards: Conflict Prevention and Management,

Ontario: Author. Retrieved from

http://www.cno.org/globalassets/docs/prac/47004_conflict_prev.pdf

College of Nurses (2009) Practice Guidelines: Supporting Learners, Ontario: Author.

Retrieved from

http://www.cno.og/en/learn-about-standards-guidelines/publications-list/list-of-

all-publications/

Cottingham, S., DiBartolo, M. C., Battistoni, S., & Brown, T. (2011). Partners in nursing:

    A mentoring initiative to enhance nurse retention. *Nursing Education*

    Perspectives, 32(4), 250-5. doi:10.5480/1536-5026-32.4.250.

Duteau, J. (2012). Making a difference: The value of preceptorship programs in nursing

    education. *The Journal of Continuing Education in Nursing, 43*(1), 37-43.

    doi:103928/00220124-20110615-01

Elmers, C. (2010). The role of preceptor and nurse leader in developing intensive care

    unit competency. *Critical Care Nursing Quarterly, 33*(1), 10-18.

    doi:10.1097/CNQ.0b013e3181c8e0a9

Facione P. (1990). *Executive summary – critical thinking: A statement of expert consensus*

    for purposes of educational assessment and instruction. Millbrae, CA: The

    California Academic Press.

Fleming, N. (2011). VARK. A guide to learning styles. Retrieved from

    http://www.varklearn.com/english/index.asp

Glynn, P., & Silva, S. (2012). Meeting the needs of new graduates in the emergency

    department: A qualitative study evaluating a new graduate internship program.

    Journal of Emergency Nursing, 39(2), 173-178. doi:10.1016/j.jen2011.10.007

Hallin, K., & Danielson, E. (2008). Being a personal preceptor for nursing students: Registered nurses' experiences before and after introduction of a preceptor model. *Journal of Advanced Nursing, 65*(1), 161-174. doi: 10.1111/j.1365-2648.2008.04855.x

Happell, B. (2009). A model of preceptorship in nursing: Reflecting the complex functions of the role. *Nursing Education Perspectives, 30* (6), 372-376. Accession number 19999939

Hautala, K. T., Saylor, C. R., & O'Leary-Kelley, C. (2007). Nurses' perception of stress and support in the preceptor role. *Journal for Nurses in Staff Development, 23*(2), 64-70. doi: 10.1097/01.NND.0000266611.78315.08

Higgins, G., Spencer, R. L., & Kane, R. (2010). A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdome. *Nurse Education Today, 30*(6), 499-508. doi:10.1016/j.nedt.2009.10.017

Hiam, A. (1999). Dealing with Conflict Instrument. Retrieved from https://www.assessments24x7.com/pdfs/Dealing%20With%20Conflict%20Sample%20Report.pdf

Jeggels, J. D., Traut, A., & Africa, F. (2013). A report on the development and

implementation of a preceptorship training programme for registered nurses.

Curationis, 36 (1), 1-6.doi:10.4102/curationis.v36i1.106

Jewell, A. (2013). Supporting the novice nurse to fly: A literature review. *Nurse*

Education in Practice, 13(4), 323-327. doi: 10.1016/j.nepr.2013.04.006

Kaviani, N., & Stillwell, Y. (2000). An evaluation study of clinical preceptorship. *Nurse*

Education Today, 20, 218-226. doi:10.1054/nedt.1999.0386

Kingsnorth-Hinrichs, J. (2009). Growing new graduates: Training and retention...it takes

a village. *RN, 72* (1), 40. Retrieved from

http://www.modernmedicine.com/modern-

medicine/news/modernmedicine/modern-medicine-feature-articles/growing-new-

nursing-graduates-t

Kolb, A. Y., & Kolb, D. A. (2005). Learning styles and learning spaces: Enhancing

experiential learning in higher education. *Academy of Management Learning &*

Education, 4 (2), 193-212. doi: 10.5465/AMLE.2005.17268566

Korzon, J., & Trimmer, W. (2015). The mutual benefits of preceptorship. *Kai Tiaki*

Nursing New Zealand, 21(8), 14-16. Accession Number: 109545106

Lee, J.E. & Ryan-Wenger, N. (1997). The "think aloud" seminar for teaching clinical

    reasoning: A case study of a child with pharyngitis. *Journal of Pediatric Health*

    Care, 11, 101-109. doi: 10.1016/S0891-5245(97)90061-4

Lee, T., Tzeng, W., Lin, C., & Yeh, M. (2009). Effects of a preceptorship programme on

    turnover rate, cost, quality and professional development. *Journal of Clinical*

    *Nursing, 18(*8), 1217-1225. doi:10.1111/j.1365-2702.2008.02662.x

Mamchur, C., & Myrick, F. (2003). Preceptorship and interpersonal conflict: A

    multidisciplinary study. *Journal of Advanced Nursing, 43* (2), 188-196.

    doi:10.1046/j.1365-2648.2003.02693.x

Marcum, E., & West, R. (2004). Structured orientation for new graduates: A retention

    strategy. *Journal for Nurses in Staff Development, 20*(3), 118-124.

    Accession: 00124645-200405000-00003

Marks-Maran, D., Ooms, A., Tapping, J., Muir, J., Phillips, S., & Burke, L. (2013). A

    preceptorship programme for newly qualified nurses: A study of preceptees'

    perception. *Nurse Education Today, 33*(11). 1428-1434.

    http://dx.doi.org/10.1016/j.nedt.2012.11.013

Martensson, G., Lofmark, A., Mamhidir, A., & Skytt, B. (2016). Preceptors' reflection on

their educational role before and after a preceptor preparation course: A

prospective qualitative study. *Nursing Education in Practice, 19*(1), 1-6.

http://dx.doi.org/10.1016/j.nepr.2016.03.011

Matua, G. A., Seshan, V., Savithri, R., & Fronda, D. C. (2014). Challenges and strategies

for building and maintaining effective preceptor-preceptee relationships among

nurses. *Clinical and Basic Research, 14* (4), 530-536. Retrieved from

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4205066/

Messmer, P. R., Jones, S. G., & Taylor, B. A. (2004). Enhancing knowledge and self-

confidence of novice nurses: The "shadow-a-nurse" ICU program. *Nursing

Education Perspectives, 25*(3), 131-136. Accession Number:106658804

Moore, M. L. (2008). Preceptorships: Hidden benefits to the organization. *Journal for

Nurses in Development, 24*(1), 9-15. doi:10.1097/01.NND.0000300859.29503.ae

Morrow, K. (1984). Preceptorship in nursing staff development. Rockville: Aspen

Systems Corp.

Myrick, F., Luhanga, F., Billay, D., Foley, V., & Yonge, O. (2012). Putting the evidence

into preceptor preparation. *Nursing Research and Practice, 2012*, 1-8.

doi:10.1155/2012/948593

Myrick, F. & Yonge, O. (2005). Nursing preceptorship: Connecting practice &

    education. Philadelphia: Lippincott Williams & Wilkins.

Myrick, F., & Yonge, O. J. (2004). Enhancing critical thinking in the preceptorship

    experience in nursing education. *Journal of Advanced Nursing, 45* (4), 371-380

Myrick, F., & Yonge, O. J. (2001). Creating a climate for critical thinking in the

    preceptorship experience. *Nurse Education Today, 21*, 461-467.

Neher, J., Gordon, K., Meyer, B., & Stevens, N. (1992). A five-step microskills model of

    clinical teaching. *Journal of American Board of Family Practice*, 5, 419-414.

O'Malley, C., Cuncliffe, E., Hunter, S., & Breeze, J. (2000). Preceptorship in practice.

    Nursing Standards, 14 (28), 45-49.

    http://dx.doi.org/10.7748/ns2000.03.14.28.45.c2801

Pine, R., & Tart, K. (2007). Return on investment: Benefits and challenges of a

    baccalaureate nurse residency program. *Nursing Economics, 25*(1), 13-19.

    Retrieved from https://www.nursingeconomics.net/ce/2009/article021319.pdf

Sandau, K. E., Cheng, G., Pan, Z., Gaillard, P. R., & Hammer, L. (2011). Effect of a

    preceptor education workshop: Part 1. Quantitative results of a hospital-wide

    study. *The Journal of Continuing Education in Nursing, 42*(3), 117-126. doi:

    10.3928/00220124-20101101-01

Sandau, K. E., & Halm, M. (2011). Effect of a preceptor education workshop: Part 2.

    Qualitative results of a hospital-wide study. The *Journal of Continuing Education*

    in Nursing, 42(4), 172-181. doi: 10.3928/00220124-20101101-02

Scheffer, B.K., & Rubenfeld, M. G. (2000). A consensus statement on critical thinking in

    nursing. *Journal of Nursing Education, 39* (8), 352-359.

    doi: 10.3928/0148-4834-20001101-06

Shinners, J. S., & Franqueiro, T. (2015). Preceptor skills and characteristics:

    Considerations for preceptor education. *The Journal of Continuing Education in*

    Nursing, 46 (5), 233-236. doi:10.3928/00220124-20150420-04

Smedley, A. M. (2008). Becoming and being a preceptor: A phenomenological study. *The*

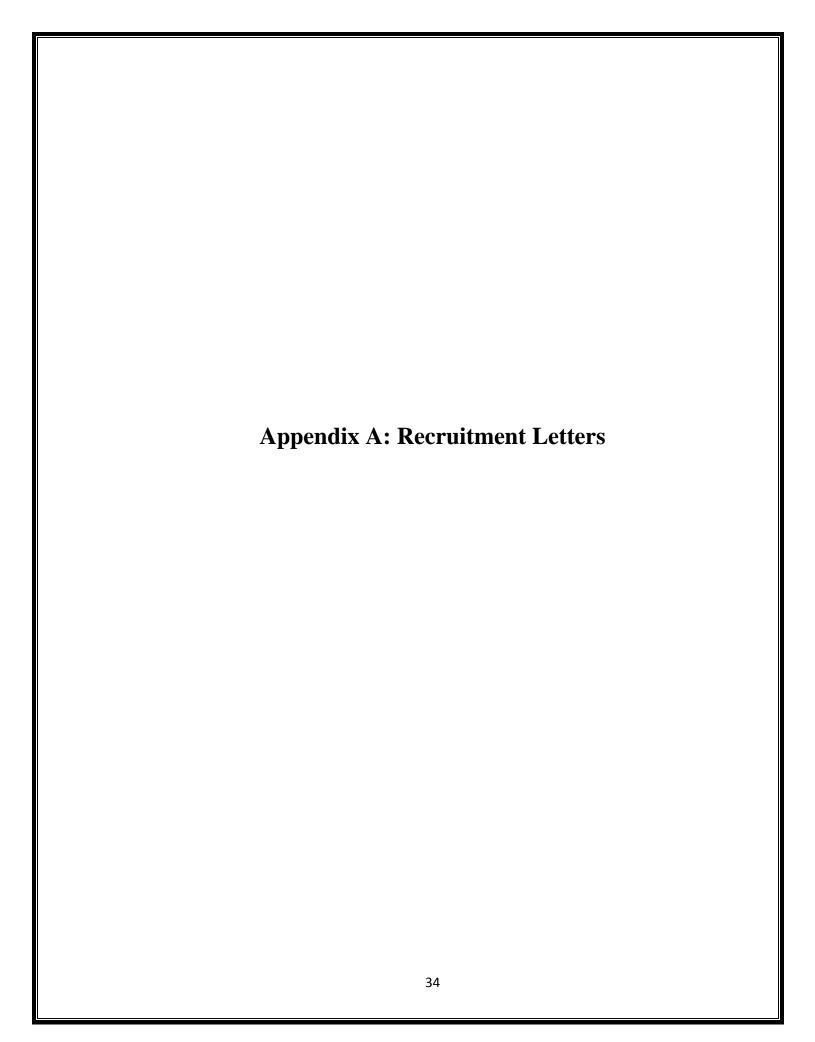   *Journal of Continuing Education in Nursing, 9*(4), 185-191.

    doi:10.3928/00220124-20080401-08

Sorensen, H. A. J., & Yankeh, L. R. (2008). Precepting in the fast lane: Improving critical

thinking in new graduate nurses. *The Journal of Continuing Education in Nursing,*

39 (5), 208-216

Sorrentino, P. (2013). Preceptor: Blueprint for successful orientation outcomes. *Journal*

of Emergency Nursing, 39(5), 83-90. http://dx.doi.org/10.1016/j.jen.2012.05.029

Speers, A. T., Strzyzewski, N., & Ziolkowski, L. D. (2004). Preceptor preparation: An

investment in the future. *Journal for Nurses in Staff Development, 20*(3), 127-133.

doi:10.2202/1548-923X.1940

Swihart, D. (2007). *Nurse preceptor programs builder: Tools for a successful preceptor*

program (2nd Ed.). HCPro, Inc. Marblehead MA

TSH-Emergency Department New Hires electronic data file. 2013-

2015-Clinical resource leader-emergency program (electronic files).

Tracey, J. M., & McGowan, I. W. (2015). Preceptors' views on their role in supporting

newly qualified nurses. *British Journal of Nursing, 24*(20), 998-1001.

doi:10.12968/bjon.2015.24.20.998

Usher, K., Nolan, C., Reser, P., Owens, J., & Tollefson, J. (1999). An exploration of the

preceptor role: Preceptors' perceptions of benefits, rewards, supports and

commitment to the preceptor role. *Journal of Advanced Nursing, 29*(2), 506-514.

doi:10.1046/j.1365-2648.1999.00914.x

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

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

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

VARK a guide to learning styles. Retrieved from

http://www.vark-learn.com/english/page.asp?p=questionaire

Watkins, C., Hart, P. L., & Mareno, N. (2016). The effect of preceptor role effectiveness

on newly licensed registered nurses' perceived psychological empowerment and

professional autonomy. *Nurse Education in Practice, 17*(1), 36-42.

http://dx.doi.org/10.1016/j.nepr.2016.02.003

Yonge, O., Billay, D., Myrick, F., & Luhanga, F. (2007). Preceptorship and mentorship:

Not merely a matter of semantics. *International Journal of Nursing Education*

Scholarship, 4 (1), 1-13. doi:10.2202/1548-923x.1384

Zilembo, M., & Monterosso, L. (2008). Towards a conceptual framework for

preceptorship in clinical education of undergraduate nursing students.

Contemporary Nurse, 30(1), 89-94. doi:10.5172/conu.673.30.1.89

Appendix A: Recruitment Letters

Email to Manager: Recruitment Support

Date:
Re: Emergency Department Preceptorship Workshop
Dear (manager's name)

As a goal to improve retention and decrease turnover costs in the emergency department (ED), we will be engaging in a one-day preceptorship workshop for ED nurses. The aim of the workshop is to prepare ED nurses to perform effectively in the role as preceptor and to support the transition and socialization of new hires into the emergency department.

We are seeking your support to identify nurses who meet the criteria to perform in the role as preceptor. Selection criteria for being a preceptor include 1) more than two years' experience in ED, 2) good interpersonal skills, 3) demonstrated competency/confidence in ED nursing practice, 4) a positive attitude and work ethic, 5) trustworthy, and 6) a commitment to professional development of one's self and others. To identify nurses who meet the criteria for preceptor, a meeting between the CRL, manager and potential preceptor will be required. The staff selected will need paid educational leave to attend the one-day workshop. Please forward those staff names and contact information that you feel meet the above pre-selection criteria and are interested in participating in the one-day workshop to me. You can contact me at the email below. I look forward to working together to support the educational needs of the ED nurses.

Thank you
Name
Title
Email address

Email to Staff: Nursing Preceptors Needed

Calling All Emergency Department (ED) Nurses

Do you have a passion for the nursing profession and teaching?

Do you have a positive attitude and work ethic?

Do you have a commitment to excellences and maintain high standards?

Do you want to contribute to the future of ED nurses?

Are you knowledgeable, competent and confident?

Are you a leader in the ED?

Are you a lifelong learner?

If you answered yes to these questions then you have the qualities needed to be an

effective ED nurse preceptor?

If you are interested, please contact the manager or clinical resource leader to set up a

meeting to discuss further.

Regards

ED Manager

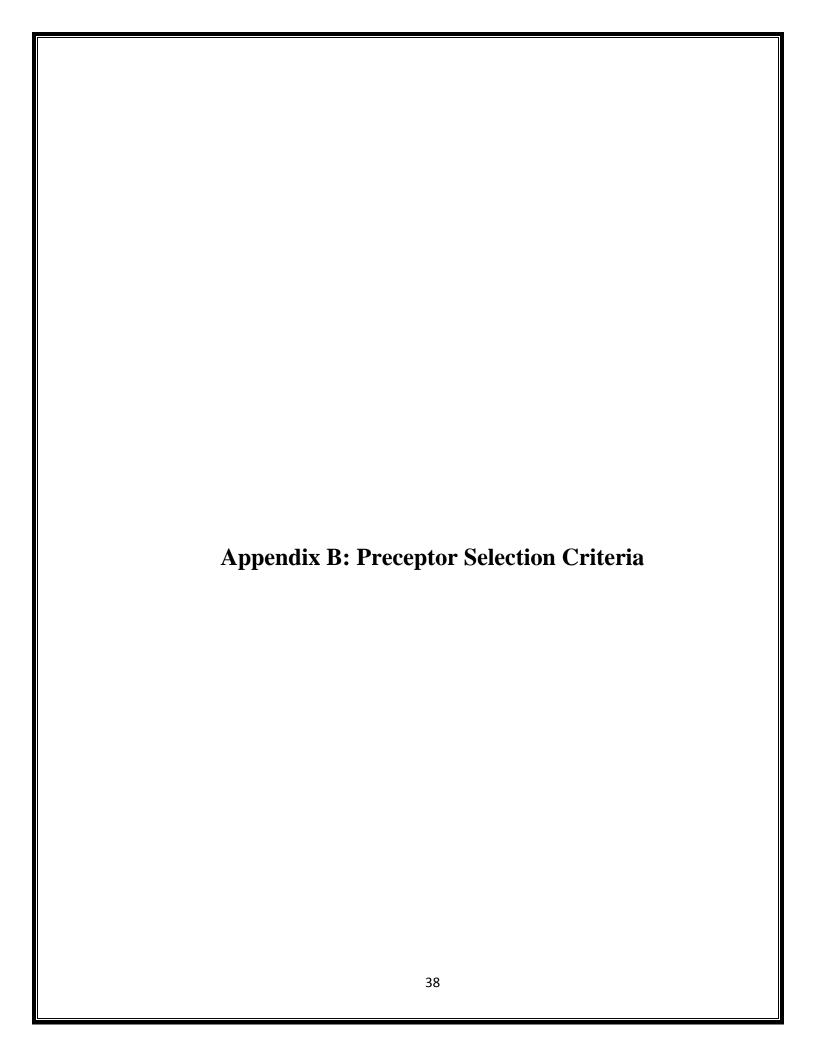# Email Invitation to Emergency Department Staff

Dear (employee name)

Thank you for taking the time to meet with us to discuss your interest in becoming a preceptor in the Emergency Department (ED). Based on our meeting we are confident that the qualities you possess will benefit new staff transitioning into the ED and further your professional development.

Our primary goal is to increase your knowledge and understanding of an effective preceptor and to introduce and provide resources that will support you in this role. Your qualifications, attributes and experience will also bring excellent work habits and judgement to this role.

Please let us know if you still have a continued interest in becoming a preceptor and attending the one-day ED preceptorship workshop. If you agree to be a preceptor your name and contact information will be sent to the CRL to include you in the workshop.
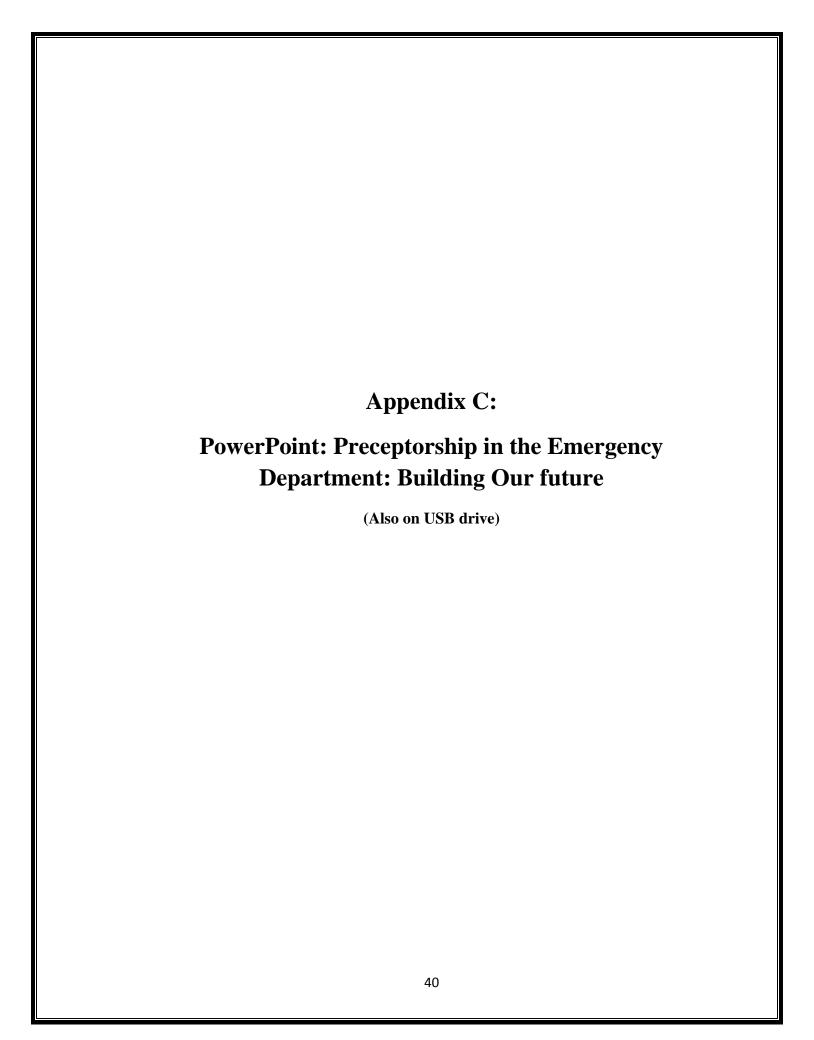
Regards

ED Manager

Appendix B: Preceptor Selection Criteria

Preceptor Criteria Selection
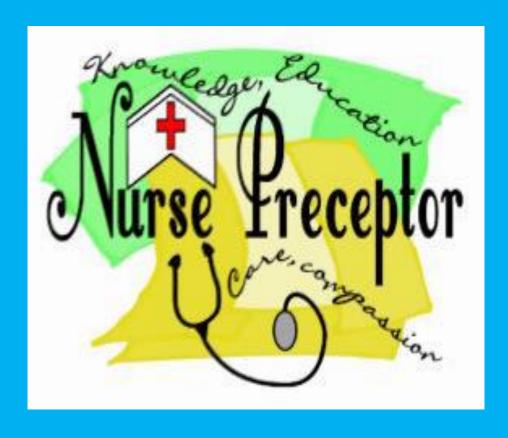
Prerequisite Skills

- ➢ Good Communication
- ➢ Facilitates learning in others
- ➢ Leadership skills
- ➢ Greater than two years' experience working in the ED
- ➢ Team player
- ➢ Good organizational skills
- ➢ Independent in professional learning
- ➢ Effective time management skill
- ➢ Works effectively as a member of an interdisciplinary team
- ➢ Knowledge of policy and procedures and how to access them
- ➢ Advocates for patient's and family
- ➢ Sound knowledge in roles and responsibilities of an ED nurse
- ➢ Competent with excellent psychomotor skills
- ➢ Forward thinker (e.g. Sets goals and has a vision for the future)
- ➢ Conflict resolution skills

Attributes

- ➢ Positive attitude and work ethic
- ➢ Trustworthy and caring
- ➢ Passionate for profession
- ➢ Confidence
- ➢ Patience's "keep a cool head"
- ➢ Commitment to excellences and maintains high standards
- ➢ Proactive in building excellence
- ➢ Role Model
- ➢ Professional presence in the ED
- ➢ Respectful of others

Appendix C:

PowerPoint: Preceptorship in the Emergency Department: Building Our future

(Also on USB drive)

Emergency Department Preceptorship: Building Our Future

Session 1: Introduction

Introduction

▶ Welcome

▶ Introductions

▶ Housekeeping Items

▶ Sign in sheet and name tags

▶ Agenda

***Refer to speaker notes on PowerPoint (USB drive)

Goal of the Workshop

▶ To provide ED nurses the education and resources to become effective preceptors

Objectives of the Workshop

At the completion of this workshop, the participants will:

▶ Develop an understanding of preceptorship

▶ Identify the qualities of a preceptor

▶ Describe the roles and responsibilities of preceptor and preceptee

▶ Apply principles of adult education

▶ Develop strategies to provide constructive feedback to preceptee

▶ Develop strategies to promote critical thinking

▶ Apply strategies for effective conflict resolution

What Will We Learn Today

1. Introduction to preceptorship

2. Socialization

3. Adult Teaching and Learning

4. Critical Thinking

5. Communication, Feedback, Evaluation

6. Conflict Resolution

Session 2: Ice Breaker

Learning Objectives:

▶ To define preceptorship, preceptor, and preceptee

▶ To assess ED nurses current knowledge regarding the attributes of an ideal preceptor

Discuss learning objectives

What is……….?

Preceptorship: A short-term teaching and learning relationship between an experienced nurse and novice nurse with the purpose of assisting a smooth transition of novice nurse into the clinical environment and enhance competences while providing a reciprocal learning experience for preceptor

Preceptor: An experienced practitioner who engages in teaching, instructing, supervising, and role modeling for novice nurse while facilitating in preceptee development of knowledge, skills, critical thinking, and decision-making skills to provide safe competent care

Preceptee: A nurse who is new to practice area, who works with a preceptor and attempts to pattern the behaviors learned by engaging in active listening and learning, while adjusting to the new environment

ICE BREAKER

Reflective Questions

What are the qualities of an ideal preceptor?
Why do you want to become a preceptor?
Are there any commonalities?

Start table top group discussion/brainstorming activity on Qualities of Ideal Preceptor **(see Appendix E)**

Session 3: Preceptorship and Socialization into the ED

Learning Objectives:

▶ To discuss the roles and responsibilities of preceptor and preceptee

▶ To gain an understanding of the benefits of a preceptorship program

▶ To gain an appreciation for some of the challenges nurses experience when transitioning into ED

Roles/Responsibilities of Preceptor

▶ Teacher and Role Model

▶ Provides the social support to help transition preceptee

▶ Supports development of SMART learning goals

▶ Provides feedback, and reviews progress on a daily basis

▶ Facilitates clinical and professional development of preceptee

Ask what other role/responsibilities for preceptor

Preceptor Should and Should Not

Should

▶ Meet regularly with preceptee to review progress and goals
▶ Address concerns immediately and respectfully in private
▶ Be professional
▶ Provide positive and constructive feedback
▶ Engage in teaching and learning that fits preceptee style

Should Not

▶ Encourage gossiping
▶ Restrict learning to basic tasks
▶ Embarrass preceptee in front of other colleagues
▶ Assume preceptee knows what you are saying

Roles/Responsibilities of Preceptee

▶ Identify learning needs and goals

▶ Practice within the legal, ethical and practice standards of the discipline

▶ Seeks opportunity for professional growth and learning

▶ Self-Reflection

Ask what other role/responsibilities for preceptor

Benefits of Preceptorship Program

▶ To Preceptor

▶ To Preceptee

▶ To Organization

Preceptor: Increase confidence in role and teaching/learning, professional growth and development

Preceptee: Increase confidence in critical thinking, knowledge, competence, communication. Better transition into ED

Organization: Decrease turnover rate/cost, Increase QOC and patient satisfaction

Socialization

‣ Is important for successful transition and retention of new hires

‣ Preceptors introduce preceptee to culture of dept. and the organizations mission, vision, and values, interdisciplinary team and so much more

‣ Reality Shock influences the preceptees socialization as they transition from novice to advanced beginner to competent

New hires are faced with physical, intellectual, emotional, developmental and sociocultural changes

The first year is most stressful/challenging

Reality Shock

The discrepancy between expectations and actual reality

Reality Shock – 4 Phases

1. **Honeymoon:** Everything is wonderful

2. **Shock:** Reality is setting in

3. **Recovery:** Develop a balance

4. **Resolution:** Socialization has occurred and you are adjusting

Reality shock –due to learning to balance patient care and new environment, learning a new role

Preceptor
Roles and Responsibilities Word Game
Activity

Fill in the blank work game **(see Appendix F)**

Socialization into the Practice Area Video
https://youtu.be/o5DJzxTrP_c

Watch video and discuss areas of challenges nurses experience when transitioning into ED

Reflection Questions

Reflect on you own areas of strength and areas for improvement as preceptor

Think about a time when you had to help socialize someone into the ED.

How did you do that?

How would you help new hires socialize into ED today?

Session 4: Adult Teaching-Learning and Critical Thinking

Learning Objectives:

▸ To apply principles of adult education

▸ To apply effective teaching strategies

▸ To discuss application of Benner's novice to expert in nursing practice

▸ To develop strategies to promote critical thinking

▸ To determine individuals' learning styles

Principles of Adult Learning

▶ Bring previous experiences to their learning

▶ Expect relevancy

▶ Self-directing (expect guidance rather than direction)

▶ Influenced by motivation

▶ Continuous and lifelong

▶ An interactive process

Teaching Adult Learners

Discuss 6 principles of Adult learning

Characteristics Preceptees Found Supportive in Preceptors

▶ Empathy
▶ Warmth
▶ Respect
▶ Humor
▶ Flexibility
▶ Fairness
▶ Enthusiasm
▶ Consistency
▶ Dependability

Building rapport between preceptee and preceptor will support a successful learning experience

Adult Learning Styles

Do you like things explained to you before doing it?

Do you like demonstration before attempting?

Do you like to try first and discuss afterward?

Our Learning Style Is Influenced by:

- Age (Generational differences and influence)

- Past experiences

- Environment

- Culture

- Personality

Ask how each person likes to learn

Types of Learning Styles

VAK Learning Styles

1. Visual Learner

2. Auditory Learner

3. Kinesthetic Learner

Five Stages of Competency Model

Journey from Novice to Expert

1. Novice

2. Advanced Beginner

3. Competent

4. Proficient

5. Expert

Effective Teaching Strategies

▶ Mutual trust and respect in a supportive and friendly environment
▶ Individualized learning
▶ Shared learning and reciprocity
▶ Active learning
▶ Prior learning
▶ Feedback
▶ Modeling
▶ Observation and Coaching
▶ Case Presentations and Direct Questioning
▶ Think Aloud Method
▶ Directed Reading

Critical Thinking

‣ Is an essential competency for all nurses

‣ Employs cognitive skills and intellectual ways of knowing

‣ Analyze information and reach a decision regarding patient care

‣ process information and organize for a deeper understanding

‣ Evaluate a situation and provide reasoning for thought process

Preceptees learning style impacts their critical thinking ability

Discuss how others think critical thinking includes

Critical Thinking Strategies

‣ Ask "why" questions and open-ended questions

‣ Observe for patterns and trends

‣ Promote seeking advice

‣ Think out load and verbalize what you are doing/thinking

‣ Compare assessment and diagnostic findings

‣ Meaning of findings and connection to diagnosis

‣ Use One-Minute Preceptor method

One Minute Preceptor Method

1. Get a Commitment

2. Probe for supporting evidence

3. Reinforce what was right

4. Teach general rules/principles

5. Correct mistake

Discuss One Minute Preceptor Method (refer to Appendix H)

Applying Principles pf Adult Learning and Effective Teaching Strategies using Word Game Activity #1

Begin activity #1
Complete word game (Appendix G)
Come back as larger group to discuss

Promoting Critical Thinking Using One-Minute Preceptor Method
Activity#2

Watch these two videos regarding the same clinical teaching scenario. The first one video does not use the One Minute Preceptor and the second video does use the One Minute Preceptor Method.

https://www.youtube.com/watch?v=jyqy4bFkv9M

https://www.youtube.com/watch?v=lCeyzpU7PMw

We will now practice promoting critical thinking using the One Minute Preceptor Method

What principles of adult education and effective teaching strategies did you apply in order to support preceptee learning and promote critical thinking?"

Determining Individual Learning Styles

Activity #3

To help you determine what your individual learning style is, complete the following:

1. Kolb's Learning Inventory

2. VAK Learning Styles Self-Assessment Questionnaire

We can discuss as a group or individually

Review Kolb's and VAK Learning Styles Questionnaire (see Appendix I)

Reflection Questions

Think about a positive experience you had with a preceptor relating to teaching and learning.

What made the experience a positive one?

Think about a time when you had to help promote critical thinking in another nurse.

How did you do that?

How would you promote critical thinking today?

What have you determined about your own learning style?

Session 5:
Communication, Feedback, Evaluation and Conflict Resolution

Learning Objectives:

▶ Develop strategies to provide constructive feedback to preceptee

▶ Apply strategies for effective conflict resolution

Feedback and Evaluation

Feedback

▶ Providing information regarding performance allowing preceptee the opportunity to participate through self-reflection, self-evaluation, and encourage critical thinking

▶ improve clinical abilities, plan future goals, and enhance behavior

Evaluation

▶ Assessment of performance to determine achievement of goals and objective

▶ Provides areas of focus for improvements or continued practice

Discuss Feedback and Evaluation and what it is and why it is important

Feedback

Types of Feedback

▶ Positive or Reinforcing

▶ Constructive

▶ Formal

▶ Informal

Discuss types of feedback

Guideline for Providing Feedback

▶ "You" statements may put the preceptee on the defensive

▶ "I" statements allow the preceptor to take ownership for the statement

▶ "Yes...But" creates a block to further listening

▶ "Don't you think that..." closes options and sharing of ideas

▶ "Why?" can be confrontational

Discuss guidelines for providing feedback (see Appendix J)

Evaluation

▶ Debrief at end of shift

▶ Facilitates learning and successful transition into their own practice

▶ Identify area for improvement and develop a plan for improvement

▶ Provide "useful feedback"

▶ Written objectives with timelines

▶ Scheduled

▶ Informal/Formal setting

Discuss importance of evaluation and the feedback that is provided
Discuss characteristics of effective communication that will support effective feedback

Characteristics of Effective Communication

▶ Create atmosphere of openness and honesty

▶ Listen to other persons point of view

▶ Focus on the issues/situation not the person, be specific

▶ Respectful in approach (tone)

▶ Be aware of non-verbal language (eye movement, tone, posture, facial expressions, hand gestures)

Feedback and Conflict

When providing feedback, there is always a potential that conflict can arise

▶ Can range from mild tension to extreme tension

▶ Can be positive or negative resulting in healthy or dysfunctional relationships

Discuss situations where conflict can arise

Conflict

▶ Inevitable

▶ Dissatisfaction, disagreement, or unmet expectations with another person, group, or organization

▶ Develop from many sources

Have participants share stories of conflict from personal experiences

Sources of Conflict

▶ Role Expectations

▶ Communication Style

▶ Preceptor Availability

▶ Evaluation

▶ Workplace Stress

▶ Learning Styles

▶ Knowledge/Performance Gap

▶ Intergenerational Differences (values, motivations, ideas, desires, and perceptions)

CNO Practice Standards
Conflict Prevention and Management

▶ Conflict among colleagues can have an indirect influence on the therapeutic nurse-client relationship

▶ As members of the health care team, nurses must be able to work in cooperation with colleagues to deliver safe, effective and ethical client care

▶ Unresolved conflict among colleagues may hinder communication, collaboration and teamwork, which negatively affects client care

Review the CNO Practice Standards regarding Conflict Prevention and Management

Ask if everyone is aware of these and where to find it

Conflict Handling Style

▶ Avoid "I Lose; You Lose"

▶ Accommodate "I Lose; You Win"

▶ Compromise "We Both Win; We Both Lose"

▶ Compete "I Win: You Lose"

▶ Collaborate "I Win; You Win"

Discuss real situations as examples

Conflict Resolution Strategies

▶ Stay calm, be patient and respectful and provide a safe environment

▶ Clarify the conflict and keep communication focused on the issue (problem not person)

▶ Don't become defensive, active listening, and communicate your understanding of their emotions back to them

▶ Avoid using body language that communicate hostility

▶ Follow-up on resolution

Discuss conflict resolution strategies (see Appendix K)

Communicating Effectively During Constructive Feedback Activity #1

Start constructive feedback activity
Provide feedback scenario with question to nurses at each table.
Work together to answer the questions
Come back as larger group to discuss

Conflict Resolution
Role Play
Activity #2

Conflict scenario using role play (see Appendix K)

Reflection Questions

Think about a time when you received constructive feedback on your performance.

How was that feedback delivered?
How did you feel?
What would have made the feedback better?

Think about a time when you had conflict with a colleague.

What was the true source of that conflict?
How did you handle it?
Was it effective?
How would you handle it today?

Session 6: Evaluation

Learning Objectives:

▸ To evaluate the knowledge gained from the one-day workshop

▸ To evaluate participants appreciation and usability of material provided

▸ To provide recognition to participants for commitment to preceptor role

Discuss learning objectives

Thank you for participating in the ED Preceptorship Workshop

Please help us make improvements by completing the
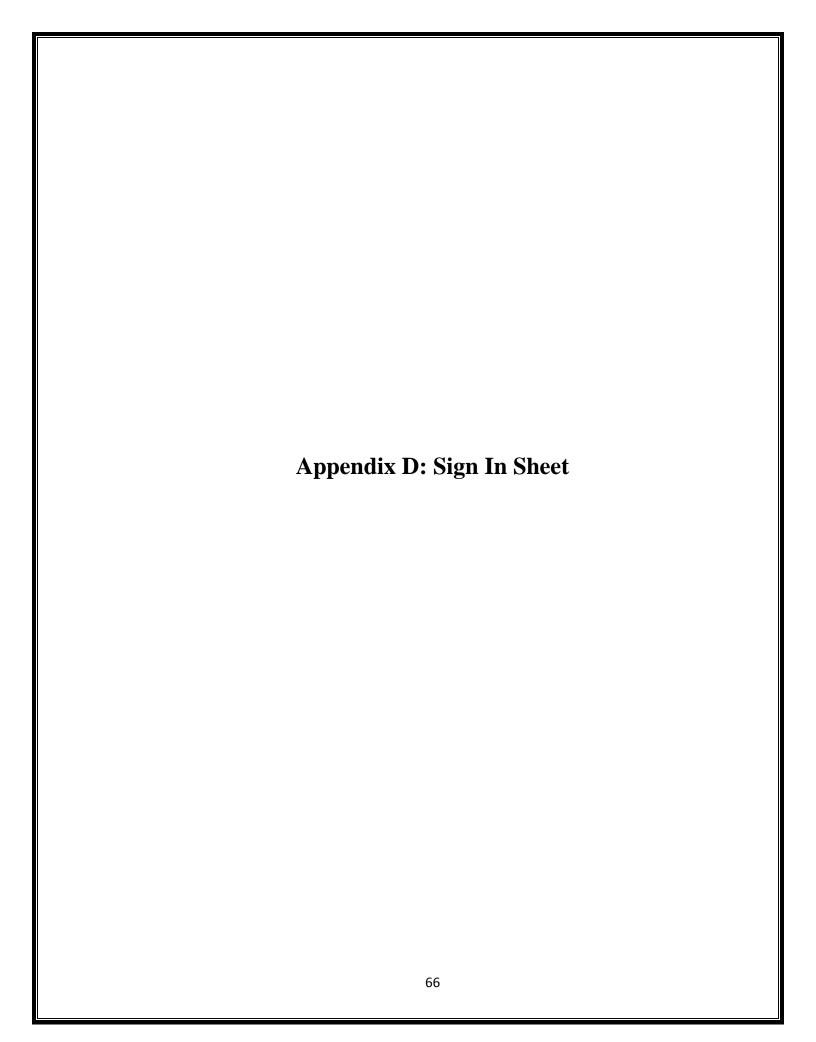Workshop Evaluation

Present each nurse with a Certificate of Completion for attending the workshop and commitment to the preceptor role

Evaluation forms (see Appendix L)

Certificate of Completion (see Appendix M)

Any Questions

Appendix D: Sign In Sheet

Staff Sign In Sheet

First Name	Last Name	Work site	Signature

Appendix E: Qualities of Ideal Preceptor
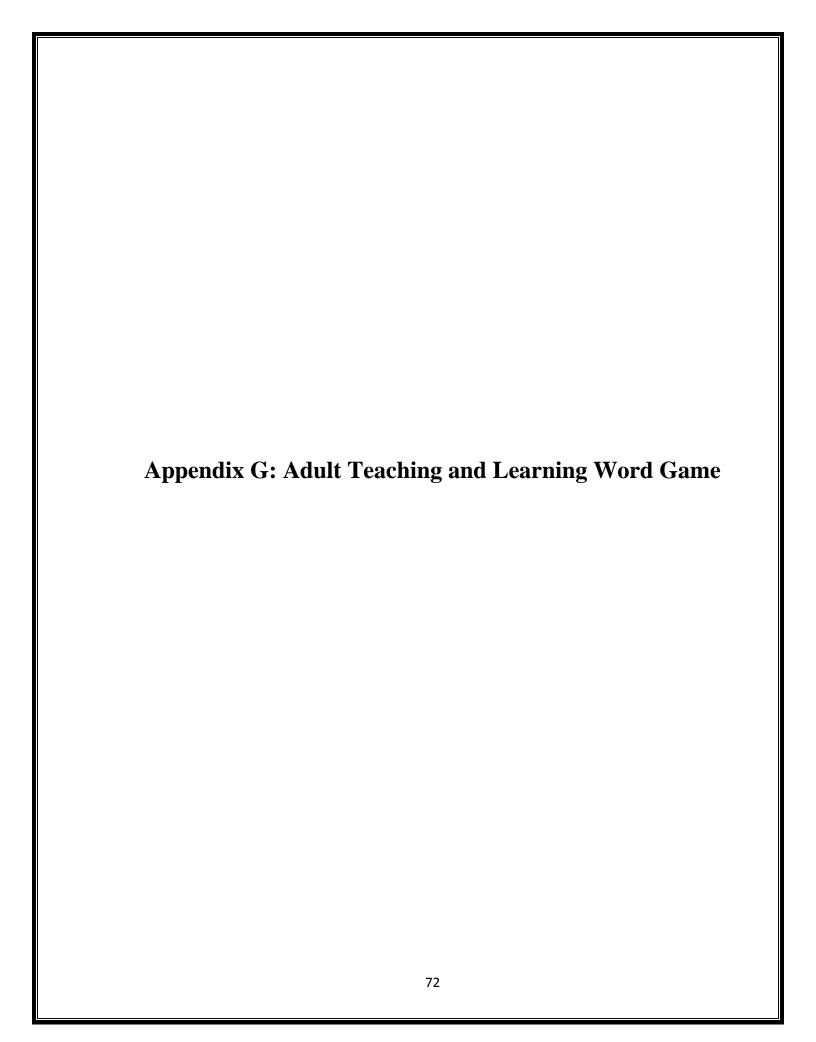
Qualities of an Ideal Preceptor

- Role Model

- Competence

- Professionalism and Respectful

- Good communication skills

- Confident

- Commitment to teaching

- Commitment to role

- Provides feedback

- Creates positive environment

- Sets goals with preceptee

- Facilitates learning

- Lifelong learning

- Leadership skills

- Conflict resolution skills

- Trusting, caring, patient

- Knowledgeable

- Teacher and coach

Appendix F: Roles and Responsibilities of Preceptor

Word Game
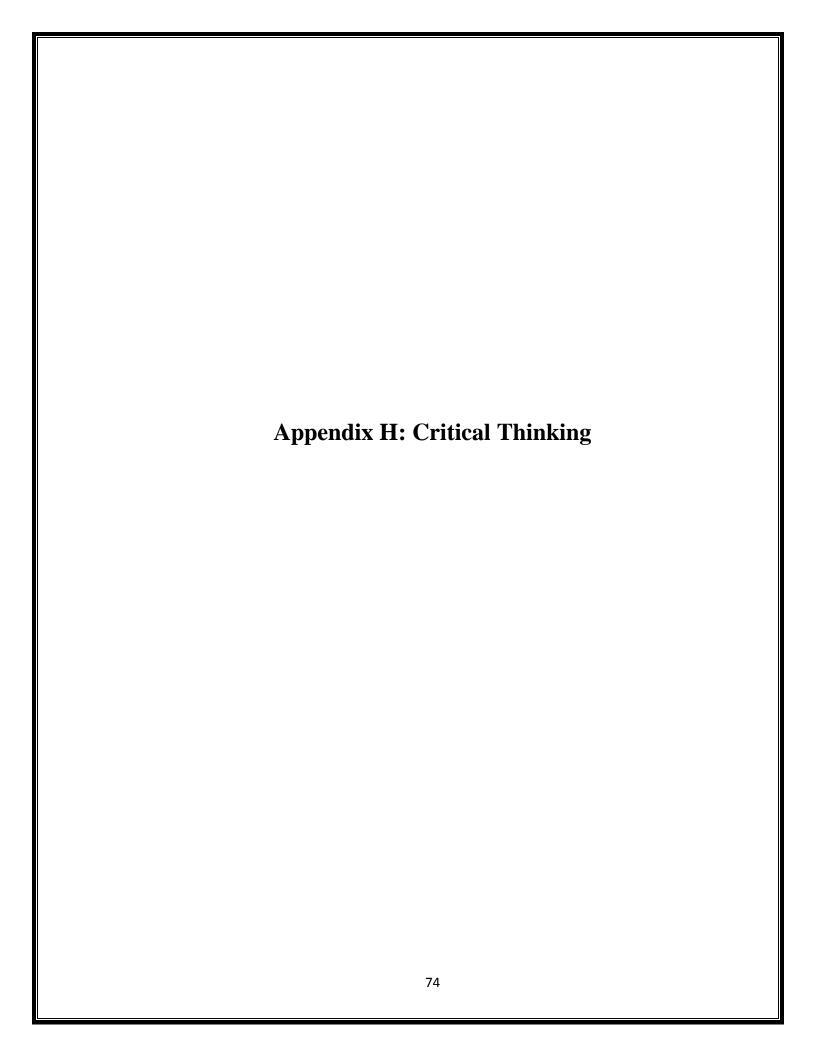
Roles and Responsibilities of Preceptor: Word Game

1. Preceptors may need to engage in difficult *conversation* with preceptee in order to support learning and professional growth

2. As a preceptor, you must be *prepared* prior to the arrival of the preceptee in order to make the experience a positive one for both parties.

3. Preceptor must work with the preceptee to develop *goals* and *objectives* during orientation.

4. A preceptor provides *support* and *learning experience* to preceptee during orientation in order to promote growth.

5. One of the most positive components of orientation and learning for preceptee is a preceptor who *respects* their learning needs.

6. Preceptors facilitate the development of *knowledge, skill,* and *ability* of preceptee so that they may develop into a strong clinician.

7. A preceptor must review preceptee *progress* daily to ensure achievement of goals and objectives

8. Preceptors are *role models* for preceptee to learn the correct ways to act and practice in nursing.

Appendix G: Adult Teaching and Learning Word Game

Adult Teaching and Learning Word Game

On the left side of the table are 10 questions relating to adult teaching and learning. Correct answers are in the last column. Place the correct answer (letter) next to the question

Question	Correct Answer	Answer
Adults bring this to their learning	j	a. Auditory
Determining how preceptee do this best will make teaching more effective.	g	b. Rapport
These learners have a preference to learn through listening	a	c. Teaching styles
Building this with preceptee will provide a successful learning experience	b	d. One minute preceptor
This type of learning involves physical experience	i	e. Relevancy
Preceptors will incorporate different teaching strategies when they understand this from the preceptee	c	f. Motivation
This method is a quick and focused way to teach	d	g. Learn
Adults expect this with any teaching and learning opportunities	e	h. guidance
Adult learning is influenced by this	f	i. Kinesthetic
Adult learners expect this rather than direction	h	j. Previous Experience

Appendix H: Critical Thinking

Promoting Critical Thinking Scenario

The preceptee comes to you after doing an assessment on a female. The following findings are presented to you as preceptor

- A 26 year old female with past medical history of abdomen pain and dysuria
- For the past 24 hours she has had an increase in pain and a fever ranging from 38C to 39.5 C
- Pain is described as sharp and focused in lower abdomen with painful urination
- Tylenol provided some relieve but not over the past 24 hours
- Abdomen soft with good bowel sounds
- Last bowel movement was yesterday and it was normal

Use role play to practice promoting critical thinking. One person plays role of preceptor and one person plays role of preceptee. Use the One-Minute Preceptor method to evaluate knowledge and reasoning and then provide information that will improve knowledge and reason.

1. Get commitment
2. Probe for supporting evidence
3. Teach general rules
4. Reinforce what was right
5. Correct mistake

Describe how you use this method and what questions you asked during each step.

One Minute Preceptor: 5-Step Method

Step 1: Get a Commitment

- Preceptee presents plan of care for patient (e.g. what would be your treatment plan?)
- Preceptor can gain insight of knowledge and reasoning of the preceptee (e.g. what do you think is happening with your patient?)

Tips:

- What do you think is going on with this female?
- Provides information on their knowledge and where learning needs to occur
- You are looking for consideration of UTI or PID

Step 2: Probe for supporting evidence

- Establish knowledge basis for step 1(e.g. what symptoms are most concerning for you?)
- Stay neutral and verify reasoning (e.g. what are the major assessment findings that support your plan of care?)

Tips

- What information helped you come to that diagnosis?
- Provides information on their knowledge and where learning needs to occur
- You are looking for association between symptoms and possible cause

Step 3: Reinforce what was right

- Promote confidence and self-esteem with positive feedback (e.g. your assessment was very through)
- Make reference to specific skill/behaviour that demonstrated acquisition of knowledge (e.g. performing an ECG on the patient with chest pain clearly shows that you are integrating your knowledge into practice)

Tips

- For a female with this history and symptoms, what treatment would you suggest?
- This may require some teaching to improve or support the preceptees understanding of what is going on
- You are looking for course of antibiotics, pelvic examination to assess organs, cervical culture to check for infection, urinalysis to check for infection

Step 4: Teach general rules/principles

- Provide information that supports learning and improve clinical skill (e.g. patients with chest pain…)
- Target learning to preceptee level of understanding (e.g. elderly patients are more susceptible to….)
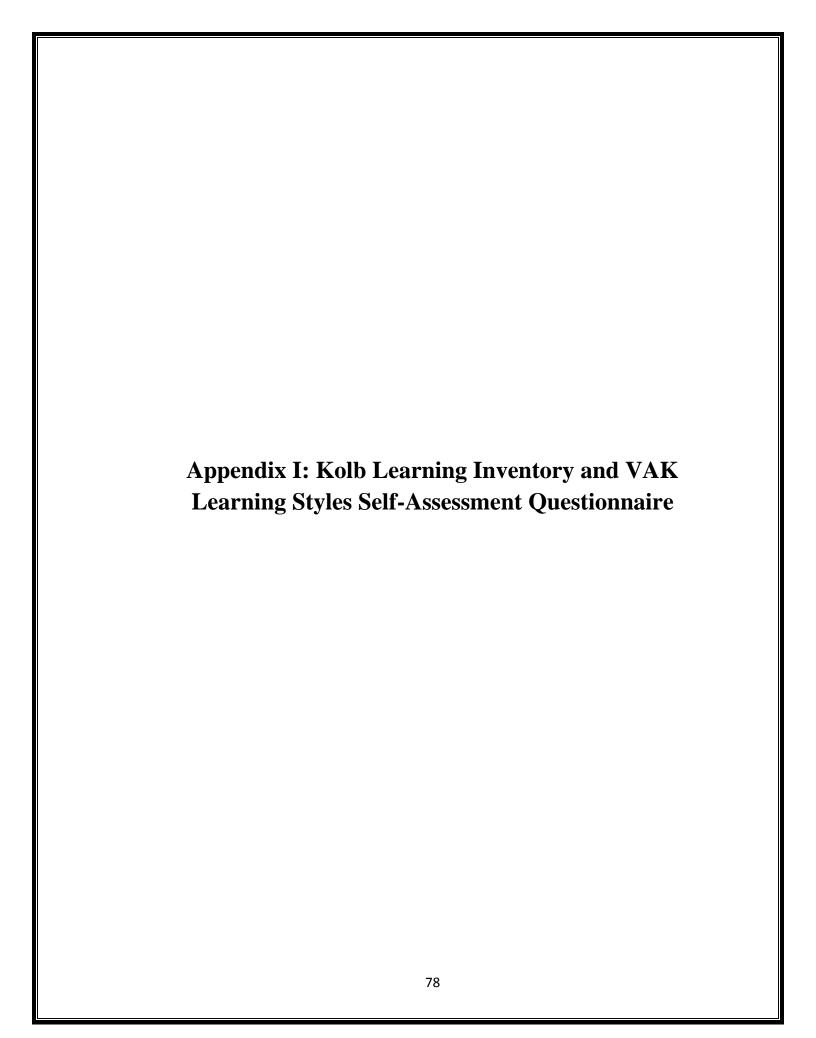
Tips

- Your findings included all the key elements in your assessment and you obtained a past medical history which provided a good picture of the clinical presentation and potential diagnosis
- I support your diagnosis and treatment options
- There may be opportunity for teaching at this point to improve upon knowledge for future presentations of similar symptoms and the possibility of other diagnosis
- You may include potential treatment should there be further damage to the reproductive organs (e.g. pelvic ultrasound, laparoscopy to check pelvic organs)
- You may also consider other diagnosis for similar presentations

Step 5: Correct mistakes

- Provide information to help improve clinical skill (e.g. when performing this procedure, it may be better if you…)
- Encourage preceptee self-evaluate (e.g. what other ways can you do this…)

Tips

- Provide preceptee with areas that required improvement
- Demonstrate correct method to perform a task or procedure as required
- Opportunity for teaching to improve upon knowledge

Appendix I: Kolb Learning Inventory and VAK Learning Styles Self-Assessment Questionnaire

Kolb Learning Inventory

4= most like you, 1= least like you… rank each response.

1. When I learn:
___ I like to deal with my feelings. (CE) ___ I like to think about ideas. (AC)
___ I like to be doing things. (AE) ___ I like to watch and listen. (RO)

2. I learn best when:
___ I listen and watch carefully. (RO) ___ I rely on logical thinking. (AC)
___ I trust my hunches and feelings. (CE) ___ I work hard to get things done. (AE)

3. When I am learning:
___ I tend to reason things out.(AC) ___ I am responsible about things. (AE)
___ I am quiet and reserved. (RO) ___ I have strong feelings & reactions. (CE)

4. I learn by:
___ feeling. (CE) ___ doing. (AE)
___ watching. (RO) ___ thinking. (AC)

5. When I learn:
___ I get involved. (CE) ___ I like to observe. (RO)
___ I evaluate things. (AC) ___ I like to be active. (AE)

AE- Active Experimentation Score: _____
RO- Reflective Observation Score: _____
CE- Concrete Experience Score: _____
AC- Abstract Conceptualization Score: _____

Which two scores are your highest scores?

Four-Stage Model of Learning	Four-Stages of the Learning Cycle
Concrete Experience • Learn by feeling • Learn from specific experiences and relating to people • Sensitive to other's feelings • Learn how to do a new experience with supervision • Feeling-experiencing or doing the task	Diverges • reflective observer (watching) • concrete experience (feeling) • Rather watch than do • Work in groups • Information in systematic detailed manner • Why?
Reflective Observation • Learn by watching and listening • Developing observations about one's own experience • Viewing experiences from different perspective • What might you have done differently • Encourage the preceptee to be reflective about experience • Watching-observation or reflection	Assimilators • Reflective observation (watching) • Active conceptualization (thinking) • Clear, concise explanations of things • Logical • Respects knowledge of experts • Want to know the right answer • Prefers reading, lectures, time to work through things • What is there to know?
Abstract Conceptualization • Learning by thinking • Logical analysis of ideas • Systematic planning • Review textbooks/internet on "how to do" • Thinking-forming abstract concepts	Converges • Abstract conceptualization (thinking) • Active experimentation (doing) • Learning to find solutions • Prefers technical tasks over social/personal ones • Instructions should be interactive • How?
Active Experimentation • Learning by doing • Problem solving • Influencing people and events through action • Doing-planning next action steps	Accommodator • Active experimentation (doing) • Concrete experience (feelings) • Hands-on • Values intuition • Enjoys new challenges and experiences • Active participant in learning • Encourages independence • What happened if I did this?

VAK Learning Styles Self-Assessment Questionnaire

Circle or tick the answer that most represents how you generally behave. (It's best to complete the questionnaire before reading the accompanying explanation.)

1. When I operate new equipment I generally:

    a) Read the instructions first
    b) Listen to an explanation from someone who has used it before
    c) Go ahead and have a go, I can figure it out as I use it

2. When I need directions for travelling I usually:

    a) Look at a map
    b) Ask for spoken directions
    c) Follow my nose and maybe use a compass

3. When I cook a new dish, I like to:

    a) Follow a written recipe
    b) Call a friend for an explanation
    c) Follow my instincts, testing as I cook

4. If I am teaching someone something new, I tend to:

    a) Write instructions down for them
    b) Give them a verbal explanation
    c) Demonstrate first and then let them have a go

5. I tend to say:

    a) Watch how I do it
    b) Listen to me explain
    c) You have a go

6. During my free time I most enjoy:

    a) Going to museums and galleries
    b) Listening to music and talking to my friends
    c) Playing sport or doing DIY

7. When I go shopping for clothes, I tend to:

    a) Imagine what they would look like on
    b) Discuss them with the shop staff
    c) Try them on and test them out

8. When I am choosing a holiday I usually:

    a) Read lots of brochures
    b) Listen to recommendations from friends
    c) Imagine what it would be like to be there

9. If I was buying a new car, I would:

    a) Read reviews in newspapers and magazines
    b) Discuss what I need with my friends
    c) Test-drive lots of different types

10. When I am learning a new skill, I am most comfortable:

    a) Watching what the teacher is doing
    b) Talking through with the teacher exactly what I'm supposed to do
    c) Giving it a try myself and work it out as I go

11. If I am choosing food off a menu, I tend to:

    a) Imagine what the food will look like
    b) Talk through the options in my head or with my partner
    c) Imagine what the food will taste like

12. When I listen to a band, I can't help:

    a) Watching the band members and other people in the audience
    b) Listening to the lyrics and the beats
    c) Moving in time with the music

13. When I concentrate, I most often:

    a) Focus on the words or the pictures in front of me
    b) Discuss the problem and the possible solutions in my head
    c) Move around a lot, fiddle with pens and pencils and touch things

14. I choose household furnishings because I like:

   a) Their colours and how they look
   b) The descriptions the sales-people give me
   c) Their textures and what it feels like to touch them

15. My first memory is of:

   a) Looking at something
   b) Being spoken to
   c) Doing something

16. When I am anxious, I:

   a) Visualise the worst-case scenarios
   b) Talk over in my head what worries me most
   c) Can't sit still, fiddle and move around constantly

17. I feel especially connected to other people because of:

   a) How they look
   b) What they say to me
   c) How they make me feel

18. When I have to revise for an exam, I generally:

   a) Write lots of revision notes and diagrams
   b) Talk over my notes, alone or with other people
   c) Imagine making the movement or creating the formula

19. If I am explaining to someone I tend to:

   a) Show them what I mean
   b) Explain to them in different ways until they understand
   c) Encourage them to try and talk them through my idea as they do it

20. I really love:

   a) Watching films, photography, looking at art or people watching
   b) Listening to music, the radio or talking to friends
   c) Taking part in sporting activities, eating fine foods and wines or dancing

21. Most of my free time is spent:

   a) Watching television
   b) Talking to friends
   c) Doing physical activity or making things

22. When I first contact a new person, I usually:

   a) Arrange a face to face meeting
   b) Talk to them on the telephone
   c) Try to get together whilst doing something else, such as an activity or a meal

23. I first notice how people:

   a) Look and dress
   b) Sound and speak
   c) Stand and move

24. If I am angry, I tend to:

   a) Keep replaying in my mind what it is that has upset me
   b) Raise my voice and tell people how I feel
   c) Stamp about, slams doors and physically demonstrates my anger

25. I find it easiest to remember:

   a) Faces
   b) Names
   c) Things I have done

26. I think that you can tell if someone is lying if:

   a) They avoid looking at you
   b) Their voices changes
   c) They give me funny vibes

27. When I meet an old friend:

   a) I say "it's great to see you!"
   b) I say "it's great to hear from you!"
   c) I give them a hug or a handshake

28. I remember things best by:

   a) Writing notes or keeping printed details
   b) Saying them aloud or repeating words and key points in my head
   c) Doing and practising the activity or imagining it being done

29. If I have to complain about faulty goods, I am most comfortable:

   a) Writing a letter
   b) Complaining over the phone
   c) Taking the item back to the store or posting it to head office

30. I tend to say:

   a) I see what you mean
   b) I hear what you are saying
   c) I know how you feel

Now add up how many A's, B's and C's you selected.

A's =   B's =   C's =
If you chose mostly A's you have a **VISUAL** learning style.
If you chose mostly B's you have an **AUDITORY** learning style.
If you chose mostly C's you have a **KINAESTHETIC** learning style.

- Some people find that their learning style may be a blend of two or three styles, in this case read about the styles that apply to you in the explanation below.
- When you have identified your learning style(s), read the learning styles explanations and consider how this might help you to identify learning and development that best meets your preference(s).
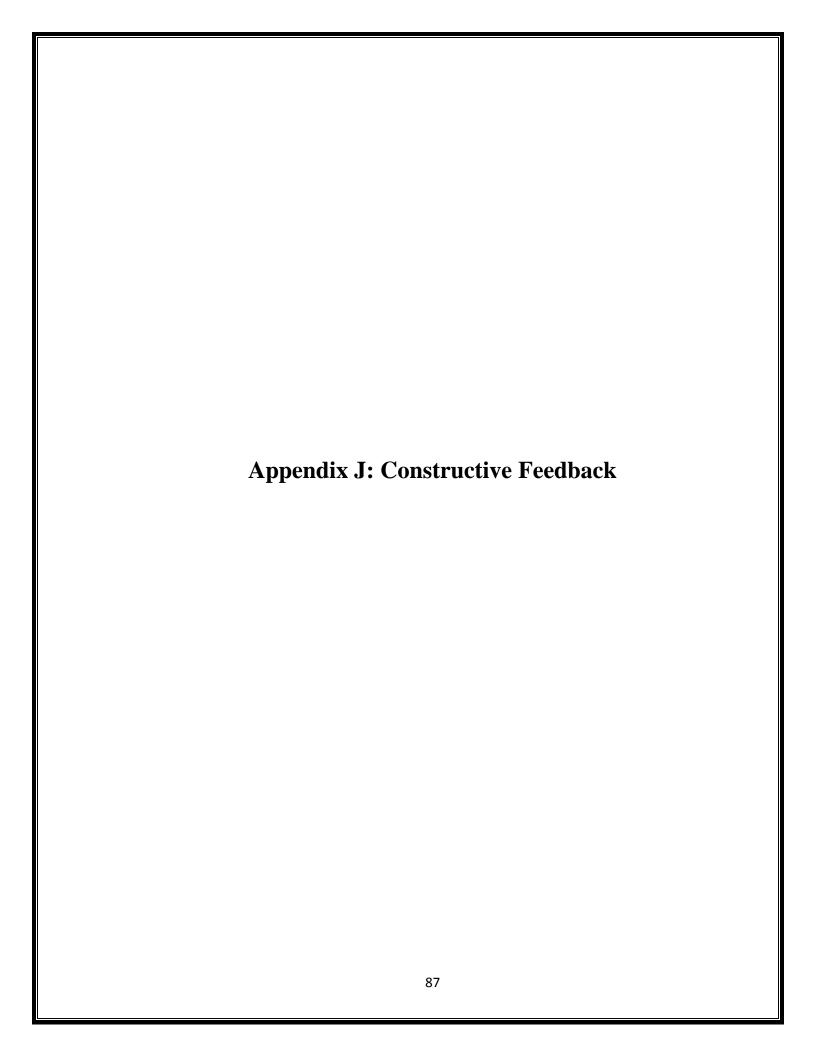
VAK Learning Styles Explanation

These three styles are as follows, (and there is no right or wrong learning style):

1. Someone with a **Visual** learning style has a preference for seen or observed things, including pictures, diagrams, demonstrations, displays, handouts, films, flip-chart, etc. These people will use phrases such as 'show me', 'let's have a look at that' and will be best able to perform a new task after reading the instructions or watching someone else do it first. These are the people who will work from lists and written directions and instructions.

2. Someone with an **Auditory** learning style has a preference for the transfer of information through listening: to the spoken word, of self or others, of sounds and noises. These people will use phrases such as 'tell me', 'let's talk it over' and will be best able to perform a new task after listening to instructions from an expert. These are the people who are happy being given spoken instructions over the telephone, and can remember all the words to songs that they hear!

3. Someone with a **Kinaesthetic** learning style has a preference for physical experience - touching, feeling, holding, doing, and practical hands-on experiences. These people will use phrases such as 'let me try', 'how do you feel?' and will be best able to perform a new task by going ahead and trying it out, learning as they go. These are the people who like to experiment, hands-on, and never look at the instructions first!

    *   When you know your preferred learning style(s) you understand the type of learning that best suits you. This enables you to choose the types of learning that work best for you.
    *   There is no right or wrong learning style. The point is that there are types of learning that are right for your own preferred learning style.

Please note that this is not a scientifically validated testing instrument – it is a free assessment tool designed to give a broad indication of preferred learning style(s).

More information about learning styles, personality, and personal development is at www.businessballs.com.

With acknowledgements to Victoria Chislett for developing this assessment.
Victoria Chislett specialises in performance psychology and its application within organisations, and can be contacted via email: performancepsychologist@yahoo.com

Appendix J: Constructive Feedback

Constructive Feedback Scenario

At your table, work together on the following case study. Please read the following case study scenario and answer the questions relating to it.

Melissa is a new hire to the ED and you are her preceptor. You have been working hard with her to help her learn the ropes of ED and build her knowledge. A couple of your colleagues have shared with you that Melissa is not using the transfer of care report (TOC) tool and her hand over is inadequate. When these staff asks Melissa for more information on the patient she becomes defensive and response matter-of-factly that "*the patient has not been under my care long, I don't know all that stuff, but you could read the chart to find that out*". You know that Melissa is aware that our practice is to use the TOC report and you have observed her use it in the past. You decided to observe her today during your shift. You notice that she is not using the TOC report during handover and that the information being shared is inadequate.

Question 1: As preceptor, what are some of the elements you must consider before providing feedback to the preceptee?
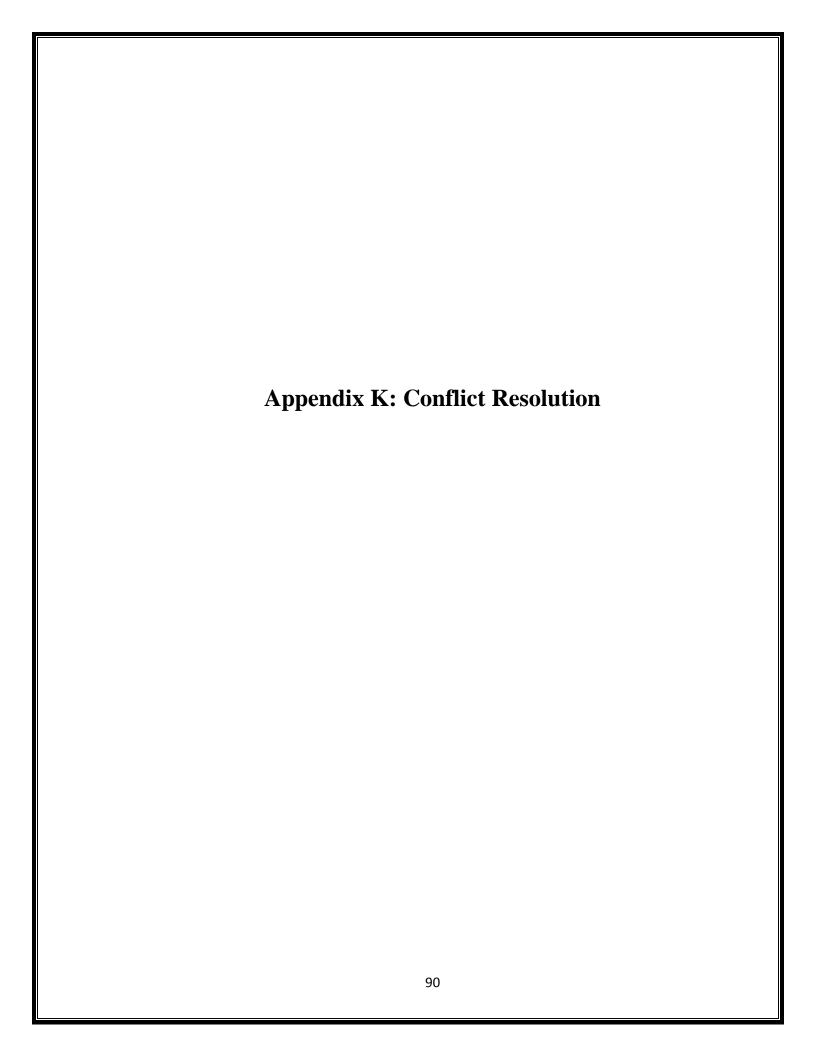
Question 2: Describe how you will provide constructive feedback to the preceptee?

Question 3: What communication skills could you use to help make it easier and more effective for you and the preceptee?

Break into pairs with one person in the role of preceptor and the other person in the role of Melissa. Using role play and the scenario above, give the preceptee constructive feedback using the tips provided. What are some of the strategies to consider when providing constructive feedback? What worked? What did not work?

Tips for Providing Effective Feedback

1. Encourage self-assessment through reflection

2. Balance the feedback with constructive and positive comments

3. Ensure the feedback is well-timed and private to support learning

4. Provide feedback based on what has been observed using facts not emotions(who, what, when, where, why)

5. Be descriptive and specific with your feedback

6. Provide feedback on a regular basis, not at the end of preceptorship

7. Consider your body language and tone

8. Relate concerns about the behaviour

9. Be as specific as possible avoid generalizing and judging

10. Focus on the behaviour, rather than his/her personality

11. Avoid "ganging up"

12. "You" statements may put the preceptee on the defensive

13. "I" statements allow the preceptor to take ownership for the statement and identify that it is the preceptors perspective

14. "Yes...But" creates a block to further listening

15. "Don't you think that..." closes options and sharing of ideas

16. "Why?" can be confrontational

Appendix K: Conflict Resolution

Conflict Resolution Scenario

Break into pairs and work together on the following case study. Please read the following case study scenario and answer the questions relating to it.

You have been working as preceptor with Jane, a new hire in the ED, for the past two weeks. She is eager to learn but you find you have to continuously repeat yourself when explaining a process. This irritates you and you are finding that your tolerance level is declining as the days progresses. Jane comes to you about a patient who will be transferred to the inpatient unit. She is confused about the process required to transfer patients. She is not sure how to compete the transfer of care document. This angers you and you snap a response *"Jane, we have gone over this process many times and you always say you understand. Just follow the process we discussed"*. Jane turns away and notices other staff is staring, but continues with her work.
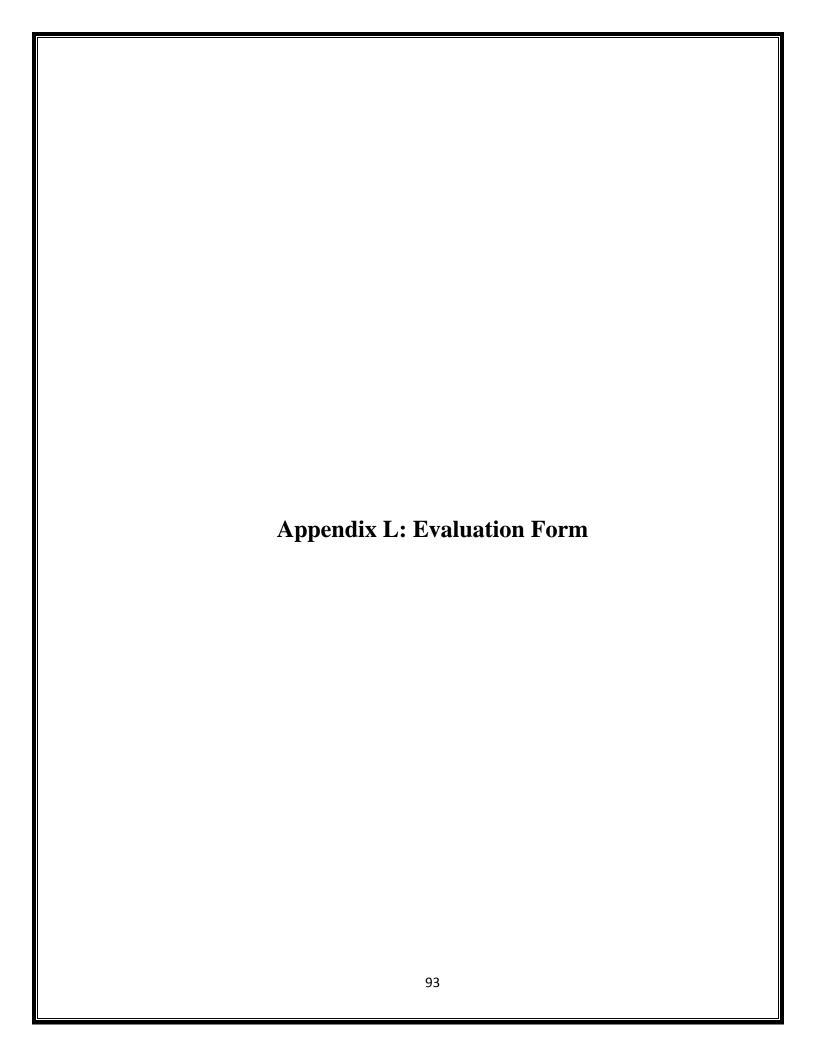
Question 1: What type of conflict is occurring?

Question 2: What are some contributing factors that may have created this conflict?

One participant will play the role of Jane and the other will play the role of preceptor. Apply conflict resolution strategies provided to resolve the conflict. What worked? What did not work? We will come back as a group and discuss/

Conflict Resolution Strategies

- Be calm, be patient and have respect

- Ask open-ended questions

- Define the conflict

- Take responsibility conflict has occurred

- Provide a safe environment for learning positive conflict relationship

- Building successful working relationship

- Recognizing early warning signs

- Avoid using body language that communicate hostility

- Keep communication focused on the issue

- Active listening skills to ensure you hear and understand the other person position

- Solve any underlying issue behind the conflict

- Encourage with reinforcement and collaborative behaviour

- Support and praise of successful resolution

- Preceptor cannot resolve conflicts for Preceptee, can only provide guidance and tools to work through the conflict

- Utilize resources to resolve conflict

- Follow-up on resolution

Appendix L: Evaluation Form

Evaluation Form

This evaluation will provide valuable information to help make improvements in future workshops. Completed forms can be placed in the box on table located at the front of room marked evaluation forms. Please note that all responses are confidential.

To what extent do you agree with the following statements?

1. Strong Disagree   2. Disagree   3.Neutral   4.Agree   5.Strong Agree

Question	1	2	3	4	5
Objectives of the Preceptorship Workshop were met					
Objectives of Preceptorship Workshop were clear					
Overall content of course was relevant to the role of a preceptor					
I have gained a better understanding of the role of a preceptor					
PowerPoint slides were relevance to the preceptorship program					
Group/learning activities were effect learning methods					
Information was presented in a clear, logical and easy to understand manner					
I feel the preceptorship program has prepared me for the role of being a preceptor					

What is your overall satisfaction with the workshop (please circle one)

Extremely Satisfied   Neutral   Not at all Satisfied

What do you feel were the strengths of this workshop?

What do you feel were the weaknesses of this workshop?
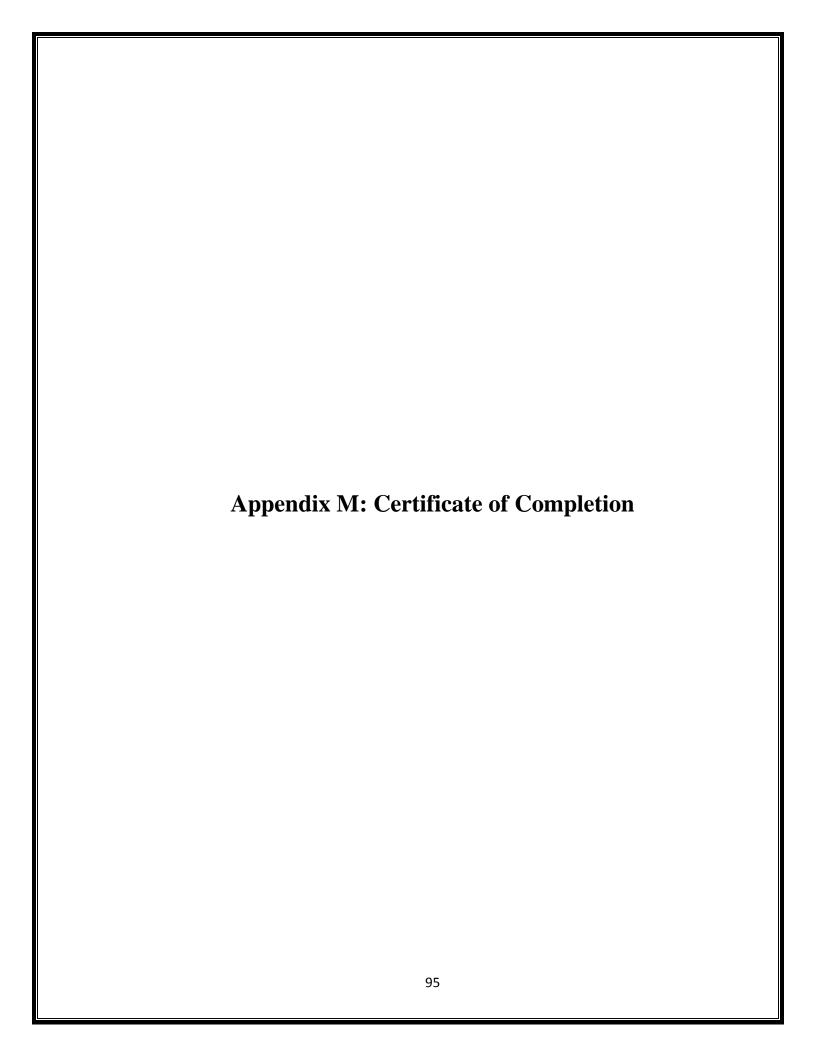
How prepared do you feel to assume the role of preceptor and support new hires into the ED? Explain briefly.

Not Prepared   Somewhat Prepared   Well Prepared

Please share any other comments that would help improve this workshop.

94

Appendix M: Certificate of Completion

Certificate of Completion

Emergency Department Preceptorship Program: Building Our Future

This Certificate is awarded to

Name of Recipient

In recognition of participating in the Emergency Department Preceptorship Program

_____   _____

Signature   Date