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Preceptor Coordinators: The Link Connecting Hospital Orientation and Unit Orientation

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PRECEPTOR COORDINATORS:
The Link Connecting Hospital Orientation and Unit Orientation

by

Tina S. Hunter, BSN, RN

A project submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
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Abstract

Orientation is a crucial time for newly hired nurses, both experienced and non-experienced and this initial training period is a vital function for all healthcare organizations. Being a collaborative process that includes administrators, managers, preceptors, and orientees, formal orientation programs directly influence and are essential in improving staff retention, lowering turnover, increasing productivity and quality patient care, and improving staff morale and job satisfaction. This scholarly project offers a detailed plan for the development, implementation, and evaluation of the preceptor coordinator role, a department-level initiative that links hospital orientation to unit orientation; thus enhancing the overall orientation process.

Keywords: preceptor coordinator, preceptor coordinator program, nursing orientation, unit-specific orientation, Benner's Novice to Expert Theory

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Chapter 1: Introduction

Introduce the Problem

Nearly every individual's healthcare experience involves the contribution of a registered nurse. From birth to death and all the various forms of care in between, an individual's healthcare needs originate and end with the knowledge, support, and comfort of nurses. Moreover, few professions offer such an extraordinary opportunity for meaningful work as nursing; this makes nursing a unique profession supporting the needs of all, especially in the hospital setting where the most pivotal healthcare experiences occur.

Hospitals, similar to nursing, have both direct and indirect influences on the lives of individuals. For example, hospitals directly influence an individual's being through the personal encounters that one experiences during either a personal hospitalization or the hospitalization of a family member; these experiences can be positive or negative. Similarly, and as equally significant, hospitals indirectly influence individuals through economics, especially when the individuals are in the collective group known as society; this too can be positive or negative.

On the positive side, hospitals are a major driving force within the United States economy (The Joint Commission, 2008). Contributing to nearly \$2 trillion of the economic activity, the hospital industry is the second largest private-sector employer in the United States; this can be a valuable economic asset to a small community where the local hospital is the largest employer----individuals have jobs, patients have insurance, hospitals receive payments, excessive funds pay for equipment and staff. All is good in this ideal situation.

However, not all situations are ideal, and hospitals are not immune to the current economic conditions. Over the past nine years, the nation has experienced two recessions (Buerhaus, Auerbach, & Staiger, 2009). In 2001, the first recession lasted for eight months resulting in the average national unemployment rate to peak at 6.3%. The second recession, which began in December 2007 and has lasted longer than the average of all previous recessions since World War II, produced a peak unemployment rate of 10.1% in October 2009 according to the Bureau of Labor Statistics (2010). These unemployment spikes have greatly increased the number of individuals and families who have lost healthcare benefits and insurance, which ultimately produced a rise in Emergency Department visits and longer hospitalizations of critically ill individuals who cannot pay their hospital bills (Lawrence & Sherrod, 2010; The Joint Commission, 2008).

Additionally, individuals without health insurance are declining surgeries and procedures until a life or death situation emerges. These scenarios produce a combined upward spiral-effect related to escalating healthcare costs and insurance premiums with a simultaneous downward spiral effect related to forced cutbacks such as nursing and staff downsizing, the elimination of annual raises, retirement benefits, and orientation/education opportunities, and the limiting of needed patient care supplies and equipment (Lawrence & Sherrod, 2010). Moreover, when these subtle economic changes reach their peak of implementation, the combined effect can have profound implications for the nursing department of the hospital.

Buerhaus, Auerbach, and Staiger (2009) noted that hospitals in the United States have been reporting a shortage of registered nurses since 1998. In 2001, the shortage peaked with a national average of 13% for hospital nurse vacancies and an estimated

126,000 full-time-equivalent registered nurse positions were unfilled; this forced many hospitals to close nursing units and restrict operations. Concerns about the nursing shortage have continued into the current decade with studies indicating a direct association between low registered nurse staffing and hospital-related mortality, failure to rescue, and an increased risk of patient complications (The Joint Commission, 2008; Joint Commission, 2002a). In addition, with the advances in media technology and portable communication devices, compromised patient safety issues escape the walls of the hospital and become public knowledge very quickly. This tainted reputation produces a loss of patients, loss of revenue, loss of services, and loss of community trust; this takes many years of recovery, especially when medical errors were preventable.

Staffing shortages contribute to decreased patient satisfaction as well as decreased staff satisfaction (The Joint Commission, 2008; Thomas Group, 2010). The Joint Commission (2008) noted that hospital-based nurses have a job dissatisfaction rate that is three to four times higher than the average U. S. worker. The Thomas Group (2010) identified a direct relationship between staff morale and turnover rates; low staff morale and satisfaction scores produce high nursing turnovers; this is one of the most direct impacts affecting the healthcare industry---nurses leaving the profession.

In an attempt to assess interest in and obtain suggestions for a proposed hospital nursing re-entry program, Central Baptist Hospital interviewed former nurses from the Lexington, Kentucky area who had not worked in hospital practice during the last five years (Hill, 2009). The individuals in the focus group identified four general complaints as to why they were no longer practicing nurses:

- Taxing physical labor: physical requirements and the 12-hour shifts with higher patient acuities were exhausting.
- Lack of control and input into scheduling: 1) waits up to five years for a day-shift position, 2) lack of control over days off, 3) inflexibility of schedules to meet employee obligations.
- Lack of sufficient staffing: insufficient staffing led to unsafe care, unmet patient-care needs, and frequent long shifts accompanied by an increase in assigned tasks and complex documentation.
- Lack of positive reinforcement by peers, leaders, and others within the profession: positive reinforcement and affirmation about performance occurred infrequently.

Similarly, a Peter D. Hart Research Associates study (Joint Commission, 2002a) noted that 56% of surveyed nurses leave patient care to seek a job that is less stressful and less physically demanding, and 22% seek regular hours. In addition, the same study identified understaffing and the stress and physical demands of the job to be the most significant issues in nursing according to respondents who were in active nursing practice. Interestingly, these two studies, which were performed years apart, provided similar results regarding as to why nurses left patient care positions at the bedside.

As an economic means of addressing the nursing shortage and turnover issues, hospitals have undergone restructuring processes that have compromised their nursing education departments (Joint Commission, 2002a). To maintain the direct-care staff members, hospitals have reduced their educational budgets; this directly affects the supportive orientation for newly hired nurses, and ongoing in-service training, and

continuing education for current nurses. Conversely, the advances in technology and pharmaceuticals have not slowed, and there has been a recent influx of older nurses returning to hospital nursing practice due to the lay-off of a spouse and following many years away from the bedside. Additionally, new graduate nurses are initially accepting employment opportunities caring for sicker patients with less experience, and then leaving nursing practice within the first year at a rate of 30-40% costing institutes more than \$75,000 to orient a new registered nurse; this is a realistic concern voiced by the North Carolina Institute of Medicine (Roth, 2008).

This significant first-year departure rate reflects a combination of inadequate educational preparation of the nurse transitioning into practice, and longstanding work environment issues that contribute to low nursing staff satisfaction rates (The Joint Commission, 2008); this creates a stressful working environment that leads to a breakdown in communications. In 2002, The Joint Commission on Accreditation of Healthcare Organizations (2002b) identified poor communication as a major cause of errors within a drill-down analysis of reported sentinel events; 80% of participating organizations made changes in their orientation and training processes as a result. This significant response to communication breakdowns implies that a hospital's orientation program is the most vital component affecting the overall organization.

Orientation is a crucial time for any new employee and training is a vital function for all organizations (Owens, 2006). Formal orientation programs directly influence and are essential in improving staff retention, lowering turnover, increasing productivity and quality patient care, and improving staff morale and job satisfaction (Bumgarner & Biggerstaff, 2000; Ragsdale & Mueller, 2005). Designed to influence employees'

attitudes about their role within the organization, a well-defined orientation program reduces the anxiety of new employees, shortens their period of adjustment, and lays the groundwork for a long, successful career (Ragsdale & Mueller, 2005).

Moreover, orientation is a process that is viewed as a shared responsibility among preceptors, educators, nurse managers, and orientees (Hardy & Smith, 2001), with the preceptor functioning as the key person that contributes to the successful completion of the orientation process for any new employee (Hom, 2003). Nevertheless, what happens when the spiraling affects of the nation's economy lands directly in the center of the healthcare industry? What happens when the continued unemployment produces more critically ill patients who are uninsured and require intensive medical and nursing care from fewer staff members with less training?

As seen in the past, patient safety takes the ultimate sacrifice within this vicious cycle of financial difficulties and healthcare organizations cannot afford the economic ramifications of a tainted reputation. Therefore, hospitals must develop creative methods of maintaining the needed educational in-services, training, and orientation programs within their nursing departments. This promotes an open-communication system among all members of the healthcare team and focuses on optimal patient outcomes through the delivery of quality patient care.

Background

In 1998, Lake Norman Regional Medical Center (LNRMC) was one of 36 for-profit hospitals owned by the healthcare corporation, Health Management Associates (HMA), based in Florida. Lake Norman, being the only community hospital in the area, housed 109-acute care beds and 12-psychiatric beds within the walls of a 1926 building

located in downtown Mooresville, North Carolina. During that time, the new-hire orientation program included one-day of hospital orientation followed by a nursing orientation that occurred on the hired unit. The entire orientation process ranged from two days to two weeks, depending on the unit census, and orientation ended when a co-worker signed the required paperwork; this qualified the new employee to work independently and float throughout the hospital. Floating, unstructured orientation/education processes, inconsistent policies, and the archaic building and equipment resources caused experienced nurses to leave the hospital as quickly as they came, until the doors of opportunity opened just down the road.

On May 31, 1999, the staff and patients of Lake Norman Regional Medical Center moved into a brand new, \$49 million, state-of-the-art medical facility complete with 117-patient beds. Located on 30-acres of land next to the Interstate, this over-night expansion added new comprehensive healthcare services, advanced technology, and a medical office building that housed physician offices linked by a connective breezeway. Opening the doors to new and innovative opportunities, Lake Norman experienced a 29% increase in admissions, and 31% increase in surgeries in the first four months following the move (HMA, 1999); this did not include the new physicians, and staff. However, one old issue remained----the fragmented orientation program of the “old hospital,” but this was soon to change.

In the years to follow, Lake Norman Regional Medical Center instituted a dedicated Education Department as a means of restructuring the current system in order to keep up with the quickly changing environment. Two full-time registered nurses accepted the challenge of revamping the orientation program and coordinating all nursing

and hospital-wide educational activities. Over time, and with the assistance of a supporting administrative team and nursing staff, notable changes emerged. These included:

- Scheduled monthly new employee orientations
- A formal one-day hospital orientation involving members of the Administrative team to assist with required presentations
- A structured hospital-wide nursing orientation that offered four days of didactic and clinical topics pertinent to all areas of nursing
- A two-day nursing assistant orientation that included a day of didactic instruction with the registered nurses followed by a day of clinical demonstration/return-demonstration led by a staff nurse
- Basic and advanced preceptor training classes specific to Lake Norman
- Utilization of staff nurse preceptors to assist with unit orientation
- Preceptor Coordinator Committee comprised of an experienced staff nurse from each nursing department functioning in the role of Preceptor Coordinator; this individual organized the unit-specific orientation components.

Coupled with a new physical environment and a world of positive, nurse-driven changes in policies, procedures, and practice, a newfound trust in the foundations of staff development encouraged the Nursing Department to pursue the journey to excellence by seeking Magnet Recognition. This long journey ended with the successful implementation of a Shared Governance Council, and the disappointing defeat of an initial document submission, which challenged this community hospital to pursue another

attempt. Then, in February 2007, the Nursing Department of Lake Norman Regional Medical Center proudly achieved Magnet Recognition by the American Nurses Credentialing Center, making Lake Norman the first of 57 Health Management Associates (HMA) hospitals to receive this honor.

Over the next two years, the escalating opportunities of Lake Norman quickly came to a halt as the nation's economic stability declined into a recession. This affected the overall operations of Lake Norman by forcing the Florida-based healthcare corporation to take over the administrative and financial decision-making processes of this previously independent facility. The first significant change occurred when the Chief Executive Officer (CEO) of more than ten years voluntarily left the hospital and organization to pursue personal goals elsewhere; this resulted in three different CEO replacements within two years. Following closely behind was the promotion of the Chief Nursing Officer to a corporate position; she had been with Lake Norman for more than 10 years also. Consequently, other administrative changes occurred with the final resolution of a new administrative team.

The second significant change occurred in 2008, when HMA sold a portion of seven North and South Carolina hospitals to the Novant Healthcare Systems; Lake Norman Regional Medical Center's ownership changed to 73% HMA and 27% Novant. Included in this joint venture was the agreement for Novant to purchase the majority of the physicians, physician groups, and physician offices associated with Lake Norman; this laid the groundwork for much confusion among the staff and patients. This transition resulted in the transfer of patient care services to a neighboring Novant hospital leaving Lake Norman with a declining census.

The weakening economy and deteriorating census forced HMA to make difficult corporate-wide decisions for the overall benefit of the company and patient care. Three issues in the forefront were: 1) suspending all company-matched 401K contributions; 2) holding all raises; 3) making all hospitals financially responsible for decreasing unnecessary costs. Having no input into options one and two, the impact of financial responsibility became obvious at the hospital level when Lake Norman suspended all non-essential spending, such as office supplies, and remodeling projects, and opted not to fill vacant positions unrelated to direct patient care. Specifically, the nursing department saw a decrease in educational offerings within the hospital, and an increase in cancelled nursing orientations, preceptor classes, and meetings; all out-of-staffing opportunities at the unit level were eliminated, which included the preceptor coordinator role.

With the gradual ridding of nursing essentials, all for the primary purpose of saving the jobs of the bedside nurse, Lake Norman suffered a decrease in hospital-wide staff morale related to a combination of recent events. There was an over-arching sense of distrust due to ineffective communication processes that resulted from the continuous changes in the administrative leadership within the hospital. There was a strong feeling of uncertainty from the perspective of hospital and job related-instability issues---working hours decreased, surgeries and out-patient procedures declined, and staff witnessed their peers leave the jobs they loved within gaining a replacement to fulfill the vacancy. Feeling over-worked, unappreciated, and powerless, the nursing department, along with the entire hospital staff, decided to utilize their given resources and function to the best of their ability; this meant sliding back into less effective processes without consistency and communication.

In late fall of 2009, the staff of Lake Norman Regional Medical Center began seeing consistency throughout the hospital. Even though the 401K matching contributions and the hospital raises remained on hold, the new administrative team opted to make changes focusing on recruiting and retaining staff, physicians, and patients. First, the administrative team improved hospital-wide communications via intranet options and hospital-wide Town Hall forums; staff members voiced concerns and issues openly with the reception of direct answers. Next, the administrative team announced another joint venture with Novant Healthcare Systems---increase the Novant ownership of Lake Norman to 30% in exchange for the return of physicians and physician groups to the HMA/Lake Norman organization.

Finally, in December 2009, Lake Norman announced that the new Ortho/Neuro/Spine (ONS) Unit located on the second floor of the Medical Office Building would open as scheduled in January 2010, which would increase the total number of beds for the hospital to 137. However, additional nursing staff would not be hired to accommodate the additional beds; current nursing staff on the medical- surgical units would be reassigned to open the ONS unit resulting in the closing one of the existing hospital units. In addition, HMA announced the reinstatement of a corporate-wide raise for all staff by the end of the first quarter of 2010.

These changes in events prompted the revitalization of a positive atmosphere throughout Lake Norman. Stability in leadership, the return of physicians and patients, and the gleam of hope with a future raise, all set the groundwork for the re-establishment of our nursing excellence reputation. To get back to the pre-recession status, the nursing department evaluated its current condition and determined that regenerating excitement

within nursing meant returning to the basics----education and orientation. The Education Department suggested to the Professional Development Council (PDC) to re-implement the preceptor coordinator role as a means of improving the orientation process. Based on a positive response from the council, this suggestion generated an extended project proposal offering the comprehensive planning, development, implementation and evaluation of the preceptor coordinator role in all nursing departments.

Theoretical Framework

One of the primary principles influencing the design of a preceptor program is the incorporation of the program within the structure of the healthcare facility (Flynn & Stack, 2006); this includes taking an overview of the current operational components of the facility and the nursing department. These components, which include the mission and goals of the facility and the philosophy and conceptual framework of the nursing department, guide the program's design making it appropriate for entire facility and congruent with its mission and goals. Moreover, the utilization of a facility-specific preceptor model transforms the orientation of new staff members into a positive and vital experience that benefits everyone involved: the orientee, the preceptor, the preceptor coordinator, the nursing department, and the healthcare facility. Therefore, to ensure a balance between nursing theory and practical application, the development of this preceptor coordinator program integrated the theoretical framework of Benner's Novice to Expert Theory (Benner, 1982, 2001) with the mission statement, philosophy, and the professional practice model of the Nursing Department of Lake Norman Regional Medical Center.

Benner's Novice to Expert Theory (Benner, 1982, 2001) provided the theoretical linkage for the practical applications of skill acquisition and level of proficiency. Benner utilized interviews and participant observations of nurses and student nurses at varying levels of education and experience to evaluate the practicality of applying the Dreyfus Model of Skill Acquisition to nursing. In brief, the Dreyfus model, which was based upon a study of chess players and airline pilots, suggested that as an individual acquired and developed a specific skill, he or she passed through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. These levels reflected change in three general aspects of skill performance: a movement from reliance on abstract principles to the use of past concrete experience as paradigms; seeing the situation in equally relevant parts to viewing it as the complete whole; and shifting from the detached observer to the involved performer.

Following her analysis, Benner (2001) clarified the characteristics of nurse performance at each stage of development, described the performance characteristics, and identified the teaching/learning needs at each stage. She formulated her theory on the premises that the progression of skill acquisition occurred within the same job or specialty area over time implying this is a situational model. Furthermore, Benner confirmed that as a nurse advances through each level of skill acquisition, he or she reflects change in the same three general aspects of skill performance as identified in the Dreyfus Model. By successfully applying the Dreyfus Model to nursing practice, Benner validated that skill acquisition takes into account increments of skilled performance based on experience and education. Presented in brief are the stages and associated components identified by Benner (2001) (see Table 1. Benner's Stages of Skill Acquisition).

Table 1

Benner's Stages of Skill Acquisition

Stage	Performance Characteristics	Teaching/Learning Implications
Stage 1: Novice	<ul style="list-style-type: none"> • No experience in the clinical setting they are entering • Uses context-free rules to guide actions • Behavior is limited and inflexible • Views situations in parts 	<ul style="list-style-type: none"> • Teach rules to guide actions; objective attributes • Support by a competent nurse required
Stage 2: Advanced Beginner	<ul style="list-style-type: none"> • Limited experience • Demonstrates marginally acceptable performance • Gains experience with real situations • Formulates guidelines for actions in terms of patterns and attributes • Difficulty identifying important aspects; treats everything equal 	<ul style="list-style-type: none"> • Teach guidelines • Assist with prioritizing • Help to recognize patterns and their meanings • Needs support in clinical setting
Stage 3: Competent	<ul style="list-style-type: none"> • 2-3 years experience • Sees actions in terms of long-range goals or plans • Conscious, deliberate planning • Begins to distinguish between relevant and irrelevant attributes • Has a feeling of mastery • Lacks speed and flexibility 	<ul style="list-style-type: none"> • Focus on improving decision-making skills and ways to improve coordination of multiple, complicated care needs of patient assignments • Benefits from decision-making games and simulations • A good preceptor for the novice nurse
Stage 4: Proficient	<ul style="list-style-type: none"> • 3-5 years of experience • Can discern situations as wholes rather than single pieces • Uses past experience to guide practice; maxims • Considers fewer options and hones in on the problem • Transition stage---gains a perceptual ability to read the situation and respond appropriately 	<ul style="list-style-type: none"> • Complex case studies and shared experiences facilitate learning • Frustrated by context-free principles and rules • A good preceptor for a competent nurse
Stage 5: Expert	<ul style="list-style-type: none"> • Extensive experience • Intuitive grasp of the situation • Practices holistically, not fractional • Extraordinary management of clinical problems 	<ul style="list-style-type: none"> • Often not possible to recapture mental processes • Benefits from systematic documentation • Encourage exemplars and descriptions of excellent practice • A good preceptor for a competent nurse

In the developed preceptor coordinator program, Benner's Novice to Expert Theory provided the framework for clinical knowledge development and career progression, both of which occur during the orientation process when a nurse functions in one of four designated roles: the orientee (or preceptee), the staff nurse, the preceptor, or the preceptor coordinator. When a hired nurse enters the workforce of a new department, he or she is an orientee, or novice, regardless of experience or education; this role requires a supervised acclimation process that begins with basic, hands-on tasks that incorporate the development of clinical knowledge regarding the job description. Over time, which is learner-dependant, this nurse acquires the needed skills to perform his or her job independently and the orientation is complete; this nurse progresses into the staff nurse role. The staff nurse remains in this role for an undisclosed amount of time as the progression of skill performance moves from advanced beginner to competent.

Ultimately, this staff nurse begins to see the "big picture" of all situations and seeks learning opportunities that promote professional-growth and career progression; the role of preceptor becomes the next progressive step for this competent nurse. However, because this competent nurse is entering into a new role where experience is null, the nurse once again regresses to the novice stage; the nurse requires assistance, direction, and very detailed explanations as to what to do next as a preceptor. In due course and as acquired teaching skills and performances become more fluid, the novice preceptor becomes an advanced beginner preceptor, and the competent nurse becomes a proficient nurse. This intertwining of roles supports the continued development of clinical skills and knowledge with the addition of self-confidence; this encourages the nurse to seek

opportunities for the advancement into the last role associated with orientation—the preceptor coordinator.

In this new role as preceptor coordinator, the experienced nurse returns to the novice level, and the progression of skill acquisition begins again. Over time, the preceptor coordinator advances through the stages of Benner's Theory, and utilizes the learned concepts of each stage to assist preceptors and staff nurses with their professional development. This teaching/learning opportunity enhances teamwork among peers and promotes leadership development, which supports nursing profession as a whole.

Furthermore, this direct application of Benner's Novice to Expert Theory to the four nursing roles identified in an orientation program demonstrates the flexibility, versatility, and practicality of this theory utilization. The theory is flexible because nurses are able to begin at the novice stage, progress forward, and return to the novice stage when a new role opportunity presents (see *Figure 1. Cyclic Flexibility of Benner's Stages of Skill Acquisition*). Versatility presents in the form of the preceptor coordinator role, which is multifaceted; the preceptor coordinator understands the components of the stages because he or she has experienced the progression through the stages, and utilizes the understanding to assist others in their professional development.

Additionally, a preceptor coordinator can be in two different stages at once: a proficient staff nurse, a competent preceptor, and a novice preceptor coordinator. Lastly, Benner's Theory is practical; it can be applied to different roles simultaneously---the orientee, the staff nurse, the preceptor, and the preceptor coordinator. Each role can exhibit varying components of the stages of skill acquisition at the same time.

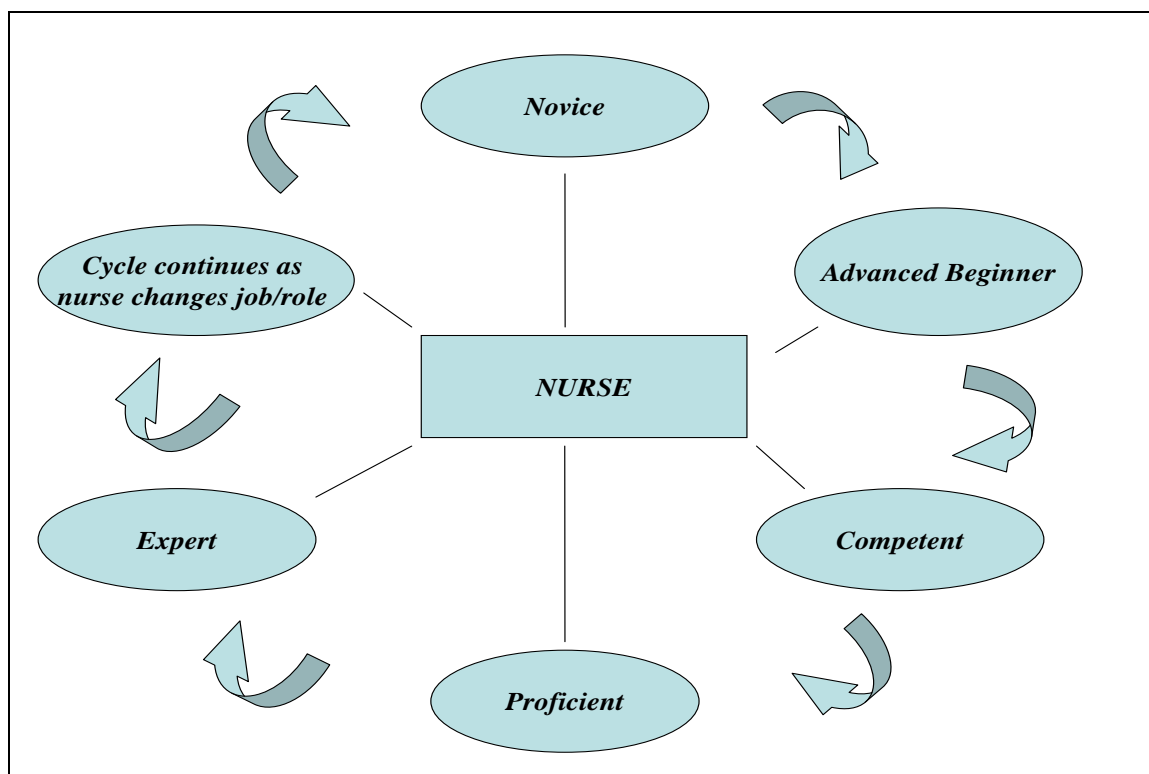


Figure 1. Cyclic Flexibility of Benner's Stages of Skill Acquisition

Additionally, the implementation of this preceptor coordinator program supported the core concepts of the mission, philosophy, and professional practice model of the Nursing Department of Lake Norman Regional Medical Center. The Nursing Mission Statement (Lake Norman, 2009a), which affirmed, "The Nursing staff at Lake Norman Regional Medical Center is committed to providing consistent quality nursing care. We further commit that all care provided will be based on the individual patient's needs in a confidential manner and that support will be given to significant others," identified the concept of consistency within the nursing practice of providing quality care. The preceptor coordinator program supported this mission statement by offering a consistent orientation process that caters to the orientee's learning needs and enhances educational opportunities through uniformity.

Outlined in the Nursing Philosophy (Lake Norman, 2009b) were three prominent concepts that the preceptor coordinator program supported. First was the concept of providing safe, efficient, quality care to the patient. By providing a consistent orientation with a qualified preceptor, the orientee acquired the skills and knowledge to provide this exceptional level of care offered at Lake Norman.

The second philosophical concept, which integrated the quality and caring aspects of the first concept, was the theoretical framework of Duffy (Duffy & Hoskins, 2003), The Quality-Caring Model©; this is the foundation of the nursing practice at Lake Norman. This model incorporated the structure-process-outcomes components of Donabedian's quality concepts with the Human Caring Model of Watson; this reflected the trend toward evidence-based practice while representing nursing's unique contribution to quality healthcare (see *Figure 2. The Quality-Caring Model©*).

The Quality-Caring Model© blended three components: structure, process, and outcomes. The first component, structure, referred to the causal past and the participants. The participants included the healthcare providers, the patients/families, and the healthcare system. The causal past referred to the important factors that each participant brought with them prior to the delivery of healthcare. Related to orientation, the participants were the preceptor coordinators, preceptors, and the new staff. Each participant brought a causal past that influenced the outcome of the orientation process.

The second component of the model was the process, which focused on caring relationships, which were "human interactions grounded in clinical caring processes" (Duffy & Hoskins, 2003, p. 82). Two of these relationships were the predominant focus of nursing: independent relationships and collaborative relationships. Independent

relationships included the nurse -- patient/family interactions, whereas collaborative relationships included the activities and responsibilities that nurses shared with other members of the healthcare team. The preceptor coordinator role fell into the collaborative relationship aspect because he or she was responsible for promoting a caring relationship between the new staff member, the unit preceptors, and the members of the healthcare team, which ensured the new staff member's successfully completed the orientation process. Ultimately, this resulted in the new staff member initiating independent relationships with patients and families; thus, caring relationships existed throughout nursing.

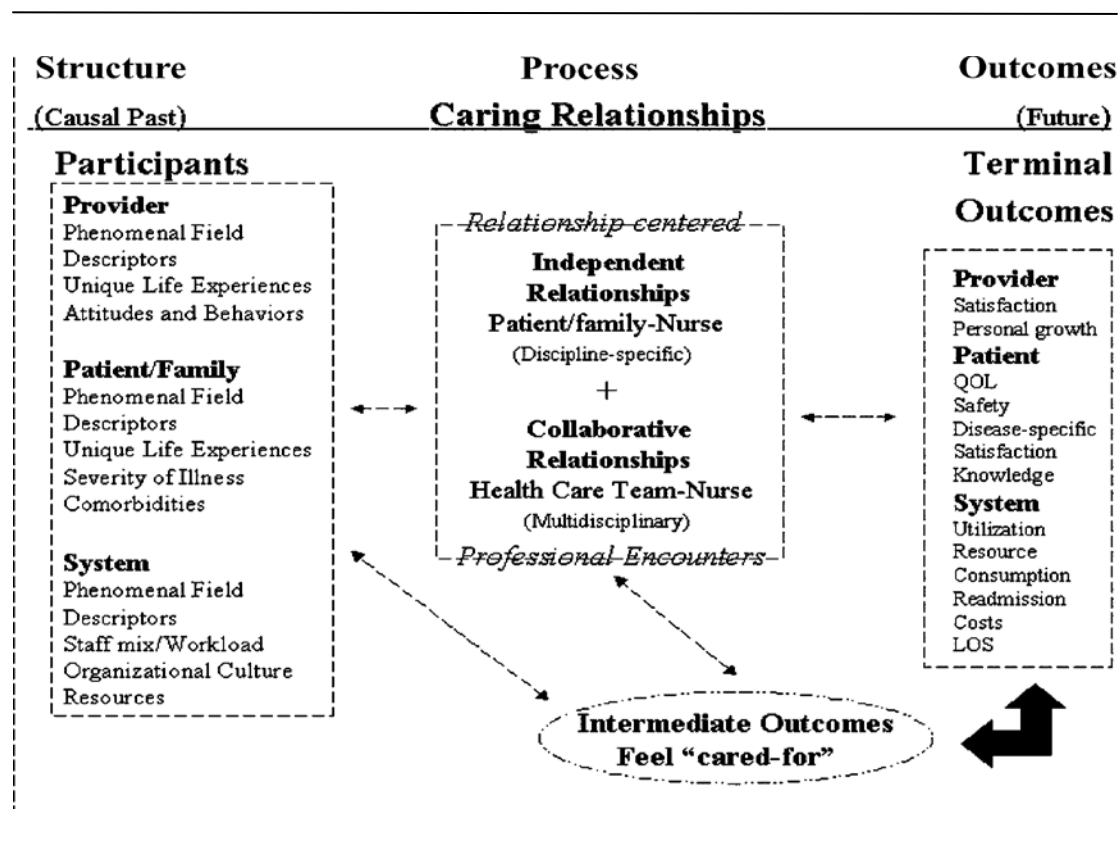


Figure 2. The Quality-Caring Model© (Duffy & Hoskins, 2003, p. 81)

The third component of the Quality-Caring Model© was outcomes. Outcomes for the patient included the quality of life, satisfaction with care, or gained knowledge of the disease process. Outcomes for the system referred to costs and utilization of resources. For the provider, outcomes incorporated job satisfaction and personal/professional growth, such as becoming the preceptor coordinator for one's department, or successfully completing the orientation process. The Quality-Caring Model© provided a framework of possibilities for nursing and healthcare by guiding practice, research, and interventions through collaborative, caring relationships.

The third concept in the nursing philosophy was the idea that the nursing department "will maintain a climate of learning among our staff and our affiliates and we will be responsive to change and seek opportunities for growth" (Lake Norman, 2009b). The implementation of the preceptor coordinator program supported this concept in its entirety. First, the program was a response to changes throughout the hospital, especially within the nursing department. Next, the program sought the opportunity for growth in many dimensions of the orientation process---consistency, continuity, and improved communication. Lastly, the program re-established the climate of learning for both the staff nurse seeking the opportunity to function in the role of the preceptor coordinator and the orientee seeking to learn a role within a new environment.

Lastly, the implementation of the preceptor coordinator program integrated the Professional Practice Model (Lake Norman, 2009c) of the nursing department within its underlying foundation. Grounded in the Quality-Caring Model© with the assimilation of beliefs, values, philosophy, and vision, this newly adopted model outlined the overall framework that guides nursing practice for accomplishing the goals of quality patient

care. Formatted in the shape of a Dogwood Flower, the concepts of the model focus on Optimal Patient Outcomes, placed in the center, with an outward expansion of nursing practice guidelines that encompass the core values of The New Magnet Model--- Leadership, Professional Practice, Collaboration, Education and Research, represented by the four outer petals of the Dogwood Flower (see *Figure 3*. The Professional Practice Model of the Nursing Department of LNRMC). Each of the elements listed within the model were defined by the nursing staff (see Table 2. Definitions of the Professional Practice Model Elements) and were integrated throughout the project as demonstrated by the preceptor coordinator and nursing staff of the hospital.

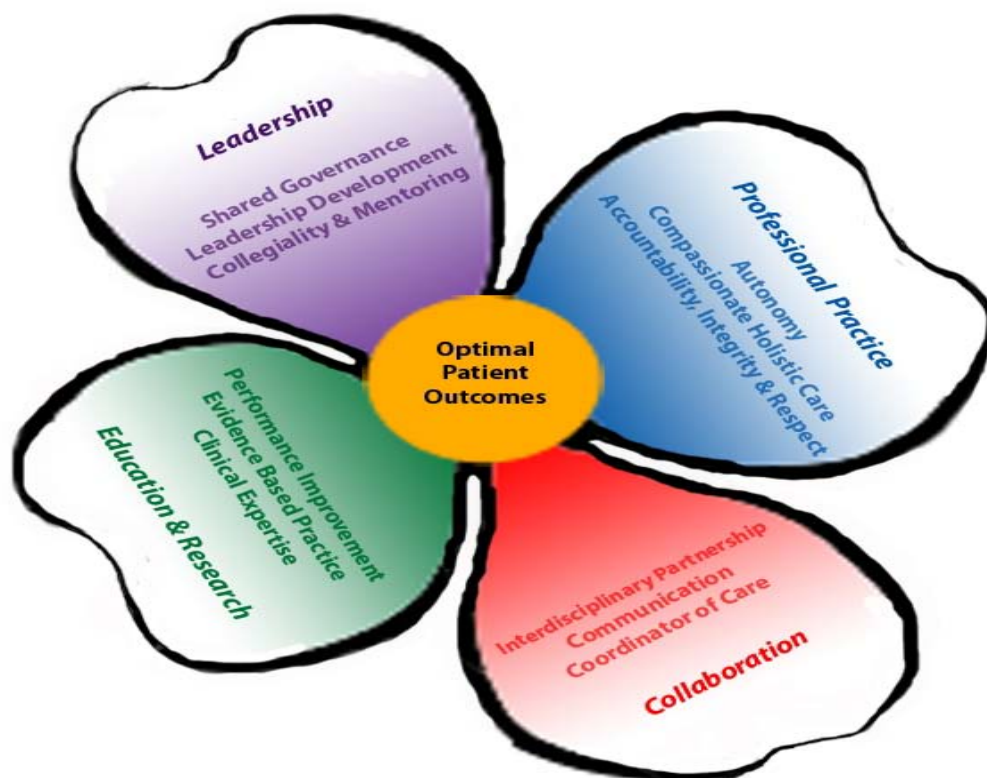


Figure 3. The Professional Practice Model of the Nursing Department at LNRMC

Table 2

Definitions of the Professional Practice Model Elements

Elements of the Professional Practice Model	Definition
Accountability	Ownership of one's actions
Integrity	Dedication to the absolutes of safety, honesty, trustworthiness, and ethical behavior
Respect	Consideration of feelings, beliefs, and talents of each individual
Evidenced-based practice	"Conscientious integration of best research evidence with clinical expertise and patient values and needs in the delivery of quality, cost-effective health care"
Clinical Expertise	Having the requisite knowledge and experience to make the correct decision in a specific clinical situation, at the right time, with the right outcome
Interdisciplinary Partnership	Involves a team of persons with different skills and approaches, and varying perspectives and methods, applied to the accomplishment of common goals and outcomes
Shared Governance	Empowers nurses to contribute to the decision making process related to nursing practice, standards and procedures in realizing the mission & values of LNRMC
Collegiality	Achieved when nurses work collaboratively to create an atmosphere that considers the diverse and complimentary skills of the healthcare team
Mentoring	Interactive cultivation of professional nurses, supporting professional growth and development and the enhancement of the nursing profession
Autonomy	Freedom and authority to make clinical decisions in the best interest of the patient within the scope of practice
Coordinator of Care	Active promotion of the interdisciplinary planning required ensuring quality health care across the continuum
Performance Improvement	Analyzing performance, through use of structure, process and outcomes to establish priorities and improve outcomes
Communication	Effective when culture, context and interactions lead to an open exchange with a clear message that achieves quality patient care
Leadership Development	Educates and fosters nurse leaders to function as a cohesive team, providing them the tools necessary to effectively manage personnel and resources in the delivery of quality nursing care
Compassionate Holistic Care	Utilizes the nursing process, strong clinical reasoning skills and caring to diagnose and treat the unique individual needs of the patient

To ensure the balance between nursing theory and practical application, the development and implementation of this preceptor coordinator program utilized the integration of Benner's Novice to Expert Theory with the mission statement, philosophy, and the professional practice model of the Nursing Department of Lake Norman Regional Medical Center. Used to promote the transition of nurses into new roles, Benner's landmark theory provided the grounded framework for the individualization of developing the roles of the preceptor coordinators, the unit preceptors, and the new staff members; this theory guided the direction of skill and knowledge acquisition based on levels of expertise.

The Nursing Department's mission statement, philosophy, and the professional practice model bestowed the beliefs, values, and practice components that offered guidance and consistency in the program's design making it appropriated for the entire facility and congruent with its mission and goals. This facility-specific preceptor model proposed to transform the orientation of new staff members into a positive and vital experience that benefits everyone involved before, during, and after the process.

Purpose and Rationale

The purpose of this project was to develop a preceptor coordinator program that offered the Nursing Department of Lake Norman Regional Medical Center a detailed plan for the reimplementation of the preceptor coordinator role at the unit level throughout the facility. This plan put forth the opportunity for each nursing director to select one qualified staff nurse from his or her respective department to assume the role of Preceptor Coordinator. Within this developed role, the chosen nurse assumed the responsibilities of coordinating, conducting, and maintaining all aspects of the unit-

specific segment of the overall new employee orientation, in addition to upholding his or her current staff nurse status within the department.

The rationale for implementing this program was multifaceted, offering a list of benefits that promote teamwork, leadership, and professional development. The developed program presented a creative method of enhancing the overall nursing orientation program by streamlining the unit-specific processes through a central individual, the preceptor coordinator. This restructuring component proposed to make orientation more efficient through hospital-wide consistency, utilization of current orientation tools, such as checklists, and improved communication among all members of the orientation team; the preceptor coordinator was the direct link between the new staff member, the preceptor, the nurse manager, and the members of the Education Department.

From the perspective of the nurse manager, the commitment to participate in the program established a lessened workload related to orientation processes associated with new hires. Because the preceptor coordinator accepted this role, he or she assumed all tasks and responsibilities associated with the new staff member's orientation. Therefore, when the nurse manager provided the name of the new hire to the preceptor coordinator, the manager's direct responsibility of conducting the unit-specific orientation was relinquished, except for the follow-up and evaluation processes; this left more time for the manager to complete other required tasks.

Because the preceptor coordinator role was an extension of the staff nurse role, this program provided an opportunity for professional development among the chosen experienced nurses. Functioning in the preceptor coordinator role, nurses are empowered

to expand their framework of knowledge, pursue perfection in their clinical skills, and maintain professional accountability. Preceptor coordinators engage in the development of their leadership skills by functioning as advocates for new staff members, and mentors for fellow unit preceptors; they seek learning opportunities that enhance their desired qualities congruent with professional development.

The development of this preceptor coordinator program and the implementation of the preceptor coordinator role provided the structural foundation to close the gap between hospital orientation and unit orientation. In support of the philosophical underpinnings of the nursing department, this program offered professional development opportunities to the current staff nurses, and a consistent, learner-based orientation to the new staff members. Moreover, through administrative support, and the pursuit of excellence, this facility-specific preceptor model transformed the once-neglected orientation process of new staff members into a positive and vital experience that benefits everyone involved: the orientee, the preceptor, the preceptor coordinator, the nursing department, and the healthcare facility.

Chapter II: Review of Literature

In an attempt to explore the development of a preceptor coordinator program that offered a detailed plan for the implementation of a preceptor coordinator role at the unit level throughout an acute-care hospital setting, a comprehensive review of literature was conducted utilizing electronic literature searches and manual library searches. The initial electronic search employed the following keywords: “preceptor coordinator,” “preceptor coordinator program,” “staff educator,” “unit education coordinator,” “orientation,” “nursing orientation,” “preceptor,” and “Benner’s Novice to Expert Theory.” As a means of expanding each search, an advanced search was performed using multiple databases within the nursing and healthcare fields, and the Boolean operator “and”, which was paired with varying combinations of the above keywords. Additionally, two limits were incorporated into each search: the article had to be accessible in full-text format, and had to be written in the English language.

The outcome of this extensive search process revealed two primary conclusions related to the topic of choice. First, the search resulted in no literature findings associated with the keywords “preceptor coordinator,” “preceptor coordinator program,” or “unit education coordinator;” however, one article resulted using the keyword “staff educator.” Secondly, the overall search resulted in an enormous number of research articles associated with “orientation,” “nursing orientation,” “preceptor,” and “Benner’s Novice to Expert Theory;” this result noted four primary themes that were consistently intertwined into the overall concepts of the project: overall training processes/orientation programs, overview of the preceptor role, overview of preceptor programs, and retention rates. These four themes are separated into four subheadings and discussed throughout

this review of literature based on their applicability to the development and implementation of the preceptor coordinator role within the program.

Overview of Training Processes / Orientation Programs

Knowing that orientation is a crucial time for any new employee, whether in the healthcare profession or not, author and researcher Patrick L. Owens (2006) stated, “Training is a vital function for all organizations” (p. 163). Owens collected data from a sample of 202 employees from a state local subdivision in the southeastern United States to investigate the relationship between training, and job satisfaction, organizational commitment, organizational justice, and turnover cognitions. The results of the returned Likert scale questionnaires indicated a positive relationship between training and organizational outcomes; employees that received a training program reported higher means of job satisfaction (mean = 47.92), organizational commitment (mean = 83.54), and turnover cognitions, which is defined as attitudes that are less likely to consider turnover, (mean = 31.15). Even though this study was not conducted in nursing or a healthcare field, it supports the concept that training, no matter what area of work or profession, does affect organizational outcomes.

Within the healthcare arena, Alspach (2000) defined orientation as “the means by which new staff members are introduced to the philosophy, goals, policies, procedures, position expectations, physical facilities, and services of a particular work setting” (p. 3) and noted that orientation occurs on two occasions: new employment and when an individual’s role and responsibilities change. Additionally, Alspach identified that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that healthcare institutions provide a staff orientation program that offers initial job training

and information to new employees, and includes an assessment of employees' competence to perform the responsibilities of their position. From this, JCAHO identified the purpose of an orientation program to be the promotion of staff members' safe and effective performance of their responsibilities (Alspach, 2000).

Similarly, Connelly and Hoffart (1998) defined nursing orientation as “a formal organizational program designed to inform a new employee of the specific responsibilities of a particular nursing role, how to fulfill them within the context of a unique organization, and to evaluate the new employee's ability to perform competently in the role” (p. 31). The authors noted that orientation:

- influenced the newcomers' success in the first months of employment,
- provided the first impression of the facility,
- affected the social, clinical, and fiscal aspects of the organization,
- was a complex process that involved many people and resources, and
- was “a strategically important organizational activity because it is the point at which evaluation of staff competency begins,” (p.31).

With all of these perspectives revealed, Connelly and Hoffart presented a research-based model that illustrated the individual and organizational aspects of orientation; this served as “a beginning step in understanding the process of orienting nursing personnel so they are competent and comfortable within the unique structure of an organization” (p. 38).

The overall primary goals of an orientation program include quality patient care, increased job satisfaction, and retention (Bumgarner & Biggerstaff, 2000; Connelly & Hoffart, 1998; Homisak, 2007; Lott, 2006; Morris et al., 2009; Ragsdale & Mueller, 2005; Smith, 2006). To achieve quality patient care, an effective orientation promotes

critical thinking skills (Bumgarner & Biggerstaff, 2000), validates competence (Morris et al., 2009), clarifies job expectations and duties, and proactively minimizes mistakes (Homisak, 2007). Additionally, Lott (2006) noted that following a redesigned orientation program that incorporated fun with varying teaching techniques, new nurses experienced an increased comfort level with content and skills prior to beginning the unit-based orientation.

Related to job satisfaction and retention, Homisak (2007) noted that a first-rate orientation program helps reduce stress by providing upfront information; this offers job satisfaction and reduces employee turnover. In agreement, Smith (2006) identified that a positive orientation contributes to a facility's recruitment and retention efforts through the creation of a positive morale and collegial working conditions, which attracted new staff. Similarly, Ragsdale and Mueller (2005) collected data from a convenience sample of orientation participants using an evaluation survey to assess the perceived effectiveness of the current general orientation program; outcomes revealed a need to redesign the current program. The Plan, Do, Study, Act (PDSA) method was used to develop a more interactive, thought-provoking orientation program, which resulted in an increase in program satisfaction with a significant decrease in employee turnover.

In addressing a nursing orientation program, a study by Meyer and Meyer (2000) employed a utilization-focused evaluation to assess the effectiveness of the nursing orientation program at the Holy Family Medical Center in northern Illinois. By using a sample of convenience, and a descriptive design with both Likert scales and open-ended questions, the data was collected for two purposes: to redesign the dissatisfying elements in an effort to meet the needs of the primary users and to strengthen the program by using

the positive components identified by the stakeholders. The results of the study revealed a direct correlation between nurse retention and adequate orientation; recommendations included increasing the clinical component of orientation, implementing a formalized preceptor program, increasing the teaching time for preceptors by decreasing patient assignments, and designing an acuity program that excludes orientees and preceptors from staffing. This study identified the utilization-focused evaluation as an effective tool that can identify major issues by providing insight into any program's effectiveness.

Just as Connelly and Hoffart (1998) described orientation as being a process that involved many people and resources, Hardy and Smith (2001) portrayed orientation as a "shared responsibility among preceptors, educators, nurse managers, and orientees" (p. 10). The ideations of shared responsibilities sought to improve the effectiveness of orientation by increasing the ability to get things done, improving work relationships, and linking education to practice. Therefore, Hardy and Smith (2001) utilized the research-based model developed by Connelly and Hoffart (1998) to restructure their existing orientation program following the unexpected expansion of a 14-bed medical intensive care unit; this restructured orientation resulted in improved communication and staff satisfaction among the management team, preceptors, and orientees.

In summary of this section of the literature review, the supplied evidence indicates a direct relationship between effective training processes and orientation programs, and quality care, job satisfaction, and retention rates of nursing staff. To produce positive outcomes for the all individuals involved, orientation programs must be comprehensive, interactive, thought provoking, and encompass the overall values and goals of the organization. Formal orientation programs offer a first impression and lay the

groundwork for basic expectations for the new staff member and for the organization; this makes an effective orientation program essential to any organization.

Overview of the Preceptor Role

Although the review of literature lacked research addressing the role of the preceptor coordinator, a vast number of results focused on the widespread issues surrounding the preceptor and the preceptor role. Therefore, the results presented in this subcategory of the review of literature outlines an overview of the preceptor role given that the identified preceptor coordinator role of this project is an extension of the unit preceptor. Additionally, the qualities and issues encompassing the preceptor role are the underlying foundations that guide the development of the preceptor coordinator making an understanding of the basics essential for successful program implementation.

From a detailed perspective, Alspach (2000) defined a preceptor as “an experienced and competent staff member who has received formal training to function in this capacity, and who serves as a role model and resource person to staff members” (p. 3). Generally speaking, a preceptor was defined as an experienced, competent nurse who assists less experienced or novice nurses / staff members in giving quality nursing care by guiding, directing, and/or training (Bumgarner & Biggerstaff, 2000; Hautala, Saylor, & O’Leary-Kelley, 2007; Neumann et al., 2004; Paton, Robertson, Thirsk, & McKiel, 2006; Scott, 2009; Smith, 2006; Speers, Strzyzewski, & Ziolkowski, 2004). Within this definition, an extensive list of preceptor qualities emerged; however, Smith (2006) produced the most inclusive list of preceptor qualities, which includes:

- Clinical expertise ---- knowledgeable about the area of practice and competent to provide patient care,

- Leadership and communication skills,
- Critical thinking and problem solving skills,
- Interest in professional growth and in the process of teaching and learning,
- Non-judgmental attitude with a sensitivity to preceptees' needs,
- Flexibility, adaptability, and a good sense of humor.

Moreover, preceptors are traditionally selected based on their clinical experience and availability; however, the literature indicated that preceptor selection should include a combination of qualities from the list in order to have positive outcomes (Connelly & Hoffart, 1998; Flynn & Stack, 2006; Hardy & Smith, 2001; Hom, 2003; Scott, 2009; Smith, 2006; Speers, Strzyzewski, & Ziolkowski, 2004). Baltimore (2004) suggested that before staff members are placed into a preceptor role, their emotional intelligence should be considered; this was noted to be twice as important to professional success as technical skills and cognitive abilities (Hand, 2002). Individuals with positive emotional intelligence exhibit five key personality characteristics: self-awareness, self-regulation, motivation, empathy, and social skills. These qualities assist in fostering healthy learning environments (Baltimore, 2004).

Consistent with nursing, Leadon and Scolaro (2009) validated the qualities of a preceptor from a pharmacy perspective. The authors described an exemplary preceptor as having clinical competence, excellent communication skills, and role modeling attributes, and they incorporated an extensive list of specific professional and ethical qualities. Interestingly, the aspect of empowering students to achieve their goals and succeed was

integrated throughout the article fostering a positive connection between preceptors and orientees.

Recent literature differentiated preceptors as having roles and responsibilities. The three primary roles of the preceptor included: role model, socializer, and educator (Alspach, 2000; Baltimore, 2004; Boyer, 2008). As the role model, preceptors lead by example, personifying the qualities of a competent, professional nurse. As the socializer, preceptors make the new staff member feel welcomed by assisting with the integration into the social culture of the unit and organization. As the educator, preceptors assess the orientation needs, plan learning experiences, implement the learning plans, and evaluate job performance. Additional roles, such as teacher, coach, facilitator (Ullrich & Haffer, 2009), and even protector (Boyer, 2008), offered expanded definitions to fulfill the preceptor role concept of the author.

Similarly, the literature review identified an extensive list of organizational and/or author-specific responsibilities of the preceptor. However, in a more generalized context, the overall primary responsibility of the preceptor is to assist the new staff member through the transition from orientee to co-worker by:

- assessing the needs of the learner,
- planning for learning opportunities and experiences,
- implementing the strategies needed to acquire the clinical and social skills for the job, and
- evaluating the competence level required to perform safe, quality patient care.

To evaluate and validate the orientee's progress and competence, the preceptor is required to document objective evidence utilizing the forms provided by the organization (Baltimore, 2004; Smith, 2007); this ongoing and specific documentation provides the required evidence for a final review and summary of clinical performance.

Recent literature supported both positive and negative aspects of being a staff nurse preceptor. From the positive perspective, functioning in the role as a preceptor has certain acquired rewards, some tangible, others not. Smith (2006) noted that preceptors gain personal and professional satisfaction when they make a positive impact on new nurses or when they improve their own clinical skills. Additionally, nurse preceptors received rewards through letters of commendation, adding the role to a resume or work record, luncheons, and financial incentives such as advancing in the clinical ladder program (Smith, 2006; Speers, Strzyzewski, & Ziolkowski, 2004).

Contrastingly, "Precepting is a challenging job, both physically and mentally," (Hom, 2003, p. 38), and does not come without stress. Hautala, Saylor, and O'Leary-Kelley (2007) conducted a survey related to nurse's perceptions of stress and support in the preceptor role utilizing a convenience sample of 65 RN preceptors who worked in acute care settings at two large hospitals in the San Francisco Bay area. Results of the survey noted that 83% of the respondents reported mild or moderate stress resulting from their preceptor role. Identifiable factors included:

- Preceptor workload: precepting requires increased time and energy; increased responsibility; patient acuity

- Preceptee skill level: inadequate preceptee skills; lack critical thinking skills; fast-paced environment with an unprepared student or new nurse; safety concerns related to lack of skills
- Organizational support: lack of organizational support; were given heavier assignments when precepting; guidance and support was lacking, rarely saw faculty; received little recognition by management
- Preceptor confidence: lack of confidence in being an effective teacher and the ability to handle challenges; making sure nursing practice knowledge is current and having the ability to explain things clearly

Regarding the perceived level of support, the survey indicated that most respondents perceived they had adequate preparation for the preceptor role (88%), their goals were defined (83%), their co-workers were supportive (91%), and that management was committed to the program (88%). Recommendations related to the identified issues included:

- Consider workload assignment
- Provide all preceptors with a set of written guidelines concerning the goals of the preceptor program, role of the preceptor, adult education principles
- Develop a preceptor class and/or on-site coordinator to support preceptors
- Recognition by management---advancing to a higher nursing level, shift differential, or bonus.

Likewise, a longitudinal, descriptive study conducted by Henderson, Fox, and Malko-Nyhan (2006) evaluated 36 nurse preceptors' perceptions of educational preparation and organizational support for their role. Results of the focus groups and

interviews yielded an overall satisfaction with preparation prior to undertaking the preceptor role and satisfaction while acting in the preceptor role, which included personal growth and learning opportunities acquired from others. However, the results identified a lack of organizational support in the clinical practice setting, particularly insufficient time for the preceptor and the preceptee to interact away from their clinical responsibilities. Additional negative findings included no reward system for preceptors, lack of time to perform the role effectively, lack of assistance in facilitating learning, and a lack of a support network for preceptors. Organizational strategies to support preceptors included:

- Schedule preceptees to work with preceptors as frequently as possible
- Provide time outside the clinical environment for the preceptor and preceptee to debrief, reflect, and complete orientation documentation
- Create a reward system
- Develop effective communication strategies to address issues effectively and timely.

Opposing the satisfactory preparation results of the previous study, Paton, Robertson, Thirsk, and McKiel (2006) learned that 69% of the preceptors surveyed in their study stated they were unprepared for their role as a preceptor. This study identified the need for required continued support and educational extension to sustain and legitimize this role as career advancement. Therefore, the organization implemented the utilization of an online program, the Centralized Preceptor Education Project (CPEPnet), to provide information and resources to preceptors. Similarly, Phillips (2006) discussed the development and implementation of an online preceptor program as a means of providing preceptor education while accommodating busy schedules. Both articles

identified creative methods of providing preceptor education while sustaining quality bedside care.

Correlating with the above studies, Alspach (2005) discussed that preceptors need support from a minimum of three sources: administration, peers, and education.

Administrative support entailed providing sufficient staffing to ensure preceptor relief from the assigned workload; thus, enabling the preceptor to be available and accessible to new staff for instruction or assistance whenever needed. Support from peers involved corporation in determining patient assignments, identifying teachable moments, and covering for necessary absences to ensure the new staff member's orientation continued. Educational support required initial instruction to prepare preceptors to serve in the role and ongoing support for troubleshooting situations and solving issues that may arise when working with new staff.

Although no literature produced supporting evidence related to the role of the preceptor coordinator, Siehoff (2003) addressed the issue of developing and implementing a Staff Educator RN Role, which offered similar criteria proposed in this project. With the elimination of clinical nurse specialists in a 361-bed acute care facility in Winfield, Illinois, administrators desired educators who could provide unit-based education based on day-to-day experiences. Therefore, the hospital leaders developed the Staff Educator RN Role, which included a staff nurse position that provided staff nurse functions 80% of the time with two days allotted every pay period to provide unit-specific education, in-service education, and orientation needs. The selection criteria included a minimum of five years experience in the clinical specialty of the unit with the ability to work efficiently with acutely ill patients, the ability to apply the nursing process

in daily care activities, and acquisition of knowledge regarding adult education processes within the first year of the position. The overall responsibility of the role comprised of coordinating all unit education activities to meet the needs of the staff on the nursing unit.

Following the implementation of the role, several recommendations evolved: staff educators requested more time to complete the responsibilities with administrative support, continued role evolution, and expansion of the role within the system (Siehoff, 2003). However, the following positive outcomes emerged: the staff educator was a valuable resource in the continual involvement of technical, thinking, and interactive skills, enhanced effectiveness of learning, and this unit-based clinical expert served to assist in the implementation of new knowledge at the practice level. Related to this project, the role of the preceptor coordinator encompassed the same principle of utilizing a staff nurse to fulfill dual responsibilities of staffing and educating, except the preceptor coordinator role conducted only orientation duties, not the entire educational component.

In summation, the literature review noted that functioning in the preceptor role is both rewarding and stressful. Without the proper preparation and the support of administration and peers, preceptors experienced excessive stress, which potentially affected the overall orientation outcomes. Conversely, staff nurses noted professional and personal satisfaction when adequate preparation and support allowed for adequate time and resources to orient a new staff member successfully.

Overview of Preceptor Programs

Supported by the review of literature, the key element in maintaining consistency in the information taught during orientation was having an organized preceptor program (Hardy & Smith, 2001; Neumann et al., 2004; Phillips, 2006; Speers, Strzyzewski, &

Ziolkowski, 2004). Griffin, Hanley, and Saniuk (2002), education faculty at a large tertiary hospital in Boston, MA, developed and implemented an innovative system within the new nurse orientation entitled the “Faculty Model Pilot Program” that supported the overworked preceptors and provided a comprehensive standardized practice week for newly hired medical/surgical nurses. Piloted over six months, 32 of 40 originally chosen new nurses successfully completed the five days of additional specialized training, which resulted in an increased knowledge of the hospital and the standards of patient care, a better understanding of general nursing practice prior to the acquisition of the unit-based, specific knowledge, and an increased amount of confidence and socialization. This consistency of additional preparation for the new staff assisted in lightening the burden for unit preceptors, which increased role satisfaction.

Following an unexpected expansion of a 14-bed medical intensive care unit, Hardy and Smith (2001) revised an existing preceptor/orientation program based on staff feedback and a review of quality indicators, which indicated a need to promote staff development and retention, enhance clinical performance, and improve the quality of patient care. Specific issues addressed in the feedback results identified the usage of multiple preceptors for one orientee, utilizing staff who did not want to precept new staff, and the lack of program structure, which included inconsistency. This restructured program included identifying preceptors, providing available reference material, and the participation in a preceptor training class. Following the implementation of the new program, staff feedback and a review of quality indicators showed positive results:

- Improved open communication among all staff
- Improved atmosphere

- Staff satisfaction---with increased number of applicants from in-house referrals
- Indicators show improved quality

In addition, Hardy and Smith identified that the primary keys to the success of their preceptor program were the matching of the preceptor and the orientee, and the commitment of the managerial team. Other factors included promoting a learner-focused teaching style, providing consistency in the materials and expectations, and utilizing staff nurses who sincerely wanted to precept added to the overall success of the program.

In a similar situation, a learning needs assessment of a 997-bed teaching hospital determined that there was a great need for an introductory preceptor class in all areas of the hospital (Speers, Strzyzewski, & Ziolkowski, 2004). Following the development and implementation of a generic hospital-wide introductory preceptor program, preceptors reported increased job satisfaction because they felt better prepared for their preceptor role; this reinforced the belief that preceptor preparation is crucial for the role development and success. This resulted in an additional need for the development and implementation of an advanced preceptor class; participants of this class gained expanded preceptor knowledge and skills, demonstrated increased self-confidence, and felt appreciated throughout the facility. This proactive approach to preceptor preparation proved to be beneficial for the preceptors, new staff members, and the facility.

Noting that nursing preceptorships are time intensive and require specialized training, they are essential in facilitating the new nurse's transition into highly technical, rapidly changing healthcare environment. In a quasi-experimental, ex post facto survey study, Moore (2008) examined a purposeful, convenience, nonprobability sample of 20

nursing departments in the eastern United States with and without preceptorships. Based on the grounded theoretical framework of an organizational learning model by Parsons, Moore used the Organizational Action Survey (OAS) for the collection of data; the survey used a Likert Scale, ranking system, and forced response methods. Results from the 100 total surveys returned identified that the preceptorship group rated their departments higher in organizational learning ($p < .002$) and performance ($p < .008$), which suggested that when preceptorships are linked to the nursing department's mission and goals, the department's ability to adapt to change is enhanced.

Agreeing with the above studies, Neumann et al. (2004) renovated and centralized the nursing preceptor program in a Midwest medical center; this was related to a significant increase in the number of acutely ill patients and the rapid hiring of new staff. Initially, the authors learned that soliciting leadership support was essential to centralizing the program as well as gaining financial and educational resources to create successful and qualified preceptors. Next, the recognition of preceptor efforts and service enhanced the integrity of the program; this increased staff morale and promoted the recruitment and retention of qualified preceptors. Finally, the restructuring of the program implemented formal preceptor classes, a tool that measured workload productivity, and a database to track performance and completion of orientation programs. These components of the program renovation validated the importance of the preceptor role in the transition of new staff members to bedside peers.

Regarding preceptor programs, the literature supported the issue on all accounts that a structured, well-organized preceptor program provided the educational foundation and support for successful staff nurse preceptors. However, the literature identified that a

successful program must be supported at the administrative level down to the peers working at the bedside; without overall support, inconsistencies arise causing a breakdown in the entire process. Lastly, noting that preceptors provided the groundwork for new staff transition into a facility, the overall preceptor program provided the link between hospital orientation and unit orientation.

Retention Rates

The last theme identified within the literature review involved the improvement of retention rates of newly hired staff members following the completion of an organized orientation program that incorporated a preceptor program. Galvak (2007) presented the benefits of a centralized graduate nurse orientation by including a case study based on an orientation program implemented at one 900-bed acute care facility. In this organization, a one-day general orientation focused on the facility, employment relationships, and the quality issues, while the remainder of the week combined risk management, documentation, equipment, computer training, and hospital processes. The second week provided an in-depth orientation to clinical practice, critical care and infection control; this was followed by a unit-specific orientation conducted by a preceptor for 10 to 12 weeks. Benefits of a centralized orientation included cost effectiveness, clinical competency, role transition, support systems, and an improved nurse retention rate of 94%. The article noted that a centralized orientation is adaptable to any organization with win-win outcomes for both the nurse and the organization.

Almada, Carafoli, Flattery, French, and McNamara (2004), the faculty members of the Professional Development Department at Jordan Hospital in Plymouth, Massachusetts, collected qualitative and quantitative data from a convenience sample of

40 new graduate nurses following the implementation of an education-based preceptor program. Based on Benner's Novice to Expert Theory, the program contained an extended orientation that included a strategic plan to address the "4Ss": safety, satisfaction, skills, and staffing; this program offered adequate education and support systems. Findings of the study indicated a high level of satisfaction, with a 29% increase in retention, and a 9.5% decrease in vacancy.

Focusing on the unit-specific retention rates of nurses, Cavanaugh and Huse (2004) developed and implemented a comprehensive educational program at the neonatal intensive care unit (NICU) at The Floating Hospital for Children in Boston, Massachusetts that increased the nursing staff by 20%. The first part of the program consisted of the development of a standardized preceptor program in which selected preceptors participated in a one-day general preceptor class and a two-day NICU preceptor class; this ensured consistency in teaching strategies. The second part of the program was the development of a 2-year NICU orientation program based on Caffarella's Program Model; this included three domains: critical thinking, interpersonal relationships, and technical skills. After the completion of the first two years following the implementation of the program, 25 of the original 27 nurses remained at employed in the NICU resulting in a 93% retention rate of new nurses with relatively few errors. This extended program resulted in an increase in nurse satisfaction, a decrease in overtime, and an increase in the recruitment of new nurses.

Looking at innovations, Ackerman, Kenny, and Walker (2007) developed and implemented a simulator program during orientation to assist in the transition and retention of new graduate registered nurses at Vassar Brothers Medical Center. This

Bridge to Practice Program (BPP) enhanced the retention of new nurses within the acute-care setting by providing a safe and supportive environment of simulation scenarios; this allowed participants to gain confidence and experience in dealing with emergencies. For this study, 21 new graduate registered nurses participated in the program that incorporated scenario objectives into two days of the second week of orientation. Each nurse received a report, assessed and responded to the scenario given, and documented in the patient's chart. The leading staff reviewed a printout of the nurse's actions followed by a group discussion of the experience and the completion of a program-specific evaluation form. An evaluation of the program revealed very positive comments and a high level of retention of newly hired nurses.

Literature revealed that retention rates are directly related to the orientation programs within a healthcare facility. Through the redesigning of unstructured processes, whether this included the entire orientation program or a specific segment such as a preceptor program or the addition of an innovative idea, newly hired nurses demonstrated job satisfaction by remaining at the bedside to provide quality patient care. A well-structured initial orientation offered benefits to all individuals involved, including patients and healthcare facilities.

Summary

The orientation period for newly hired nurses, both experienced and non-experienced, is a time of high stress, disorganization, and question. The organization's first impression to the new employee is the one determining factor that can affect the outcome of the orientation process and ultimately affect the retention rates of the new staff, in either a positive or a negative way. However, orientation is not an independent

factor in satisfaction and retention of staff; orientation is a collaborative process that is inclusive of administrators, managers, preceptors, peers, and orientees, all with key roles that determine successful outcomes.

In summary, the review of literature offered supportive evidence between the development and implementation of organized preceptor and orientation programs and positive outcomes. Through administrative and managerial involvement, structured orientation processes found increased continuity by selectively matching orientees and preceptors as determined by the implementation of a preceptor program. Additionally, the preceptor program offered support and recognition for nurse preceptors, who found educational preparation in formalized preceptor classes; this enhanced the development of skills needed to function effectively in the preceptor role and offered consistency throughout the orientation process. In return, new staff members acquired the knowledge and skills needed to provide quality patient care and function competently at the completion of their orientation. From this, positive outcomes are achieved: staff satisfaction, staff retention, staff development, and ultimately, positive patient outcomes related to quality, competent care provided by staff members.

Emphasizing the necessity of structure, consistency, and communication, this literature review provided the supportive groundwork for instituting the preceptor coordinator role. The implementation of this role within the nursing department offered an innovative opportunity to provide the connective linkage between the general hospital orientation and the unit specific orientation by enhancing staff development and interdepartmental communications. Consistent with the literature, administrative and

managerial support directed the full and successful implementation and development of the preceptor coordinator role---an identifiable key in the orientation process.

Chapter III: Project Description

Because the development and implementation of the preceptor coordinator role incorporates the support of many people and resources at various levels within the organization, a modified version of the nursing process guides this project through four distinctive steps common to all involved. These steps, which are formatted into labeled subcategories, include the processes of planning, developing, implementing, and evaluating this scholarly project. Within this chapter, each subcategory details the project in a systematic manner that promotes a directional foundation from start to finish, similar to the conceptual underpinnings of the overall nursing process.

Step I: Planning

The initial step in the planning process involved gaining approval and support from the Chief Nursing Officer (CNO) at Lake Norman Regional Medical Center. As noted in the review of literature, the lack of administrative approval and support leads to project failure before the process begins. Therefore, in early Fall 2009, a face-to-face meeting was scheduled with the CNO to present and discuss the ideas of this proposed scholarly project; the main goal of this meeting was to seek approval and support to move forward with the proposal.

During the meeting, a one-page proposal was presented that outlined the topic, the tentative date of rollout/implementation, the purpose of the project, a brief overview of the project, and the primary benefits of the project (see Appendix A. Proposed Scholarly Project – Lake Norman Version). The proposal topic was to reimplement the Preceptor Coordinator Role on the Nursing Units of Lake Norman Regional Medical Center in early 2010. This role had been successfully utilized in the past, but due to leadership and

economic changes, the role had resolved gradually and independently; this left gaps in the overall orientation process related to communication and consistency between the hospital and unit orientation programs.

The selection of the tentative implementation date of early 2010 was chosen for two reasons. First, this date allowed a thorough literature review to be conducted with the refinement of the program plans. Secondly, the hospital was in a current budget constraint that limited non-essential employee functions such as meetings and in-services. Lastly, the extended implementation date offered additional time to gain the support of the nursing leadership team.

Next, the meeting discussion moved in the direction of the purpose of the project, which offered to be two-fold. First, the proposed project met the program objectives outlined by Gardner-Webb University for the successful graduation from the MSN program pending the completion of the project. Secondly, the proposed project offered the Nursing Department at Lake Norman Regional Medical Center a detailed plan for the reimplementation of the Preceptor Coordinator Role at the unit level throughout each nursing department at the facility. Lastly, the hospital gains a beneficial theory-based program at no initial cost to the facility; the planning, developing, and parts of the implementation and evaluation segments of the program occur at no cost to the hospital as related to personal educational gains.

In presenting an overview of the project, the proposal offered the concept that one experienced staff nurse from each nursing unit is selected by the nurse manager to function in the role of the Preceptor Coordinator for that unit. For the larger units such as the medical/surgical unit, the nurse manager may opt for two Preceptor Coordinators—

one from the day shift and one from the night shift. Additionally, the nurse selected for this role should be someone who has maintained an above average annual evaluation including attendance, has good communication skills, gets along well with others, is dependable, organized, and proactive in getting tasks completed in a timely manner, and enjoys teaching.

The overall purpose of this developed role includes the enhancement the leadership skills of the chosen staff nurse(s) by delegating the responsibilities of coordinating, conducting, and maintaining the unit-specific portion of new employee orientation program. Some of the responsibilities within this role includes, but is not limited:

- Attending scheduled meetings---initially, these meetings will be monthly at the minimum, to allow the nurses to learn about their new role and provide time to update/develop their orientation materials/checklists/packets for new employees
- Developing a unit orientation that the coordinator conducts for each new employee hired to their unit---this unit orientation occurs prior to the orientee starting on the unit
- Coordinates the preceptor/orientee schedule----this ensures the right preceptor is matched with the right orientee and decreases random and multiple preceptor assignments
- Ensures all required paperwork is completed and submitted to HR in a timely manner
- Time requirements for this role include:

- Initially---at least 12 hours/month of dedicated time to develop the unit-specific orientation program---this will vary depending on the needs of the unit
- Maintenance---after the program is established, at least 4-8 hours/month of dedicated time to update material, prepare for new staff, conduct the unit orientations, make sure all paperwork is submitted, meet with preceptors/orienteers/managers, etc.

The final component of this meeting included a discussion surrounding the primary benefits of this project. Following the successful implementation of the role and program, this project offers the enhancement and maintenance of an established line of communication between the preceptor coordinators, orientees, preceptors, managers, and the Education Department. The staff nurses functioning within this role gain empowerment to develop their leadership skills, and maintain professional accountability; this promotes staff satisfaction for all involved. Additionally, with a unit preceptor coordinator in place, the workload for the nursing managers regarding orientation processes associated with new hires is lessened. Overall, the project offers a win-win situation for everyone involved.

Noting the benefits of the project extended farther than this discussion, the Chief Nursing Officer verbalized acceptance for the proposed plan and granted approval for the development and implementation of the preceptor coordinator role within the hospital. Understanding the strain of the economic times, the CNO supported this innovative concept of utilizing the staff nurse to promote communication within the orientation

process while encouraging staff satisfaction and professional growth. This meeting concluded with administrative approval and support to move forward.

The next step in moving forward included attending scheduled meetings with the members of the Education Department and the Professional Development Council to share the ideas of the proposed preceptor coordinator role. These meetings not only presented the concept of active, interdisciplinary communication, but allowed for additional support and approval for the project. The outcomes of these meetings were positive with much excitement and acceptance of the proposal and all members offered support and assistance with the project as it moved forward.

The final step in this planning process involved gaining approval from the academic advisors of the MSN program. This required the submission of the formal proposal outlining the project details (see Appendix B: Scholarly Project Proposal Form—Gardner-Webb Version) and a face-to-face meeting with the academic advisor to discuss the proposal. Upon receiving verbal and written approval at the academic level, the project proceeded into the development stage.

Step II: Development

Utilizing the components of the submitted proposals as the outline for the project, the primary step in the development process included the creation of a hospital-specific Handbook for Preceptor Coordinators (see Appendix C: Handbook for Preceptor Coordinators). The purpose of this handbook was to provide each preceptor coordinator with a uniform resource manual that could be individualized over time. The handbook consisted of seven parts, six of which offered identical information related to the roles and responsibilities of the preceptor coordinator role and basic orientation and preceptor

resources; these provided the consistency needed within the role development process of the program. The last part of the handbook offered an area for individualization; this section housed additional information that was specific to the needs of each preceptor coordinator.

Part I, which is the Introduction, offers an overview of the preceptor coordinator role by including an introductory letter, the mission statement, philosophy, and the professional practice model of the nursing department, the theoretical framework from which the program operates, and an overview of the preceptor coordinator role. The introductory letter congratulates the preceptor coordinator on his or her new role. This letter outlines the individual's leadership qualities related to being selected, the upcoming responsibilities involved in this role, and the potential for future professional development; this letter personifies the role overview in a manner that is directed to the individual preceptor coordinator.

Next, the introduction presents the Mission Statement and Philosophy of the Nursing Department at Lake Norman Regional Medical Center, both of which serve as a reminder of the professional practice within the hospital. These are followed by the schematic example of The Quality-Caring Model© (Duffy & Hoskins, 2003), which is the foundation of the mission statement, philosophy, and nursing practice; this Model reflects the trend toward evidence-based practice while representing nursing's unique contribution to quality healthcare. In combining all of the above elements, the inclusion of the Professional Practice Model within the handbook signifies the nursing practice at Lake Norman in the format of a Dogwood Flower. The center of the flower, Optimal Patient Outcomes, is the ultimate goal of nursing practice and is accomplished through

the processes of the four extended petals: Leadership, Professional Practice, Collaboration, and Education & Research.

The last components of Part I include two overviews: an overview of the theoretical framework of the project and an overview of the preceptor coordinator role. A one-page bulleted information sheet presents a brief summary of Benner's Novice to Expert Theory; this serves as a theoretical explanation and a preceptor resource. The overview of the preceptor coordinator identifies the necessary qualities of a preceptor coordinator and the associated primary and secondary roles; both the primary and secondary roles are denoted by diagrammatical representations with explanations included.

Part II of the handbook defines The Lake Norman Orientation Team. The first resource is the graphical representation of the Organizational Structure as defined by the author (See *Figure 4. Lake Norman Orientation Team Organizational Structure*).

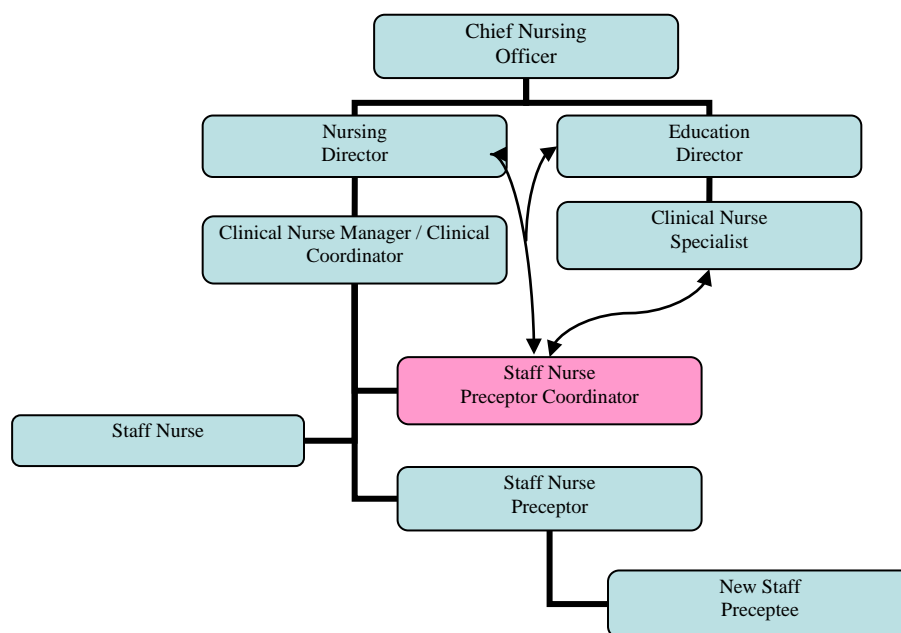


Figure 4. Lake Norman Orientation Team Organizational Structure

Following the hierarchical structures from Chief Nursing Officer to the New Staff Preceptee, the staff nurse is denoted on the lower left side of the structure with two extensions to the right; the extensions to the right represent two levels of preceptors chosen from the pool of unit staff nurses. The Staff Nurse Preceptor Coordinator is positioned above the Staff Nurse Preceptor because he or she holds more duties and responsibilities than the staff nurse preceptor, who is responsible for the one-on-one orientation of the new staff preceptee (or orientee). The flexible lines connecting the Staff Nurse Preceptor Coordinator to the Nursing Director, Education Director, and the Clinical Nurse Specialist represent the direct communication involved between the selected group that incorporates hospital-wide orientation and unit-specific orientation.

The remaining elements of this part include detailed outlines of the responsibilities of the orientation team. The first section defines the specific responsibilities of the Preceptor Coordinator. These include:

- Maintains the role as an exceptional staff nurse by continuing to exceed all minimum requirements of the annual performance evaluation, including the pursuit of self-directed professional growth
- Establishes and maintains direct communication with the nurse director, education director, clinical nurse specialist, unit preceptors, co-workers, and new staff members
- Attends and participates in the scheduled meetings for preceptor coordinators
- Maintains knowledge of current hospital-wide and unit-specific orientation requirements including competencies

- Maintains a current list of unit-specific preceptors
- Develops/updates an organized unit orientation
- Develops/updates unit competency orientation checklists for new RN and CNA staff
- Conducts initial contact with the new staff member via phone or email
- Assists with scheduling the new staff member with an appropriate unit preceptor
- Conducts the initial unit-specific orientation prior to the orientee beginning on the unit
- Ensures all required documentation is completed and submitted to the appropriate departments in a timely manner
- Provides mentorship and support for unit-based preceptors hospital-wide

This is followed by the responsibilities of the supporting orientation team. By defining everyone's responsibilities in a clear manner early in the program ensures consistency throughout the process of implementation.

Part III of the handbook, Preceptor Coordinator Task Guidelines, offers the pathways and timelines for completing the given responsibilities. Within this part are the following resources:

- Overall Orientation Timeline: this is provided by the Associate Relations (AR) Department and outlines the requirements needed during the orientation period
- Associate Relation's New Employee Checklist: this is the checklist that AR utilizes to ensure the employee's personnel file is complete

- The Role of the Preceptor Coordinator during the Standard Orientation Pathway: this presents a bulleted summary for the general pathway for the overall orientation process; this includes the role and responsibilities of the preceptor coordinator as they occur throughout orientation.
- Completing the Unit Orientation: this provides a detailed method for completing the unit-specific orientation, which is one of the primary responsibilities of the preceptor coordinator.
- Inclusive List of Orientation Documents: this resource summarizes the list of orientation documents and accesses that the new staff member needs upon hire; this list is dependant upon the specific unit that the employee is hired to work.
- An Orientation Alternative: this offers a suggested method of completing the orientation process when the employee starts on the unit prior to receiving the hospital orientation and general nursing orientation.

Each of these resources offers guidance, support, and reinforcement as the new preceptor coordinators transition into their new role.

Part IV supplies information on various hospital resources. This includes a current list of the preceptor coordinators and a list of the supporting staff members, all with their contact information; these lists offer contact resources for the preceptor coordinators.

Another resource within this section is an introductory list of policies related to the orientation process; this list provides a starting point for references for the new coordinators.

Part V of the handbook offers numerous informational resources related to being a preceptor. Taken from the preceptor classes offered at Lake Norman Regional Medical Center, the content of this part serves as a reminder for both the coordinator and the staff preceptors. Specific information within this part includes:

- The Preceptor's Bill of Rights / The Preceptee's Bill of Rights
- Value Systems: The Differences between Preceptor and Staff Roles
- Adult Learners
- Learning / Retention Rates

To assist the new preceptor coordinators develop and update their unit-specific orientation tools, Part VI offers examples of the tools currently utilized on the Women's Services Unit. Even though these examples are specific to one unit, they are adaptable and provide a starting-point guideline for individuals who have never developed orientation / competency tools. The examples include:

- A Welcome Letter
- Women's Services New Employee Checklist—RN: this is the master checklist that the preceptor coordinator utilizes to ensure all orientation documents are completed and submitted to the appropriate departments
- Women's Services Postpartum, GYN/Med-Surg Orientation Competency Checklist: the preceptor and orientee complete this checklist during orientation to validate competence of the orientee; when complete, this is submitted to the preceptor coordinator, who submits it to the Associate Relations Department.

In an effort to make this handbook adaptable and individualized to each preceptor coordinator, Part VII, titled Miscellaneous Information, offers no pre-printed information or resources. The purpose of this section is to provide a working area designed to hold specific information and resources supplied by the preceptor coordinator. With the consistency presented by the given information, and the flexibility offered within the last empty section, this collaborative packet of resources makes this an individualized working handbook ideal for new preceptor coordinators.

With the handbook completed, the next component of the development step included two basic areas: gaining leadership support and the outlining of future meetings with the selected coordinators. Both of these areas utilized the submitted proposals from the planning stage to develop strategies to accomplish each. Conceptually, the gaining of leadership support took place through a brief presentation during the weekly Nurse Director's meetings and via email communications. The outlining of future meetings followed the below listed proposal:

- An initial introductory meeting with the preceptor coordinators lasting 1-2 hours with an invitation to the nurse directors
- Monthly working meetings: these would be 6-8 hour meetings for approximately 3-4 months for the primary purpose of developing the checklists and materials needed to conduct an organized unit orientation. These meetings would include coordinator education related to their role development
- Follow-up meetings: once all unit orientation processes are in place, the preceptor coordinator meetings would occur every other month for

approximately 1-hour as a means of maintaining support and troubleshooting identified issues. In the future, these meetings would move to quarterly meetings with additional meetings as needed.

With the handbook complete, except for the list of selected preceptor coordinators and the progression of meetings placed in a tentative outline format, the project advanced into the next step of implementation.

Step III: Implementation

With the support of the CNO, Education Department, and the Professional Development Council, the first part of the implementation process was to inform the directors of each nursing department of the proposed plan as a means of gaining additional support at the unit level. The initial contact with the nurse directors occurred in mid-Fall 2009 at a weekly scheduled Nurse Directors meeting with the support of the CNO. During this meeting, copies of the Scholarly Project Proposal—LN Version (see Appendix A. Scholarly Project Proposal—LN Version) were presented to the directors and was followed by a verbal explanation of the plan, which emphasized the benefits of the new role. At the conclusion of the meeting, the nurse directors in attendance offered verbal support and approval for the initiation of the preceptor coordinator role on their unit.

Following the proposal's outline, the next meeting occurred in January 2010 with the CNO; the purpose of this meeting was to confirm the implementation of the proposal as verbally acknowledged in late 2009. This meeting involved a review of the project proposal and a presentation of the developed Handbook for Preceptor Coordinators. Again, the CNO granted verbal support to proceed with the implementation of the project

as outlined in the proposal and offered to present the proposal again at the next Nurse Director's meeting as a reminder. Furthermore, additional discussion led to asking the CNO for approval to purchase ten binders with dividers to house the components of the preceptor coordinator handbooks. The rationale for purchasing the binders with dividers was to ensure that each preceptor coordinator had an organized place to keep all resources needed to function efficiently within their new role. The need for ten binders included the following: eight binders were for the eight preceptor coordinators, one binder was for the Education Department, and one binder for the project coordinator. Without hesitation, the CNO granted approval for the binder order and the paperwork was submitted immediately.

After the CNO communicated the project reminder to the nurse directors, an email was sent requesting the name of each department's selected preceptor coordinator; this email also included a message of thanks for each director's support and participation. Responses to this email resulted in each nursing department submitting the name of one staff nurse to be their unit preceptor coordinator. The initial list included the following names:

- Katherine Brown, RN—Medical/Surgical 2nd floor
- Sara Butler, RN—Surgical Services
- Laurie Furr, RN—3rd floor Medical/Surgical/Oncology/Pediatrics
- Andrea Houston, RN—Emergency Department
- Tina Hunter, BSN, RN—Women's Services (Project Coordinator)
- Della Overcash, RN—Critical Care Services
- Gill Overcash, RN—Ortho/Neuro/Spine Unit

- Theresa Peterson, RN—Ambulatory Surgery Center
- Sally Rakes, RN—Endoscopy

After the initial collection of preceptor coordinator names, a member of the Imaging Department notified the project coordinator that their department employed four registered nurses and desired to be a part of this project; therefore, an additional preceptor coordinator was added to the list: Deborah Dickens, BSN, RN—Imaging.

With the list of preceptor coordinators completed, the next step included notifying the selected coordinators and their directors of the initial preceptor coordinator meeting scheduled for February 15, 2010 (see Appendix D: Initial Preceptor Coordinator Meeting Packet). Each preceptor coordinator received a notification memo via the hospital mail system, and each of their directors received the memo via email along with an invitation to attend the meeting. The Director of Education, Clinical Nurse Specialist, and the Chief Nursing Officer also received an email with the attached memo in addition to an invitation to attend the scheduled meeting.

The initial preceptor coordinator meeting was held on Monday, February 15, 2010 at 9:30am in the Education Center as scheduled. There were nine nurses present for the meeting including the Education Director and the project coordinator; all but two nursing departments were represented with the addition of the Imaging Department. There was one department representative change: Dana Cominsky, RN replaced Sally Rakes, RN from Endoscopy.

The meeting followed the formal format related to the presentation of an agenda, the following the agenda items listed, the signing-in of attendees, and the taking of meeting minutes. Appendix D: Initial Preceptor Coordinator Meeting Packet contains the

following information related to this introductory meeting: an agenda, a blank contact information form, the preceptor coordinator “to do” checklist, and the meeting minutes and roster. However, the meeting was conducted informally with all attendees seated face-to-face at a rectangular table with the project leader at one end of the table and the Education Director at the other end; all attendees were allowed to ask questions and offer discussion throughout the meeting’s progression as a way of increasing the comfort level of the group members.

During the meeting, each attendee gave a self-introduction to the group, and the meeting progressed according to the agenda with the interjection of questions, comments, and discussion among the members. A brief overview of the project, its origination, and the roles and responsibilities of the preceptor coordinator was discussed followed by the completion of the Preceptor Coordinator Contact Form by each attendee. The Preceptor Coordinator “To Do” Checklist was distributed with a verbal explanation given. The 1-hour meeting concluded a discussion regarding future meetings. The group determined that a monthly, 6-hour working meeting that occurred on the first Thursday of each month would work best for scheduling purposes; it was explained that these meetings would be “working” meetings, which meant no additional staffing time would be required to complete the tasks at the present. Details of the meeting are located in the meeting minutes in Appendix D: Initial Preceptor Coordinator Meeting Packet.

Following the meeting, preparation was made for the securing of Education Center and the computer lab for the next meeting scheduled on March 4, 2010. Utilizing the contact information, an email distribution list was created for ease and time purposes; this was used to distribute the meeting minutes. Additionally, a follow-up email was

submitted to the department directors and copied to the CNO and the preceptor coordinators regarding the plans for future meetings and the tasks of the coordinators due to be completed by the next scheduled meeting. One response from this email resulted in additional communication and the removal of one unit's participation in the project due to limited staff resources. The final list of Preceptor Coordinators for 2010 included the following:

- Katherine Brown, RN—Medical/Surgical 2nd floor
- Sara Butler, RN—Surgical Services
- Dana Cominsky, RN—Endoscopy
- Deborah Dickens, BSN, RN—Imaging
- Laurie Furr, RN—3rd floor Medical/Surgical/Oncology/Pediatrics
- Andrea Houston, RN—Emergency Department
- Tina Hunter, BSN, RN—Women's Services (Project Coordinator)
- Della Overcash, RN—Critical Care Services
- Theresa Peterson, RN—Ambulatory Surgery Center

Additional preparation for the follow-up meeting included transforming the preceptor coordinator handbook from a loose-paper format into an organized, binder format. This process utilized the willingness and trusted skills of a high school senior, who was in need of a volunteer service project, to compile the loose papers into the binder. Utilizing one completed handbook binder as an example, the student volunteer placed the loose copies of the remaining nine handbooks (Appendix C: Handbook for Preceptor Coordinators) in a systematic manner within each individual binder; the completed handbook binders offered a professional touch to the project with the ability

for each preceptor coordinator to keep all information in one organized place. Moreover, this volunteer service option provided benefits of time and financial savings for the project and needed volunteer hours for the student; a win-win situation for all involved.

During the last week of February, the entire hospital of Lake Norman Regional Medical Center encountered an unexpected and significant staffing change that affected all departments, including nursing: the weekend option positions were eliminated and hospital-wide furloughs were implemented immediately. These forced changes and staff reductions had a direct impact on all non-clinical functions within the hospital; all unit and hospital-wide committee meetings were canceled or the length of the meetings was greatly reduced. Unfortunately, the preceptor coordinator meetings were cancelled for both financial reasons and staffing reasons; all individuals selected to function in the role of unit preceptor coordinators were placed back into staffing with no allotted time to attend meetings or complete assigned tasks associated with the role. Therefore, all future preceptor coordinator meetings were cancelled until further notice, forcing the full implementation of this project to be halted.

However, if the meetings had occurred as planned, each preceptor coordinator would have received a handbook binder filled with the resources and references needed for fulfilling their role requirements plus additional space to include personal information as needed and desired. The working meetings would have incorporated informational sessions related to role tasks and time to develop, create, and/or update any unit specific orientation tools; this would have occurred in both the Education Center and the computer lab. These meetings would have taken place each month until the preceptor coordinators had established a well-defined unit specific orientation program, and an

increased comfort level in their role. Then, the meetings would have decreased according to the needs of the coordinators and orientation program changes would be implemented according to the results of the evaluations.

Step IV: Evaluating

The last step in describing this project is the process of evaluation. In evaluating the totality of this project, the evaluation process must occur at several levels from a variety of sources: the orientee, the preceptor, the preceptor coordinator, the members of the Education Department and Associate Relations. Each source evaluates the impacts of the preceptor coordinator role utilizing an individualized tool developed specifically for the source. Each tool is presented and discussed in detail in the Evaluation Plan section of Chapter IV: Outcomes and Evaluation Plan.

Chapter IV: Outcomes and Evaluation Plan

Outcomes

Because this scholarly project was not fully implemented, the desired outcomes remain consistent with the submitted proposal. First, this project proposes to improve the communication between new staff members, unit preceptors, managers/directors, and the Education Department. Through the establishment of the preceptor coordinator role at the unit level, a specific identified individual would serve as the primary contact person for all departments related with orientation related issues and questions; the vicious circle of seeking out an individual to answer a question would be nonexistent. Additionally, the preceptor coordinator would assist in the development of consistency related to the orientation and preceptor processes on the unit level, which is the next desired outcome.

Related to the responsibilities associated with the preceptor coordinator role, the unit-specific orientation paperwork and checklists would receive additional attention; thus, the documentation would remain current as compared to the present system. Furthermore, with the preceptor coordinator serving as the team member responsible for the orientee-preceptor pairing, this would ensure that actual preceptor receives credit for actively participating in the precepting process; this is needed for the registered nurses to participate in the Career Ladder Program within the hospital.

The final desired outcome is to acquire active leadership support related to the educational needs of the preceptor coordinators and the unit preceptors. As noted in the literature review, leadership support is essential in developing and maintaining an effective orientation and preceptor program, both of which are required for new staff

retention and current staff satisfaction. Therefore, support at all levels within the healthcare system is needed to produce the successful outcomes as described above.

Evaluation Plan

Because this project involves many members of the orientation team that function at various levels throughout the process, the evaluation data must be collected from a variety of sources utilizing individually developed tools; this is the most comprehensive means for evaluating the outcomes associated with the implementation of the preceptor coordinator role effectively. Outcome data will be collected from the following sources: the orientee, the unit preceptor, the members of the Education Department, the members of Associate Relations, and the preceptor coordinator.

The evaluation plan for this project utilizes a set of five individually developed questionnaires that are formatted in differing response sections, a yes/no section and an open-ended comment section. This combined yes/no format with an accompanying comment area was purposefully chosen as a means of identifying if the action was completed or not, while allowing an area of explanation. In each questionnaire, the first section is outlined in a yes/no format that asks specific questions related to the desired outcomes of the project; these questions progress from the beginning of the orientation to the end following Benner's Novice to Expert Theory. The next section outlines anywhere from one to three questions and/or statements that are open-ended, offering an option for expanded responses and comments. Following the implementation of the preceptor coordinator role, the evaluations would be distributed in a systematic manner with an Excel spreadsheet functioning as the master log for tracking the submission and return of the questionnaires. Details of each developed questionnaire follow in this section.

With the primary focus of any orientation being the orientee, the information gained specifically from the new staff member's questionnaire (see Appendix E: Nursing Orientation Questionnaire—Orientee) regarding the overall orientation process tend to be essential for improving future processes. The questions in the orientee's questionnaire focus around the roles and responsibilities associated with the preceptor coordinator role as well as with effective communication issues. The questions occur in a systematic manner beginning with contact prior to the start date and ending with the implication that the new hire felt like a team member related to the comfort of discussing issues with the preceptor coordinator and the director. This questionnaire is distributed to each new nurse hired into the facility at four months post-hire; this ensures the orientation is complete and all required documentation is submitted.

In a similar manner, the unit preceptor questionnaire (Appendix F: Nursing Orientation Questionnaire—Unit Preceptor) is distributed to each preceptor who is assigned to orient a new nurse in each department; the questionnaire is distributed four months following the hire date of the new nurse. The questions are presented in a progressive manner, and address outcomes associated with the roles and responsibilities associated with the preceptor coordinator role and communication throughout the processes. In both the unit preceptor and orientee questionnaires, similar questions are asked as a means of validating the processes from both perspectives. Furthermore, both questionnaires only address aspects related to this project; each unit is responsible for developing specific evaluation tools that pertain to the competency levels of both the orientee and the preceptor.

Next, questionnaires are distributed to the members of the Education Department and Associate Relations. Both of these address the processes and communication relations associated with the implementation of the preceptor coordinator role at the unit level. Four months following the full implementation of the preceptor coordinator role, both the Education Department and Associate Relations will receive a questionnaire to complete related to the nursing orientation of a specific month; a questionnaire will follow monthly referring to the orientation four months prior. Examples of the Education Department and Associate Relations questionnaire are provided in Appendix G: Nursing Orientation Questionnaire—Education Department and Appendix H: Nursing Orientation Questionnaire—Associate Relations.

The last questionnaire incorporated into the final evaluation plan is from the Preceptor Coordinators (See Appendix I: Preceptor Coordinator Questionnaire). This questionnaire differs from the other questionnaires in that it addresses the responsibilities, communication, support, and preparation resources related directly to the role. Unlike the others, this Preceptor Coordinator Questionnaire will be distributed six months following the initial meeting and consistent implementation of the role; additional follow-up will occur during scheduled meetings as verbal communications.

In summation of the evaluation plan, when this preceptor coordinator questionnaire is combined with all of the other questionnaires, the results will be combined and a summative report and action plan will be presented to the Nursing Leadership Team. This overall evaluation will determine whether the desired outcomes of the project are being achieved following the implementation of the preceptor coordinator role or whether specific areas needed to be redesigned to gain improvements.

Furthermore, depending on the initial results of the questionnaires, changes to the questions may be needed to gain further results; as with the project, the evaluation plan is ongoing and requires changes as needed.

Chapter V: Discussion

Project Summary

The intention of this overall completed project was to yield an extension of the Lake Norman Regional Medical Center nursing department's hospital-wide orientation program by implementing a unit-specific preceptor coordinator role that would stimulate orientation and preceptor practices at the unit level. Based on the results of a comprehensive literature review, the initial proposal offered a plan that suggested producing a wide array of benefits that stretched from the financial gains within the entire hospital to the retention of newly hired nurses, each creating a win-win healthcare environment that ultimately promotes safe, efficient, quality patient care. Additionally, the overall project utilized the mission and philosophical statements of the nursing department as well as the theoretical framework of Patricia Benner to establish a professional groundwork applicable to the actual nursing practices promoted within the hospital.

In summation, this project outlined a detailed plan for the development, implementation, and evaluation of the preceptor coordinator role, a department-level initiative that offered to enhance the overall orientation process. Immediately, the announcement of the project proposal gained promising support from the Chief Nursing Officer, and the members of the Professional Development Council, Education Department, and Nursing Leadership Team and raised excitement from the bedside nursing staff as exemplary staff nurses were selected to fill the role of their department's preceptor coordinator. Moreover, the support and excitement extended outward as the nursing staff of the Imaging Department communicated their desire to participate in the

project by submitting the name of a staff nurse representative to serve as their own department's preceptor coordinator, making this an interdisciplinary nursing project.

This initial support and excitement was visibly demonstrated in a number of ways. First, the CNO approved the purchase of binders and dividers for the Handbook for the Preceptor Coordinators; these are reference and resource collections utilized to develop the role. Next, each of the nurse directors submitted the name of a selected staff nurse to represent their department as the preceptor coordinator. Lastly, eight of the nine preceptor coordinators, as well as the Director of the Education Department, attended the initial preceptor coordinator meeting; this was a direct representation of support from both the staff level and leadership level.

During the initial meeting, the attending preceptor coordinators actively participated by offering an introduction, asking questions, presenting suggestions and needs, and by interacting in the decision making process for future meetings. All attendees completed a contact information form and accepted their assignments for the next meeting without objection. Official meeting minutes were typed and submitted to all preceptor coordinators, in addition to the member not present. Questions were addressed as they presented; this indirectly represented an improvement in the communication processes within the members of the nursing department.

Within a week following this initial meeting, unexpected staffing furloughs and the elimination of the weekend option positions within the hospital and across the corporation, suddenly halted the continued implementation of this scholarly project. The selected preceptor coordinators, who had been granted time out of staffing to attend the

scheduled working meetings, were needed back in staffing to offset the recent staff reductions; therefore, all preceptor coordinator meetings were cancelled.

For the project, this meant that no meetings or time allotted to complete essential orientation tasks left the full affects of the proposed preceptor coordinator role within the hospital-wide and unit-specific orientation processes undetermined. Therefore, only assumptions regarding the desired outcomes of the project can be presented for the remainder of the project. However, with the underlying hopes that this project diversion is temporary, all handbooks, meetings, and ideas are secured until a sense of normalcy returns to the Lake Norman environment and the meetings resume. It is only when the full implementation of the project is completed and evaluated can the affects of the role on the nursing orientation process be understood.

Implications for Nursing

Within this project, there are a vast number of implications for nursing at various levels, particularly noted at the hospital, personal, and professional levels. At the hospital level, which is the most visible to the community and surrounding populations, the implementation of the preceptor coordinator role enhances and maintains an established line of communication between the members of the orientation team, which includes orientees, preceptors, directors, members of the Education Department and Associate Relations. This role provides the link between hospital-wide orientation and unit-specific orientation processes, which heightens the awareness of the individual roles and responsibilities; this offers consistency and portrays an outstanding first impression of excellence and teamwork among the nursing and hospital departments.

Another implication for nursing at the hospital level is the promotion of current and consistent orientation and preceptor processes. One task of the preceptor coordinator is to up-date current orientation paperwork and processes, which eventually flows to the bedside nurse; this also lessens the workload of the director who can focus on other administrative issues. When potential nurses come to interview at a hospital that displays current, evidence-based practices within their orientation program and daily work, the motivation to accept a position within the hospital is increased; therefore, current and consistent practices provide recruitment and retention opportunities for the hospital and for nursing.

At the personal level, the implementation of the preceptor coordinator role offers the bedside staff nurse the empowerment to develop his or her leadership skills as one maintains and accentuates professional accountability. Through personal growth, the nurse is able to move to the next level of competency achievement as defined by Benner's Novice to Expert Theory (Benner, 2001); thus, personal satisfaction is achieved leading to another retention opportunity. Additionally, the staff nurse functioning in the preceptor coordinator role is able to serve as a mentor to fellow preceptors; this could eventually lead to future leadership opportunities for the nurse, the department, and the hospital.

Lastly, there are implications for the overall nursing profession. By presenting the conceptual ideas of this project, the implementation of the preceptor coordinator role offers other nursing departments and healthcare facilities a detailed plan for linking the hospital orientation program to the unit orientation program. This plan seeks nursing support for the development of future nurse leaders and provides an opportunity for

improved communication; it also presents financial gains through recruitment and retention opportunities and by utilizing an existing staff nurse position instead of hiring another individual. Additionally, the role of the preceptor coordinator can be expanded to include the orientation processes of the Certified Nursing Assistants within a healthcare facility as well; this is another implication for the nursing profession.

This creative staff nurse role offers a win-win opportunity for everyone involved: the hospital, the current and future nurses, and the overall nursing profession. This project desires to eliminate communication issues and process inconsistencies that originate during the initial days of orientation by promoting a good first impression. Through nursing support and individual accountability and development, this preceptor coordinator role offers the common link between hospital-wide and unit-specific orientation process with the possibility of future leadership roles.

Implications for Further Study

As with any project, the conceptual idea promotes promise and excitement. However, the reality of implementation and evaluation offers the true answer of whether or not the idealistic concept is beneficial and successful. In a comparative situation, the recent administrative decisions at the current pilot site suddenly halted the implementation of this scholarly project leaving the full affects of the proposed preceptor coordinator role within the hospital-wide and unit-specific orientation processes undetermined. Therefore, the most significant implication for further study includes the full implementation and evaluation of this project as a means of determining the extent of the desired outcomes; this will be the only method of realistically determining the benefits and successes of the proposed project concept.

Provided this project can be fully implemented and evaluated, another implication for further study includes a cost-benefit analysis. As with any financial institute, and healthcare facilities included, the administrative team desires to know if the implemented project offers financial benefits for the organization. From this perspective, an investigative team should address the actual costs and benefits related to patient outcomes, patient safety, cost effective patient care, recruitment and retention of nursing staff related to staff satisfaction. All of these measurable outcomes could offer an additional stimulates to maintain the role of the preceptor coordinator should they indicate financial gains for the healthcare facility.

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Appendices

Appendix A: Proposal for Scholarly Project --- Lake Norman Proposal

Proposed Scholarly Project

Tina Hunter, BSN, RN
Gardner-Webb University MSN Student

Topic: Reimplementation of the Preceptor Coordinator Role on the Nursing Units of Lake Norman Regional Medical Center

Tentative Date of Rollout / Implementation: Early 2010

Purpose of the Project: The purpose of this scholarly project is two-fold. First, this proposal will meet the program objectives outlined by Gardner-Webb University for my successful graduation from the MSN program pending its completion. Second, this proposal will offer the Nursing Department at Lake Norman Regional Medical Center a detailed plan for the reimplementation of the Preceptor Coordinator Role at the unit level throughout each nursing department of the facility.

Brief Overview of the Project: One experienced staff nurse from each nursing unit will be selected by the nurse manager to function in the role of the Preceptor Coordinator for that unit; larger units such as med/surge may opt for two Preceptor Coordinators—one from the day shift and one from the night shift—pending the approval of the nurse manager and Chief Nursing Officer. At the very minimum, the nurse selected for this role should be someone who has maintained an above average annual evaluation including attendance, has good communication skills, gets along well with others, is dependable, organized, and proactive in getting tasks completed in a timely manner, and enjoys teaching.

The overall purpose of this developed role will be to enhance the leadership skills of the chosen staff nurse(s) by delegating the responsibilities of coordinating, conducting, and maintaining the unit-specific portion of new employee orientation program. Some of the responsibilities within this role will include, but will not be limited to the following:

- Attend scheduled meetings---initially, these will be working meetings, which will be monthly at the minimum, to allow the nurses to learn about their new role and provide time to update/develop their orientation materials/checklists/packets for new employees
- Develop a unit orientation that the coordinator will conduct with each new employee hired to their unit---this unit orientation will occur prior to the orientee starting on the unit
- Coordinate the preceptor/orientee schedule----this ensures the right preceptor is matched with the right orientee and decreases random and multiple preceptor assignments
- Ensure all required paperwork is completed and submitted to HR in a timely manner
- Time requirements for this role:
 - Initially---at least 12 hours/month of dedicated time to develop the unit-specific orientation program---this will vary depending on the needs of the unit
 - Maintenance---after the program is established, at least 4-8 hours/month of dedicated time to update material, prepare for new staff, conduct the unit orientations, make sure all paperwork is submitted, meet with preceptors/orienteers/managers, etc.

Primary Benefits of Project:

- Enhance and maintain an established line of communication between the Preceptor Coordinators, orientees, preceptors, managers, and Education Department
- Lessen workload for managers regarding orientation processes associated with new hires
- Empower nurses in this role to develop their leadership skills and maintain professional accountability
- Promote staff satisfaction for the Preceptor Coordinator, preceptor, and orientee

Appendix B: Scholarly Project Proposal Form—Gardner-Webb Version

Gardner-Webb University School of Nursing
Research Review Board
Scholarly Project Proposal Form

Investigator: Tina Hunter, BSN, RN

Date: 10-6-09 (as discussed in meeting with Dr. Carlton on Sept. 2, 2009)

****This typed proposal is to be submitted in conjunction with the attached proposal form****

Introduction (brief overview):

- Develop a nursing department preceptor coordinator program throughout the hospital to enhance the orientation processes for new staff members
- Implementation of an expanded leadership role for the experienced staff nurse as the Preceptor Coordinator for his or her specific unit.
- This role will involve coordinating the orientation of all new nurses and nursing assistants hired to the specific units for which the preceptor coordinator works; role responsibilities will be detailed within the project

Problem Statement:

- Current hospital-wide issues:
 - Lack of communication between new staff members, preceptors, managers, and Education Department (new staff members are not aware of schedules prior to starting on the unit; preceptors are not aware that they will be orienting a new staff member; Education Department loses touch with new staff members once HW orientation is complete)
 - Inconsistent orientation / preceptor processes (each unit conducts orientation differently; new employees have multiple preceptors; no consistent process of ensuring all required documents are submitted to HR)
 - Lack of current unit-specific orientation paperwork / checklists
 - No established method of tracking number of hours or number of new staff members preceptor has oriented

Desired Outcomes:

- Improved communication between new staff members, preceptors, managers, and Education Department
- Consistent orientation / preceptor processes on the unit level
- Current unit-specific orientation paperwork / checklists
- Established method of documenting preceptor participation
- Support the leadership role and the educational needs of the preceptor coordinators / unit preceptors

Scope of Project:

- Implement hospital-wide
- Outline the role responsibilities for the unit-specific Preceptor Coordinator
- Provide overview of project / information to all unit managers / administration to assist in the selection of individuals appropriate for this role
- Conduct scheduled working meetings with the selected individuals to establish role responsibilities
- Assist with implementation of role on unit level

Products:

- The completed project will yield an extension to the nursing department's hospital-wide orientation program by creating a change in the current orientation / preceptor practices at the unit level.

Approvals:

- Verbal approval was obtained by the following:
 - Becky Dunlap, CNO of Lake Norman Regional Medical Center
 - Maureen Driscoll, Education Director of Lake Norman Regional Medical Center
 - Marie Marks, Women's Services Director of Lake Norman Regional Medical Center
 - Professional Development Council of Lake Norman Regional Medical Center

Appendix C: Handbook for Preceptor Coordinators



Handbook For Preceptor Coordinators

Lake Norman Regional Medical Center
Department of Nursing





Handbook For Preceptor Coordinators

Developed for
Lake Norman Regional Medical Center
Department of Nursing

By
Tina S. Hunter, BSN, RN
Women's Services Education Coordinator
Gardner-Webb University MSN Student
2010



LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

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Part I:

Introduction

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Congratulations on your New Role!

You have been selected to be the Preceptor Coordinator for your department. You were selected by your director based on your professional experience, your outstanding clinical and organizational skills, and your leadership qualities and customer service; all of which are evident throughout your daily practice. In your new role as preceptor coordinator, you will assume the responsibility of overseeing the orientation process of all new employees hired to your unit. From the first contact via phone or email to the last verification of a completed checklist, your ability to assess, plan, implement, and evaluate will take on a new identity; the nursing process will now focus on your unit-specific orientation with the new staff member being the center of your attention.

As you accept the challenges associated with being a preceptor coordinator, please know that you are supported in your future endeavors to improve this overall orientation process; this will provide numerous benefits for all involved. For the new staff member, you will assist in the transition process from outsider to well-integrated team member. For the preceptors in your department and your peers, you will serve as a role model. For yourself, you will strengthen your clinical and leadership skills, finding personal and professional gratification. Lastly, for the hospital, you will reinforce the importance of a consistent orientation process for the purpose of retaining staff and enhancing communications between all departments. You, as the Preceptor Coordinator, will be the link that establishes continuity in the overall orientation process.

Thank you for accepting this role!

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Mission Statement of the Nursing Department

The Nursing staff at Lake Norman Regional Medical Center is committed to providing consistent quality nursing care. We further commit that all care provided will be based on the individual patient's needs in a confidential manner and that support will be given to significant others.

Philosophy of the Nursing Department

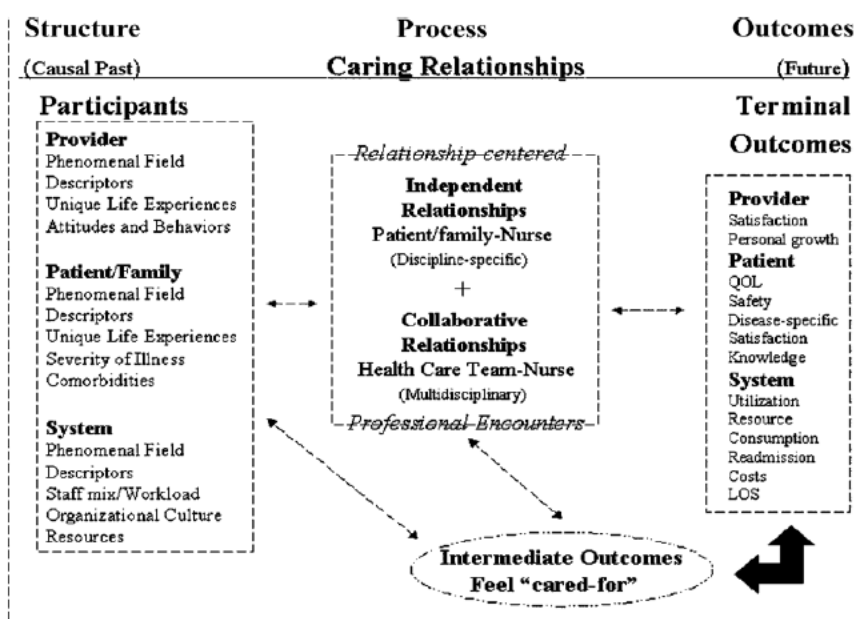
The Nursing Department of Lake Norman Regional Medical Center is the profession responsible for providing safe, efficient, quality nursing care to the patient during his/her acute and rehabilitative stages of illness. We recognize each patient as being an individual and continually assess the patient on a physical and psychosocial basis. Each individual will have a plan of care based on a continual assessment utilizing the nursing process and executed by a professional nurse.

We recognize that as nurses, we have a responsibility in the community to be knowledgeable and supportive of those issues that will have a positive effect on health. It is each nurse's responsibility to evaluate their effort and their results; to determine their direction, monitor their efficiency, and to recognize their relationship in the organization and community as a whole. In doing so, we will maintain a climate of learning among our staff and our affiliates and we will be responsive to change and seek opportunities for growth.

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The Quality-Caring Model©

The Quality-Caring Model (Duffy, 2003) is the foundation of the nursing practice at Lake Norman Regional Medical Center. This model incorporates the structure-process-outcomes components of Donabedian's quality concepts with the Human Caring Model of Watson; this reflects the trend toward evidence-based practice while representing nursing's unique contribution to quality healthcare.



The Quality-Caring Model© (Duffy, 2003, p. 81)

Duffy, A. R. & Hoskins, L. M. (2003). The Quality-Caring Model© Blending dual paradigms. *Advances in Nursing Science*, 26(1), 77-88.

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The Professional Practice Model



Accountability	Ownership of one's actions
Integrity	Dedication to the absolutes of safety, honesty, trustworthiness, and ethical behavior
Respect	Consideration of feelings, beliefs, and talents of each individual
Evidenced-based Practice	"Conscientious integration of best research evidence with clinical expertise and patient values and needs in the delivery of quality, cost-effective health care"
Clinical Expertise	Having the requisite knowledge and experience to make the correct decision in a specific clinical situation, at the right time, with the right outcome
Interdisciplinary Partnership	Involves a team of persons with different skills and approaches, and varying perspectives and methods, applied to the accomplishment of common goals and outcomes
Shared Governance	Empowers nurses to contribute to the decision making process related to nursing practice, standards and procedures in realizing the mission & values of LNRMC
Collegiality	Achieved when nurses work collaboratively to create an atmosphere that considers the diverse and complimentary skills of the healthcare team
Mentoring	Interactive cultivation of professional nurses, supporting professional growth and development and the enhancement of the nursing profession
Autonomy	Freedom and authority to make clinical decisions in the best interest of the patient within the scope of practice
Coordinator of Care	Active promotion of the interdisciplinary planning required ensuring quality health care across the continuum
Performance Improvement	Analyzing performance, through use of structure, process and outcomes to establish priorities and improve outcomes
Communication	Effective when culture, context and interactions lead to an open exchange with a clear message that achieves quality patient care
Leadership Development	Educates and fosters nurse leaders to function as a cohesive team, providing them the tools necessary to effectively manage personnel and resources in the delivery of quality nursing care
Compassionate Holistic Care	Utilizes the nursing process, strong clinical reasoning skills and caring to diagnose and treat the unique individual needs of the patient

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Handbook for Preceptor Coordinators

Benner's Novice to Expert Theory: A Five-Stage Model of Skill Acquisition

Overview: An individual passes through at least five stages or levels of proficiency as they acquire and develop desired skills within a specialty.

✦ **Stage 1: Novice**

- No experience in the clinical setting in which they are entering
- Behavior is limited and inflexible
- Task-oriented and governed by rules
- Views situations in parts

✦ **Stage 2: Advanced Beginner**

- Limited experience
- Demonstrates marginally acceptable performance
- Difficulty prioritizing
- Requires support in the clinical setting
- Perceives situation in pieces, cannot see the whole

✦ **Stage 3: Competence**

- 2-3 years experience
- Conscious and deliberate planning
- Sees his or her actions in terms of long-range goals
- Lacks speed and flexibility
- Able to coordinate multiple, complex patient care demands
- A good preceptor for the novice nurse

✦ **Stage 4: Proficient**

- 3-5 years experience
- Perceives situation as a whole
- Learns from experience
- Guided by maxims
- Considers fewer options and hones in on the problem
- A good preceptor for the competent nurse

✦ **Stage 5: Expert**

- Extensive experience
- Intuitive grasp of the situation
- Operates from a deep understanding of the total situation
- A good preceptor for the competent nurse

Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice* [Commemorative edition]. Upper Saddle River, NJ: Prentice Hall Health.

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Handbook for Preceptor Coordinators

Overview of Preceptor Coordinator

A. Qualities

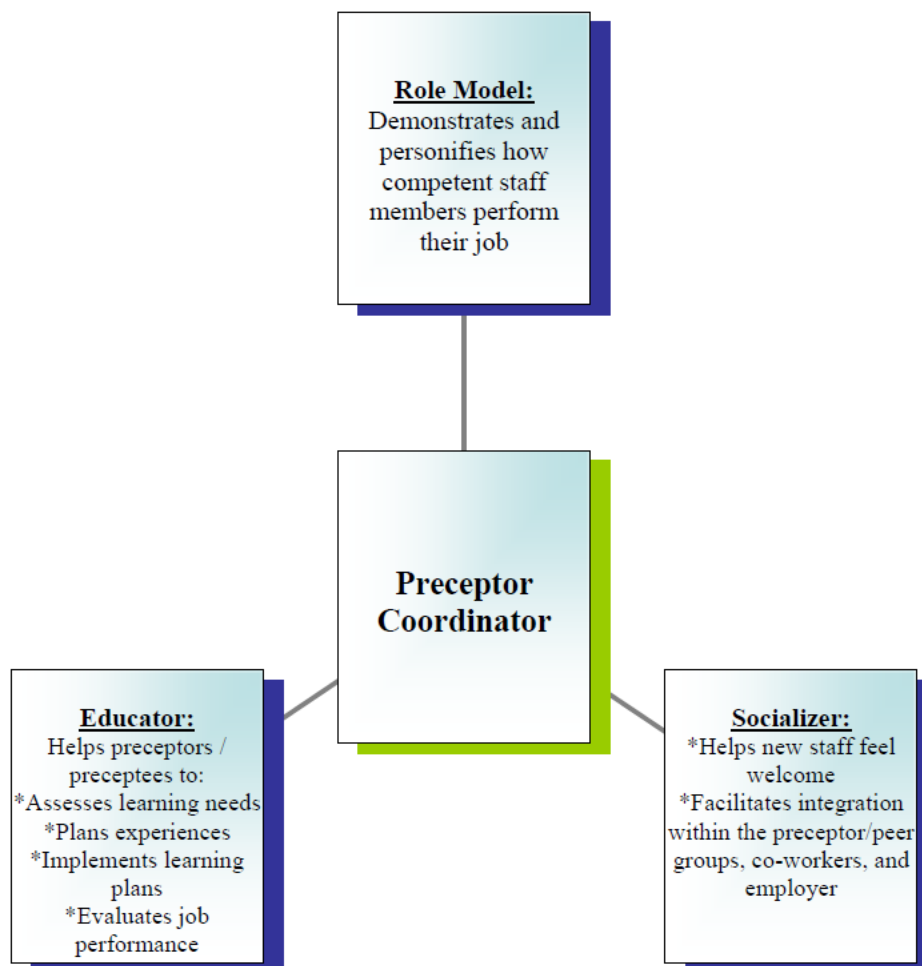
- a. Role Model of professional behavior
 - i. Performance evaluation that exceeds the minimum requirements, including attendance and customer service
 - ii. Current proficiency in all hospital-wide and unit-based competencies
 - iii. Current fulfillment of mandatory educational requirements
 - iv. Knowledgeable in hospital and unit policies and procedures
 - v. Upholds the ethical standards of the nursing profession
- b. Demonstrates support of the philosophy of the nursing department
 - i. Participates in at least one committee or project that is nursing, hospital, or unit-based
 - ii. Willing to assume additional responsibilities as necessary
- c. Communicates effectively (verbal and written)
 - i. Gives accurate, efficient, and effective shift reports
 - ii. Delivers clear, appropriate, and accurate patient education
 - iii. Communicates well with all members of the interdisciplinary team
- d. Desires to precept new staff members
 - i. Successful completion of at least basic preceptor training education
 - ii. Preceptor experience, preferable within the past 5 years
 - iii. Enjoys teaching

B. Roles

- a. Primary Roles
 - i. Role Model
 - ii. Socializer
 - iii. Educator
- b. Secondary Roles
 - i. Coach
 - ii. Teacher
 - iii. Facilitator
 - iv. Resource Person
 - v. Evaluator

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Primary Roles of the Preceptor Coordinator



Adapted from: Alspach, J. G. (2000). *A preceptor training program for professional healthcare staff instructor's manual*. Aliso Viejo, CA: American Association of Critical-Care Nurses.

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Handbook for Preceptor Coordinators

**Preceptor Coordinator
Secondary Roles**

Coach

- *Directs and guides the preceptor / preceptee's learning experiences
- *Encourages self-direction

Teacher

- *Manages the learning possibilities and opportunities provided by a variety of learning experiences
- *Seeks experiences to enhance learning

Facilitator

- *Assists in bringing about an optimal learning experience for both the preceptor and preceptee

Resource Person

- *Helps the preceptor / preceptee discover the people, equipment, and/or material used to perform a task

Evaluator

- *Assesses the preceptor / preceptee's level of progress in achieving the objectives set forth in the job descriptions

Adapted from: Ullrich, S. & Haffer, A. (2009). *Precepting in nursing: Developing an effective workforce*. Sudbury, MA: Jones and Bartlett

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Handbook for Preceptor Coordinators

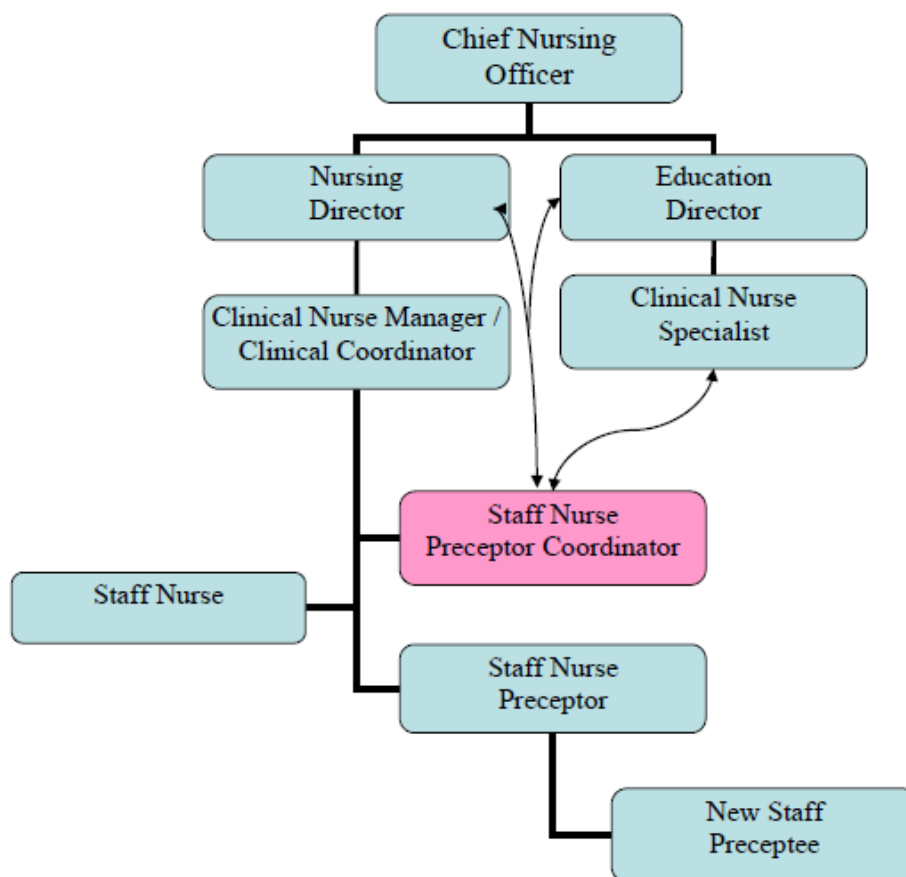
Part II:

The Lake Norman

Orientation Team

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Handbook for Preceptor Coordinators

**Lake Norman Orientation Team
Organizational Structure**



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Handbook for Preceptor Coordinators

Responsibilities of the Preceptor Coordinator

- ❖ Maintains the role as an exceptional staff nurse by continuing to exceed all minimum requirements of the annual performance evaluation, including the pursuit of self-directed professional growth
- ❖ Establishes and maintains direct communication with the nurse director, education director, clinical nurse specialist, unit preceptors, co-workers, and new staff members
- ❖ Attends and participates in the scheduled meetings for preceptor coordinators
- ❖ Maintains knowledge of current hospital-wide and unit-specific orientation requirements including competencies
- ❖ Maintains a current list of unit-specific preceptors
- ❖ Develops / updates an organized unit orientation
- ❖ Develops / updates unit competency orientation checklists for new RN and CNA staff
- ❖ Conducts initial contact with the new staff member via phone or email
- ❖ Assists with scheduling the new staff member with an appropriate unit preceptor
- ❖ Conducts the initial unit-specific orientation prior to the orientee beginning on the unit
- ❖ Ensures all required documentation is completed and submitted to the appropriate departments in a timely manner
- ❖ Provides mentorship and support for unit-based preceptors hospital-wide

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Handbook for Preceptor Coordinators

Responsibilities of the Supporting Orientation Team

- I. Chief Nursing Officer**
 - Responsible for the entire nursing department within the hospital
- II. Nursing Director**
 - Responsible for the operations of their specific department
 - Selects qualified preceptors and a preceptor coordinator for their department
 - Initiates the hiring process of individuals seeking employment within their department
 - Supports the preceptor coordinator role by allowing the selected individual:
 - To oversee the entire orientation process for newly hired staff members
 - To have scheduled time out-of-staffing (not participating in patient care) to:
 - Attend preceptor coordinator meetings
 - Develop / update an organized unit-specific orientation and checklists
 - Prepare for new incoming staff
 - Conduct a unit-specific orientation prior to the orientee starting on the unit
 - Follow-up and submit all required documentation throughout the orientation period
 - To participate in the scheduling process to ensure the appropriate preceptor is selected for the orientee
 - Evaluates the orientee, preceptor coordinator, preceptor, and the orientation process
 - Maintains open communication with all staff members within the department
- III. Director of Education**
 - Coordinates all hospital / staff education
 - Resource individual for nursing / hospital staff
- IV. Clinical Nurse Specialist**
 - Responsible for coordinating the hospital-wide nursing orientation
 - Clinical resource for nursing staff
- V. Preceptor**
 - Provides a one-to-one professional relationship with an assigned orientee for a specific amount of time
 - Plans, implements, and seeks out learning opportunities for the orientee
 - Validates and documents the orientee's competencies
 - Communicates the progress of the orientee to the preceptor coordinator and / or the nursing director
 - Seeks assistance from the preceptor coordinator as needed
- VI. Preceptee/Orientees**
 - Responsible for learning all aspects associated with the role for which they were hired
 - Evaluates the preceptor and orientation program

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Handbook for Preceptor Coordinators

Part III:
Preceptor Coordinator
Task Guidelines

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Handbook for Preceptor Coordinators

**Overall Orientation Timeline
(Per Associate Relations)**

- ☐ **Initial Hire:**
 - Proof of Licensure
 - Proof of Certifications
 - Highest level of education
 - Vehicle license tag number
 - ID documents (Social Security Card, Birth Certificate, or Passport and Driver's license or State ID)

- ☐ **Within the first 14-days of employment:**
 - Signed Acknowledgement of Employee Handbook reviewed on HealthNet

- ☐ **Within the first 30-days of employment:**
 - Attend Hospital-wide Orientation
 - HIPPA, Corporate Compliance, Safety Training
 - Information Systems-password security training
 - Fit Testing
 - AR policy training
 - Provide direct deposit information/form for payroll processing

- ☐ **At the end of the first 90-days of employment:**
 - Successful completion of all hospital-wide and unit competencies
or
 - Probationary Period extended with action plan
 - Management completes the 90-day evaluation with successful outcomes documented or submits an probationary period extended with an action plan

- *A copy of the **NEW EMPLOYEE CHECKLIST** that is completed by Associate Relations is located on the next page.*

- *The majority of the items on this form are completed prior to the employee's start date.*

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Handbook for Preceptor Coordinators

Associate Relation's New Employee Checklist

Name _____ Department _____

New Employee Check List

Signed Exception Request	
Completed Personnel Action Form	
Application and Two Reference Checks	
Verification of Licensure or Certification or Education	
____ BCLS, ____ ACLS, ____ PALS, ____ OTHER	
Criminal record Investigation Results (Date _____)	
Drug Test Completed (Date _____)	
Physical Exam Completed (Date _____)	
Start Date _____ Orientation Date _____	
Social Security Card / Birth Certificate / Passport	
Driver's License	
I-9	
OIG and EPLS Verifications	
Entered into HealthNet and Number Assigned	
Entered into North Carolina New Hire	
Thomas and Thorngren	
Signed Job Description	
Signed Handbook Acknowledgement	
Corporate Compliance	
HIPPA	

Director of Human Resources

Date

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Handbook for Preceptor Coordinators

**The Role of the Preceptor Coordinator during the
Standard Orientation Pathway**

- ❖ New staff member is hired by the Director
- ❖ Director notifies Preceptor Coordinator providing contact information for new hire, start date, shift arrangements
- ❖ Preceptor Coordinator makes initial contact with the new staff member either via phone or email—general introduction / welcome; verifies start date; discusses any potential scheduling conflicts during orientation; collects general information regarding experience
- ❖ Preceptor Coordinator selects an appropriate unit preceptor for the new staff member and the orientee follows their selected preceptors schedule for the allotted timeframe
- ❖ Preceptor Coordinator follows up with the new staff member regarding schedule for hospital orientation, general nursing orientation, unit orientation, and unit orientation with schedule. Review where to park, what time to arrive, where to go, what to wear
- ❖ New staff member attends scheduled hospital orientation and general nursing orientation --- occurs first week of hire
- ❖ Before the staff member begins working on the unit with his or her assigned preceptor, the Preceptor Coordinator conducts a unit orientation ---- see Unit Orientation Section
- ❖ The orientee is introduced to his or her assigned preceptor and the orientation continues for the designated timeframe
- ❖ During the orientation, the Preceptor Coordinator maintains contact with the orientee and preceptor to address issues as they arise and provide support
- ❖ Orientation ends, the Preceptor Coordinator:
 - Verifies that all orientation checklists are completed
 - Submits all checklists and required documentation to the appropriate departments in a timely manner
 - Collects evaluations and addresses issues
- ❖ Maintain a supportive relationship with the new team member as he or she transitions from orientee to staff member

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Handbook for Preceptor Coordinators

Completing the Unit Orientation

✦ *The unit orientation is completed by the Preceptor Coordinator prior to the orientee starting on the unit with the assigned preceptor; this ensures that all expectations are clearly established in the beginning of the orientation*

- Ensure the hospital-wide and nursing orientation has been completed or is scheduled to be completed
- Locate a quiet area to complete this part of the orientation
- Explain the contents of the notebook / orientation packet --- page by page; Individualize the contents to the unit; Suggested outline of contents:
 - Welcome Letter
 - Job Description
 - Unit Orientation
 - Unit Orientation Checklist*
 - PULSE / AS400 Computer Access Request*
 - AcuDose Access Request*
 - Pager Request*
 - HealthNet Request*
 - Safe Scan Access*
 - Hugs Security System Access*
 - Payroll Adjustment Sheet
 - Vacation Request Sheet
 - Dress Code Policy
 - Scheduling Guidelines / Holiday Guidelines
 - Unit Competency Requirement List
 - Unit Committees
 - Contact Information / Rolodex cards
 - Acquire copies of certifications
 - Unit Orientation Competency Checklists
 - Include checklists for all areas within your unit
 - Equipment Competency Checklist
 - Tour of the Unit-----explain and show all aspects of unit operations
 - Verify Schedule
 - Introduce to staff

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Handbook for Preceptor Coordinators

Inclusive List of Orientation Documents

- ✦ The Preceptor Coordinator ensures and/or validates the timely submission of all required documents to the appropriate departments.
 - Some of the documents listed below are completed during hospital / nursing orientation (*see the checklist above for the AR required documents*).
 - Required documentation depends on area of employment and position; not all documents are applicable to all areas (*Unit specific checklists should include all unit- required items in addition to the hospital-wide required items*).

- ✦ Signed Job Description
- ✦ Pulse / AS400 Computer Access Request
- ✦ HealthNet Access Request
- ✦ Acudose Access Request
- ✦ SafeScan / Intellidot Access
- ✦ Pager Access Request
- ✦ Glucometer Access
- ✦ Hugs Security System Access
- ✦ Color Blind Interpretation
- ✦ Validation of Certifications
 - BLS / ACLS / PALS / NRP / STABLE / EFM
 - National Certifications
 - Notary of Public
 - Other licenses / certifications
- ✦ All hospital-wide and nursing orientation competency checklists
- ✦ All hospital-wide and nursing orientation HealthNet tests
- ✦ All unit-specific orientation competency checklists

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

An Orientation Alternative

At Lake Norman, the hospital orientation and general nursing orientation occurs during the second week of each month. However, there are times when new employees need to begin the orientation process prior to attending one of the regularly, scheduled orientation weeks, such as the need to fill a position immediately. When this is the case, the following alternative plan guides the preceptor coordinator in completing the orientation process. Being flexible with ongoing follow-up is the key to ensuring all components of the process are completed on time.

- The director hires the new staff member and notifies the Preceptor Coordinator of the start date, which will occur between scheduled orientation weeks, and contact information.
- The Preceptor Coordinator contacts the new hire to discuss the orientation plan. Review the dress code, where to park, and meet for the unit orientation. Discuss and plan an orientation schedule
- When the new hire's first day occurs out of sequence with the scheduled general orientation dates, the Unit Orientation occurs first, and must be adapted to reflect the immediate needs of the new hire.
- Unit Orientation:
 - Must occur with the Preceptor Coordinator;
 - Will take more time than the typical unit orientation because all unit orientation processes must be discussed as well as all hospital-wide requirements;
 - This orientation must be adapted to address immediate orientee needs:
 - Acquiring all access codes: AS-400/PULSE computer system; Acudose; HealthNet; Intellidot; door codes, etc.
 - Take required tests to gain access codes: Medication tests; glucometer tests, safety tests; color blind test, etc.
 - Location of policies and procedures
 - Discuss documentation processes
 - Provide orientation to equipment
 - Conduct hospital / unit tour
 - Contact AR and Education Department to ensure the orientee has all required orientation information
- Introduce orientee to preceptor and begin orientation with preceptor
- Schedule orientee to attend next scheduled hospital / nursing orientation, followed by the completion of the unit orientation with the preceptor
- Follow-up with preceptor and orientee as planned and adjust orientation as needed to accommodate and ensure all orientation requirements are met

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Lake Norman Regional Medical Center
Department of Nursing Evaluation of Orientation

Name _____ Department/Unit _____
 Dates of Orientation _____ FT _____ PT _____ PRN _____
 Preceptor: _____ (Use one form for each preceptor)
 Please answer the below questions using the following scale:
 1 – Poor, 2 – Fair, 3 – Good, 4 – Very Good, 5 – Excellent

QUESTION	RATING	COMMENTS
I. Knowledge Level		
1. How well did your preceptor acknowledge your existing nursing knowledge?		
2. How well did your preceptor teach new concepts at a level you could understand?		
3. How well did your preceptor make the patient assignments to meet your learning needs?		
4. How knowledgeable was your preceptor regarding: Hospital Policy & Procedure Disease process Medications Skills		
II. Communication		
1. How well did your preceptor provide you with constructive criticism?		
2. How well did your preceptor commend you on a job well done?		
3. How well did your preceptor give you the opportunity to express your feelings & frustration during the orientation?		
4. How well did your preceptor support you during this time of transition?		

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Handbook for Preceptor Coordinators

**Lake Norman Regional Medical Center
Department of Nursing Evaluation of Orientation (Cont.)**

III. Interpersonal Interaction		
1. How well did your preceptor trust your nursing ability?		
2. How well did your preceptor observe you?		
3. How approachable was your preceptor?		
4. How well did your preceptor make you feel like a part of the team/unit?		

Answer YES or NO to the following questions

1. Did you receive a tour of your unit prior to orientation?
2. Were you introduced to the other members of the health care team?
3. Did you work with more than 1 preceptor and how many?

What was most positive about orientation?

What suggestions would you make to improve the nursing orientation at LNRMC?

Did your scheduling constraints impact your orientation and how?

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Part IV:

Hospital Resources

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Preceptor Coordinator List—2010

Katherine Brown, RN
Medical / Surgical 2nd floor
Email: NYJets707@msn.com
Phone: 704-660-4200 – W

Sara Butler, RN
Surgical Services
Email: sara.butler@hma.com
Phone: 704-660-4400 – W

Dana Cominsky, RN
Endoscopy
Email: dgcominsky@gmail.com
Phone: 704-660-4446 – W

Deborah Dickens, RN, BSN
Imaging
Email: Deborah.dickens@hma.com
Phone: 704-660-4683-W

Laurie Furr, RN
3rd floor Medical/Surgical/Oncology/Peds
Email: laurie.furr@hma.com
Phone: 704-660-4300-W

Andrea Houston, RN
Emergency Department
Email: mikehouston6@bellsouth.net
Phone: 704-660-4135-W

Tina Hunter, BSN, RN
Women's Services
Email: tina.hunter@hma.com
Phone: 704-660-4391-W

Della Overcash, RN
Critical Care Services
Email: della.overcash@hma.com
Phone: 704-660-4560-W

Theresa Peterson, RN
Ambulatory Surgery Center
Email: tpeter1tpeter1@yahoo.com
Phone: 704-660-4575-W

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Supporting Staff Contact Information

Rebecca Dunlap, RN, MHA NEA-BC
Chief Nursing Officer
Lake Norman Regional Medical Center
Office: 704-660-4829
Rebecca.dunlap@hma.com

Maureen Driscoll, RN, BSN
Director of Education
Lake Norman Regional Medical Center
Office: 704-660-4712
Maureen.driscoll@hma.com

Tina Hunter, BSN, RN
Gardner-Webb University MSN Student
Women's Services Education Coordinator
Lake Norman Regional Medical Center
Office: 704-660-4391
Tina.hunter@hma.com

Denise Rivera, MSN, RN-BC
Clinical Nurse Specialist
Lake Norman Regional Medical Center
Office: 704-660-4114
Denise.rivera@hma.com

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Policy Review

The following policies are located on the Lake Norman InfoSite / Intranet under **Policies and Procedures**. Please make yourself familiar with the hiring and orientation processes by reviewing the following policies.

Policy Name	Policy Number	Location
Hiring Procedures for New Employees	HR 916.36	Human Resources
Hospital Orientation	HR 916.38	Human Resources
Orientation of New Nursing (RN) and New Nursing Assistant Employees	NS-AP 600.007	Nursing Administration
Introductory Period	HR 916.45	Human Resources
Competence Assessment	HR 916.09	Human Resources
Nursing Competencies	NS-AP 600.001	Nursing Administration
Certified Nursing Assistants	NS-AP 500.006	Nursing Administration
Nursing Unit Preceptors	NS-AP 600.000	Nursing Administration

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Part V:

Preceptor Resources

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

The Preceptor's Bill of Rights

Preceptors have a right to the following:

1. A clear definition of their job
2. A clearly stated set of expectations for the performance
3. A clear delineation of their responsibilities to the preceptee
4. A clear distinction of their responsibilities from those of other staff who are involved in the orientation program
5. A clear enumeration of all expected outcomes for the orientation program
6. Valid and reliable evaluation tools to appraise preceptee performance
7. The resources necessary to fulfill their role responsibilities
8. Continuing and responsive support systems for fulfillment of their role responsibilities
9. Adequate preparation for integration of the preceptor role
10. Adequate training in the knowledge, skills, and attitudes necessary to fulfill their role responsibilities



The Preceptee's Bill of Rights

Preceptees have a right to the following:

1. A clear definition of their job
2. A clearly stated set of expectations for the performance
3. A clear delineation of their responsibilities to the preceptor
4. A clear description of their responsibilities to staff who are involved in the orientation program
5. A clear enumeration of all expected outcomes for the orientation program
6. The use of valid and reliable evaluation tools to appraise their performance
7. The resources necessary to meet the expected outcomes of the preceptorship program
8. Continuing and responsive support systems for fulfillment of their position responsibilities
9. Adequate preparation for integration of their new role
10. Adequate training in the knowledge, skills, and attitudes necessary to fulfill their job responsibilities

Alspach, J. G. (2000). *A preceptor training program for professional healthcare staff instructor's manual*. Aliso Viejo, CA: American Association of Critical-Care Nurses.

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Value Systems: The Differences between Preceptor and Staff Roles

Feature	Staff Role Values	Preceptor Values
Primary Role	Service provider	Teacher of service Teacher of service provider
Recipient of service	Patient and family; assigned unit or department	New staff member (preceptee)
Type of Service provided	Direct, continual	Indirect, intermediate
Responsible for	Services provided to patient and family or assigned unit	Services provided by preceptee to patient and family or assigned unit
Workload Contribution	Full	Partial (at least)
Work Priorities	Safe, efficient, and effective provision of services	Preceptee's learning, competency, and orientation

Alspach, J. G. (2000). *A preceptor training program for professional healthcare staff instructor's manual*. Aliso Viejo, CA: American Association of Critical-Care Nurses.

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Handbook for Preceptor Coordinators

Adult Learners

Types of Learners

Visual Learners: Must see to believe

- Need to see it to know it
- Strong sense of color
- May have artistic ability
- Difficulty with spoken directions
- Over-reaction to sounds
- Trouble following lectures
- Misinterpretation of words

Auditory Learners: Remember what is heard

- Prefers information by listening
- Difficulty following written directions
- Have difficulty with reading and writing

Tactual Learners: Learn by doing

- Prefers hands – on learning
- Can assemble parts without reading directions
- Difficulty sitting still
- Learns better, when physical activity is involved
- May be very well coordinated and have physical ability

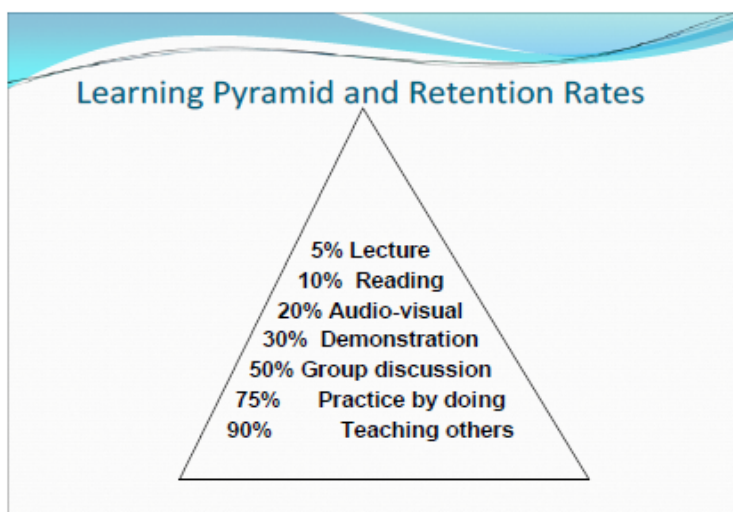


Effective Adult Training Methods

- Case Study
- Demonstration / return demonstration
- Facilitated Group Discussion
- Individual Reading Assignments / Exercises
- Structured Exercise / Role Play
- Trainer Presentation / Lecture

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Learning / Retention Rates



LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Part VI:

Examples of

Unit Orientation Tools

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators



Women's Services

Welcome to Lake Norman!! We are pleased that you have chosen to be a part of our team. We hope this orientation manual will help make the transition into your new position a smooth one.

During your orientation, you will be rotating and orienting in multiple specialty areas on our unit. You may be assigned to a different preceptor in each specialty area. Each preceptor will be working directly with you and will be available to help you with all aspects of your orientation, including the completion of this manual. You will be working each preceptor's schedule for a period of 4-8 weeks, based upon your educational and clinical needs.

All of the material in this manual is critical for a successful orientation process. The information and the competency checklists are mandatory for your employment, so please make sure that you have the enclosed information completed before the completion of your orientation period. A copy of your licensure and any pertinent certifications should be provided on the first day of your orientation.

Please feel free to ask any of your preceptor(s) or myself any questions that you have at any time during your orientation. Again, welcome to our team and we look forward to your continued professional growth on our unit!

Tina Hunter, BSN, RN
Women's Services Education Coordinator

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

**Lake Norman Regional Medical Center
Women's Services New Employee Checklist--RN**

New Employee Name: _____

Hire Date: _____ Position: _____

Unit Information	Date Completed	Date Filed in HR/OB	Comments
Job Description			
Unit Orientation Checklist			
Beeper (sent to Plant Ops)			
Rolodex Cards			
Copy of CPR / NRP / FM cards/certifs.			
Computer Access Codes			
AcuDose			
AS-400			
CPN System			
Glucometer / Accucheck			
HealthNet			
Hugs System			
Intellidot / Caret			
Orientation Checklists			
30-day Checklist			
Equipment Checklist			
L&D/ Antepartum Checklist			
PP, GYN/Med-Surg Checklist			
NBN Checklist			
SCN Checklist			
Labor Support Checklist			
WS Requirements			
WS Medication Test			
Purple Crying			
HW Requirements			
Hospital Orientation			
RN Orientation			
Color Blind testing			
Fit Testing			
Completed Orientation Folder			

Validated by: _____ Date: _____

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Lake Norman Regional Medical Center
Women's Services Postpartum, GYN/ Med-Surg Orientation Competency Checklist

Orientee: _____ **Hire Date:** _____

Content	Date Discussed	Preceptor's Initials	Date Demonstrated	Preceptor's Initials
Knowledge of Policies/Procedures (LN Infosite)				
Visitation Policy				
Pre Op Patient Care (C/S & Surgical)				
Hand-off Communication forms (IPTB/ SBAR)				
Hospital Admission Paperwork (for Surgical)				
Admission Assessment / Admission Record (c/s)				
Consent for surgery / procedure / C/S				
Sterilization Consent				
Consent to Treat / Advanced directives				
HIPPA				
Infant Safety				
Hepatitis B Vaccine				
Plan of Care / Problem List				
Teaching Record				
Pre Op Checklist				
Prenatal Records (C/S)				
Dictated H&P				
Labs as needed				
FC Placement				
Pre-OP medications				
Abdominal Shave Prep				
NST for C/S (if applicable)				
Patient / Family Teaching				
Completed Chart / Orders for Surgery				
Clothes for support person (c/s)				
Post Op Patient Care (C/S & Surgical)				
Received pt from PACU				
Post Op Assessment / Ongoing assessment				
Vital Signs				
Fundal Checks / Lochia (c/s)				
Incision / Dressing Care				
Activity				
Diet				
Pain Management				
IV Site Care				
I & O				
Pericare / Foley Care				

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Content	Date Discussed	Preceptor's Initials	Date Demonstrated	Preceptor's Initials
Post Op Patient Care (cont.)				
Bonding with infant (c/s)				
JP Drain care				
FC Removal				
Voiding				
Post Op Orders				
Plan of Care/ Problem list				
Staple Removal / Steri-strip application				
Incentive Spirometer				
Consultations				
Discharge teaching				
Vaginal Delivery Postpartum Patient Care				
PP Admission / Ongoing Assessment				
Vital Signs				
Fundal checks / Lochia				
Perineum / Pericare				
Activity				
Diet				
Pain Management				
I & O				
Voiding				
Bonding				
Patient / Family Teaching				
Plan of Care				
PP Dr. orders				
Discharge Teaching				
Medication Administration and Maintenance				
IVF maintenance				
IV medications				
PRNA maintenance				
Insulin administration / Diabetic flow record				
Rubella Vaccine				
Rhogam				
PO Medications				
IM Medications				
SQ Medications				
MARS				
Bedside Reporting				
Hourly Rounding				

Preceptor's Signature/Initials:

1. _____ 2. _____

Page 2 of 2

LAKE NORMAN REGIONAL MEDICAL CENTER
Handbook for Preceptor Coordinators

Part VII:

Miscellaneous Information

Appendix D: Initial Preceptor Coordinator Meeting Packet

Women's Services

Memo

To: Theresa Peterson—ASC; Della Overcash --- CCU; Andrea Houston--ED; Sally Rakes---Endo; Gill Overcash—ONS; Sara Butler---Surgical Services; Katherine Brown---2nd Floor; Laurie Furr---3rd Floor; Deborah Dickens---Imaging

From: Tina Hunter, RN, BSN

CC: Maureen Driscoll; Denise Rivera; Becky Dunlap

Date: February 9, 2010

Re: Preceptor Coordinator Meeting----Feb. 15th

The first meeting of the Unit Preceptor Coordinators will be held on **Monday, February 15th at 9:30am in the Education Center, Suite 301/302 MOB.** This will be an important introductory meeting that will last no longer than an hour, so please make arrangements to attend. Agenda items include:

- Brief overview of your role/expectations/future plans
- Complete contact information sheet
- Discuss and Schedule:
 - Working meetings (will last 4-8 hours)
 - Follow-up meetings (will last 1 hour)
 - **PLEASE BRING YOUR CALENDARS/SCHEDULES WITH YOU!!**
- Other housekeeping issues
- Questions and answers

If you are unable to attend this meeting or if you have any questions, please let me know by emailing me at tina.hunter@hma.com or calling me at Ext. 4391. I look forward to working with each of you----See you all on Monday!

Preceptor Coordinator Meeting Agenda
Monday, February 15, 2010 at 9:30am

- Welcome / Thanks
- Introductions
- Brief overview of role / responsibilities
 - Oversee entire unit orientation process
 - Ensure all required forms / checklists are completed
 - Develop / update all unit orientation checklists
 - Mediator between orientee, unit preceptors, managers, and Education Dept.
 - Attend scheduled meetings
- Complete / return contact information sheet
- Discuss and Schedule meetings
 - Working meetings
 - Follow-up meetings
- Homework
 - Checklist
- Next meeting----tentative agenda
 - Discuss “homework” checklist
 - Notebook
- Questions and answers

PRECEPTOR COORDINATOR INFORMATION SHEET

CONTACT INFORMATION (please print)

Name: _____

Address: _____

Phone Number: Home: _____ Cell: _____ Work: _____

Email: _____

How do you prefer to be contacted? Mail / Home phone # / Work phone # / Email

PROFESSIONAL INFORMATION

Department: _____ Shift: _____

Nurse / Department Director: _____

Director's Phone Number: _____ Department Phone Number: _____

Number of years: In Nursing: _____ At LNRMC: _____ In current Dept.: _____

Prior Preceptor: Yes: _____ (number of years: _____) No: _____

When and where did you last attend a Preceptor Class/Course?

Part I: _____

Advanced/Part II: _____

I have never attended a Preceptor Class/Course: _____

Lake Norman Regional Medical Center
Preceptor Coordinator “To Do” Checklist

- ☐ Hospital Computer Access----all orientation checklists / competencies need to be in electronic format so that changes can be made easily; must have access to a printer - you will make yourself a folder with all of the orientation information in it
- ☐ Hospital Email Access---facilitate effective / consistent hospital-wide communications
- ☐ Collect a list of your unit preceptors (those who have been to a class)
- ☐ Schedule a meeting with your director --- possible items to discuss
 - ☐ Scheduling----meetings, unit orientations, “out of staffing” time (preparation for new staff, review paperwork to send to AR, update checklists as needed)
 - ☐ Orientation Packet--- are you going to use folder, notebook, nothing
 - ☐ New hire notification ---- how will the manager communicate to you that a new staff member is joining your unit; when will they start; when do you contact the new hire—how?
 - ☐ New hire scheduling ---- how are you going to be involved in the scheduling of a new hire with an appropriate preceptor
 - ☐ Evaluation meetings--- Are you going to have formal meetings with the orientee, manager, and preceptor, or are you going to meet as needed?
 - ☐ Staff meetings--- communicate role / responsibilities to staff; ask for suggests
- ☐ Collect unit information to bring to working meeting
 - ☐ List of preceptors----part 1 attendees / part 2 attendees
 - ☐ Welcome letter
 - ☐ Any unit orientation checklists that you are currently using---paper copies (and electronic versions, if possible---put it in your folder that you have created for yourself)
- ☐ Questions



Norman Regional Medical Center Meeting Minutes

Preceptor Coordinator Meeting

Date: 2-15-10

Presiding: Tina Hunter, RN, BSN

Time: 09:30 Education Center

Recording: Tina Hunter, RN, BSN

Attendees: Dana Cominsky; Katherine Brown; Della Overcash; Andrea Houston; Deborah Dickens; Maureen Driscoll; Theresa Peterson; Sara Butler; Tina Hunter

Issue	Discussion	Actions	Time-frame Responsible person
Welcome / Thanks	Tina Hunter: <ul style="list-style-type: none"> welcomed everyone for coming thanked them for accepting this new role purpose of meeting: this was an introductory meeting for the implementation of the preceptor coordinator program /role on the nursing units with an overall goal of improving the orientation process for new hires 	None	N/A
Introductions	Everyone was asked to introduce themselves	Completed	N/A
Brief overview of role / responsibilities	Tina presented a brief overview of the roles and responsibilities of the preceptor coordinator role, which includes: <ul style="list-style-type: none"> overseeing the entire unit orientation process ensuing that all required forms and checklists are completed developing and updating all unit orientation checklists serving as the mediator between the orientee, unit preceptor, manager, and Education Department attending all scheduled meetings Maureen Driscoll reinforced the discussion of topics and the importance of the role to the orientation process	Answered questions as asked	N/A
Contact Information sheet	Tina asked all attendees to complete the contact information sheet	Completed and returned	N/A

Future Meetings	<p>*Discussion about future meetings---Tina informed the group that the first several meetings would be all day / working meetings that would meeting monthly and as needed then the meetings would go to monthly meeting lasting 1-hour and we would reassess as needed.</p> <p>*Maureen reinforced the discussion regarding attendance at the meetings---stated that from experience, it was easier to schedule working meetings than to try to get time out of staffing to complete your work on the unit</p> <p>*Group discussed days and times</p>	<p>Group agreed to meet the first Thursday of the month from 8:30am-3pm in the Education Center / Computer lab</p> <p>*Tina to contact Brian Bissonnette regarding reserving 2nd floor computer lab in MOB</p> <p>*Maureen to reserve Education Center</p>	<p>All—Thursday, March 4th</p> <p>Tina—ASAP</p> <p>Maureen---ASAP</p>
Homework / Checklist	<p>*Tina presented a Preceptor Coordinator “To Do” Checklist to the group</p> <p>*Components discussed / questions answered</p>	<p>Components to be completed by next meeting:</p> <ul style="list-style-type: none"> • Computer / Email access • Meet with manager to discuss scheduling / plans • Collect current unit orientation tools • Begin unit preceptor list 	All---by March meeting
Next Meeting	<p>Tentative agenda:</p> <ol style="list-style-type: none"> 1. Discuss “homework” checklist 2. Distribute / discuss notebook 	<p>As assigned above</p> <p><u>Next meeting:</u></p> <p>Thursday, March 4, 2010</p> <p>8:30a-3p Education Center</p>	All

**LAKE NORMAN REGIONAL MEDICAL CENTER
INSERVICE ATTENDANCE ROSTER**

Program Title: Preceptor Coordinator Meeting
 Dates and Times: Monday, Feb 15 e 0930
 Format: discussion / residents
 Instructors: Lisa Hunter, RN, BSN
 Objective: Present an introduction to the Preceptor Coordinator Role

Participant	Dept	MD	Nurse	Nursing Assistant	Other
Dana Cominsky	Endo		✓		
Katherine Brown	Med/Surg		✓		
Kella Overcash	CCU		✓		
Andrea Houston	ED		✓		
Deborah C. Dickerson	Imaging		✓		
Theresa (Damon)	ED		✓		
Theresa Peterson	SC		✓		
Sara Butler	OR		✓		
Lisa Hunter RN, BSN	WS		✓		
TSH 2-15-10					

Revised 8/02

Appendix E: Nursing Orientation Questionnaire—Orientee

Lake Norman Regional Medical Center Nursing Orientation Questionnaire—Orientee

Please answer Yes or No to the following questions and provide comments for your selected response. Please return the completed questionnaire to Tina Hunter, BSN, RN, Women's Services Education Coordinator within 1 week of receipt. Thank you for your participation.

Department _____ Orientation Length _____ Today's Date _____

Question	Yes	No	Comments
1. Did your preceptor coordinator contact you prior to your start date?			
2. Did you have a schedule prior to your start date?			
3. Did you attend hospital and general nursing orientation prior to starting on the unit? If no, please comment.			
4. Did you receive a unit orientation with your preceptor coordinator prior to starting unit orientation with your preceptor?			
5. Prior to working with your preceptor, were you made aware of your job requirements and expectations during your orientation?			
6. Did you have more than one preceptor during your orientation?			
7. Did you and your preceptor have allotted time to complete the required orientation paperwork?			
8. Was the unit orientation documentation up to date with present policies / procedures in use?			
9. Did you return all completed orientation documentation to your preceptor coordinator?			
10. Did your preceptor and / or preceptor coordinator assist you in completing all of your hospital-wide orientation competencies and /or documentation?			
11. Did your preceptor coordinator maintain ongoing communication with you throughout your orientation?			
12. Did you feel comfortable communicating orientation / preceptor issues (positive and negative) with your preceptor coordinator and /or director?			

What were the strengths of your unit orientation?

What suggestions do you have for improving the unit orientation process?

Additional comments:

Appendix F: Nursing Orientation Questionnaire—Unit Preceptor

Lake Norman Regional Medical Center Nursing Orientation Questionnaire—Unit Preceptor

Please answer Yes or No to the following questions and provide comments for your selected response. Please return the completed questionnaire to Tina Hunter, BSN, RN, Women's Services Education Coordinator within 1 week of receipt. Thank you for your participation.

Department _____ Date questionnaire completed _____

Question	Yes	No	Comments
1. Did your orientee attend hospital orientation prior to starting on the unit with you?			
2. Did your orientee attend general nursing orientation prior to starting on the unit with you?			
3. Did your orientee receive a unit orientation with your department preceptor coordinator prior to starting on the unit with you?			
4. Did you and your orientee have allotted time to complete the required orientation paperwork?			
5. Were you aware that you would be orienting a new staff member prior to his or her start date? If yes, who notified you?			<input type="checkbox"/> Director <input type="checkbox"/> Preceptor Coordinator <input type="checkbox"/> Other
6. Did the orientee follow your assigned schedule during the orientation?			
7. Was the unit orientation documentation up to date with present policies / procedures in use?			
8. Did you communicate orientation / orientee issues (positive and negative) with your preceptor coordinator or director? If yes, please indicate whom you communicated.			<input type="checkbox"/> Director <input type="checkbox"/> Preceptor Coordinator

Additional comments:

Appendix G: Nursing Orientation Questionnaire—Education Department

Lake Norman Regional Medical Center Nursing Orientation Questionnaire—Education Department

Please answer Yes or No to the following questions and provide comments for your selected response. Please return the completed questionnaire to Tina Hunter, BSN, RN, Women's Services Education Coordinator within 1 week of receipt. Thank you for your participation.

Please consider only the nurses who participated in the general nursing orientation during the month of _____

Date questionnaire completed: _____

Question	Yes	No	Comments
1. Did any of the nurses begin working prior to attending the general nursing orientation? If yes, please comment.			
2. Did all nurses within this group have initial contact with their preceptor coordinator prior to their initial start date? If no, please comment.			
3. Did each nurse have a unit orientation scheduled with his or her preceptor coordinator? If no, please comment.			
4. Did each nurse have an orientation schedule for the following week? If no, please comment.			
5. Did you have to contact a preceptor coordinator any time during the orientation period? If yes, go to question #6, if no, proceed to the end of the questionnaire.			
6. Did you know the name of the individual that you needed to contact from question #5?			

Additional comments:

Appendix H: Nursing Orientation Questionnaire—Associate Relations

Lake Norman Regional Medical Center Nursing Orientation Questionnaire—Associate Relations

Please answer Yes or No to the following questions and provide comments for your selected response. Please return the completed questionnaire to Tina Hunter, BSN, RN, Women's Services Education Coordinator within 1 week of receipt. Thank you for your participation.

Please consider only the nurses who participated in the general nursing orientation during the month of _____

Date questionnaire completed: _____

Question	Yes	No	Comments
1. Did any of the nurses begin working prior to attending the general hospital / nursing orientation? If yes, please comment.			
2. Was all required documentation completed and returned to you in accordance to the timelines assigned? If no, proceed to question #3; if yes, proceed to the end of the questionnaire.			
3. Did you know the name of the individual responsible for collecting the missing documents? If yes, please comment.			___Nurse Director ___Education Department ___Preceptor Coordinator
4. After contacting the responsible individual, was the documentation returned to you within your timeframe set by you? If no, please comment.			

Additional comments:

Appendix I: Preceptor Coordinator Questionnaire

Lake Norman Regional Medical Center Preceptor Coordinator Questionnaire

Please answer Yes or No to the following questions and provide comments for your selected response. Please return the completed questionnaire to Tina Hunter, BSN, RN, Women's Services Education Coordinator within 1 week of receipt. Thank you for your participation.

Department _____ Date questionnaire completed _____

Question	Yes	No	Comments
1. Was the initial meeting helpful in introducing you to your new role?			
2. Did the follow-up preceptor coordinator meetings assist in the preparation and development of your new role?			
3. Does the Handbook for Preceptor Coordinators provide you with adequate resources for your role development?			
4. Were you able to develop and update your unit orientation information during the "working" meetings?			
5. Are you allotted time during the month to work on your preceptor coordinator tasks?			
6. Did you feel supported by your director and Administration in your preceptor coordinator role?			
7. Do you feel supported by members of the Education Department in your new role?			
8. Do you feel supported by your unit preceptors and co-workers in your preceptor coordinator role?			
9. Did your director notify you when a new staff member was hired by providing you with his or start date and contact information?			
10. Did you contact new hires prior to the start date providing them with orientation details?			____ email ____ phone
11. Did you select the preceptors for the new hires? If no, who did—respond in the comment section.			
12. Did you conduct a unit orientation prior to the orientees beginning their orientation with their preceptors?			
13. Did you maintain ongoing communications with the preceptors and orientees regarding the orientation process?			
14. Were all required orientation documents (hospital-wide & unit-specific) completed and submitted to the appropriate departments?			
15. Did you communicate orientation / orientee / preceptor issues (positive and negative) with your director and associated departments? If yes, please indicate whom you communicated.			____ Director ____ Education Department ____ Associate Relations ____ Other

Additional comments: