

Preceptor Program Priorities and Best Practices

Structures, Processes, and Outcomes

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HEALTH CARE

M A N A G E M E N T

A comprehensive preceptor program consists of structures and processes that are tied to two types of outcomes. The first type of outcomes are sometimes called productivity measurements; these are the structure and process outcomes. The second type of outcomes are the comprehensive program outcomes, which are the bigger outcomes that rely on accomplishing the smaller structure and process outcomes.

There are no specific or prescriptive steps for developing a comprehensive preceptor program. Every organization will need to look at its culture, resources, and unique needs to determine the exact steps and content of its program. However, there are some universal guidelines and steps that are helpful to consider when building a program from infancy.

I have outlined the basic steps you might want to consider when building a comprehensive preceptor program using the Magnet® language of “Structures, Processes, and Outcomes” to define and explain the components of program development. If this language is not familiar to you, a great resource to help you understand how these elements fit within program development is *Feel the Pull: Creating a Culture of Nursing Excellence*, by Gen Guanci, MEd, RN-BC, CCRN.

Structures

Identify executive sponsors. Establish who has the decision making authority to support a system-wide initiative and can delegate responsibility and authority to those who will be carrying out program actions. Initiate their sponsorship as an initial step in program development. Negotiate and articulate their expectations of the program and your expectations of their role in supporting the program. Establish how this group or person will

collaborate and provide oversight for a council or committee responsible for identifying, developing, and implementing program processes.

Establish an oversight council or committee.

This will be the group that will identify program needs, develop interventions, delegate and communicate the work (processes) of the program over time, with input from the point-of-care preceptors, staff, or whomever else the council/committee feels it is important to get input from.

Draft a preceptor policy.

A starting point will be developing a comprehensive preceptor policy. The policy should articulate what items everyone must adhere to and what components may be left up to individual units to decide/implement so as to customize it to their unique needs. For example, a policy might state: “All preceptors will be given the time to assess, teach, and evaluate their preceptees when they are not taking care of patients.” The criterion is clear; however, how each unit decides to do this may differ. For instance, one unit may decide to use their charge nurses to watch the preceptor’s patient care assignment for 20 minutes while the preceptor and preceptee go off the unit to take care of non-clinical needs. Another unit may decide to build it into their overtime and let the preceptor and preceptee come in 15 minutes early. What is measured during program evaluation is whether

A comprehensive preceptor program consists of structure and process outcomes, and comprehensive program outcomes.

time was given to teach. The point here is to be clear and specific, but not so prescriptive that units, due to their work environments, could not possibly comply.

Processes

Recommendations for Initial Steps

Develop the preceptor selection criteria to be included in a preceptor policy. There are many things to be considered for inclusion in a preceptor policy. I suggest starting with the criteria you will use to select preceptors. It can be as simple as stating that preceptors will have “no corrective action or attendance issues within the past year,” to a more comprehensive list, such as preceptors:

- will have no corrective action within the past year
- will have no attendance issues
- will have no competency issues
- will have completed the basic preceptor training
- will have completed crucial conversations training
- will have a desire to be a preceptor and have taken initiative to meet criteria

Work with oversight council or committee to decide what other components need to be in the preceptor policy.

Draft a meeting agenda template with guidelines for minutes. You certainly do not need to have an agenda, minutes, or guidelines for meetings. However, I find that not everyone knows how to run an effective meeting, and without some pre-determined structure, you can spend hours in a great dialogue and not get much done. Having an agenda that is distributed to members ahead of time allows individuals to come prepared. Having a minute taker who is responsible for capturing the

content of the meeting helps to keep people who could not attend the meeting up to speed and allows for the group to go back and check on what actions still need to be followed up on. Having a time keeper who is responsible for keeping people to their allotted time for each agenda item helps to keep work moving forward so that all topics can be given consideration, or moved to the next meeting if necessary.

Recommendations for Keeping Everyone Informed

Establish a timeline of communication. Decide how often the oversight council or committee will convene and how and when they will communicate the results of their work to executive sponsors and other stakeholders.

Include a communication plan. Indicate how and when councils will communicate project status to point-of-care staff and preceptors or unit-based preceptor councils.

Recommendations for Partnering with Key Stakeholders

Collaborate with the education department. Identify what role preceptors will have in providing input for basic and advanced preceptor curriculum. Draft an initial timeline for first review of basic preceptor curriculum to align curriculum with new and changed practices.

Collaborate with your Director of Education and/or CFO. Draft a return on investment analysis or template to be used in a yearly program summary.

Recommendations for Celebrating Success

Celebrate! Plan to formally celebrate successes, even the small ones, to rally support and keep the positive energy going!

Outcomes

Recommendations for Measuring Outcomes

Identify structure and process outcomes.

Decide what will be the focus for year one at 3-month, 6-month, and 12-month intervals.

Examples of some structure and process outcomes you might choose are:

- How many preceptors attended the revised preceptor course at 3 months, 6 months, and 12 months?
- How many preceptors attended the basic precepting course before precepting their first preceptee?
- Preceptor policy was drafted and approved by oversight committee.

Identify comprehensive program outcomes.

Decide what the comprehensive program outcomes will be for years one and two. Examples are:

Year One:

- Increased preceptor and preceptee satisfaction.
- Decreased unit-based new graduate turnover (from 60% to 20%).

Year Two:

- Increased staff satisfaction on Press Ganey score related to teamwork.
- Decreased unit-based new graduate turnover to less than 10%.

These are just examples; your council/committee, with input from the stakeholders, will determine what the organization wants to accomplish by implementing a preceptor program. Keep in mind your program outcomes should be measuring what impact the program had on the organization, and whether or not the program accomplished what was intended.

Draft the initial plan for collecting process outcomes.

- Who will be responsible for gathering data?
- How often will the data be collected?
- How will it be collated?
- Who will collate it?
- How will it be summarized and communicated at regular intervals to stakeholders?
- How will data be communicated to point-of-care preceptors and staff?

Developing a robust preceptor program is an important part of any orientation program that uses preceptors for onboarding. Knowing the differences between a program and an educational class or series of classes will allow you to see the bigger picture of how a preceptor program can assist you in accomplishing outcomes that align with the strategic goals of your organization and provide a satisfying return on investment.

About the Author



If you would like help in developing a comprehensive preceptor program that positively impacts staff satisfaction, patient safety, staff retention, new graduate readiness to practice, and HCAHPS, Traci Hanlon has the knowledge and experience to help you. For

more information related to how Traci can help you assess, develop, implement, and measure a preceptor program, contact her at thanlon@chcm.com or 503.453.0253.