HealthStream Onboarding Series:
Essential Best Practices in Preceptor Training

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Hospitals have entered a high-stakes era, where big government quality mandates are driving new business and patient care models. In the world of nurse training and bedside care this has far-reaching effects. No hospital role is more integral to the quality movement than nursing. Consequently, nurse bedside readiness is much more critical than it was even a few years ago. New nurses, whether they are fresh out of college or experienced clinicians, need to be fully competent and engaged in all patient-care processes soon after they are hired to ensure hospitals continue to meet quality and patient experience objectives.

Simply said, the new hospital culture calls for high performers who have the skills and confidence to work well in diverse environments, manage complex technologies and medical equipment, as well as deliver high-touch patient care. Bringing new nurses up to speed in this dynamic care environment is a challenge to be sure, but it is imperative as Value Based Purchasing and pay-for-performance programs start to become the standard across government and commercial payers, respectively.

Preceptorships: The Cure for New Nurses

One of the best ways a hospital can prepare new nurses for the rigors of their job is by offering an advanced onboarding process that is anchored by a nurse preceptorship program. In fact, hospitals that offer well-structured preceptorships that include highly trained preceptors, not only quickly transition nurses towards clinical competency but also help them become sharpened, critical thinkers. (Forneris & Peden-McAlpine, 2009) These ‘super’ preceptorships surpass typical checklists, mentorships, and casual buddy programs. Rather, what makes these programs a success is twofold. First, they are custom designed to quickly and thoroughly assess knowledge, attitudes, and skills; develop and teach targeted competencies; and help the new recruit assimilate into the social fabric of the organization. Secondly, nursing and teaching roles require very different skillsets. Therefore, advanced preceptorships include a formal framework in which the preceptors themselves go through training so that they are fully prepared to translate their extensive bedside experience into an organized, yet easy-to-follow learning experience.

Anecdotally, the quality of hospital preceptorships still varies widely from informal pairings of staff nurses and new recruits to full-blown learning programs with an advanced education curriculum. This needs to change. The American Hospital Association recommends that preceptorships take place over the entire first year of employment. (American Hospital Association, 2012) The cost of not going the distance with new recruits can be a tough financial pill to swallow. Replacing just one nurse can cost as much as $90,000 (See: “Year 1: The Cost of High Nurse Turnover”) The bottom line: Skilled preceptors provide the right training and social connections to help nurses move through the well-documented four stages of reality shock—the honeymoon phase, shock, recovery, and resolution—that occur after leaving school and entering the workplace. It’s time to include nurse preceptorship programs in strategic planning.
A successful preceptorship program offers a supportive environment in which nurses of all skill levels can become clinically competent and emotionally adjusted over a condensed time period. According to the American Association of Critical-Care Nurses (AACN), “Preceptorships are designed to ensure competency: the knowledge, attitudes and skills necessary to function in a specific role.” A well-developed preceptorship helps the new nurse successfully enter his/her unit and make sense of hospital and patient care routines while receiving important training and education. A preceptorship helps the new clinician become acculturated to the organization by introducing him/her to social norms and communicating the unwritten rules that inform every organization. A preceptorship also offers three very significant fringe benefits:

1. **Creates a Strong Learning Base.**
   Research shows that the majority of new graduate nurses are not prepared for clinical rounds when they start their first job. One study finds that only 10 percent of nurse executives feel that new graduate nurses are sufficiently competent to deliver care. (Trepanier, Early, Ulrich & Cherry, 2012) Preceptorships ensure nurses are competent to function in their role by the end of the onboarding process, and also set reassigned and novice nurses on strong learning tracks. Additionally, preceptorships teach new nurses how to turn on their critical thinking skills by taking them through specific clinical decision-making processes. A study in The Journal of Advanced Nursing found that a preceptor’s use of contextual learning stimulated critical thinking in preceptees when it came to organizing and carrying out tasks, and doing intentional, reflective thinking. (Forneris & Peden-McAlpine, 2009) At the same time, nurse preceptors also benefit from the experience and are more likely to improve their own knowledge and job performance through the unique process of assessing, guiding and evaluating preceptees. (Paton & Binding, 2009)

2. **Moves Quality to Front of Mind.**
   Preceptorships create an opportunity to educate new nurses on important quality initiatives. In a study of 434 nurse graduates, more than one-third of participants stated that they were “poorly” or “very poorly” trained on quality improvement, or had never heard the term. (Kovner, Brewer, Yingrengreung, & Fairchild, 2010) Preceptorships and specific role modeling can influence performance on important quality measures, which ultimately affect hospital reimbursement. Research shows that when given a role model, new nurses are more apt to follow important behaviors, such as proper hand hygiene, which is critical to reducing nosocomial infections. For instance, when critical care fellows and nurse orientees in a children’s hospital were paired with a supervising physician/preceptor, respectively, who followed strict hand hygiene guidelines,

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**Why Precepting Is More Important Than Ever**

**Preceptor Roles and Responsibilities**
- Teacher/educator
- Skilled communicator
- Facilitator/motivator
- Resource manager
- Socializer
- Role model
- Expert patient care provider
the new clinicians increased their own hand washing practices by an average of 34 percentage points. (Schneider, et al., 2009) To further support this point on a more general level, the AACN’s preceptor training course, “The preceptor challenge…” encourages preceptors to teach new nurses a detailed and systematic approach to prioritizing their clinical responsibilities in order to reduce the chances of causing a fatal error.

3. **Boosts Employee Satisfaction and Retention.** Preceptorships help bond employees to the organization and set the stage for long-term job satisfaction and increased retention rates. (PricewaterhouseCoopers’ Health Research Institute, 2007) New graduate nurses comprise roughly 10 percent of the nurse workforce in acute care settings. (Trepanier, Early, Ulrich & Cherry, 2012). They are vitally important to maintaining staffing levels, especially given the continuing nursing shortage. At the same time, research shows that between 13 percent and 75 percent of new graduate nurses leave their first jobs within one year for a variety of reasons, including the hospital culture and frustration at not being adequately prepared for their clinical role. (Trepanier, Early, Ulrich & Cherry, 2012).

A well-executed preceptorship can make a dramatic difference in turnover rates. For example, hospitals whose nurses participated in a one-year nurse residency program—developed by the University HealthSystem Consortium and the American Association of Colleges of Nursing—experienced a 96 percent retention rate. Reports show that the program is saving hospitals more than $6 million a year in turnover costs for first-year nurses. (Krsek, 2011) On the other hand, having to continually replace brand-new nursing staff due to satisfaction issues can drive up staffing costs very quickly. Every percentage point increase in nurse turnover costs an average hospital about $300,000 annually [See: “Year 1: The Cost of High Nurse Turnover”].
A preceptorship is a challenging role even for the experienced staff nurse. It is important to keep in mind that precepting requires a whole new set of skills that may or may not be possessed by the preceptor. In addition to being proficient at patient-care, an effective preceptor must also become a teacher, organizer, colleague, and friend. Like preceptees, the preceptor requires proper instruction and tools to be successful. This includes ongoing training and guidance in the form of coursework, mentoring, and partnerships/learning activities with other preceptors.

In a study on the role of nurse preceptors (770 preceptors were surveyed), researchers concluded “preceptors were often caught in challenging situations, experiencing high levels of inner turmoil before asking for assistance or making a judgment call on student performance.” (Paton & Binding, 2009 (p.119)) Ultimately, the authors conclude that preceptors need “support, clarity, and understanding of their new role, which was distinct from their role as a clinical expert.” (Paton & Binding, 2009 (p. 119)) Another study of 131 nurse preceptors taking part in a hospital preceptor education workshop revealed that after three to six months participants experienced greater confidence and comfort in their roles and even provided increased coaching of critical thinking skills to their preceptees. (Sandau, Cheng, Pan, Gaillard, & Hammer, 2011)

Training programs should prepare preceptors to take on three overarching roles. (AACN, 2013)

**Staff nurse role model.** Preceptors must be strong communicators and be taught the importance of consistently communicating their organizational methods and reasoning to preceptees. They will be tasked with teaching and modeling correct patient care standards, how to fulfill job duties, how to effectively use resources and equipment; and how to integrate with the team. In this role, successful preceptors provide regular check-ins.

**Socializer.** Preceptor training should prepare the preceptor to shift from independent duties to having a partner at his/her side who will need to learn the culture of the hospital. The preceptor is responsible for introducing preceptees to other staff members, creating social experiences with them and showing them how to function in the hospital. This means spending both social and professional time with the preceptee, being empathetic to their struggles, listening to his/her questions, and finding ways to boost his/her self-confidence.

A preceptorship program has three primary functions

- Provides clinical education to novices and reassigned nurses
- Ensures nurses have the most up-to-date bedside practices
- Helps new employees adapt to the hospital’s culture and standard operating practices
**Educator.** The educator is the most important and involved role for the preceptor. Preceptor training should walk the preceptor through assessing, planning, implementing, and evaluating a preceptee’s job performance. The following is a breakdown of each of the educator’s sub roles.

- **Assessor:** As an assessor the preceptor must learn techniques for determining the preceptee’s current performance levels and learning needs and must know how to create a list of expected outcomes based on the job description and unit procedures. They must also learn how to create an assessment strategy. As part of this role, the preceptor will encourage continuous dialog and listen actively to understand the preceptee’s needs.

- **Planner:** The planning role involves identifying a timeline, preceptee’s learning preferences, and the correct instructional methods. With feedback from the preceptee, the preceptor develops a personalized approach to the learning program and creates a learning contract. The preceptor must understand the various teaching and learning methods in order to create the right program.

- **Implementer:** The implementer teaches necessary job and team building skills. While wearing this hat, the preceptor must help the preceptee become an active learner by asking questions and testing them often. Good communication and active listening skills are required.

- **Evaluator:** The preceptor appraises and documents preceptee performance, providing effective and constructive feedback. The preceptor must be trained to implement different evaluation methods.

**A Preceptor training program should include the following elements:**

- Key skills needed to complete a successful preceptorship
- How to design and organize the preceptorship, including determining a preceptee’s learning needs and creating a learning plan, an evaluation plan, and a timeline
- The various teaching styles and learning materials
- How to work with a preceptee’s preferred learning style
- Effective communication and feedback practices
- Guidance in problem solving specific situations
- Strategies for balancing work with the preceptorship duties
- Creative ways to work with learners who have unique learning needs
- Strategies for working with people from different cultures (AACN, 2013; Alspach, 2008)
Take it Step by Step

Setting up a preceptor training program doesn’t have to be a major undertaking. A blended learning approach is recommended, using online courses for the didactic portion followed by regularly scheduled group discussions. The facilitator should be a skilled coach and mentor, as these discussions often focus on the interpersonal challenges preceptors face in their role. Having a formal framework and methods for support and evaluation will help your preceptor program be a successful and valuable asset to your onboarding process.

How Preceptorships Differ from Mentorships

- A mentorship, traditionally, is a voluntary, informal relationship that has few structured parameters around education and training.
- A preceptorship is a planned learning experience that falls between a mentorship and a teaching position. A preceptorship typically lasts 10-12 weeks and is integral to helping the new nurse, whether they are experienced or a new graduate, become trained and acculturated into the environment in which they are working.

Year 1: The Cost of High Nurse Turnover

Nurse turnover results in millions of dollars in losses industry-wide each year. Estimates for replacing one nurse range from $85,000 to $90,000. (American Hospital Association, 2012; Krsek, 2011) Furthermore, according to research from PricewaterhouseCoopers, “Every percentage point increase in nurse turnover costs an average hospital about $300,000 annually. Hospitals that perform poorly in nurse retention spend, on average, $3.6 million more than those with high retention rates.” (PricewaterhouseCoopers’ Health Research Institute, 2007 (p. 4))

Moreover, in a two-year national study of 1,653 hospitals nurses, researchers found that between year one and year two 15 percent had left their jobs. When applied on a national scale this results in $728 million in employer turnover costs each year. (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012)

Conclusion

High first-year turnover rates and challenging training requirements show that it’s time for providers to re-evaluate how well they support reassigned nurses and nurses transitioning from the classroom to life on the unit. Nurses need a soft place to land as they adjust to the frenetic pace and culture of the hospital environment. It may be a dream job at first, but reality can hit hard and dissatisfaction can set in quickly unless a strategic intervention takes place. Well-trained preceptors offer that cushion of moral support and essential training. While this may be true, disconnects may occur with hospital leaders who are looking for ways to cut workforce costs. This means savvy nurse leaders must be all the more prepared to engage top leadership in a strategic discussion of the benefits of precepting. Let the research tell the story—formal preceptorships and well-trained preceptors are the main ingredients in developing a highly skilled and loyal workforce.
HEALTHSTREAM’S CLINICAL ORIENTATION PREPARES NEW AND EXPERIENCED NURSES

Having an effective orientation program is critical for not only new graduate nurses transitioning into practice but also more experienced nurses who may be changing roles or moving to a unit where competency requirements are different. HealthStream offers a variety of orientation training coursework to help hospitals meet goals centered on building quality patient care, competent staff, enhanced employee satisfaction, and increased retention.

HealthStream courses meet a range of learning preferences and include online courses, simulation scenarios, and competency assessment opportunities in the following nursing environments:

- Pediatric Nursing
- Critical Care
- Nurse Management
- Perioperative Nursing
- Pediatric Critical Care
- Perinatal Nursing

Clinical Orientation Topics, including:
- Essentials of Critical Care Orientation
- Essentials of Pediatric Critical Care Orientation
- Basic ECG Interpretation 2.0
- The Preceptor Challenge
- Periop 101: A Core Curriculum
- Introduction to Fetal Heart Monitoring
- Periop 101: A Core Curriculum for OB RN Circulator

To learn about HealthStream’s online training options for preceptors, visit: http://www.healthstream.com/clinicaledu

IDENTIFYING QUALIFIED PRECEPTORS

It’s important to select preceptors who have the right blend of skills, experience, and personality traits. While nurse preceptors may not be trained teachers, you will need to determine if they can make the transition from delivering bedside care and making decisions autonomously to working with a partner and providing constant communication and teaching experiences.

Preceptors should possess the following:

- High level of expertise in their current clinical role
- Enthusiasm for teaching new nurses
- Strong communication skills: a willingness to provide open feedback and communication
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