

**DEVELOPMENT OF A UNIT-SPECIFIC PRECEPTORSHIP EVALUATION TOOL:
THE PRECEPTORSHIP ACHIEVEMENT SUPPORT SYSTEM (PASSPORT)**

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Abstract

Purpose: Develop a new evaluative tool for in the Montreal Children’s Hospital’s medical pediatric unit’s preceptorship program.

Methods: The methods used to achieve the practicum objectives were: (a) review literature to identify key aspects of preceptorship and how it is evaluated, (b) consult nursing staff and managers about current program and its evaluation, (c) review evaluation tools of other orientation programs, and (d) develop a tool to evaluate the preceptorship program.

Results: An evaluation tool, called PASSport, was developed based on findings of the three sources. The literature review identified outcome and process measures to consider when designing an evaluation tool. The staff consultation revealed nurses’ opinions on the type, frequency, and content of preceptorship evaluation. The review of tools identified common orientation evaluation process factors and learning outcomes utilized on other units and hospitals. The PASSport contains an introduction, a weekly schedule, a skill inventory checklist, three weekly learning journals, three competency questionnaires, two critical thinking logs, and a mid-term and final progress appraisal meeting form.

Conclusion: The PASSport is ready for pilot testing. It will help streamline preceptorship evaluation on the medical pediatrics unit at the Montreal Children’s Hospital. New nurses will be encouraged to appraise and document their learning to tailor learning activities with the aid of nursing staff and management.

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Introduction

When starting a new job, new nurses experience a phase of transition that involves changing from a novice nurse to a practicing nurse. To aid the transition, the medical pediatrics unit at the Montreal Children's Hospital employs a preceptorship program, which offers close guidance, support and feedback to new nurses being oriented to the unit.

Preceptorship, as defined by the medical pediatric unit, is a process whereby one senior nurse is paired with one new nurse for 5 to 6 weeks. During the orientation period, the new nurses read protocols, review nursing resource manuals, observe others, practice in simulated situations, then practice in real situations (V. Ballenas, personal communication, September, 2014). The preceptee does not have any patients on the first day, has one patient on the second day and slowly increases until week five, when they should be autonomous with a full patient load. The total number of patients assigned to the dyad never exceeds one nurse's patient load. The nurse in charge of the unit chooses the patient assignment on the days of orientation. The preceptor has input and may alter the assignment based on the preceptee's learning needs.

The preceptor/preceptee dyad is given an orientation package that contains a skill and knowledge checklist, an evaluation table for comments, and resource tools. The evaluation process begins with informal feedback offered by the preceptor on a daily basis. This package helps document the progress that is made, and provides a starting point for discussion. The preceptee is encouraged to identify the methods in

which he or she prefers to receive feedback, and these wishes are respected as much as possible. The skill and knowledge checklist are completed prior to the midterm and final evaluation meetings.

Formal feedback is provided to the preceptee through two formal evaluation meetings that occur after 2-3 weeks and at the end of the preceptorship period. The meetings are held in the nurse educator's or the head nurse's office. The goal of the midterm meeting is to address the progress of the preceptorship, identify any issues and re-focus the goals and learning activities for the remainder of the orientation period. The final evaluation period serves to address the achievement of learning goals, and ensure the new nurse is safe and competent enough to continue to practice.

Although the existing tool has some evaluative elements, the preceptorship program lacks a good evaluation tool. New nurses are not getting consistent, objective feedback throughout their orientation. Nurses with greater needs are being overlooked until further into the orientation process, causing delays in integration and increased costs to the unit. Therefore, the preceptorship program may not be adequately addressing new nurses' learning needs.

Practicum Objectives

The purpose of this practicum project was to develop a tool to identify needs, then direct and record learning activities completed by nurses undergoing orientation in the preceptorship program. The practicum objectives were:

1. Summarize key aspects of preceptorship and its evaluation.

2. Assess the preceptorship program's needs related to evaluation.
3. Develop a guide:
 - a. with the aid of educational theory;
 - b. to help identify learners' needs;
 - c. to direct learning and document progress; and
 - d. to evaluate learning.
4. Demonstrate advanced nursing practice competencies.

Methods

Three methods were utilized to achieve the practicum objectives. First, a literature search was performed to identify characteristics of preceptorship, process and outcome measures, as well as evaluation strategies. Then, staff nurses and managers were consulted to identify their opinions on strengths and weaknesses of the current program and their needs in regards to the format and content of preceptorship evaluation. Lastly, tools used in other programs were reviewed to help identify common processes and content for evaluation. The findings from the literature review, staff consultation, and review of tools, summarized in the next sections, were used as guidance in the development of a new evaluation tool called the PASSport.

Literature Review Summary

The literature review was done to gain an understanding of preceptorship and elements for its evaluation.

Methods

To find pertinent articles CINAHL, PubMed, and Cochrane databases were searched using key terms such as preceptorship, orientation, evaluation, critical thinking, and competence. Titles and abstracts were retrieved, and read. Once relevant abstracts were identified, full text articles were selected. The search was limited to English language studies but not limited by date; priority was given to articles published within the past 10 years. Further search of reference lists of the retrieved articles led to identification of other relevant articles. Articles were reviewed and critically appraised using the Public Health Agency of Canada's Infection Prevention and Control Guidelines: Critical Appraisal Tool Kit (PHAC, 2014). The literature identified was grouped in five sections: (a) the experience and needs of newly hired nurses, (b) preceptorship and its key components, (c) evidence based benefits of preceptorship, (d) tools utilized in preceptorship, and (e) theoretical foundations. The complete literature review and literature summary table can be found in Appendix A.

Literature Review Results

The experience of newly hired nurses.

Reviewed literature leads to the conclusion that newly hired nurses experience stress. Specifically, a perceived lack of knowledge and clinical skills significantly impacts new nurses' self-confidence (Higgins, Spencer, & Kane, 2010). Further, newly graduated nurses have identified the need for support in aspects such as

organizational skills, prioritizing care needs, time management, delegation, drug administration and decision-making (Higgins et al. 2010).

Key components of preceptorship.

Numerous quantitative, qualitative, and mixed-method studies have shown that preceptorship is a common intervention used to alleviate stressors and difficulties encountered when new nurses begin practice (Marks-Maran et al., 2013, Allanach & Jennings, 1990, McGrath & Princeton, 1987). The UK Department of Health identified the goal of preceptorship as enhancing the “competence and confidence of newly registered practitioners as autonomous professionals” (p. 10). Billay and Myrick (2008) defined preceptorship as a teaching and learning strategy in the practice setting, which allows an opportunity for a novice nurse (preceptee) to be socialized into the nursing environment by a more experienced nurse (preceptor). Billay and Myrick (2008) identified the preceptee as an active learner whose goal was to become a safe and competent nurse. They identified the role of the preceptor as: (a) helping the newly graduated nurse develop professionally, (b) sharing their knowledge and experience, (c) providing feedback, and (d) continuing their own professional development.

Evidence-based benefits of preceptorship.

Billay and Myrick (2008), in their literature review, identified varied preceptorship program characteristics and research studies. However, there was limited guidance on how best to implement preceptorship programs to benefit participating new nurses. The identified benefits of preceptorship include: a

perceived reduction in stress, anxiety and depression; support in role development; an increase in confidence, skill, and knowledge development; and an improvement in communication and interpersonal skills.

Depression, anxiety, and stress.

Researchers have pointed out that preceptorship programs can positively impact depression, anxiety, and stress in the new nurse. Marks-Maran et al. (2013) indicated that new graduate nurses felt the preceptorship program enabled them to better manage stress, and enabled them to share anxieties about their new role. McGrath and Princeton (1987) suggested that newly graduated nurses had less anxiety after participating in the preceptorship program.

Role development.

Marks-Maran et al. (2013) showed that new graduate nurses perceived that preceptorship positively impacted their role development. In this study, nurses reported that preceptorship helped them to settle into their new role, helped them develop high standards of practice, and made them more aware of their accountability as a nurse.

Confidence and skill development.

Confidence was a recurring theme identified in the literature. Many preceptorship programs were designed to increase confidence, but not many researchers studied the measurable changes on confidence preceptorship could produce. Although no data were presented, McGrath and Princeton (1987) indicated that nurses valued the increase in self-confidence they gained through

preceptorship programs. Also, preceptees thought the program positively impacted their skill development (Marks-Maran et al., 2013, McGrath & Princeton, 1987). However, self-report may not be the optimal tool to measure certain outcomes. Filipetto, Weiss, Switala, and Bertagnolli (2006) objectively assessed interview skills. Their study showed that the preceptorship program helped to improve the ability to maintain a narrative thread and transition from one area of the history to another in medical students.

Communication and interpersonal relationships.

Two studies led to the conclusion that preceptees thought their confidence and competence in communication with colleagues, patients, relatives, and managers improved (Marks-Maran et al., 2013, McGrath & Princeton, 1987). Filipetto et al. (2006) indicated that students who participated in preceptorship had improved interpersonal skills.

Professional relationships.

Marks-Maran et al. (2013) indicated that newly graduated nurses believed preceptorship helped them deal with difficult work relationships and subjectively improved their ability to work in a team.

Preceptor relationship.

Marks-Maran et al. (2013) showed that preceptees valued their relationship with preceptors. The preceptees also said that their preceptors had a positive impact on their stress and anxiety. Similarly, McGrath and Princeton (1987) concluded that preceptees valued the opportunity to study with a caring preceptor.

Retention and turnover.

Turnover has been identified as a big burden to nurses, hospitals, and the healthcare system (O'Brien-Pallas, Murphy, & Shamian, 2008). Nursing researchers have identified that the inverse of turnover, retention, is an important outcome of preceptorship programs (Lee, Tzeng, Lin, & Yeh, 2009, Allanach & Jennings, 1990, McGrath & Princeton, 1987). In their study, Lee et al. (2009) showed that preceptorship programs could significantly decrease the turnover of new graduate nurses.

Other preceptorship outcome measures.

Higgins et al. (2010) suggested that if adequate support were provided, not only would new graduate nurses benefit, but patients would benefit in the long-term as well. However, no measure of patient care outcomes was offered. Critical thinking is a measure often discussed in the nursing literature. Sorensen and Yankech (2008) utilized the California Critical Thinking Skills Test (CCTST) to evaluate critical thinking in nurses undergoing a preceptorship program. The results led to the conclusion that additional preceptor training did not impact critical thinking in a test group. However, the CCTST was not based on a nursing specific definition of critical thinking. Therefore, the tool may not have been sensitive enough to detect changes in critical thinking among nursing participants.

Process factors.

Process factors identified as important to implement in preceptorship were: allowing time for reflection on practice (Whitehead et al., 2013), encouraging

preceptors to provide guidance and support (McGrath and Princeton, 1987), and facilitating socialization to the nursing profession (Billay & Myrick, 2008, Newhouse et al., 2007, McGrath & Princeton, 1987). These factors can be evaluated by using self-report measures, but no studies were found that did so.

Tools and approaches utilized to evaluate preceptorship.

Within the articles reviewed, numerous evaluation tools and methods were utilized to measure the outcome of preceptorship programs and other health care education programs. However, none were found that were appropriate to use in this project. Billay and Myrick (2008) indicated that researchers often developed their own questionnaires and other tools to evaluate the perceptions of program participants. These types of evaluation tools are valuable for individual studies, but are not generalizable for use in other programs and studies on preceptorship outcomes. Allanach and Jennings (1990) utilized the Multiple Adjective Affect Check List (MAACL) by Zuckerman and Lubin (1965) in their study to assess anxiety, hostility and depression changes throughout a preceptorship program. The authors concluded that this tool was ineffective in detecting the identified affective states.

The Brown Interview Checklist developed by Novack, Dube and Goldstein (1992) as seen in Filipetto et al. (2006), is an instrument used to assess the content of interviews conducted by medical students. The tool is inadequate to evaluate preceptorship because there are many other skills and competencies addressed in the programs other than interview skills.

Marks-Maran et al. (2013) utilized two different frameworks to analyze the data obtained in their evaluation of a preceptorship program in the UK. The Framework Method by Ritchie and Spencer (1994) was used to analyze themes uncovered during open-ended interview questions directed towards preceptees after their program ended. This method is helpful as an exploratory method, but lacks applicability to an individualized evaluation method necessary for learning purposes. The second method is called the fourfold evaluation framework. It is a researcher-developed tool used to evaluate preceptee engagement, program impact, value and sustainability. This evaluation tool provides valuable information on the perception of newly qualified nurses, but does not allow for evaluation of knowledge, competency and learning.

Luhanga, Myrick, and Yonge (2010) used a retrospective grounded theory method study (Glaser & Strauss, 1967) to get a view on people's actions, anxieties and how they manage them. For the purposes of the preceptorship evaluation tool, more information is needed to provide specific feedback, therefore an exploratory method would be inadequate.

Shaneyfelt et al. (2006) sought to review and appraise instruments used to evaluate the teaching and learning of evidence-based practice (EBP). The researchers identified certain moderate quality instruments available to assess aspects of EBP, but concluded that there were few with comprehensive assessment of validity. The researchers suggested that the documentation of the learner's

thoughts, behaviours and actions in learning portfolios for the analysis of critical thinking and competence would be a beneficial learning and evaluation strategy.

Theoretical foundations.

Allanach and Jennings was the only article that discussed theoretical frameworks and there were two used, Meleis' Transition Theory (Im, 2009) and Geissler's (1984) Crisis Intervention Theory. First, Meleis' Transition Theory as described by Im (2009) indicated that newly hired nurses experience role insufficiency because the perception of their expectations and actual behaviour are incongruent. Therefore, the theory posits that programs should encourage role clarification and role taking. The second framework, Geissler's (1984) Crisis Intervention Theory, described the maturational crisis preceptees experience. This theory can help explain the psychological instability that may occur during this time. Neither of the two frameworks identified were appropriate for use with the preceptorship program, due to their limited focus. Therefore, a wider search was performed for an evaluation theory.

Educational framework.

The goals and approach to teaching and learning identified by Candela (2012) can be easily applied to preceptorship. The four aspects of the teaching-learning process, assessment, planning, implementation, and evaluation, will be applied, in a non-linear way, by the preceptor during the program. Assessment involves examination of learning objectives, critical learning experiences, and learning outcomes. Once identified, this information will help guide the planning phase that

involves deciding on instructional strategies. Adjusting the content and sequence of learning activities will help ensure the educational experience is tailored to the preceptee's needs. The instructional strategies are applied in the implementation phase and preceptee feedback will continue to help shape the instructional strategies. The preceptor should remain flexible in his or her approach to implementation. Evaluation, the last phase discussed, determines the progress that was made during and at the end of the preceptorship program. A final evaluation at the end of the program determines whether the preceptee has attained the objectives.

Bonnel (2012) identified the role of clinical evaluation as ensuring nurses provided safe, competent, and high quality patient care. She suggested using a multidimensional evaluation approach over a period of time for the best results. Examples of different evaluation strategies included observation, checklists, anecdotal notes, rating scales, simulation, and self-evaluation.

Literature Review Conclusion

The limited choice of preceptorship evaluation in the literature necessitated the consideration of an educational framework. Evaluation in a teaching-learning context will support feedback throughout the educational program as well as at its end (Candela, 2012). Further, the best clinical evaluation employs a multidimensional approach (Bonnel, 2012).

The literature review also provided guidance on outcomes, instructional strategies, evaluation strategies, and organizational implications necessary for

preceptorship. Topics identified as important to be evaluated include communication, confidence, accountability, teamwork, skill development, knowledge base, critical thinking, stress, turnover, and adverse events. The instructional strategies for the preceptors include allowing reflection, offering guidance, offering support, and give them an opportunity to get peer support. Evaluation methods identified include monitoring competence and performing an objective performance evaluation. Important organizational support identified was to support the transition period and ensure managerial support. The tool developed encompassed all the important concepts identified in the literature review.

Staff Consultation Summary

The purpose of the staff consultation was to obtain the opinions of nurses and nursing management directly involved in the preceptorship program. These nurses were asked for their comments on the current preceptorship program, its evaluation format and content, and their suggestions for its improvement. The information obtained would help guide the format and content of the new evaluation tool to be developed. The complete staff consultation report can be found in Appendix B.

Methods

A recruitment email was sent to 89 nurses who were either currently working on the medical pediatrics ward, or had left within the last 2 years. This included 4 nurse managers. The email explained the goal of the staff consultation and invited participants to complete a questionnaire that was attached to the email. The questionnaire sought nurses' opinions on: (a) the strengths and weaknesses of the

current preceptorship program evaluation package, (b) the ability of the preceptorship to address the preceptee's learning goals, (c) the ability of the program to prepare the preceptee for working independently, (d) the ability of the evaluation package to provide adequate feedback to the preceptee, (e) how and when they wanted feedback delivered, (f) the skills, knowledge, and values that were important for preceptees to develop, and (g) other things that should be evaluated during preceptorship.

The Health Research Ethics Authority Screening Tool (HREA, 2011) determined that it was not necessary to consult an ethics review board because this was identified as a program evaluation. The completed screening tool, questionnaire, and details of the results are located in the appendix of the staff consultation report, located in Appendix B.

Results

There was nine nurse participants: two managers and seven staff nurses. Of the seven staff nurses who responded, two had between two and three years experience, and five had more than five years of experience. The two managers and two of the seven staff nurses responded to the questionnaire by telephone interview. The others responded by sending their completed questionnaires by email. Managers responded similarly to the staff nurses, therefore their results will only be distinguished in this report if different. A content analysis was done and key themes identified.

Program strengths.

Most nurses agreed that the current preceptorship program prepares nurses well for functioning on the unit. The nurses liked having a one-to-one preceptorship format. They indicated that the program contributed to consistency during the orientation period, was a well-paced learning experience, provided a good way to integrate to the unit, and provided a chance for role modeling. The nurses appreciated the inclusion of certain content, like family-centered nursing care, and all of the technical skills. In regards to evaluation, the participants liked the frequent informal feedback, as well as the opportunity to appraise learning midway through the preceptorship during a formal evaluation meeting.

Program weaknesses.

The participants indicated that the existing knowledge checklist that is supposed to be used to guide and evaluate learning was not always completed. In addition, depending on the preceptor, preceptees would receive very different, and often inadequate, feedback. Participants indicated that there were currently no criteria to appraise learning. They also thought it was a struggle to provide a standardized educational opportunity all while considering the learner's individual needs.

Achieving learning goals.

Two nurses indicated that it was difficult for preceptees to identify goals when they did not know what was expected of them. Nurses also indicated that not all preceptors were able to identify goals and individualize learning experiences. One

participant suggested that preceptors should be given guidance and support for helping preceptees develop goals. Further, the nurses suggested that more frequent evaluative meetings would help re-adjust learning goals and activities throughout the preceptorship period.

Ability of preceptorship to prepare nurses.

Many nurses indicated that a good fit between the preceptor and preceptee allowed the preceptee to focus on his/her learning needs and progress appropriately. Once orientation was over, the nurses indicated that more could be done to ensure ongoing support is systematically available for all new nurses.

Adequate feedback.

Four nurses indicated that they felt the preceptorship evaluation plan allowed an appropriate amount of feedback to preceptees. The other three nurses and two managers indicated that the current preceptorship program does not offer adequate feedback. Two nurses indicated that the amount of feedback really depended on the preceptor. Of those that thought that feedback was inadequate, two felt that feedback was increased when a nurse's performance was weaker.

All nurses provided suggestions on how to improve evaluation. Two nurses indicated that the evaluation process could utilize a strength-based approach. Also, preceptees wanted more support, and even more feedback on their performance.

Preferred method and timing of evaluation.

Some nurses thought that there was not enough structure to the preceptorship program evaluation. The nurses requested short, frequent, even daily, evaluation

meetings that focused on the learners' strengths, utilized self-evaluation, and were documented. They wanted formal evaluation meetings at midterm and end of preceptorship. They also wanted feedback given to be clear, objective, and respectful. Nurses thought that opinions from different nurses who worked with the learner were important to gain insight on learners' progress.

Topics covered.

The nurses identified topics they thought should be taught and then evaluated during the preceptorship program. The topics were categorized in four headings: multi-disciplinary team collaboration, patient and family interaction, engaging in ethical behaviour and values, and utilizing knowledge and skills.

Multidisciplinary team collaboration.

Concepts identified were collaboration, delegation, sensitivity to other nurses' perspectives, valuing each other's work, teamwork, collaborative care with multidisciplinary team, knowledge of what services and clinics the hospital has and what their roles are, and who to ask for help.

Patient and family interaction.

Concepts identified were compassion, empathy (toward hospital workers as well), collaboration with families (especially for chronically ill patients), alleviation of stress during hospitalization, and consideration of psychosocial well-being.

Engaging in ethical behaviour and values.

Important concepts identified were: patience, confidence, humility, providing ethical care, asking for help, being self-aware, showing respect, appropriate response to feedback, healthy work/life balance, and good work ethic.

Utilizing knowledge and skills.

Concepts identified include considering patient safety, applying technical skills necessary for practice (includes peritoneal dialysis, implanted port access, infant intravenous insertion, naso-jejunal tube insertion), engaging in critical thinking, knowledge of common pathophysiology, navigation of computer systems, communication skills, knowledge related to common diagnosis and interventions (peritoneal dialysis, implanted ports, prematurity), showing self-sufficiency, autonomy, and accessing resources.

Topics for evaluation.

Other topics the nurses felt should be evaluated were patient safety, self-awareness, motivation to learn, critical thinking, collaboration, professionalism, recognizing their own strengths and limitations, and ability to use self-reflection.

Limitations.

The staff consultation questionnaire was voluntary, and the participation rate was less than 15%. There were no nurses who had undergone preceptorship within the past two years, and most participants had more recently been preceptors. A high percentage of respondents were management (22%). Due to these limitations, the sample of participants may not be representative of the opinions of all nurses on the

unit. However, these weaknesses do not render the staff consultation invalid. The information gained from management and senior nurses is invaluable. The information obtained will help guide the development of a new tool for use in the preceptorship program.

Staff Consultation Conclusion

The staff consultation has highlighted what staff nurses think is important in preceptorship evaluation. The participants liked the preceptorship format, and felt that it was a good method to prepare nurses for work on the ward, however, there was inadequate feedback given to the preceptees. They thought that preceptor and preceptee dyad needed support in identifying goals and tailoring learning activities. The nurses offered their suggestions on what type of evaluation the preceptorship program should have. They indicated that they wanted documented short, frequent structured evaluation utilizing self-evaluation techniques and a strength-based approach.

Important themes identified by nurse participants to be covered and evaluated during preceptorship were multi-disciplinary team collaboration, patient and family interaction, engaging in ethical behaviour and values, and lastly, utilizing knowledge and skills. Additional themes identified were patient safety, self-awareness, motivation to learn, critical thinking, collaboration, and professionalism.

The information obtained helped guide the development of a new tool for use in the preceptorship program. All concepts related to evaluation format and content

identified in the staff consultation are covered in the new preceptorship evaluation tool.

Review of Tools Summary

The purpose of the practicum was to develop a new evaluation tool based on the best available evidence and the unit's preferences and needs. The purpose of this review of tools was to review documents utilized by other wards and hospitals for the purposes of evaluating orientation programs. The goal was to identify different formats and content utilized in the other tools and consider the factors for inclusion in the new tool.

Methods

There were four unit-specific orientation program tools obtained for review, sent by nursing educators in response to an email request. The medical pediatrics educator also sent a hospital-wide tool. In addition, the provincial body of nursing was asked to submit an orientation evaluation package used to integrate international nurses. All six tools were reviewed. Tools were read, summarized and key aspects were concluded. The formats utilized in the evaluative tools were listed and compiled in a table. The same process was done for the learning outcomes identified in the documents. The review of tool report including the table with format and outcome variables is located in Appendix C. Also included in the appendix of the review of tools report is the Health Research Ethics Authority Screening Tool (HREA, 2011) which was used to confirm that it was not necessary to

consult an ethics review board because the nature of the project was program evaluation.

Results

The tools reviewed provided important information on evaluation content and processes during orientation. The following paragraphs will summarize the common themes identified.

Format.

Although each tool was presented differently, certain format and evaluation methods were repeated throughout. Four of six tools had introductory pages, however, they varied in content detail. Three of six had weekly plans, and one had a summary of a typical day. Tools 1, 2, and 3 provided informational documents with their evaluation packages. These were contained throughout the documents, rather than in an appendix. Tools 2, 3, and 4 provided lists of commonly encountered services, departments, pathologies, surgical interventions, and commonly used materials. These were also located throughout the package, and not as an appendix. Certain topics were deemed worthy of a table with evaluative ratings but the topics covered in each tool varied. For example, Tool 1 appraised attribute and behaviour achievement, tasks, and responsibilities. Tools 2 and 3 appraised tasks, knowledge, and diagnostic tests. Tool 3 was the only one to appraise learning related to hospital services. Most evaluation formats included checklists and comment grids. The most commonly used methods related to evaluating and documenting learning were: identifying strengths, identifying weaknesses, obtaining a signature from learner,

and setting goals or objectives. Only two tools utilized elements of self-evaluation.

Content.

In regards to the content of the evaluation, there were multiple recurring learning outcomes identified. The concepts that occurred in three or more tools were: knowledge and tasks, critical thinking, effective communication, client focus or patient/family centered care, and interpersonal relationships. Themes that were discussed in two tools were professional development, building an effective team, inspiring leadership, knowledge of diagnostic tests, interventions, evaluation, and continuity of care. The following concepts were identified in only a single document, but not necessarily the same document: ability to provide care in diverse situations, documentation, respecting diversity, ensuring patient comfort, ensuring patient safety, showing accountability, knowledge of legal/ethical issues, knowledge of organizational and operational functioning, providing education, commitment in quality improvement, commitment in research, providing evidence-based care, driving for results, organizing work effectively, and showing good decision quality.

Conclusion

The information obtained in the review of tools helped guide the development of the new tool for use in the preceptorship program. Frequently used tool formats and content were all included in the new tool. Utilizing self-evaluation and identifying strengths and weaknesses were used less frequently in the tools reviewed, but deemed important based on the staff consultation, therefore included in the new tool. Also deemed important to include was a welcome letter, which

described program goals, objectives, and processes. Additional ward-specific informational documents were included in the appendix of the new tool, for referral by the preceptor or preceptee.

The PASSport Tool

The information obtained in the literature review, staff consultation, and review of tools was considered for inclusion in the new tool developed. The new tool was named PASSport, the “PASS” an acronym for Preceptorship Achievement Support System. The PASSport, located in Appendix D, will help structure and standardize evaluation. This tool will also help ensure nurses get the best possible outcomes from the preceptorship program.

The PASSport begins with a table of contents, welcome letter/introduction, and a weekly schedule. Then, each component is presented in chronological order, with multiple copies of each form that must be completed more than once. These components are: skill inventory checklist, weekly learning journal, competency questionnaire, critical thinking log, learning progress appraisal, and progress appraisal meeting form. It is the responsibility of preceptee and preceptor to complete the first four components. The preceptor or another member of the management team should complete the last two forms, the learning progress appraisal and progress appraisal meeting.

Skill Inventory Checklist

The development of the skill inventory checklist was guided by the reviewed tools, which included the existing tool on the medical pediatrics ward. The different

nursing skills, knowledge, and assessments were compiled, re-grouped and presented in the left hand column of the checklist table, with the three right hand columns labeled observed, practiced, and unaided. The preceptor and preceptee are prompted to complete the checklist daily and indicate the date they engaged in the skill or task. The themes included on the skill inventory checklist are patient movement, pediatric health assessment, nutrition, medication administration, intravenous therapy, using OACIS (computerized documentation/ordering system), infection control, central venous access, respiratory treatment, blood product administration, blood procurement, patient safety, verbal communication, and written documentation.

Weekly Learning Journal

The purpose of the journal is to prompt the preceptor and preceptee to discuss and document the preceptee's strengths, areas for improvement, and learning goals every week during the preceptorship (mid-term and final weeks exempted). The preceptor is given an area to make additional comments. Both preceptor and preceptee are prompted to sign and date the weekly journal.

Competency Questionnaire

The competency questionnaire was developed based on the MUHC definition and description of nursing competency. Bandura's (1977) Self-Efficacy Theory helped guide the format of the questionnaire, which seeks to quantify levels of confidence the preceptee, has in engaging in each element of competency. In the left hand column of the table, each competence heading is listed, and the ratings column

is on the right. The preceptee is prompted to indicate how confident he/she feels in engaging in each competency on a scale from 0 to 100, zero being “can’t do”, 50 being “moderately certain can do”, and 100 represents “highly certain can do”. The nursing competency headings ask nurses how confident they are in: (a) performing the nursing therapeutic process, (b) providing family-centered care, (c) effectively communicating, (d) committing to obtain results, (e) organizing work effectively, (f) participating in professional development, (g) building an effective team, and (h) inspiring leadership. The preceptees are prompted to complete three of these competency questionnaires, one at the beginning of preceptorship, one mid-way through preceptorship, and one at the end of preceptorship. According to Bandura (1977), when nurses view the progress they have made, they will become more confident in performing each task, and continue to advance their practice. The tool can be used to appraise learning needs and consequently tailor educational activities at regular intervals throughout the preceptorship program.

Critical Thinking Log

The critical thinking log is a grid with critical thinking components and their descriptions, based on Scheffer and Rubinfeld (2000), on the left hand side, and a large column on the right for comments. Two copies are given to the dyad to complete midway through and at the end of the preceptorship program. Divided in affective and cognitive components, the nurse can document examples on how each was demonstrated, to show how he/she engaged in critical thinking. The components are: confidence, contextual perspective, creativity, flexibility,

inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, reflection, analyzing, applying standards, discriminating, information seeking, logical reasoning, predicting, and transforming knowledge. This log will help the preceptee identify how his or her critical thinking is being demonstrated during the preceptorship. Situations encountered and documented will be a source of discussion between the dyad, and during the progress appraisal meetings.

Midterm and Final Progress Appraisal

This tool consists of a grid with areas for comments on preceptee strengths, interpersonal skills, stress management, constructive feedback, learning goals, next follow-up date and additional comments. It is to be completed by the preceptor or other member of the management team who are present at the meeting. The forms will help document progress made and plans for future learning. The preceptee and the nurse manager are prompted to sign the bottom of the grid.

The PASSport: A New Evidence-Based Tool

The PASSport was developed with information gained from the three sources used in the practicum: the most pertinent literature, consultations with interested staff members, and tools from surrounding units and hospitals. The conclusions obtained from the literature review supported the use of preceptorship, and outlined its benefits. It gave some important insight on what outcomes the program can aim to achieve. The staff consulted gave concrete suggestions on how and when to provide evaluation, and what topics they felt needed to be included in a new evaluation tool. The reviewed tools helped confirm what format and presentation

methods were most useful, and complement the content of the new tool. There were many format and content factors that were repeated in all three sources, for example increasing confidence was an important goal and outcome of preceptorship programs and checklists were used in almost all tools reviewed. For that reason, this tool was developed based on the best evidence available.

Advanced Nursing Practice Competencies

The advanced nursing practice competencies are a set of guidelines that identify the knowledge, skills, and personal attributes of the advanced practice nurse (CNA, 2008). They consist of four categories: research, leadership, clinical, and consultation/collaboration. In this practicum project, research and leadership competencies were demonstrated through the development of the PASSport tool.

The advanced nursing practice research competency is demonstrated by generating, synthesizing, and utilizing research to benefit nursing practice (CNA, 2008). In this practicum project, research methods were utilized to perform a staff consultation and a review of tools. Research methods were utilized to gather data in the literature review and staff consultation. Then, information from literature review, staff consultation, and review of tools were synthesized and recommendations generated. The evidence obtained from the literature review, staff consultation, and review of tools was applied to the development of the PASSport tool.

The advanced nursing leadership competency is demonstrated by seeking effective new ways to practice, improving delivery of care, and benefiting the public

(CNA, 2008). In this practicum project, the learning needs and gaps related to evaluation in the preceptorship program were identified. An evidence-based tool was developed to meet those needs. Leadership was further demonstrated by contributing to an organizational practice that supports professional growth and continuous learning.

Next Steps

The next steps in this practicum project are to share the PASSport with management team in a team meeting. Then, a pilot test can be planned for summer 2015. An evaluation plan for the pilot test should also be detailed. This plan should include evaluation of the implementation and outcomes associated with the PASSport tool. To assess the implementation of the PASSport includes evaluation of the extent to which the tool is completed. This information can be obtained through obtaining opinions from preceptees, preceptors and managers on the consistency of its use, and the amount of formal, written feedback obtained. Obtaining the opinions of preceptees and preceptors that pilot-tested the PASSport can also help identify the outcomes achieved. Elements to monitor would be the ease at which preceptee and preceptors discuss evaluative elements, competence, confidence, critical thinking, and knowledge acquisition. By the end of orientation nurses will be ready to take care of a full patient load, and preceptees and preceptor are satisfied with the tool. Information obtained from evaluating the implementation and impact of the PASSport may warrant modifications to the existing tool.

Conclusion

Information gained from the three sources used in the practicum, the literature review, staff consultation, and review of tools, helped guide the development of the PASSport. It will improve preceptorship evaluation by streamlining the evaluation process, and helping to provide an orientation based on the learner's needs. Finally, it will help improve the preceptorship experience and evaluation of newly hired nurses.

Reference List

- Allanach, B. C., & Jennings, B. M. (1990). Evaluating the effects of a nurse preceptorship programme. *Journal of Advanced Nursing*, 15(1), 22-28.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review*, 84 (2) (1977), pp. 191–215.
- Billay, D., & Myrick, F. (2008). Preceptorship: An integrative review of the literature. *Nurse Education in Practice*, 8(4), 258; 258-266; 266.
- Bonnel, W. (2012). Clinical performance evaluation. In D. M. Billings, & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (pp. 485-502) St. Louis, Missouri: Elsevier Saunders.
- 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
- Candela, L. (2012). From teaching to learning: Theoretical foundations. In D. M. Billings, & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (pp. 202-243). St. Louis, Missouri: Elsevier Saunders.
- Department of Health UK, Chief Nursing Officer Directorate. (2010). *Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals*. Retrieved from https://www.goshgold.org/resources/forms/Preceptorship_framework_2010.pdf

- Filipetto, F. A., Weiss, L. B., Switala, C. A., & Bertagnolli, J. F., Jr. (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/s15328015t1m1802_8
- Geissler, E. M. (1984). Crisis: What it is and is not. *Advances in Nursing Science 6*(4), 1-21.
- Glaser, B. G., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York, NY: Aldine de Gruyter.
- 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>.
- Higgins, G., Spencer, R. L., & Kane, R. (2010). A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. *Nurse Education Today, 30*(6), 499; 499-508; 508.
- Im, E.O. (2009). Meleis' transition theory. In M.R. Alligood & A.M. Tomey (Eds.), *Nursing Theorists and Their Work (7th Ed.)*. (416-433). St. Louis, MO: Mosby.
- 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; 1217-1225; 1225.
- Luhanga, F., Myrick, F., & Yonge, O. (2010). The preceptorship experience: An examination of ethical and accountability issues. *Journal of Professional*

Nursing, 26(5), 264; 264-271; 271.

- 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' perceptions. *Nurse Education Today*, 33(11), 1428; 1428-1434; 1434.
- McGrath, B. J., & Princeton, J. C. (1987). Evaluation of a clinical preceptor program for new graduates: Eight years later. *Journal of Continuing Education in Nursing*, 18(4), 133-136.
- Novack, D.H., Dube, C., Goldstein, M.G. (1992). Teaching medical interviewing. *Archives of Internal Medicine*. 152:1814–20.
- O'Brien-Pallas, L., Murphy, G.T., & Shamian, J. (2008). *Understanding the costs and outcomes of nurses' turnover in Canadian hospitals*. (Report No. 66350).
- 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>
- Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. The Qualitative Researcher's Companion. In Bryman, A., & Burgess, R. (Eds.), *Analysing Qualitative Data* (pp. 173–194). London: Routledge.
- Scheffer, B. K., & Rubenfeld, M. G. (2000). A consensus statement on critical thinking in nursing. *The Journal of Nursing Education*, 39(8), 352-359.
- Shaneyfelt, T., Baum, K. D., Bell, D., Feldstein, D., Houston, T. K., Kaatz, S., Whelan, C. & Green, M. (2006). Instruments for evaluating education in evidence-based

practice: A systematic review. *The Journal of the American Medical Association*, 296(9), 1116-1127. doi: 10.1001/jama.296.9.1116

Sorensen, H. A., & Yankech, L. R. (2008). Precepting in the fast lane: Improving critical thinking in new graduate nurses. *Journal of Continuing Education in Nursing*, 39(5), 208-216.

Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., Barton, M., & 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; 10.1016/j.nedt.2013.01.009

Zuckerman, M., & Lubin, B. (1965). *Manual for the Multiple Adjective Affect Check List Educational and Industrial Testing Service*. San Diego, CA.

Appendix A: Literature Review Report

When starting a new job, new nurses experience a phase of transition that involves changing from a novice nurse to a practicing nurse. To aid the transition the Montreal Children's Hospital's medical pediatric unit employs a preceptorship program, which offers close guidance, support and feedback to new nurses being oriented to the unit. Unfortunately, the unit's preceptorship program lacks a good evaluation tool. New nurses are not getting consistent, objective feedback throughout their orientation. Nurses with greater needs are being overlooked until further into the orientation process, causing delays in integration and increased costs to the unit. Therefore, the Preceptorship Program may not be adequately addressing new nurses' learning needs.

Purpose and Objectives

The purpose of this practicum project was to develop a tool to direct and record learning activities completed by newly hired nurses undergoing orientation in the preceptorship program. The practicum objectives were:

1. Assess the preceptorship program's needs related to evaluation.
2. Summarize key aspects of preceptorship and how it is evaluated in the literature.
3. Develop a guide:
 - a. with the aid of education theory;
 - b. to help identify learners' needs;
 - c. to direct learning and document progress; and

d. to evaluate learning.

4. Demonstrate advanced nursing practice competencies.

The literature review was done to gain an understanding of preceptorship and elements for evaluation. This report summarizes the literature review related to evaluation of preceptorship programs. It is organized based on the key themes identified:

1. the experience and needs of newly hired nurses;
2. preceptorship and its key components;
3. evidence-based benefits of preceptorship;
4. tools utilized in preceptorship; and
5. theoretical foundations.

Methods

To find pertinent articles to guide the development of a preceptorship evaluation tool, CINAHL, PubMed and Cochrane databases were searched using key terms such as preceptorship, orientation, evaluation, critical thinking, and competence. Titles and abstracts were retrieved, and read. Once relevant abstracts were identified, full text articles were selected. To narrow search results and highlight the most pertinent articles, priority was given to articles that included the discussion of two or more search terms. The search was limited to English language studies but not limited by date; priority was given to articles published within the past 10 years. Further search of reference lists of the retrieved articles led to other relevant articles. Articles were reviewed and critically appraised using the Public

Health Agency of Canada's Infection Prevention and Control Guidelines: Critical Appraisal Tool Kit (PHAC, 2014). Details of key articles are summarized in the evidence summary table located in Appendix A.

Results

Experience and needs of new nurses.

Reviewed literature supports the conclusion that newly hired nurses experience stress. A moderately sized systematic literature review by Higgins, Spencer, and Kane (2010) provided valuable insight on the experience and perceptions of newly qualified nurses in the UK. Seventeen studies were reviewed and appraised using the Critical Appraisal Skills Programme (CASP) tool (Oxford, 2006). Thematic analysis revealed four themes which were: (a) transition and change, (b) personal and professional development, (c) pre-registration education, and (d) preceptorship and support. The review indicated that new nurses: (a) feel unprepared to practice independently, (b) have unrealistic expectations of their abilities, (c) are overwhelmed with uncertainty, and (d) are fearful during this period. The change in role brings additional responsibility and accountability, which is a large source of stress, anxiety and pressure. In addition, a perceived lack of knowledge and clinical skills significantly impacts new nurses' self-confidence.

Given the identified stressors, new graduate nurses need help making the change between student nurse and practicing nurse. Newly graduated nurses have identified the need for support in aspects such as organizational skills, prioritizing

care needs, time management, delegation, drug administration and decision-making (Higgins et al., 2010).

Preceptorship.

Addressing the needs of newly graduated nurses.

Three different models of support have been identified in the literature. The first is a formal program without a preceptor, the second is a program with a preceptor (preceptorship), and the third is a combination of the two aforementioned models (Whitehead et al., 2013). The specific method of support discussed in this paper is the preceptorship method. Numerous research studies with quantitative, qualitative and mixed-method designs have concluded that preceptorship is a common intervention used to alleviate stressors and difficulties encountered when new nurses begin practice (Marks-Maran et al., 2013, Allanach & Jennings, 1990, McGrath & Princeton, 1987). Moreover, Higgins et al. (2010) argued that preceptorship is an essential part of assisting newly graduated nurses to become autonomously practicing nurses. Much of the literature described this transition for newly graduated nurses, however, Billay and Myrick (2008) showed that preceptorship is also highly valued as a method of professional integration for experienced nurses entering a new working environment.

Key elements of preceptorship.

Billay and Myrick (2008) defined preceptorship as a teaching and learning strategy in the practice setting, which allows an opportunity for a novice nurse (preceptee) to be socialized into the nursing environment by a more experienced

nurse (preceptor). The preceptees are the learners whereas the preceptors are role models that help nurses integrate into their new professional roles.

The UK Department of Health (2010) instituted a Preceptorship Framework to guide implementation of new and existing programs. The framework identified the goal of preceptorship as enhancing the “competence and confidence of newly registered practitioners as autonomous professionals” (p. 10). Whitehead et al. (2013) suggested that preceptorship programs should aim to increase confidence, improve clinical skills, and develop competence.

The Preceptorship Framework (Department of Health, 2010) identified multiple learning approaches that can be employed during preceptorship in order to individualize the experience for each nurse. These are: (a) organizationally structured preceptorship, (b) work-based learning, (c) online learning modules, and (d) attitudinal and behavioural learning.

In their large literature review on preceptorship, Billay and Myrick (2008) categorized and summarized the then most current evidence on preceptorship. Sixty-five articles related to nursing were reviewed using the Ganong (1987) Integrative Review Framework for literature reviews however no critical appraisal was done. The authors concluded that the varied preceptorship program characteristics and research studies offer little guidance on elements of an optimal preceptorship program. However, researchers have identified some characteristics that are thought to positively impact new nurses participating in the program such

as a well-developed curriculum (Billay & Myrick, 2008). In addition, service providers and educators should work collaboratively in supporting the program.

Preceptor and preceptee attributes.

The UK Department of Health (2010) described the role of a newly registered practitioner as a nurse that: (a) builds on existing knowledge base, (b) develops competence, (c) utilizes support systems, (d) creates a personalized learning program, (e) reflects on practice, and (f) demonstrates accountability. Billay and Myrick (2008) identified the preceptee as an active learner whose goal was to become a safe and competent nurse. These attributes may apply to a newly graduated nurse or other nurses with varying levels of experience. The roles of the preceptors are to: (a) help the newly graduated nurse develop professionally, (b) share their knowledge and experience, (c) provide feedback, and (d) continue their own professional development.

McGrath and Princeton (1987) were the only other authors found that discussed preceptor attributes. They provided insight on the preceptor qualities newly graduated nurses valued. In their study, the researchers interviewed 12 new graduate nurses before and after their preceptorship program. The preceptees wanted a trustworthy, friendly, and non-judgmental person. Further, they also wanted a preceptor who acts as a resource for guidance and support, is a role model, treats them like a peer, and provides constructive criticism.

Preceptorship program and evaluation methods.

On the medical pediatric unit at the Montreal Children's Hospital, preceptorship has been employed as an orientation approach for many years. Preceptorship is highly valued as a method of integrating new nurses into a new professional role and ward culture. Preceptorship, as defined by the medical pediatric unit, is a process whereby one senior nurse is paired with one new nurse for 5 to 6 weeks. Each preceptor participates in a one-day hospital-wide workshop. During the orientation period, the new nurses read protocols and review nursing resource manuals, which contains information on common diagnoses and nursing practices. Nurses gain experience through observation, reading nursing resource tools (e.g., verbal report guide, multidisciplinary team member list), and practice in simulated situations then practice in real situations, until they become autonomous with a full patient load (V. Ballenas, personal communication, September, 2014). The preceptor is assigned the same patients as the preceptee and the total number of patients assigned to the dyad never exceeds one nurse's patient load. The preceptee does not have any patients on the first day, has one patient on the second day and slowly increases to a full patient load by week five. The nurse in charge of the unit chooses the patient load on the days of orientation. The preceptor has input and may alter the assignment based on learning needs.

To document progress, the preceptor/preceptee dyad is given an orientation package with a skill and knowledge checklist, an evaluation table for comments, and resource tools.

The evaluation process begins with informal feedback offered by the preceptor on a daily basis. The preceptee is encouraged to identify the methods in which he or she prefers to receive feedback, and these wishes are respected as much as possible.

The checklist is to be completed prior to the midterm and final evaluation meetings. These two formal evaluation meetings occur after 2-3 weeks and at the end of the preceptorship period. Members present at the evaluation meeting are the preceptee, preceptor, educator and head nurse. The meetings are held in the nurse educator or the head nurse's office.

The goal of the midterm meeting is to address the progress of the preceptorship, identify any issues and re-focus the goals and learning activities for the remainder of the orientation period. The final evaluation period serves to address the achievement of learning goals, and ensure the new nurse is safe and competent enough to continue to practice.

Evidence-based benefits of preceptorship.

Not many studies were found that researched the outcomes of preceptorship programs. The following paragraphs will discuss the outcomes identified in the literature reviewed. The benefits of preceptorship include: a perceived reduction in stress, anxiety and depression; support in role development; an increase in confidence, skill, and knowledge development; and an improvement in communication and interpersonal skills.

The reviewed literature identified similar benefits. There are five key studies. McGrath and Princeton conducted two different studies in their report. One was a

retrospective cross-sectional study of registered nurses' opinions on their past preceptorship experiences. The second study in their report was an uncontrolled before and after study of newly graduated nurses going through a preceptorship program. The details of all five articles are located in the evidence summary table located in Appendix A.

All studies reviewed were published between 1987 and 2013. Four of the five studies were conducted in the United States (Filipetto, Weiss, Switala, & Bertagnolli, 2006, Allanach & Jennings, 1990, McGrath & Princeton, 1987), and one in the United Kingdom (Marks-Maran et al., 2013). Four studies were conducted in acute care hospitals (Marks-Maran et al., 2013, Allanach & Jennings, 1990, McGrath & Princeton, 1987), and one study was community-based (Filipetto et al., 2006). The participants were new graduate nurses (Marks-Maran et al., 2013, Allanach & Jennings, 1990, McGrath & Princeton, 1987), registered nurses who had participated in a preceptorship program in the past (McGrath & Princeton, 1987), and osteopathic medicine students (Filipetto et al., 2006). Most of the studies utilized self-report as their main data-gathering tool (Marks-Maran et al., 2013, Allanach & Jennings, 1990, McGrath & Princeton, 1987). The one questionnaire used had good reliability (Marks-Maran et al., 2013) and all methods had reasonable content validity (Allanach & Jennings, 1990, McGrath & Princeton, 1987). Although the designs were weak, the quality of the studies overall was moderate.

Stress, anxiety, depression, and hostility.

Marks-Maran et al. (2013) indicated that 73% of new graduate nurses felt the

preceptorship program enabled them to better manage stress, and 78% felt enabled to share anxieties about their new role. Similarly, McGrath and Princeton (1987) suggested that newly graduated nurses had less anxiety after participating in the preceptorship program. However no quantification was done.

In contrast to self-report in the previous studies, Allanach and Jennings (1990) performed an objective assessment of anxiety, hostility and depression. The authors showed that preceptorship temporarily decreased the scores on these measures during the program but the changes diminished after the program ended. However, the researcher held bi-weekly meetings with preceptees. These meetings may have had an effect on mediating the detection of preceptorship outcomes and are a significant limitation to the interpretation of the study results.

Role development.

Marks-Maran et al. (2013) showed that new graduate nurses perceived that preceptorship positively impacted their role development. Sixty six percent reported that preceptorship helped them to settle into their new role, 76% indicated that it helped them develop high standards of practice, and 79% said that it made them more aware of their accountability as a nurse. Ninety-six percent indicated that it improved their ability to reflect on their practice and encouraged them to think about professional development, and 84% reported that preceptorship helped them to plan their career.

Confidence and skill development.

Confidence.

McGrath and Princeton's (1987) before and after study indicated that new graduate nurses felt more confident after participating in the preceptorship program. Similarly, in the retrospective study performed by McGrath and Princeton (1987), nurses valued the increase in self-confidence they gained through preceptorship programs. No data were presented in either of these reports.

Skill development.

With their self-report measurement tool, Marks-Maran et al. (2013) reported on the outcomes of preceptorship programs. However, self-report may not be the optimal tool to measure certain outcomes. That said, the researchers found that preceptees thought the program positively impacted their skill development. Seventy-five percent of newly graduated nurses indicated that they dealt more confidently with problems related to patient care and 68% felt they improved their competence in drug administration. Sixty-eight percent thought they developed competence in health and safety issues; 55% developed their competence in meeting nutritional needs of patients; and 50% enhanced their level of competence in wound management. The impact scale for the clinical skills measures had strong internal consistency with a Cronbach's alpha coefficient of 0.938.

Also using self-report, McGrath and Princeton (1987) indicated that new graduate nurses felt more familiarized with common technical skills after participating in the preceptorship program. In the retrospective part of their study, the authors showed that nurses valued the skill development they gained in past preceptorship programs.

The following article is the only one found to objectively assess skill levels. Filipetto et al. (2006) conducted an interrupted time series study using two consecutive graduating classes of Osteopathic Medicine students. The study group participated in a preceptorship program, and both the study and control groups performed interviews. These interviews were evaluated using the Brown Interview Checklist. The results showed that students who participated in the preceptorship program were significantly more skilled at maintaining a narrative thread ($p = 0.001$) and transitioning from one area of the history to another ($p = 0.048$). The group was also more likely to ascertain current sexual activity ($p = 0.007$) and sexual orientation ($p = 0.035$) from patients. One of the significant limitations in result interpretation is the absence of a clear indication of when the evaluative interviews were done on each group of students, and if number of years of education was controlled as a confounding factor.

Communication and interpersonal relationships.

Communication.

Marks-Maran et al. (2013) evaluated the perceptions newly graduated nurses had on their communication after their preceptorship programs. No objective measurement was performed for this particular outcome, but preceptees indicated that their confidence and competence in communication with colleagues, patients, relatives and managers improved. Similarly, McGrath and Princeton's (1987) study showed that new graduate nurses felt that they strengthened their communication skills after participating in the preceptorship program.

Interpersonal skills.

Filipetto et al. (2006) indicated, with the use of their objective observational interview evaluation, that students who participated in preceptorship had improved interpersonal skills. The mean percentage score for the test group was 69.9% compared with the control mean of 65.2%, but this difference was not statistically significant ($p = 0.05$).

Professional relationships.

Quantitative data obtained by Marks-Maran et al. (2013) indicated that 63% of newly graduated nurses believed preceptorship helped them deal with difficult work relationships. In addition, over 66% improved ability to work in a team. Both of the scales used had a Cronbach's alpha coefficient of 0.929. However strong these findings are, preceptee perception may not be the best evaluative measure for assessing teamwork.

Relationship with preceptor.

Most researchers did not evaluate the role a preceptor plays on the professional development of the preceptee. However, Marks-Maran et al. (2013) showed that 12% of qualitative statements were about preceptees' relationship with preceptors. Of these, eight percent were positive about the impact of their preceptor on stress and anxiety. In addition, McGrath and Princeton (1987) concluded that preceptees valued the opportunity to study with a caring preceptor.

Retention and turnover.

Nursing research has identified retention as an important outcome of preceptorship programs (Lee, Tzeng, Lin, & Yeh, 2009, Allanach & Jennings, 1990, McGrath & Princeton, 1987). The inverse of retention, turnover, is a big burden to nurses, hospitals, and the healthcare system. In their report on nursing turnover in Canadian hospitals, O'Brien-Pallas, Murphy, and Shamian (2008) sought to clarify the extent of the problem, its predictors and its impact. One of the key findings from this large pan-Canadian report was that the average nursing turnover rate in Canada was 20%. The authors thought that non-supportive work environments and poor relationships with team members contributed to this high turnover. To counteract these issues, the authors suggested that supporting the initial orientation period could help.

A quasi-experimental study conducted by Lee et al. (2009) provided important information on the impact of preceptorship on turnover. The details of this study can be found in the evidence summary table located in Appendix A. The results of the study showed that the 3-month preceptorship program decreased turnover rate by 46.5% compared to the preceding year, in which there was no preceptorship program. In addition, calculated turnover cost was decreased by US \$186,102. These results help show the positive impact preceptorship can have on increasing retention of new graduate nurses.

Other preceptorship evaluation measures.

A list of all the important outcome and process measures related to preceptorship is compiled in a table located in Appendix B. Outcomes such as improved patient care and critical thinking have not yet been discussed. Higgins et al. (2010) suggested that if adequate support were provided, not only would new graduate nurses benefit, but patients would benefit in the long-term as well. However, no measure of patient care outcomes was offered. Critical thinking is a measure more often discussed in the nursing literature. Sorensen and Yankech (2008) explained that there are not very many valid and reliable tools to measure the effect of educational programs on critical thinking. The researchers utilized the California Critical Thinking Skills Test (CCTST) to evaluate critical thinking in nurses undergoing a preceptorship program. The study group consisted of preceptees whose preceptors received training on teaching critical thinking, and the control group consisted of preceptees whose preceptors had only undergone traditional training methods. The results indicated that the additional preceptor training did not impact critical thinking in the test group. However, the CCTST was not based on a nursing specific definition of critical thinking. Therefore, the tool may not have been sensitive to detect changes in critical thinking among nursing participants.

Process factors important to implement in preceptorship include time to reflect on practice (Whitehead et al., 2013), guidance and support from preceptors (McGrath and Princeton, 1987), and socialization to the nursing profession (Billay & Myrick, 2008, Newhouse, Hoffman, Suflita, & Hairston, 2007, McGrath & Princeton,

1987). These factors can be evaluated by using self-report measures, but no studies were found that did so.

Tools and approaches used to measure outcomes.

The following paragraphs will highlight the themes brought to light by the literature regarding the evaluation in preceptorship programs. Within the articles reviewed, numerous evaluation tools and methods were utilized to measure the outcome of preceptorship programs and other health care education programs. However, none were found that were appropriate to use in this project. The literature review by Billay and Myrick (2008) indicated that researchers often developed their own questionnaires and other tools to evaluate the perceptions of program participants. These types of evaluation tools are valuable for individual studies, but are not generalizable for use in other programs and studies on preceptorship outcomes.

Allanach and Jennings (1990) utilized the Multiple Adjective Affect Check List (MAACL) by Zuckerman and Lubin (1965) in their study on the effectiveness of a preceptorship program on recruitment and retention. This tool assessed emotional response reactions and traits by measuring anxiety, hostility and depression. The authors concluded that this tool was ineffective in detecting affective states. Further, the tool is not comprehensive enough to measure the knowledge and behaviours necessary for learning throughout preceptorship.

The Brown Interview Checklist developed by Novack, Dube and Goldstein (1992) as seen in Filipetto et al. (2006), is an instrument used to assess the content

of interviews conducted by medical students. Preceptorship programs require a broader evaluation than just interviews. In addition, this tool is not specific to nursing and does not consider the many other skills and competencies addressed during nursing orientation.

Marks-Maran et al. (2013) utilized two different frameworks to analyze the data obtained in their evaluation of a preceptorship program in the UK. The Framework Method by Ritchie and Spencer (1994) was used to analyze themes uncovered during open-ended interview questions directed towards preceptees after their program ended. This method is helpful as an exploratory method, but lacks applicability to an individualized evaluation method necessary for learning purposes. It also fails to acknowledge the multiple modes of learning inherent to preceptorship. The second method is called the Fourfold educational evaluative framework and it is a researcher-developed tool used to evaluate preceptee engagement, program impact, value and sustainability. This evaluation tool provides valuable information on the perception of newly qualified nurses, but does not allow for evaluation of knowledge, competency and learning.

Luhanga, Myrick and Yonge (2010) used the grounded theory approach (Glaser & Strauss, 1967) in their exploratory qualitative study to get a view on people's actions, anxieties and how they manage them. Grounded theory is an appropriate method when little is known on the topic. In the study by Luhanga et al. (2010) research was used to explore the psychosocial processes involved in precepting a student with unsafe practice, and identified effective management and

coping strategies that preceptors used. For the purposes of the preceptorship evaluation tool, more information is needed to provide specific feedback, therefore an exploratory method would be inadequate.

In summary, none of the literature identified an appropriate evaluation tool for the preceptorship program. The following study and textbook chapter have provided some insight on elements a preceptorship evaluation can have.

Shaneyfelt et al. (2006) sought to review and appraise instruments used to evaluate the teaching and learning of evidence-based practice (EBP). The author reviewed 115 articles, which reported on 104 instruments that evaluated EBP using quantitative measures. Most instruments were aimed at medical students, and targeted acquiring and appraising evidence to guide clinical practice. Certain newer instruments evaluated the use of EBP skills on patient care. The researchers identified the availability of certain moderate instruments available to assess aspects of EBP, but concluded that there were few with comprehensive assessment of validity. The researchers strongly encouraged the evaluation of program impact on trainee behaviour. They suggested that the documentation of the learner's thoughts, behaviours and actions in learning portfolios for the analysis of critical thinking and competence would be a beneficial learning and evaluation strategy.

Theoretical foundation.

A theoretical framework can help guide educational programs by clarifying educational goals, outcomes and evaluation techniques. For the purpose of this review, the goal was to identify pertinent theories related to the medical pediatrics

preceptorship program and its evaluation. Allanach and Jennings was the only article that discussed theoretical frameworks and there were two used, Meleis' Transition Theory (Im, 2009) and Geissler's (1984) Crisis Intervention Theory.

First, Meleis' Transition Theory as described by Im (2009) indicated that newly hired nurses experience role insufficiency because the perception of their expectations and actual behaviour are incongruent. Therefore, the theory posits that programs should encourage role clarification and role taking. The second framework, Geissler's (1984) Crisis Intervention Theory, described the maturational crisis preceptees experience. This theory can help explain the psychological instability that may occur during this time. Neither of the two frameworks identified were appropriate for use with the preceptorship program, due to their limited focus. Therefore, a wider search was performed which led to education theory.

Educational framework.

In preceptorship, the preceptor and preceptee form a teaching and learning relationship. The two enter a partnership to collaborate in helping the preceptee's quest for knowledge and skill development. The knowledge and skills the preceptee will gain will contribute to safe and effective patient care. The preceptorship program is already developed, and the goals and strategies have been identified. The preceptor must utilize a teaching and learning approach throughout the program to tailor the learning educational activities for the preceptee. The goals of preceptorship are the same as those identified by Candela (2012). The first phase is assessment, followed by planning, implementation, and evaluation. The preceptor

can apply the author's four phases of teaching and learning during the preceptorship program. Each of these phases will be applied, in a non-linear way, during the program.

Assessment involves examination of learning objectives, critical learning experiences, and learning outcomes. Once identified, this information will help guide the learning activities. Then, the planning phase involves deciding on instructional strategies. The content and sequence of learning activities will help tailor the educational experience to the learner's needs. The implementation phase is when the instructional strategies are applied. Learner feedback will help shape the instructional strategies, therefore the preceptor should remain flexible in their approach to implementation. Lastly, evaluation will help determine progress during the learning experience, as well as at the end. Feedback given during the learning experience can be helpful to identify the comprehension and achievement, and give feedback for the learner's improvement. Self-evaluation can be used as a technique to gather information on progress as well. The information gathered throughout the learning experience can guide a plan of learning that may include corrective interventions if necessary. At the end of the preceptorship, an evaluation determines whether the learner has obtained the objectives set. All evaluations should be tailored to the instructional strategies utilized in the course.

In the context of clinical performance evaluation, Bonnel (2012) suggested that the goal was to ensure nurses provided safe, competent, and high quality patient care. She proposed that a multidimensional approach performed over a period of

time was the best approach to evaluation. Examples of different evaluation strategies include observation, checklists, anecdotal notes, rating scales, simulation, and self-evaluation (2012).

Conclusion

Due to the limited choice of preceptorship evaluation framework and tools in the literature, a teaching-learning framework will be utilized to guide the learning and evaluation in the preceptorship program. As the teaching and learning process suggests, multi-dimensional evaluation at regular intervals helps appraise learning, and tailor learning experiences.

The literature review has provided guidance on outcomes, instructional strategies, evaluation strategies, and organizational implications necessary for preceptorship. Topics identified as important to be evaluated are communication, confidence, role development, accountability, teamwork, skill development, interpersonal skills, improve patient care, retention, competence, knowledge base, critical thinking, stress, anxiety, depression, hostility, turnover, and adverse events. The instructional strategies identified for the preceptor include; allowing reflection, teaching critical thinking, offering guidance, offering support, educating, socializing, building a relationship with the preceptee, and giving them an opportunity to get peer support. Evaluation methods identified include monitoring competence and performing an objective performance evaluation. Supporting the transition period and providing managerial support were identified as ways the organization can help nurses integrate into their new jobs.

However, no specific tool was found to sufficiently meet the needs of the preceptorship program. Therefore a tool should be developed to address the preceptorship evaluation needs of the medical pediatrics unit of the Montreal Children's Hospital.

Reference List

- Allanach, B. C., & Jennings, B. M. (1990). Evaluating the effects of a nurse preceptorship programme. *Journal of Advanced Nursing*, 15(1), 22-28.
- Billay, D., & Myrick, F. (2008). Preceptorship: An integrative review of the literature. *Nurse Education in Practice*, 8(4), 258; 258-266; 266.
- Bonnel, W. (2012). Clinical performance evaluation. In D. M. Billings, & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (pp. 485-502) St. Louis, Missouri: Elsevier Saunders.
- Candela, L. (2012). From teaching to learning: Theoretical foundations. In D. M. Billings, & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (pp. 202-243). St. Louis, Missouri: Elsevier Saunders.
- Department of Health UK, Chief Nursing Officer Directorate. (2010). *Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals*. Retrieved from https://www.goshgold.org/resources/forms/Preceptorship_framework_2010.pdf
- Filipetto, F. A., Weiss, L. B., Switala, C. A., & Bertagnolli, J. F., Jr. (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
- Ganong, L. H. (1987). Integrative reviews of nursing research. *Research in Nursing & Health*, 10(1), 1-11.

Geissler, E. M. (1984). Crisis: What it is and is not. *Advances in Nursing Science* 6(4), 1-21.

Glaser, B. G., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York, NY: Aldine de Gruyter.

Higgins, G., Spencer, R. L., & Kane, R. (2010). A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. *Nurse Education Today*, 30(6), 499; 499-508; 508.

Im, E.O. (2009). Meleis' transition theory. In M.R. Alligood & A.M. Tomey (Eds.), *Nursing Theorists and Their Work (7th Ed.)*. (416-433). St. Louis, MO: Mosby.

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; 1217-1225; 1225.

Luhanga, F., Myrick, F., & Yonge, O. (2010). The preceptorship experience: An examination of ethical and accountability issues. *Journal of Professional Nursing*, 26(5), 264; 264-271; 271.

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' perceptions. *Nurse Education Today*, 33(11), 1428; 1428-1434; 1434.

McGrath, B. J., & Princeton, J. C. (1987). Evaluation of a clinical preceptor program for new graduates: Eight years later. *Journal of Continuing Education in Nursing*, 18(4), 133-136.

- Newhouse, R. P., Hoffman, J. J., Suflita, J., & Hairston, D. P. (2007). Evaluating an innovative program to improve new nurse graduate socialization into the acute healthcare setting. *Nursing Administration Quarterly*, 31(1), 50-60.
- Novack, D. H., Dube, C., & Goldstein, M. G. (1992). Teaching medical interviewing. *Archives of Internal Medicine*. 152:1814–20.
- O'Brien-Pallas, L., Murphy, G.T., & Shamian, J. (2008). *Understanding the costs and outcomes of nurses' turnover in Canadian hospitals*. (Report No. 66350).
- Oxford University Public Health Resource Unit. (2006). *Appraisal tools, critical appraisal skills programme (CASP)*, Qualitative Research.
- 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>
- Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. The Qualitative Researcher's Companion. In Bryman, A., & Burgess, R. (Eds.), *Analysing Qualitative Data* (pp. 173–194). London: Routledge.
- Shaneyfelt, T., Baum, K. D., Bell, D., Feldstein, D., Houston, T. K., Kaatz, S., Whelan, C. & Green, M. (2006). Instruments for evaluating education in evidence-based practice: A systematic review. *The Journal of the American Medical Association*, 296(9), 1116-1127. doi: 10.1001/jama.296.9.1116
- Sorensen, H. A., & Yankech, L. R. (2008). Precepting in the fast lane: Improving critical thinking in new graduate nurses. *Journal of Continuing Education in Nursing*, 39(5), 208-216.

- Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L.,
Barton, M., & 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; 10.1016/j.nedt.2013.01.009
- Zuckerman, M., & Lubin, B. (1965). *Manual for the Multiple Adjective Affect Check List*
Educational and Industrial Testing Service. San Diego, CA.

Literature Review Appendix A: Evidence Summary Table

Author (Year)	Relevant Methods and Outcome Measures	Results	Conclusions
<p>Marks-Maran, D., Ooms, A., Tapping, J., Muir, J., Phillips, S., & Burke, L. (2013)</p> <p>Study Design: Descriptive Cross-Sectional</p>	<p>Setting: United Kingdom St George's Healthcare NHS Trust</p> <p>Participants: 90 preceptees Response rate of 49% All female Qualified within a 6-month period.</p> <p>Intervention: Enrolled in preceptorship program. Participated in adjacent Signal Post Scheme which evaluated development towards higher order nursing practice.</p> <p>Data collection: Questionnaires Reflective journals Video recordings Measured over a 6-month period</p> <p>Measures: Fourfold Evaluation Framework Measured 4 elements: <ul style="list-style-type: none"> • Engagement • Impact • Value • Sustainability </p> <p>Reliability: Cronbach's alpha coefficient values ranged from 0.878 to 0.970.</p> <p>Validity not addressed.</p>	<p>Primary results are relevant to the key question.</p> <p>Communication: Quantitative results indicate that confidence and competence in communication with colleagues, patients, relatives and managers improved. No data figures were presented.</p> <p>Stress and anxiety: 73% enabled to better manage stress. 78% enabled to share anxieties about the new role.</p> <p>Qualitative data coded showed: 12% statements about preceptees' relationship with preceptors and of these, 68% were positive about the impact of their preceptor on stress and anxiety.</p> <p>Role Development:</p> <ul style="list-style-type: none"> • 66% helped them to settle into their new role. • 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. • 79% made them more aware of their <i>accountability</i> as a nurse. • 76% helped them develop <i>high standards of practice</i>. 	<p>The study provides direct evidence of the specific benefits of preceptorship in categories where perception is a good evaluation tool.</p> <p>Strength of study design: WEAK</p> <p>The overall quality of the study is HIGH when considering evaluation of measures in which self-report is an adequate measurement tool.</p> <p>For the outcomes in italics, self-report is inadequate, therefore, the study would be rated MODERATE.</p>

Author (Year)	Relevant Methods and Outcome Measures	Results	Conclusions
<p>Marks-Maran et al. (2013) continued</p>		<p>Professional Relationships: 63% helped deal with difficult work relationships. Over 66% improved ability to work in a team.</p> <p>Skill Development: Improved clinical competence valued. 75% dealt more confidently with problems related to patient care. 68% improved competence in drug administration 68% developed competence in health and safety issues. 55% developed competence in meeting nutritional needs of patients. 50% enhanced level of competence in wound management.</p>	
<p>McGrath, B. J., & Princeton, J. C. (1987) Part 1 Study design: Cross-sectional retrospective (descriptive) design.</p>	<p>Rural community hospital in North Carolina, USA.</p> <p>Participants: 21 RNs who participated in the preceptor program between 1975 and 1982.</p> <p>Qualitative data collected through semi-structured interviews.</p> <p>No validity or reliability addressed.</p>	<p>All benefits of preceptorship were presented as themes and not quantified.</p> <p>Relationship with Preceptor: The opportunity to study with a caring preceptor who was available to guide, support, teach, and mentor.</p> <p>Self-Confidence, Security, Knowledge Base: This preceptor allowed nurses to gain self-confidence, security, and increase their knowledge base.</p>	<p>Strength of Design: Weak Quality of Study: LOW</p> <p>Directness of Evidence: This study provides direct evidence of the benefits of preceptorship *in measures which subjective evaluation is appropriate.</p> <p>The retrospective design weakens the quality of the data due to recall bias.</p> <p>No statistical analysis was done which also weakens the quality of the study.</p>

Author (Year)	Relevant Methods and Outcome Measures	Results	Conclusions
<p>McGrath & Princeton (1987)</p> <p>Part 2</p> <p>Study Design: Uncontrolled before and after (analytic) design.</p>	<p>Rural community hospital in North Carolina, USA.</p> <p>Participants: 12 new graduates</p> <p>Age ranged from 20-45 years. 7 had 1 to 4 years of education in a two or four year institution of higher education. 11 graduated from an associate degree program.</p> <p>Data collection: Semi-structured interviews before and several months after completion of 1983 preceptorship program.</p> <p>No validity or reliability addressed.</p>	<p>All results were presented as themes and not quantified.</p> <p>Confidence, anxiety, security: Nurses stated they were more confident, more secure, and had less anxiety after the preceptorship program.</p> <p>Communication: Felt they strengthened their communication skills.</p> <p>Technical Skills: Helped familiarize with common technical skills.</p> <p>Relationship with Preceptor: Developed a positive relationship with the preceptors.</p>	<p>Strength of Study Design: Weak Quality of the study: Low</p> <p>The study provides direct evidence related to the key question in measures which subjective data is adequate.</p> <p>Strengths: Participants highly representative of target population. Data collection appropriate for measures in which subjective data is appropriate.</p> <p>Limitations: No comparison group. No statistical analysis done on data. No indication of how data was summarized or interpreted. No information provided on intervention-difficult to reproduce.</p>
<p>Filipetto, Weiss, Switala & Bertagnolli (2006)</p> <p>Study design: Intervention study with a non-concurrent control.</p>	<p>New Jersey, USA</p> <p>School of Osteopathic Medicine</p> <p>Sample: 122 of 159 (77%)</p> <p>Control Group: 54 students graduating in 2001 (70% participation rate).</p> <p>Study Group: 68 students graduating in 2002 (83% participation rate).</p>	<p>Interpersonal Skills: Analysis of the data revealed that the test group performed significantly better ($p = 0.05$) in interpersonal skills. The mean percentage score for the test group was 69.9% compared with the control mean of 65.2%.</p> <p>Data Collection: There was no significant difference in data collection between the two groups ($p > 0.05$). Mean score for data collection in the test group was 41.5% compared with the control group mean of 41.7%.</p>	<p>Design: Weak</p> <p>Design Quality: Moderate</p> <p>This study provides direct evidence to support the key question.</p> <p>Strengths: Data gathering tool as objective as possible to assess interpersonal, communication and other skills. Appropriate statistical analysis.</p>

Author (Year)	Relevant Methods and Outcome Measures	Results	Conclusions
<p>Filipetto et al. (2006) continued</p>	<p>Intervention: Community-based family-medicine preceptorship program implemented in 2002.</p> <p>Data Collection: Videotaped interviews Hand-written history Self-assessment</p> <p>Data Measurement: Brown Interview Checklist (BCI) used for interview content assessment. No baseline tests were done.</p> <p>Timeline: Not identified when control/intervention group were evaluated.</p> <p>Validity/Reliability: Interrater reliability was not calculated. Faculty underwent training in evaluation technique. Evaluators blinded to which class students were part of.</p>	<p>Skill Development: Students who participated in the preceptorship were significantly more skilled at maintaining a narrative thread (p = .001) and transitioning from one area of the history to another (p = .048). The group was also more likely to ascertain current sexual activity (p = .007) and sexual orientation (p = .035) from patients.</p>	<p>Limitations: There was no indication of when the evaluation was done. No indication of the effect of educational background differences on control and study group.</p> <p>Application: Limited application in nursing education and preceptorship due to different culture, educational approach and evaluation.</p>
<p>Allanach & Jennings</p> <p>1990</p> <p>Study Design: Inadequate Interrupted Time Series Design</p>	<p>San Francisco, California USA</p> <p>Acute patient care setting.</p> <p>44 (of 55) new graduate nurses. (80% participation rate)</p> <p>Intervention: 8-week preceptorship program. Preceptor training and follow-up with one researcher.</p>	<p>Anxiety, Depression, and Hostility: Statistical tests were not able to detect statistically significant changes in preceptees' affective states over time.</p> <p>Anxiety was highest pre-program (7.39%) and lowest immediately after the preceptorship program at week 8 (6.18%). Anxiety scores increased after week 8 to 6.23% at 18 weeks, and 6.20% at 24 weeks.</p>	<p>Strength of Design: Weak</p> <p>Quality of Study: Low</p> <p>Directness of Evidence: This study provides direct evidence related to the key question.</p> <p>Strengths: Objective test used to assess anxiety, hostility, and depression.</p>

Appendix A: Literature Review Report

Author (Year)	Relevant Methods and Outcome Measures	Results	Conclusions
Allanach & Jennings (1990) continued	<p>Preceptee’s had informal group sessions, and bi-weekly meetings with researcher.</p> <p>Data Collection: Multiple Adjective Affective Checklist (MAACL) used as a data-gathering instrument. Data gathered at week 1, 8, 13 and 24.</p> <p>No validity or reliability addressed.</p>	<p>Hostility and depression were lowest pre-programme (7.11% and 11.57% respectively) and highest at week 13 (8.02% and 12.30% respectively).</p> <p>None of these results were statistically significant.</p>	<p>Limitations: The researcher’s interactions with participants may have had an important influence on the outcomes of the study.</p>
<p>Lee, Tzeng, Lin, & Yeh 2009</p> <p>Study Design: Uncontrolled before and after study</p>	<p>Taiwan</p> <p>Hospital setting</p> <p>Participants: 24 new nurses Participated in preceptorship program</p> <p>Intervention: Preceptors underwent training prior to program 3 month program duration One-on-one Same preceptor Monthly seminars</p> <p>Data Collection: Quality of Care Indicators: <ul style="list-style-type: none"> • Falls • Medication errors • Incident rates Patient satisfaction</p>	<p>Turnover rate: 46.5% less than the preceding year where there was no preceptorship program. In the study period, 19 of 123 (15.4%) new nurses resigned. During the same time period in the previous year, 121 new nurses reported to their units and 40 of them resigned (33.1%).</p> <p>Turnover cost: Decreased by US\$186,102. The study year retained 21 new nurses in their jobs that would have been lost to resignation during the previous year.</p> <p>Medication error rates made by new nurses dropped from 50% to 0%. None of the new nurses were responsible for medication errors occurred during the study period.</p>	<p>Strength of Design: Weak</p> <p>Quality of Study: Moderate</p> <p>This study provides direct evidence to the research question.</p> <p>Limitations: Test and control groups weren’t evaluated concurrently. Demographic data were not examined between groups. No effort to control for confounding factors.</p> <p>Strengths: Quantitative nature of data collection for turnover rate and cost.</p> <p>Study done in Taiwan, so results may not be generalizable to</p>

Author (Year)	Relevant Methods and Outcome Measures	Results	Conclusions
<p>Lee et al. (2009) continued</p>	<p>survey Self-report Turnover rate Turnover cost</p> <p>Reliability/Validity: Patient satisfaction: Cronbach's alpha was 0.86 for internal consistency reliability.</p> <p>No measures of validity addressed.</p>	<p>Compared to the same time period the previous year, four (50%) of the eight cases were reported to be caused by new nurses.</p> <p>Patient Falls: During the study period a monthly incidence rate of 0.23 per 1000 patient days, compared to a rate of 0.29 per 1000 patient days in the previous year.</p> <p>Incident Rates: During the study period, incidents of adverse events occurred at a rate of 0.24 per 1000 patient days, compared to 0.30 per 1000 patient days the previous year.</p> <p>Patient Satisfaction: Results of attitude of the nursing staff ($p < 0.01$), privacy of patients ($p < 0.05$), maintaining tranquility of the wards ($p < 0.01$) and instantaneous feedback of questions and needs to the medical doctor ($p < 0.05$) were statistically significant when compared to the prior year.</p> <p>Preceptee Satisfaction: New nurses were satisfied with preceptor guidance. All criteria scored above satisfactory with a Cronbach's alpha of 0.9.</p>	<p>Canadian hospitals. Intervention is not particularly feasible due to the added training for preceptors and monthly seminars for preceptees.</p>

Literature Review Appendix B: Preceptorship Outcome and Process Measures

Preceptorship Outcomes Measures	
Measures	Authors
Outcomes improved	
Communication	Marks-Maran et al. (2013), McGrath & Princeton (1987)
Confidence	Marks-Maran et al. (2013), McGrath & Princeton (1987), Whitehead et al. (2013)
Role development	Marks-Maran et al. (2013)
Accountability	Marks-Maran et al. (2013)
Teamwork	Marks-Maran et al. (2013), McGrath & Princeton (1987)
Skill development	Marks-Maran et al. (2013), McGrath & Princeton (1987), Filipetto et al. (2006)
Interpersonal skills	Filipetto et al. (2006)
Improve patient care	Higgins et al. (2010), Spencer & Kane, (2010), Lee et al. (2009)
Retention	Whitehead et al. (2013)
Competence	Billay & Myrick (2008), Marks-Maran et al. (2013)
Knowledge base	McGrath & Princeton (1987)
Critical thinking	Sorensen & Yankech (2008)
Outcomes decreased	
Stress	Marks-Maran et al. (2013)
Anxiety	Marks-Maran et al. (2013), McGrath & Princeton (1987), Allanach & Jennings (1990)
Depression	Allanach & Jennings (1990)
Hostility	Allanach & Jennings (1990)
Turnover	O'Brien-Pallas et al. (2008), Lee et al. (2009)
Adverse events	Lee et al. (2009)
Preceptorship Process Measures	
Instructional Strategies	
Allow reflection	Whitehead et al. (2013)
Teach critical thinking	Whitehead et al. (2013)
Offer Guidance	McGrath & Princeton (1987)
Offer Support	McGrath & Princeton (1987)
Educate	McGrath & Princeton (1987)
Socialize	Billay & Myrick (2008), Newhouse et al. (2007), McGrath & Princeton (1987)
Develop relationship with preceptor	Marks-Maran et al. (2013), McGrath & Princeton (1987)
Peer Support	Whitehead et al. (2013)
Program Evaluation	
Monitor competence	Luhanga, Myrick, & Yonge (2010), Shaneyfelt et al. (2006)
Objective performance evaluation	Whitehead et al. (2013)
Organizational Support	
Support transition period	Newhouse et al. (2007), Whitehead et al. (2013)
Managerial support	Whitehead et al. (2013)

Appendix B: Staff Consultation Report

A preceptorship program has been in place on the Montreal Children's Hospital medical pediatric unit in order to help newly hired nurses integrate to their new jobs. The program guides and supports the nurses while providing feedback on their progress. However, new nurses are not getting consistent, objective feedback throughout their orientation. Nurses with greater needs are being overlooked until further into the orientation process, causing delays in integration and increased costs to the unit. Therefore, the preceptorship program may not be adequately addressing new nurses' learning needs.

The purpose of the practicum was to develop a new evaluation tool based on the best available evidence and the unit's preferences and needs. The purpose of this staff consultation was to obtain the opinions of nurses and nursing management directly involved in the preceptorship program. These nurses were asked for their comments on the current preceptorship program, its evaluation format and content, and their suggestions for its improvement.

Methods

Staff nurses.

A recruitment email was sent to 89 staff nurses currently working on the medical pediatrics ward, and also those who had left within the last 2 years. The email explained the goal of the staff consultation and invited participants to complete a questionnaire. A copy of the email and questionnaire are found in Appendix A and B, respectively. Nurses were given the choice to complete the

questionnaire and submit it electronically, or schedule a telephone interview to respond to the questionnaire questions. All staff nurses had experienced the preceptee role, but no distinction was made if they had acted as a preceptor. However, acting as a preceptor was identified through the response to certain questions.

Nurse managers.

Four managers were sent the same recruitment email as the staff nurses. They were also sent personalized follow-up emails. Two nurse managers consented to a follow-up phone call. Their questionnaires were completed by telephone.

The questionnaire.

The questionnaire sought nurses' opinions on: (a) the strengths and weaknesses of the current preceptorship evaluation package, (b) the ability of the preceptorship to address the preceptee's learning goals, (c) the ability of the program to prepare the preceptee for working independently, (d) the ability of the evaluation package to provide adequate feedback to the preceptee, (e) how and when they wanted feedback delivered, (f) the skills, knowledge, and values that were important for preceptees to develop, and (g) other things that should be evaluated during preceptorship.

Ethical considerations.

The Health Research Ethics Authority Screening Tool (HREA, 2011) was used to identify if it was necessary to consult an ethics review board. The completed tool is found in Appendix C. As a result of conducting the screening, the project was

categorized as an evaluation and not research. Therefore a review by an ethical board was not necessary.

The nurse manager gave her permission to consult nursing staff. Permission was implied when individual participants returned the electronic questionnaire, or when they provided their telephone numbers and availability for a phone consultation. Participants' identities were not revealed to nursing staff or management. However, participant initials were used to identify each questionnaire. The completed questionnaires obtained by telephone interview were saved and kept on file with the other electronically submitted questionnaires. All questionnaires were saved on a personal computer under restricted access outside the hospital. Written questionnaires obtained by interview were kept in a file with restricted access outside the hospital.

Data analysis.

A content analysis was done and key themes identified.

Results

There was nine nurse participants: two managers and seven staff nurses. Of the seven staff nurses who responded, two had between two and three years experience, and five had more than five years of experience. The two managers and two of the seven staff nurses responded by interview. The others responded by sending their completed questionnaires by email.

The results of the staff questionnaire will be discussed based on themes uncovered in each question. Managers responded similarly to the staff nurses, therefore their results will only be distinguished if different.

Program strengths.

In terms of program design, nurses liked having a one-to-one preceptorship format. The participants thought this format offered consistency during the orientation period, a well-paced learning experience, a good way to integrate to the unit, and also provided a chance for role modeling. The nurses also appreciated the inclusion of certain content, like family-centered nursing care, and all of the technical skills. Most nurses agreed that the current preceptorship program prepares nurses well for functioning on the unit. If not, there was the option of extending preceptorship. In regards to evaluation, the participants liked the frequent informal feedback, as well as the opportunity to appraise learning midway through the preceptorship during a formal evaluation meeting.

Program weaknesses.

One of the main weaknesses identified was that the existing knowledge checklist (used to guide and evaluate learning) was not always completed due to time-constraints and heavy workload. In addition, depending on the preceptor, preceptees would receive very different feedback. One manager identified that some preceptors had difficulty identifying weaknesses and discussing them with their preceptees. This was one reason identified, but most nurses felt that generally, there was inadequate feedback given to preceptees. Participants indicated that there were

currently no criteria to appraise learning. They also thought it was a struggle to provide a standardized educational opportunity all while considering the learner's individual needs.

Achieving learning goals.

Participants had mixed responses when asked if the learner was able to identify specific learning goals. Two people indicated that it was difficult for preceptees to identify goals when they didn't know what was expected of them. Nurses indicated that depending on which preceptor is taking part in the orientation, learning can be individualized, and learning goals identified. However, this is not systematic in all preceptorship dyads. One participant suggested that preceptors should be given guidance and support for helping preceptees develop goals. Further, more frequent evaluative meetings would help re-adjust learning goals and activities.

Ability of preceptorship to prepare nurses.

All but one nurse said that they thought favorably that the preceptorship program currently prepares nurses well for unit functioning. Again, many nurses indicated that a good fit between preceptor and preceptee allowed the preceptees to focus on their learning needs and progress appropriately. Once orientation was over, preceptees were encouraged to utilize other nurses and multi-disciplinary team members for support. However, the nurses indicated that more could be done during this post-preceptorship period to ensure ongoing support is systematically available for all new nurses.

Adequate feedback.

Four nurses indicated that they felt the preceptorship program allowed an appropriate amount of feedback to preceptees. The other three nurses and two managers indicated that the current preceptorship program doesn't offer adequate feedback. Two nurses indicated that the amount of feedback really depended on the preceptor. Of those that thought that feedback was inadequate, two felt that feedback was increased when nurse's performance was weak.

Nurses who thought feedback was adequate as well as those who thought feedback was inadequate had the same suggestions on how to improve evaluation. Two nurses indicated that the evaluation process could be better by using a strengths based approach. Throughout their responses, nurses indicated that as preceptees, they wanted more support, and even more feedback on their performance. However, this support and evaluation is not systematic. Two nurses identified the need for feedback to continue once preceptorship was finished. These nurses felt that evaluation and feedback when preceptorship was finished would help improve nursing care.

Preferred method and timing of evaluation.

Some nurses thought that there wasn't enough structure to the preceptorship program evaluation. In general the nurses wanted short, frequent evaluation meetings that focused on the learners' strengths. Evaluation between the preceptor and preceptee should be done on a daily basis with written notes and utilizing self-evaluation methods. The nurses would like protected time to discuss evaluation.

They didn't want to wait until there was an issue before increasing the evaluation and feedback throughout the preceptorship. The formal evaluation meetings at midterm and end of preceptorship with the nurse educator and nurse managers were identified as intimidating but necessary. They want the meetings to be clear, objective, and respectful. Nurses thought that opinions from different nurses who worked with the learner were important to gain insight on learners' progress.

Topics covered.

The nurses identified topics they think should be covered during the preceptorship program. These will help identify important aspects that could be evaluated throughout the preceptorship. All subjects were categorized in four headings, which were multi-disciplinary team collaboration, patient and family interaction, engaging in ethical behaviour and values, and lastly, utilizing knowledge and skills. Categories with brackets indicate the number of nurses that had the same response; all others were single responses.

Multidisciplinary team collaboration.

- Collaboration (2).
- Delegation (2).
- Sensitivity to other nurse's perspective.
- Valuing each other's work.
- Teamwork (2).
- Collaborative care with multidisciplinary team (2).
- What services and clinics the hospital has and what their roles are.

- Who to ask for help.

Patient and family interaction.

- Compassion (2).
- Empathy (3) (including all hospital workers).
- Collaborative care with families (especially for chronically ill patients) (2).
- Alleviate stress of hospitalization.
- Psychosocial-considerate care.

Engaging in ethical behaviour and values.

- Patience.
- Confidence.
- Humility.
- Ethical care (3).
- Asking for help.
- Self-awareness.
- Showing respect (2).
- Response to feedback.
- Healthy work/life balance.
- Good work ethic.

Utilizing knowledge and skills.

- Patient Safety (3).

- Technical skills necessary for practice (3) (Includes peritoneal dialysis, implanted port access, infant intravenous insertion, naso-jejunal tube insertion).
- Critical thinking.
- Common pathophysiology.
- Navigation of computer systems.
- Communication skills (2).
- Knowledge (peritoneal dialysis, implanted ports, prematurity, Common medical issues).
- Self-sufficiency.
- Autonomy.
- Accessing resources.

Topics for evaluation.

Other topics the nurses felt should be evaluated were patient safety, self-awareness, motivation to learn, critical thinking, collaboration, and professionalism. One nurse stressed the importance of patient safety as an essential component to evaluate in a preceptee. Self-awareness was also important. Many nurses identified the ability of new nurses to recognize their own strengths and limitations. One nurse identified the use of self-reflection as a skill that could be evaluated. Another important aspect to evaluate was their motivation to learn. The nurses thought that preceptees demonstrated motivation by creating a learning plan during and after preceptorship and showing improvement in areas of weakness.

Limitations.

The staff consultation is not without weaknesses. There was a very small response rate. Less than 15% of nurses who worked on the unit responded. Of these, there were no nurses who had undergone preceptorship within the past two years. Most participants had most recently been preceptors. A high percentage of respondents were management (22%). Therefore the sample of participants may not be representative of the opinions of all nurses on the unit. Management, senior nurses and junior nurses may all have differing opinions of the current and future preceptorship evaluation tools.

Also, another source of bias is the self-selection of participants. This questionnaire was voluntary. It is possible that those who responded may have differing opinions than those who did not.

These weaknesses do not render the staff consultation invalid. The information from management and senior nurses is invaluable. The staff consultation has provided guidance to the evaluation tool by highlighting what nurses think is important in preceptorship evaluation. With staff nurses' input, the evaluation tool will reflect the needs of the unit, and help its integration once done.

Staff Consultation Conclusion

The questionnaire revealed the opinions held by ward nurses and management. These nurse participants liked the preceptorship format, and felt that it was a good method to prepare nurses for work on the ward. The limitations identified included the inconsistent and incomplete evaluation methods. The

majority of participants thought that there was inadequate feedback given to the preceptee during orientation. They thought that preceptor and preceptee dyad needed support in identifying goals and tailoring learning activities. The nurses offered their suggestions on what type of evaluation the preceptorship program should have. Firstly, they indicated that they wanted a more structured evaluation that was short and frequent. Further, they wanted to use self-evaluation techniques and a strength-based approach.

Important themes identified by nurse participants would like to be covered and evaluated during the preceptorship were multi-disciplinary team collaboration, patient and family interaction, engaging in ethical behaviour and values, and lastly, utilizing knowledge and skills. Additional themes identified were patient safety, self-awareness, motivation to learn, critical thinking, collaboration, and professionalism. Although not directly related to the preceptorship program, respondents indicated that there was inadequacy of support, feedback, and evaluation after the preceptorship program ended.

The information obtained will help guide the development of a new tool for use in the preceptorship program. The staff nurses and management of the medical pediatric unit will use this tool for preceptorship evaluation.

Reference List

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>.

Appendix A: Recruitment Email

Hello _____,

I am inviting you to help me in my Master of Nursing final practicum project. If you agree, you would help me obtain data by telling me your opinion. The topic of the project is guiding and evaluating preceptorship for new nurses. Your view on the current practice, as well as your input for a new tool is highly valued.

If you would like to participate- Thank You! There are two ways you can help me with my project:

1. Complete the questionnaire attached. Send it by replying to ME only (this way your opinion remains confidential).

or

2. Reply by sending me your telephone number, and I will call you for a 20min interview. Let me know when you are available (I am available during the day, evening as well as weekends!)

Hope to hear from you soon!

Else Leon

Appendix B: Preceptorship Questionnaire

Note: All answers will be kept completely confidential. All individual questionnaires will be disposed at the termination of the project.

1. What do you think are the **strengths and weaknesses** of the current evaluation package for preceptorship?
2. Do you feel like the preceptorship addressed your/the preceptee student's **specific learning goals**?
3. Do you feel like preceptorship **prepared you**/the preceptee for working independently?
4. Do you feel you/the preceptee obtained **adequate feedback**?
5. What methods should be used in delivering feedback? Was the feedback delivered at **appropriate times**? Please elaborate:
6. What **skills/knowledge/values** would you have liked to experience/teach during preceptorship?
7. What elements do you think should be **included in an evaluation** of the nurse's learning at the end of preceptorship?

Appendix C: 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		x
2.	Are there any local policies which require this project to undergo review by a Research Ethics Board?		x
	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?		x
4.	Is the project designed to answer a specific research question or to test an explicit hypothesis?		x
5.	Does the project involve a comparison of multiple sites, control sites, and/or control groups?		x
6.	Is the project design and methodology adequate to support generalizations that go beyond the particular population the sample is being drawn from?		x
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?		x
LINE A: SUBTOTAL Questions 3 through 7 = (Count the # of Yes responses)		0	
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?	x	
9.	Is the project intended to define a best practice within your organization or practice?	x	
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?	x	
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	x	

	such as rural vs. urban populations?		
12.	Is the current project part of a continuous process of gathering or monitoring data within an organization?	x	
LINE B: SUBTOTAL Questions 8 through 12 = (Count the # of Yes responses)		5	
	SUMMARY The sum of Line B > Line A therefore the study is a quality/evaluation.		

Interpretation:

- If the sum of Line A is greater than Line B, the most probable purpose is **research**. The project should be submitted to an REB.
- If the sum of Line B is greater than Line A, the most probable purpose is **quality/evaluation**. Proceed with locally relevant process for ethics review (may not necessarily involve an REB).
- If the sums are equal, seek a second opinion to further explore whether the project should be classified as Research or as Quality and Evaluation.

These guidelines are used at Memorial University of Newfoundland and were adapted from ALBERTA RESEARCH ETHICS COMMUNITY CONSENSUS INITIATIVE (ARECCI). Further information can be found at: <http://www.hrea.ca/Ethics-Review-Required.aspx>.

Appendix C: Review of Tools Report

A preceptorship program has been in place on the Montreal Children's Hospital 6C medical pediatric unit in order to help newly hired nurses integrate to their new jobs. The program guides and supports the nurses while providing feedback on their progress. However, new nurses are not getting consistent, objective feedback throughout their orientation. Nurses with greater needs are being overlooked until further into the orientation process, causing delays in integration and increased costs to the unit. Therefore, the 6C preceptorship program may not be adequately addressing new nurses' learning needs.

The purpose of the practicum was to develop a new evaluation tool based on the best available evidence and the 6C unit's preferences and needs. The purpose of this review of tools was to review documents utilized by other wards and hospitals for the purposes of evaluating orientation programs.

Method

The 6C nursing educator was contacted by phone, and asked to electronically send all orientation evaluation documents. In addition to the 6C orientation evaluation documents, the nursing educator also sent along a hospital-wide tool that was intended for use in orientation programs. Personal contacts helped find the name of three other nursing educators from different hospitals. These nursing educators were also emailed, and asked to electronically send all orientation evaluation documents. The professional body of nursing for the province was

contacted by email, and asked to submit an orientation evaluation package used to integrate international nurses. The last is the 6th tool reviewed in this report.

The Health Research Ethics Authority Screening Tool (HREA, 2011) was used to identify if it was necessary to consult an ethics review board. The completed tool is found in Appendix A. As a result of conducting the screening, the project was categorized as an evaluation and not research. Therefore a review by an ethical board was not necessary.

Tools were read, summarized and key aspects were concluded. The multiple formats utilized in the evaluative tools were listed and compiled in a table. The same process was done for learning outcomes identified. The table of format and outcome variables is located in Appendix B.

Results

Tool 1.

This university hospital center provided a guide, tools and an evaluation grid related to nursing competency. This document was provided to multiple units for consultation and use in evaluation. There are no indications on who and when the forms should be completed.

Nurse attributes and behaviours: Resource page.

This document is a table with the top row that lists the eight attributes. The subsequent rows detail concrete steps or actions that demonstrate the corresponding attribute.

1. Client Focus

2. Effective Communication
3. Drive for Results
4. Organizing Work Effectively
5. Decision Quality
6. Professional Development
7. Building Effective Teams
8. Inspiring Leadership

Individual development plan form.

A table is used to document individual nurse achievements. Two categories are presented. Under the two categories are multiple sub-categories presented on one row each with 4 columns. The first column lists the sub-category, and the last 3 small columns are assessment ratings labeled (1) to be developed, (2) fully satisfactory or (3) exemplary.

1. Tasks and responsibilities
 - a. Providing evidence-based, family-centered care to patients
 - b. Providing education related to therapeutic process, health promotion prevention and rehabilitation to patients and their families.
 - c. Demonstrates commitment in quality improvement, professional development and research.
 - d. Other added responsibilities.
2. Attributes and behaviours
 - a. Client Focus

- b. Effective Communication
- c. Drive for Results
- d. Organizing Work Effectively
- e. Decision Quality
- f. Professional Development
- g. Building Effective Teams
- h. Inspiring Leadership

Additional sections in this document are comment grids labeled:

- 3. Professional interests and career objectives.
- 4. Assessment global overview
- 5. Personal development objectives
 - a. Objective
 - b. Action plan/Activities
 - c. Success Criteria
 - d. Target Date

Tasks and responsibilities of individual development plan form

Contains a separate table that lists the general responsibilities, and attributes and behaviours as listed above in section two. These are presented in rows, with the last three columns at the end labeled: (1) to be developed, (2) satisfactory, and (3) exemplary.

- General Responsibilities
 - Provides evidence-based, patient and family-centered care.

- Provides education related to the therapeutic process, health promotion, prevention and rehabilitation.
 - Demonstrates a professional commitment to quality improvement as well as professional development and research.
- Client Focus
 - Effective Communication
 - Drive for result
 - Organizing work effectively
 - Decision quality
 - Professional development
 - Building Effective teams
 - Inspiring leadership

Tool 2.

This unit-specific guide is given to every preceptor-preceptee dyad at the beginning of the preceptorship period. There are no clear instructions on who is to complete each section of the guide. By the layout of the checklist and tables, the guide seems to be completed on an ongoing basis as knowledge and tasks are completed. No instructions are given about what determines a task as complete, except in the critical thinking section.

This numbered list describes the sections in the order in which they appear in the orientation guide.

1. General plan. A heading for each week is offered with a short description of the patient load expected.
2. General functioning information.
3. Task and knowledge checklist. Each item below has multiple sub-categories, each on one row, with the last four columns labeled as follows: (1) taught on the unit, (2) meets expectations, (3) room for improvement, and (4) remarks.
 - a. Admission
 - b. Discharge
 - c. Chart
 - d. Vital Signs
 - e. Pain Assessment
 - f. Chest Assessment
 - g. Oxygen (delivery)
 - h. Respiratory Treatment
 - i. Nutrition
 - j. Breast-Feeding
 - k. Hydration
 - l. Medication Administration
 - m. IV therapy (hydration)
 - n. Central Venous Access
 - o. Blood Procurement
 - p. Blood Product Administration

- q. Skin & Wound care
 - r. Isolation
 - s. Charting and Computer documentation
 - t. Peritoneal Dialysis
 - u. Transplant Nursing
4. Hospital services. A grid with the most often used hospital services on one row each. Two columns at the end labeled (1) met with service, and (2) remarks.
 5. Diseases encountered. A table with a list of common diseases encountered on one row each. Last two columns labeled (1) cared for patients, and (2) remarks.
 6. Diagnostic tests. A table with a list of common diagnostic tests on one row each. The last three columns labeled (1) taught on the unit, (2) meet expectations, (3) had room for improvement, and (4) remarks.
 7. Observation and feedback. Grid with larger boxes, one for each week. Each box has 3 titles labeled (1) strengths, (2) areas to be improved, and (3) plan. The same grid in a larger form is presented for the midterm evaluation. No grid is presented for final evaluation.
 8. Critical Thinking: Multiple large tables presented. Each critical thinking aspect has its own table with multiple boxes.
 - a. "Expectations" is the first box label, and it has a description of how the critical thinking aspect is demonstrated.

- b. "Evaluation methods" is the second box label, and it describes how the aspect can be evaluated.
- c. Midterm Comments. An empty box
- d. Plan. An empty box.
- e. Final evaluation. An empty box.

Critical Thinking Aspects:

- i. Nursing Process
 - ii. Organization
 - iii. Problem-Solving
 - iv. Clinical reasoning
 - v. Interpersonal relationships
9. Ten rights of medication administration. An information page.
- Right Medication
 - Right Dose
 - Right Time
 - Right Route
 - Right Patient
 - Right Patient Education
 - Right Documentation
 - Right to Refuse
 - Right Assessment
 - Right Evaluation

10. Nursing report format: SBAR. An information page.

- How to prepare
- Situation
- Background
- Assessment
- Recommendation

11. Buddy System Description. An information page.

12. List of location of departments and services. An information page organized services are located on what floor of the hospital.

13. Treasure Hunt. A list of important items to locate on the ward

Competency-based learning objectives.

Tables with a list of competencies and critical thinking techniques and their objectives are presented in rows. Last two columns are labelled (1) meets expectations, and (2) needs improvement.

1. Client Focus and Critical Thinking:

- a. Name Bracelet & Allergy Bracelet
- b. Room preparation
- c. Oxygen and Suction
- d. Patient Safety
- e. Using White Boards
- f. Physical Assessment – Vital Signs
- g. Physical Assessment – Intake & Output

- h. Physical Assessment – Head-to-toe
 - i. Documentation – Patient chart
 - j. Documentation – Unit measures
 - k. Medication Administration – Safe Preparation
 - l. Medication Administration – Safe Administration
 - m. Intravenous Access
 - n. Infection Control
 - o. Priority Setting
2. Effective Communication
- a. Listening to Patient & Family Concerns
 - b. Family-Centered Focus
 - c. Effective Communication Strategies – Patients & Families
3. Building Effective Teams
- a. Effective Communication Strategies – Interprofessional Team
4. Professional Development
- a. Self-awareness
 - b. Accountability

Tool 3.

This numbered list describes the sections in the order in which they appear in the orientation guide.

1. Introductory Page. Describes the length of the program, general preceptorship information, and the content of the orientation guide.

2. Weekly plan of activities. For the four weeks of preceptorship.
3. List of general functioning information.
4. Task and knowledge checklist. Each item below lists multiple sub-categories on one row each, with the last four columns labeled as follows: (1) taught on the unit, (2) meets expectations, (3) room for improvement, and (4) remarks.
 - a. Admission
 - b. Discharge
 - c. Isolation
 - d. Chart
 - e. Vital Signs
 - f. Chest Assessment
 - g. Oxygen (delivery methods)
 - h. Nutrition
 - i. Medication Administration
 - j. IV therapy
 - k. Hydration
 - l. Pain Assessment
 - m. Blood Procurement
 - n. Blood Product Administration
 - o. Skin care
 - p. Venous Access
 - q. Respiratory Treatment

- r. Drainage tubes
 - s. Computer documentation
 - t. Breastfeeding
5. Hospital services. Each service is on a row, with right hand columns labeled (1) taught on the unit, (2) meets expectations, (3) room for improvement, and (4) remarks.
 6. Common diseases and surgeries. Each disease or surgery is on a row, with right hand columns labeled: (1) cared for, (2) self-evaluation, (3) remarks.
 7. Common diagnostic tests. A list with four columns labeled (1) taught on the unit, (2) meets expectations, (3) room for improvement, and (4) remarks.
 8. Critical thinking: One large table is presented. Each critical thinking aspect has two columns.
 - a. Expectations. The left-hand column describes how the critical thinking aspect is demonstrated. There is an area for comments and plan.
 - b. Evaluation methods. This column describes what methods can be used to evaluate the corresponding aspect.

Critical Thinking Aspects:

- i. Nursing Process
- ii. Organization
- iii. Problem-Solving
- iv. Clinical reasoning

9. Interpersonal relationships. The same table format from critical thinking is presented. Each aspect of interpersonal relationships is presented with two columns:
- a. Expectations. The left-hand column describes how the critical thinking aspect is demonstrated. There is an area for comments and plan.
 - b. Evaluation methods. The right-hand column describes what methods can be used to evaluate the corresponding aspect.

Interpersonal relationship aspects.

- i. Communication with nursing team.
 - ii. Communication with multi-disciplinary team members.
 - iii. Communication with patients and families
 - iv. Utilizing effective communication skills
 - v. Responding to feedback from patients and colleagues
10. Evaluations. One large table with two boxes. One for week two and one for week four. The boxes have 3 headings inside (1) strengths, (2) to be improved, and (3) plan.
11. Critical thinking self-evaluation: A list of critical thinking aspects with short descriptions. There are two boxes to the right of each aspect labeled “week 2” and “week 4”.
- Self-aware
 - Genuine
 - Self-disciplined

- Healthy
- Autonomous and responsible
- Careful and prudent
- Confident and resilient
- Honest and upright
- Curious and inquisitive
- Alert to context
- Analytical and insightful
- Logical and intuitive
- Open and fair-minded
- Sensitive to diversity
- Creative
- Realistic and practical
- Reflective and self-corrective
- Proactive
- Courageous
- Patient and persistent
- Flexible
- Empathetic
- Improvement-oriented (self, patient, systems)

14. Ten rights of medication administration. An information page.

- Right Medication
- Right Dose
- Right Time
- Right Route
- Right Patient
- Right Patient Education
- Right Documentation
- Right to Refuse
- Right Assessment
- Right Evaluation

15. Nursing report format: SBAR. An information page.

- a. How to prepare
- b. Situation
- c. Background
- d. Assessment
- e. Recommendation

16. Buddy System Description. An information page.

17. Treasure Hunt. A list of important items to locate on the ward

Tool 4.

Competency-based development orientation program level 1.

Integration.

Most sections have not indicated who and when they should be completed. The sections that require a signature by preceptee or preceptor will be identified.

Welcome letter.

Informs the reader of the orientation goals and process.

1. Objectives
2. Preceptor Responsibilities
3. List of the supporting documents.

Evaluation methods.

Each category of the competency-based objectives is described:

1. Technical skills
2. Critical thinking
3. Interpersonal skills

Unit information.

A table is provided in which the topics are presented, the learning methods used, and then an empty column intended to mark the date it was completed.

Mandatory technical skills.

A list of skills that must be validated during the integration period is provided. This includes a column for performance checklist and another for questioning guidelines.

Additional technical skills.

The same table as the one for “Mandatory Technical Skills” is provided.

Critical thinking and interpersonal relationship evaluation tools.

A list of tools that must be completed is provided. The preceptee’s signature is requested once each component is completed.

General objectives for critical thinking.

General objectives for critical thinking are described. Then, specific expectations are described and three columns are presented. The first is a list of expectations, the second is a description of evaluation methods for each corresponding skill, and the third is a list of learning options. The following is a list of the expectation headings that are presented.

1. Apply the nursing process.
2. Organize nursing care, set appropriate priorities.
3. Identify solutions to problems.
4. Apply knowledge about technical skills and health concerns.

Health Concerns Encountered. An informational page.

General Objective for Interpersonal Relationships.

A description of general objective for interpersonal relationships is provided. Then, specific expectations are described and three columns are presented. The first is a list of expectations, the second is a description of evaluation methods for each corresponding skill, and the third is a list of learning options. The following is a list of the expectation headings that are described.

Treasure Hunt.

Objects are identified and a column to track the locations of each object is provided.

Schedule of the Day.

A general schedule of an 8-hour day is presented. Time frames are grouped into care activities.

1. Assessment
2. Morning care
3. Nursing care
4. Mobility
5. Documenting
6. Lunch
7. Consolidation
8. Shift change and decompression

Competency-based development: Performance appraisal level 1-

Integration.

Introduction.

Brief overview of evaluation components

Evaluation components.

The following sections separate each evaluative component with actions to be demonstrated by the nurse. Columns are provided to indicate if components were met or not met, as well as a comment section.

1. Critical Thinking Performance Expectations

- a. Problem Solving
 - b. Priority Setting
2. Interpersonal Skills
- a. Communication
 - b. Documentation
 - c. Professional growth and development
3. Technical Skills
- a. List of skills
 - b. Cognitive component

Summary.

Next is a page of notes with headings entitled “goals”, “strategies”, and “summary/competency profile”. At the end, then there is a place for signatures from the nurse manager and staff nurse.

Tool 5.

Introduction.

The following corresponds to an adaptation program for international nurses. The nurses are registered to work in their native country, and when they immigrate they are enrolled in this adaptation program before obtaining a full nursing license.

Program description.

Details the goals, objectives and methods of the adaptation program thoroughly. It defines each component, its corresponding knowledge criteria, and suggests activities for nurses to use to familiarize themselves with each component.

There are two modules that should be successfully completed before the nurses are eligible to work in Canada.

Module description.

1. The first module evaluates clinical competence while being supervised and guided by another nurse. This is the part of the adaptation program that most closely resembles preceptorship.
2. The second module corresponds to the ability of the nurse to perform independently within the new Canadian hospital environment. The nurse is no longer shadowed by a nurse, but works independently as a nurse with a specific patient population. This section will not be reviewed because it is not comparable to the preceptorship program.

Module 1 description.

The module is divided in four components.

1. Functional component
 - a. Scientific
 - b. Relational
 - c. Legal/ethical
 - d. Organizational
 - e. Operational
2. Professional component
 - a. Clinical evaluation
 - b. Clinical interventions

- c. Continuity of care
- 3. Contextual component
 - a. The ability of the nurse to provide care in diverse situations.
- 4. Evaluation results of 1st adaptation internship
 - 1. *Functional component.*

The functional component has a grid with the breakdown of evaluation criteria the nurse must achieve. Columns on the right hand side are provided for the nurse to indicate if the criteria are below expectations, or if they are met. At the bottom of the page is a comment section. Nurses are encouraged to justify the reason expectations were not met. At the end of the operational section of the functional component, a checklist of common assessment tools and tasks are presented.

2. *Professional component.*

The professional component has a different grid with evaluation criteria grouped in four sections, evaluation, intervention and continuity of care. Columns to the right offer the nurse an opportunity to indicate if the criteria were below expectations or if they were met. Another grid is provided and the nurse is encouraged to document her/his strengths and weaknesses.

3. *Contextual component.*

The contextual component section is dedicated to tracking the types of care the nurse has given. A checklist is provided to note the type of clientele, pathologies, treatments, surgeries and other nursing care she encountered. A section at the end is reserved for comments.

4. Evaluation.

The following section is reserved for the internship supervisor. This supervisor indicates whether the nurse met expectations or not. A comment section is provided. It can be used to justify the response, or provide guidance for the second module in the integration program. Finally, the supervisor indicates if the nurse passed or failed the first module.

Learner's comments.

The last page is for the nurse to complete. She/he indicates whether or not she is in agreement with the supervisor. The nurse may also write down any comments she/he has.

Tool 6.

Orientation program model.

Week 1-3: 1 Clinical Orientation Support Nurse (COSN) will work with 3-4 orientees getting used to the unit layout, norms and routines.

Week 4-7: The group will split one patient assignment. Each new nurse will take 1 patient. The acuity of the patient load will depend on the learning needs of the new nurses. No more than 6 patients.

Week 8-11: Each new nurse will be paired with one preceptor. Together they will split 4-6 patients, depending on learning needs of the new nurse. By the final week, the new nurse should have a full patient assignment.

3-month evaluation template.

Sections one to four are self-evaluations. Members of the ward educational and/or management team complete section five.

Section 1.

Reflections on knowledge, practice, leadership, documentation, and therapeutic nurse-client relationship.

Section 2.

Reflective practice clinical examples.

Section 3:

A section for declaration of the adoption of the hospital's inter-professional standards of care. These include respect for diversity, continuity of care, communication, comfort and safety are necessary to support family-centered care.

Section 4.

Professional expectations. Showing accountability in advancing individual professional practice. This can be witnessed by timely completion and submission of evaluation forms and mandatory tests.

Section 5.

Management and educators may document strengths, and areas for development.

Conclusion.

The tools reviewed provided important information on evaluation content and processes during orientation. The following paragraphs will summarize the common themes for format and content identified.

Format summary.

Although each tool was presented differently, certain format and evaluation methods were repeated throughout. Four of six tools had introductory pages, however, they varied differently in content detail. Three of six had weekly plans, and one had a summary of a typical day. Tools 1, 2, and 3 provided informational documents with their evaluation packages. These were contained throughout the documents, rather than in an appendix. Tools 2, 3, and 4 provided lists of commonly encountered services, departments, pathologies, surgical interventions, and commonly used materials. These were also located throughout the package, and not as an appendix. Certain topics were deemed worthy of a table with evaluative ratings. Tool 1 appraises attribute and behaviour achievement, tasks, and responsibilities. Tools 2 and 3 appraise tasks, knowledge, and diagnostic tests. Tool 3 is the only one to appraise learning related to hospital services. The most used methods to evaluate the learner include, identifying strengths, identifying weaknesses, obtaining a signature from learner, and goal or objective setting. Lastly, most evaluation formats included checklists and comment grids. Only two tools utilized elements of self-evaluation.

Content summary.

In regards to the content of the evaluation tools, there were multiple recurring concepts identified. Evaluation themes that occurred in three or more tools were knowledge and tasks, critical thinking, effective communication, critical thinking, client focus or patient/family centered care, and interpersonal relationships.

Themes that were discussed in two tools were: professional development, building an effective team, inspiring leadership, knowledge of diagnostic tests, interventions, evaluation, and continuity of care. Other themes identified in one document were: ability to provide care in diverse situations, documentation, respect diversity, ensuring patient comfort, ensuring patient safety, showing accountability, knowledge of legal/ethical issues, knowledge of organizational, knowledge of operational, providing education, commitment in quality improvement, commitment in research, providing evidence-based care, driving for results, organizing work effectively, and good decision quality.

The information obtained will help guide the development of a new tool for use in the 6C preceptorship program. Frequently used tool formats, methods, and content themes should be considered for inclusion in the new evaluation guide. Formatting such as checklists and comment grids should be strongly considered as they were used frequently in reviewed tools. Utilizing self-evaluation, identifying strengths and weaknesses were used less frequently, but should also be considered for use in the 6C preceptorship evaluation tool. Asking for a signature to help the learner demonstrate accountability and participation in the evaluation was used in multiple tools as well.

In terms of content, competency, critical thinking, knowledge and skill acquisition, communication, and interpersonal relationship skills, and providing patient-centered care should be included in the new tool because of the frequency in which these factors occur in other tools reviewed. Also important to include is a

welcome letter which described program goal, objectives and process. Additional ward-specific informational documents can be provided as a resource for the learner, as was done in numerous other tools.

Reference List

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>.

Appendix A: 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		x
2.	Are there any local policies which require this project to undergo review by a Research Ethics Board?		x
	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?		x
4.	Is the project designed to answer a specific research question or to test an explicit hypothesis?		x
5.	Does the project involve a comparison of multiple sites, control sites, and/or control groups?		x
6.	Is the project design and methodology adequate to support generalizations that go beyond the particular population the sample is being drawn from?		x
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?		x
LINE A: SUBTOTAL Questions 3 through 7 = (Count the # of Yes responses)		0	
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?	x	
9.	Is the project intended to define a best practice within your organization or practice?	x	
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?	x	
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	x	

	such as rural vs. urban populations?		
12.	Is the current project part of a continuous process of gathering or monitoring data within an organization?	x	
LINE B: SUBTOTAL Questions 8 through 12 = (Count the # of Yes responses)		5	
	SUMMARY The sum of Line B > Line A therefore the study is a quality/evaluation.		

Interpretation:

- If the sum of Line A is greater than Line B, the most probable purpose is **research**. The project should be submitted to an REB.
- If the sum of Line B is greater than Line A, the most probable purpose is **quality/evaluation**. Proceed with locally relevant process for ethics review (may not necessarily involve an REB).
- If the sums are equal, seek a second opinion to further explore whether the project should be classified as Research or as Quality and Evaluation.

These guidelines are used at Memorial University of Newfoundland and were adapted from ALBERTA RESEARCH ETHICS COMMUNITY CONSENSUS INITIATIVE (ARECCI). Further information can be found at: <http://www.hrea.ca/Ethics-Review-Required.aspx>.

Appendix B: Process Factors and Learning Outcomes Table

Process Factors	Tool #
Introductory Documents:	
Introductory page	3, 4, 5, 6
Weekly Plan	2, 3, 6
Sample Day schedule	4
Information provided on:	
Ward functioning	2, 3
Medication administration	2, 3
Nursing report format	2, 3
Nursing Attributes and behaviours	1
Tasks and responsibilities	1
Buddy System Description	2
Lists of common topics encountered:	
Hospital services	2
Diseases	2, 3, 4
Surgeries	3
List of location of departments and services	2
Treasure Hunt	2, 3, 4
Progress Appraisal:	
Task and knowledge checklist	2, 3
Attribute and behaviour achievement	1
Tasks and responsibilities	1
Hospital services	3
Diagnostic tests	2, 3
Evaluation:	
Observation and feedback grid for comments	1, 2, 3
Checklist	1, 2, 3, 4, 5, 6
Goal/Objective setting	1, 4
Self-Evaluation	3, 5, 6
“Date completed” section to complete	4
Reflection on practice with examples	6
Declaration of adoption of standards of care	6
Identify strengths	2, 3, 5, 6
Identify weaknesses	1, 2, 3, 5
Signature necessary	4, 5, 6
Weekly documented evaluation	2
Learning Outcomes	Tool #
Tasks and knowledge	2, 3, 4, 6
Critical thinking	2, 3, 4
Competency	2, 4

Learning Outcomes	Tool #
Client Focus	1, 2, 6
Effective Communication	1, 2, 6
Drive for Results	1
Organizing Work Effectively	1
Decision Quality	1
Professional Development	1, 2
Building Effective Teams	1, 2
Inspiring Leadership	1, 6
Providing evidence-based care	1
Providing education	1
Commitment in quality improvement	1
Commitment in research	1
Diagnostic tests knowledge and skill	2, 3
Interpersonal relationships	3, 4, 5, 6
Scientific	5
Legal/ethical	5
Organizational	5
Operational	5
Clinical evaluation	5, 6
Clinical interventions	5, 6
Continuity of care	5, 6
Ability to provide care in diverse situations	5
Documentation	6
Respect diversity	6
Ensuring patient comfort	6
Ensuring patient safety	6
Showing accountability	6

Appendix D: The PASSport: A Preceptorship Achievement Support System

Welcome to the 6C Medical Pediatrics ward at the Montreal Children's!

We are pleased to have you on our team. The next 5 weeks will be dedicated to orienting you to the ward. This will be achieved through a preceptorship program. The preceptorship program's goal is to provide you with educational experiences tailored to your learning goals.

A designated nurse will be your preceptor. The preceptor will help you set your learning objectives, provide suitable experiences to help you learn, and provide feedback on your progress. Together with your preceptor, you will work towards increasing your knowledge, skills, and confidence therefore become more autonomous as a primary nurse on 6C.

This guide will be a resource to you and your preceptor. It will help direct your learning activities, provide a place to record your learning objectives, and track your progress over the next 5 weeks and beyond.

When the preceptorship ends, your learning will continue with the support of other staff nurses, Assistant Head Nurses (AHN) and the Nursing Development Practice Educator (NPDE).

The following tools are part of your PASSport for learning

They are to be completed by you and your preceptor at the END of each corresponding week. The last two documents are to be completed by your preceptor and/or a member of the nursing management team

Tool	Week	1	2	3	4	5
Skill Inventory Checklist		x	x	x	x	x
Weekly Learning Journal		x	x		x	
Competency Questionnaire		x		x		x
Critical Thinking Log				x		x
Midterm Progress Appraisal Meeting				x		
Final Progress Appraisal Meeting						x

Progress Appraisal Meetings

There are two progress appraisal meetings, one at week 3 and another at week 5. The goal of each meeting is to address your learning progress, and ensure adequate progress is being made.

These meetings will include you, the preceptor, and any or all of the following: Nurse Manager (NM), Assistant Nurse Manager (ANM) and/or Nursing Professional Practice Development Educator (NPDE). The meeting will take place in the office of NM or NPDE. Notes will be taken by the management team and will be kept on file together with your completed progress and appraisal tools.

You will provide input on your progress by comparing current activity with your learning goals. The preceptor will also provide his or her perspective. Together you will develop further learning goals and identify suitable learning activities.

Preceptorship Weekly Schedule

Use this weekly schedule to plan your activities, and remind you of what forms should be completed.

Week 1

Day 1

- Discuss your feedback preferences with your preceptor.
 - Do you prefer verbal feedback from your preceptor immediately, at break, or at the end of the day?
 - When to perform each PASSport tool.
- Complete the Day 1 list of activities and review resources.
- YOU WILL NOT BE ASSIGNED ANY PATIENTS.
- Complete the Nursing Competency Questionnaire #1.

Days 2-7

- You and your preceptor will decide on an assignment of 1-2 patients.
- Your preceptor will accompany you for all care activities.
- Begin completing the Skill Inventory Checklist.
- Complete the Weekly Learning Journal.

Week 2

- Care for up to 2 patients together with your preceptor.
- Update the Skill Inventory Checklist.
- Complete the Weekly Learning Journal.
- You and your preceptor will schedule a mid-term evaluation meeting for next week.

Week 3

- Care for up to 3 patients with preceptor.
- Update the Skill Inventory Checklist.
- Complete the Nursing Competency Questionnaire #2.
- Complete the Critical Thinking Log #1.

- Your preceptor will complete the Mid-Term Preceptorship Learning Progress Appraisal.
- Mid-term evaluation meeting with your preceptor, NM, AHN and/or NPDE.

Week 4

- Care for up to 4 patients with your preceptor.
- Work 2-3 night shifts with preceptor.
- Update the Skill Inventory Checklist.
- Complete the Weekly Learning Journal.
- You and your preceptor will schedule a final evaluation meeting for next week.

Week 5

- Care for up to 5 patients with your preceptor.
- Update the Skill Inventory Checklist.
- Complete the Nursing Competency Questionnaire #3.
- Complete the Critical Thinking Log #2.
- Your preceptor will complete the End of Preceptorship Learning Progress Appraisal.
- Final evaluation meeting with preceptor, NM, AHN and/or NPDE.

Week 6 and beyond

You should continue to seek learning opportunities based on your goals identified in the final evaluation. During the last 5 weeks you have built a network of resources to help you: colleagues, AHN, NPDE, protocols, manuals, etc.

- Discuss your learning goals, strengths and learning needs daily with the nurse in charge, and seek corresponding learning opportunities.
- Schedule a 6-week follow-up evaluation with the NPDE.
- Be honest with yourself! It will take time to build your knowledge, skills, and confidence, but soon you will become a resource for nurses around you!

6C Skill Inventory Checklist

The following is a list of skills most frequently used on 6C. Please update the Skill Inventory Checklist daily. It is possible to do things multiple times, for example you might observe and practice a skill multiple times before performing it unaided. Please enter the most recent date in which each task was completed. Once a skill is practiced, you may not need to indicate when it was observed. Once a skill has been performed unaided, you do not have to update the latest date you performed the skill.

Please complete the date legend the first day of your preceptorship based on your schedule. This will identify what date corresponds to what day of orientation. When completing the Skill Inventory Checklist, update the day # for each skill completed that day.

This Skill Inventory Checklist is based on: The 6C Orientation Guide by Vincent Ballenas, Cindy Gauthier, Eren Alexander, Stephanie Lepage, Maripier Arcand-Langlois (April, 2014) AND MUHC Nurse Clinician Attributes and Behaviours Development Plan.

Date Legend

Week	Date	Day of Orientation
1		1
		2
		3
2		4
		5
		6
		7
3		8
		9
		10
4		11
		12
		13
		14
5		15
		16
		17

Skill Inventory Checklist

Skill	Observed	Practiced	Unaided
Patient Movement			
Admission			
Discharge			
Transfer IN			
Transfer OUT			
Pediatric Health Assessment			
Vital Signs (age appropriate)			
Physical Assessment "Head-to-Toe"			
Pain			
Hydration (Intake & Output)			
Respiratory Assessment			
Weight			
Height			
Pulse Oximetry			
Cardiac monitoring			
Neurological signs			
Nutrition			
PO Meals			
Bottle Feeding			
Breast-Feeding			
NG			
GT			
TPN Set-up			
Monitoring			
Medication Administration Procedure			
10 rights			
PO			
NG			
PR			
Topical			
IM			
SC			
IV			
CMAR			
Medication Protocols			
Formulary			

Skill	Observed	Practiced	Unaided
IV fluid compatibility chart			
Intravenous Therapy			
IV insertion procedures			
Set-up			
Solu-Set medication administration			
Side-arm medication administration			
NS lock			
Heplock			
IV fluid maintenance calculation			
Monitoring			
Charting			
Using OACIS			
Lab manual			
Formulary			
Ward list			
Lab investigations			
VS entry			
Diet entry			
Worklist			
Order Acknowledgement			
Order Management			
Infection Control			
Manual			
Routine Practices (Universal Precautions)			
Additional Precautions (Isolation Precautions)			
MRSE/VRE Screening			
Central Venous Access			
Monitoring			
Accessing procedures			
Dressing Change			
Respiratory Treatments			
Oxygen Therapy			
Suctioning			
Nebulized medication administration			

Skill	Observed	Practiced	Unaided
Blood Product Administration			
Protocol			
Set-up			
Monitoring			
Traceline ordering system			
Blood Procurement			
OACIS ordering procedure			
Printing labels			
Procedure by butterfly			
Procedure by peripheral IV			
Procedure by central line			
Blood procurement team			
Patient Safety			
Name bracelet			
Allergy bracelet			
Functioning of O2 and suction			
Patient safety checklist			
Crib vs. dome vs. bed			
Updating & printing resuscitation sheet			
Verbal Communication			
With Nurses/Nursing Assistants			
Communication with Patient Care Attendants			
Morning shift change report			
Break report			
Delegation			
Asking for help			
Offering help			
With Patients/Families			
Listen attentively to concerns			
Consider perspectives when making decisions			
With Multi-disciplinary teams:			
Medical team			
Obtaining telephone and verbal orders			
Consulting specialists			

Skill	Observed	Practiced	Unaided
Written Documentation			
Progress notes			
Unit measures			
Therapeutic Nursing Plan			
Nursing care plans			
Intake & Output			
Respiratory assessment			
Use of white board			

Weekly Learning Journal

This journal will help you reflect on the progress you've made every week. Complete one table every week 1, 2, and 4. Then discuss your learning goals with your preceptor. In weeks 3 and 5 you do not complete the learning journal, because you will complete a progress appraisal meeting.

Based on 6C Orientation Guide by Vincent Ballenas, Cindy Gauthier, Eren Alexander, Stephanie Lepage, Maripier Arcand-Langlois (April, 2014)

Week 1		
Strengths	Areas for Improvement	Learning Goals
Preceptor comments		
Preceptor Signature:		Date:
Preceptee Signature:		Date:

Week 2		
Strengths	Areas for Improvement	Learning Goals
Preceptor comments		
Preceptor Signature:		Date:
Preceptee Signature:		Date:

Week 4		
Strengths	Areas for Improvement	Learning Goals
Preceptor comments		
Preceptor Signature:		Date:
Preceptee Signature:		Date:

Nursing Competency Questionnaire #1

This questionnaire should be completed by the preceptee only. Please rate on a scale of 0-100 how confident you are to do the listed activities AS OF NOW:

Can't Do	Moderately Certain Can Do	Highly Certain Can Do
0	50.....	100.....

This Competency Questionnaire was built based on the MUHC Nurse Clinician Attributes and Behaviours Development Plan and Bandura's (1977, 2006) Self-Efficacy Theory.

Nurse Clinician Attributes and Behaviours	0 to 100
How confident are you in performing the nursing therapeutic process?	
Applying standards of professional practice	
Ensuring a safe environment for delivery of nursing care	
Assessing, diagnosing, planning, implementing, and evaluating all nursing care	
Making appropriate changes to the nursing care plan and TNP	
Following established procedures, protocols and guidelines	
Identifying ethical & moral issues and seeking consultation if necessary	
How confident are you in providing family-centered care?	
Communicating with age and cultural appropriateness with the patient and family	
Focusing on family strengths	
Respecting values and beliefs	
Providing consistently safe care	
Collaborating with family to make decisions about care	
How confident are you in effectively communicating?	
Actively listening to families	
Actively listening to multi-disciplinary team members	
Providing the right message to the right people at the right time	
Providing prompt, sufficient and effective verbal communication	
Providing promptly updated, clear and concise written communication	
How confident are you in committing to obtain results?	
Remaining calm in difficult situations	
Persisting when faced with difficulties	
Actively engaging in problem-solving	

How confident are you in organizing work effectively?	
Managing time effectively	
Setting and following priorities	
Delegating when possible	
Showing flexibility in work plan	
Being innovative in finding solutions to problems	
Consulting resources to solve problems	
How confident are you in participating in professional development?	
Being accountable for all your actions	
Demonstrating self-awareness	
Acknowledging strengths and weaknesses	
Actively engaging in opportunities to gain knowledge and skill	
Seeking feedback for self-improvement	
Listen, reflect and follow-through with constructive feedback	
Engaging in research projects	
Using research to guide practice	
Committed to engaging in quality improvement: On an individual, team, unit and hospital-level	
How confident are you in participating in building an effective team?	
Participating in team meetings	
Respecting team members	
Offering to help others	
Giving recognition to colleagues	
Developing a healthy work relationship with entire multi-disciplinary team	
Collaborating with entire multi-disciplinary team	
How confident are you in inspiring leadership?	
Creating an environment that contributes to personal and team growth	
Modeling professional behaviour	
Supporting implementation of best practices and new activities	
Striving for a healthy work environment	
Lobbying for resources that support a healthy care environment for patient and families	

Nursing Competency Questionnaire #2

This questionnaire should be completed by the preceptee only. Please rate on a scale of 0-100 how confident you are to do the listed activities AS OF NOW:

Can't Do	Moderately Certain Can Do	Highly Certain Can Do
0	50.....	100.....

This Competency Questionnaire was built based on the MUHC Nurse Clinician Attributes and Behaviours Development Plan and Bandura's (1977, 2006) Self-Efficacy Theory.

Nurse Clinician Attributes and Behaviours	0 to 100
How confident are you in performing the nursing therapeutic process?	
Applying standards of professional practice	
Ensuring a safe environment for delivery of nursing care	
Assessing, diagnosing, planning, implementing, and evaluating all nursing care	
Making appropriate changes to the nursing care plan and TNP	
Following established procedures, protocols and guidelines	
Identifying ethical & moral issues and seeking consultation if necessary	
How confident are you in providing family-centered care?	
Communicating with age and cultural appropriateness with the patient and family	
Focusing on family strengths	
Respecting values and beliefs	
Providing consistently safe care	
Collaborating with family to make decisions about care	
How confident are you in effectively communicating?	
Actively listening to families	
Actively listening to multi-disciplinary team members	
Providing the right message to the right people at the right time	
Providing prompt, sufficient and effective verbal communication	
Providing promptly updated, clear and concise written communication	
How confident are you in committing to obtain results?	
Remaining calm in difficult situations	
Persisting when faced with difficulties	
Actively engaging in problem-solving	

How confident are you in organizing work effectively?	
Managing time effectively	
Setting and following priorities	
Delegating when possible	
Showing flexibility in work plan	
Being innovative in finding solutions to problems	
Consulting resources to solve problems	
How confident are you in participating in professional development?	
Being accountable for all your actions	
Demonstrating self-awareness	
Acknowledging strengths and weaknesses	
Actively engaging in opportunities to gain knowledge and skill	
Seeking feedback for self-improvement	
Listen, reflect and follow-through with constructive feedback	
Engaging in research projects	
Using research to guide practice	
Committed to engaging in quality improvement: On an individual, team, unit and hospital-level	
How confident are you in participating in building an effective team?	
Participating in team meetings	
Respecting team members	
Offering to help others	
Giving recognition to colleagues	
Developing a healthy work relationship with entire multi-disciplinary team	
Collaborating with entire multi-disciplinary team	
How confident are you in inspiring leadership?	
Creating an environment that contributes to personal and team growth	
Modeling professional behaviour	
Supporting implementation of best practices and new activities	
Striving for a healthy work environment	
Lobbying for resources that support a healthy care environment for patient and families	

Nursing Competency Questionnaire #3

This questionnaire should be completed by the preceptee only. Please rate on a scale of 0-100 how confident you are to do the listed activities AS OF NOW:

Can't Do	Moderately Certain Can Do	Highly Certain Can Do
0	50.....	100.....

This Competency Questionnaire was built based on the MUHC Nurse Clinician Attributes and Behaviours Development Plan and Bandura's (1977, 2006) Self-Efficacy Theory.

Nurse Clinician Attributes and Behaviours	0 to 100
How confident are you in performing the nursing therapeutic process?	
Applying standards of professional practice	
Ensuring a safe environment for delivery of nursing care	
Assessing, diagnosing, planning, implementing, and evaluating all nursing care	
Making appropriate changes to the nursing care plan and TNP	
Following established procedures, protocols and guidelines	
Identifying ethical & moral issues and seeking consultation if necessary	
How confident are you in providing family-centered care?	
Communicating with age and cultural appropriateness with the patient and family	
Focusing on family strengths	
Respecting values and beliefs	
Providing consistently safe care	
Collaborating with family to make decisions about care	
How confident are you in effectively communicating?	
Actively listening to families	
Actively listening to multi-disciplinary team members	
Providing the right message to the right people at the right time	
Providing prompt, sufficient and effective verbal communication	
Providing promptly updated, clear and concise written communication	
How confident are you in committing to obtain results?	
Remaining calm in difficult situations	
Persisting when faced with difficulties	
Actively engaging in problem-solving	

How confident are you in organizing work effectively?	
Managing time effectively	
Setting and following priorities	
Delegating when possible	
Showing flexibility in work plan	
Being innovative in finding solutions to problems	
Consulting resources to solve problems	
How confident are you in participating in professional development?	
Being accountable for all your actions	
Demonstrating self-awareness	
Acknowledging strengths and weaknesses	
Actively engaging in opportunities to gain knowledge and skill	
Seeking feedback for self-improvement	
Listen, reflect and follow-through with constructive feedback	
Engaging in research projects	
Using research to guide practice	
Committed to engaging in quality improvement: On an individual, team, unit and hospital-level	
How confident are you in participating in building an effective team?	
Participating in team meetings	
Respecting team members	
Offering to help others	
Giving recognition to colleagues	
Developing a healthy work relationship with entire multi-disciplinary team	
Collaborating with entire multi-disciplinary team	
How confident are you in inspiring leadership?	
Creating an environment that contributes to personal and team growth	
Modeling professional behaviour	
Supporting implementation of best practices and new activities	
Striving for a healthy work environment	
Lobbying for resources that support a healthy care environment for patient and families	

Critical Thinking Log #1

With your preceptor, describe situations in which you have demonstrated the listed critical thinking affective and cognitive components. Also indicate the situations in which there was an opportunity for critical thinking, but was not demonstrated. Leave blank if there are no examples. Complete this form throughout the weeks, but finalize it on week 3 prior to the mid-term progress appraisal meeting. The definitions for critical thinking was obtained by Scheffer, B. K., & Rubenfeld, M. G. (2000). A consensus statement on critical thinking in nursing. *The Journal of Nursing Education*, 39(8), 352-359.

Affective Components	
<p>Confidence Assurance of one's reasoning abilities.</p>	
<p>Contextual perspective Considerate of the whole situation, including relationships, background and environment relevant to happening.</p>	
<p>Creativity Intellectual inventiveness used to generate, discover, or restructure ideas; imagining alternatives.</p>	
<p>Flexibility Capacity to adapt, accommodate, modify or change thoughts, ideas, and behaviors.</p>	
<p>Inquisitiveness Eagerness to seek knowledge and understanding through observation and thoughtful questioning in order to explore possibilities and alternatives.</p>	

<p>Intellectual Integrity Seeking the truth through sincere, honest processes, even if the results are contrary to one's assumptions and beliefs.</p>	
<p>Intuition Insightful sense of knowing without conscious use of reason.</p>	
<p>Open-mindedness Being receptive to divergent views and sensitive to one's biases.</p>	
<p>Perseverance Pursuit of a course with determination to overcome obstacles.</p>	
<p>Reflection Contemplation upon a subject, and thinking for the purposes of deeper understanding and self-evaluation.</p>	

Cognitive Components	
<p>Analyzing Separating or breaking a whole into parts to discover their nature, function and relationships.</p>	
<p>Applying standards Judging according to established personal, professional or social rules or criteria.</p>	
<p>Discriminating Distinguishing differences among things and identifying rank.</p>	

<p>Information Seeking Searching for evidence, facts or knowledge by identifying relevant sources and gathering objective, subjective, historical, and current data from those sources.</p>	
<p>Logical Reasoning Drawing inferences or conclusions that are supported in or justified by evidence.</p>	
<p>Predicting Envisioning a plan and its consequences.</p>	
<p>Transforming knowledge Changing or converting the condition, nature, form, or function of concepts among contexts.</p>	

Critical Thinking Log #2

With your preceptor, describe situations in which you have demonstrated the listed critical thinking affective and cognitive components. Also indicate the situations in which there was an opportunity for critical thinking, but was not demonstrated. Leave blank if there are no examples. Complete this form throughout the weeks, but finalize it on week 3 prior to the mid-term progress appraisal meeting. The definitions for critical thinking were obtained by Scheffer, B. K., & Rubenfeld, M. G. (2000). A consensus statement on critical thinking in nursing. *The Journal of Nursing Education*, 39(8), 352-359.

Affective Components	
<p>Confidence Assurance of one's reasoning abilities.</p>	
<p>Contextual perspective Considerate of the whole situation, including relationships, background and environment relevant to happening.</p>	
<p>Creativity Intellectual inventiveness used to generate, discover, or restructure ideas; imagining alternatives.</p>	
<p>Flexibility Capacity to adapt, accommodate, modify or change thoughts, ideas, and behaviors.</p>	
<p>Inquisitiveness Eagerness to seek knowledge and understanding through observation and thoughtful questioning in order to explore possibilities and alternatives.</p>	

<p>Intellectual Integrity Seeking the truth through sincere, honest processes, even if the results are contrary to one's assumptions and beliefs.</p>	
<p>Intuition Insightful sense of knowing without conscious use of reason.</p>	
<p>Open-mindedness Being receptive to divergent views and sensitive to one's biases.</p>	
<p>Perseverance Pursuit of a course with determination to overcome obstacles.</p>	
<p>Reflection Contemplation upon a subject, and thinking for the purposes of deeper understanding and self-evaluation.</p>	

Cognitive Components	
<p>Analyzing Separating or breaking a whole into parts to discover their nature, function and relationships.</p>	
<p>Applying standards Judging according to established personal, professional or social rules or criteria.</p>	
<p>Discriminating Distinguishing differences/similarities and identifying rank.</p>	

<p>Information Seeking Searching for evidence, facts or knowledge by identifying relevant sources and gathering objective, subjective, historical, and current data from those sources.</p>	
<p>Logical Reasoning Drawing inferences or conclusions that are supported in or justified by evidence.</p>	
<p>Predicting Envisioning a plan and its consequences.</p>	
<p>Transforming knowledge Changing or converting the condition, nature, form, or function of concepts among contexts.</p>	

Mid-Term Progress Appraisal Meeting

Please update your Skill Inventory Checklist, Weekly Learning Journals 1 and 2, and your first two Competency Questionnaires, and your Critical Thinking Log. Bring the tools to the mid-term progress appraisal meeting. This meeting is to show the progress you've made, and plan the rest of your orientation. Your preceptor or one member of the management team will complete this form.

Preceptee:

Preceptor:

Date:

Team Members Present:

Strengths	
Interpersonal Skills	
Stress Management	
Constructive feedback	
Learning goals	

Next follow-up date	
Additional comments	
Preceptee Signature:	
Manager Signature:	

Final Progress Appraisal Meeting

Please update your Skill Inventory Checklist, Weekly Learning Journals #3, the last Competency Questionnaire, and last Critical Thinking Log. Bring the entire PASSport to the final progress appraisal meeting. This meeting is to show the progress you've made, and your learning plan once preceptorship is finished. Your preceptor or one member of the management team will complete this form.

Preceptee:

Preceptor:

Date:

Team Members Present:

Strengths	
Interpersonal Skills	
Stress Management	
Constructive feedback	
Learning goals	

Next follow-up date	
Additional comments	
Preceptee Signature:	
Manager Signature:	

Reference List:

- 6C Orientation Guide by Vincent Ballenas, Cindy Gauthier, Eren Alexander, Stephanie Lepage, Maripier Arcand-Langlois (April, 2014)
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review*, 84 (2) (1977), pp. 191–215.
- Bandura, A. (2006). Guide for constructing self-efficacy scales. In F. Pajares & T. Urdan (Eds.), *Self-efficacy beliefs of adolescents*. pp. 307–337. Greenwich: Information Age Publishing.
- Montreal General Hospital 12th Floor Integration Guideline by Lisa Frick & Andrea Jones
- MUHC Nurse Clinician Attributes and Behaviours Development Plan Critical Thinking Definitions obtained by Scheffer & Rubenfeld (2000)
- Sick Kids Unit 7BCD Nursing Orientation

Appendix A: Additional Resources

Diagnosis encountered checklist

Day 1 list of activities

Guidelines for reviewing a patient chart.

Most often used hospital services

Common diseases- can change into list format

Common diagnostic tests- can change into list format

10 Medication Rights

SBAR guide

Buddy System Description

Areas of Interest

6C Treasure Hunt

MUHC table for describing nurse attributes and behaviours