Boston Children's Hospital

Consortium for Congenital Cardiac Care – Measurement of Nursing Practice (C4-MNP)

State of Nursing Practice Assessment Aggregate Result Report:

RN Precepting State of Practice Assessment

in collaboration with Pediatric Cardiac Intensive Care Society (PCICS)

January 19, 2021 - March 8, 2021

C4-MNP

Consortium for Congenital Cardiac Care Measurement of Nursing Practice
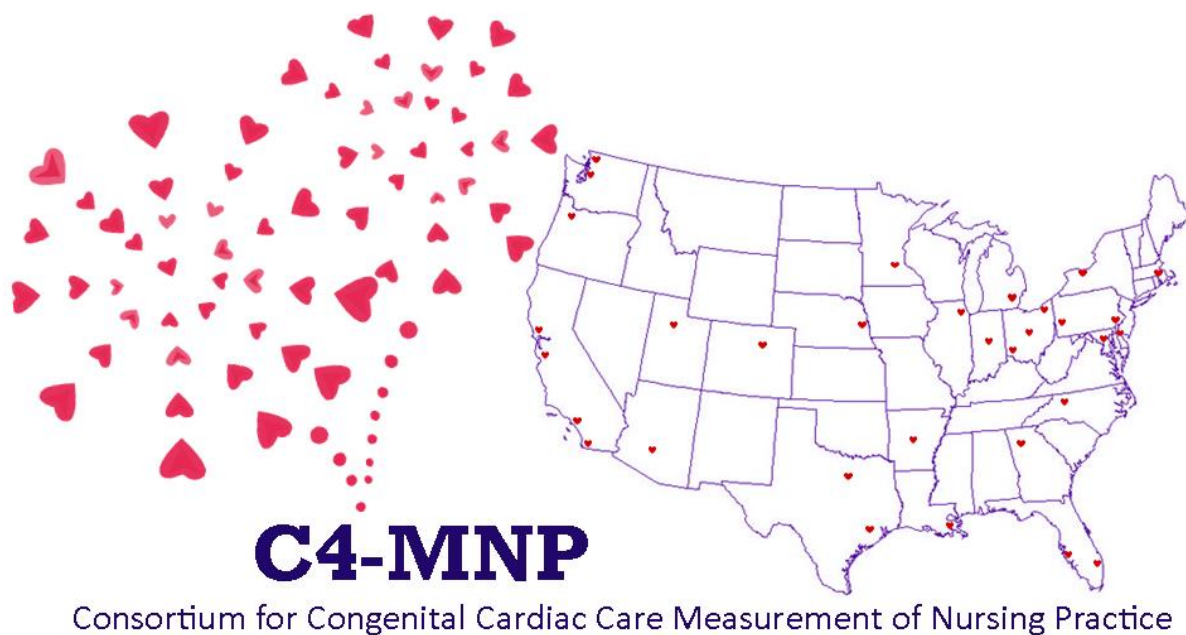
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Executive Summary

Survey Overview The aim of this survey is to assess the current state of training and preceptor/preceptee relationships as a collaborative effort between C4-MNP and PCICS. The survey was released 1/19/2021 and closed 3/8/2021. There were 21 responses out of 42 sites resulting in a 50% response rate.

Key Findings

- All 21 responding organizations offered a formal education or professional development course on precepting
- Most (95.2%) offered a formal transition from nursing to nursing practice or nurse residency program
- The two most common causes of preceptor stress were heavy/busy patient assignments (81%) and lack of breaks between precepting/orienting (57.1%)
- Preceptor training curriculum topics (top 3):
    - Communication skills – 95.2% (20/21)
    - Adult learning styles – 90.5% (19/21)
    - Providing constructive feedback – 85.7% (18/21)
- Successful preceptor & preceptee relationship elements (top 3):
    - Open communication with one another – 90.5% (19/21)
    - Appropriate assignments for learning/teaching – 76.2% (16/21)
    - Protected timely feedback between preceptor and preceptee – 66.7% (14/21)
- Successful preceptor skills (top 3):
    - Passionate about precepting nurses – 66.7% (14/21)
    - General willingness to teach – 61.9% (13/21)
    - Excels at providing constructive feedback & strong teaching skills (tie) – 47.6% (10/21)
- Adequate support for preceptors (top 3):
    - Assignment is conducive to educating the orientee – 85.7% (18/21)
    - Preceptor roles/responsibilities are clearly defined – 57.1% (12/21)
    - There are enough preceptors to meet orientation needs – 47.6% (10/21)
- Preceptor reward and recognition (top 3):
    - Clinical ladder credit – 76.2% (16/21)
    - Hourly rate increase while precepting – 47.6% (10/21)
    - In unit perks & individual recognition from unit manager (tie) – 33.3% (7/21)

Conclusion Precepting is a commonly used model of nurse training and development within programs that have formal orientation/residency programs. This survey identified opportunities to implement ongoing preceptor development and/or additional training at regular intervals and integrate formal feedback on preceptor performance in training programs. Appropriate patient assignments appear critical to both a successful preceptee learning environment and ability for the preceptor to teach. Rotating between preceptors is a highly used burnout mitigation strategy.

Next Steps Next steps to further inform the state of precepting practice in nursing include collection of demographics on preceptors including years of experience as an RN and years precepting. Further analysis on how to support, reward, and mitigate burnout among preceptors is warranted. This information will be used to inform the development of preceptor training programs.

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Demographics

1. Current region in which your institution is located:

Respondents (N=21)	
Location/Region	**Frequency (%)**
Pacific Northwest	1 (4.8%)
West	3 (14.3%)
Southwest	2 (9.5%)
Midwest	5 (23.8%)
Southeast	4 (19.0%)
Northeast	5 (23.8%)
Outside the United States	1 (4.8%)

2. Job title of respondent:

Job Title (N=21)	Frequency
Charge Nurse	1 (4.8%)
Clinical Nurse Specialist	3 (14.3%)
Director of Pediatric Nursing Programs	1 (4.8%)
Educator	10 (47.6%)
Staff Nurse	1 (4.8%)
Nurse Manager	2 (9.5%)
Nursing Professional Development Specialist	2 (9.5%)
Nursing Quality	1 (4.8%)

3. What best describes the practice setting? (Mark all that apply)

Respondents (N=21)	
Setting	**Frequency (%)**
Cardiac ICU	16 (76.2)
Combined PCI/CICU	4 (19.0)
Cardiac step-down/intermediate	0 (0.0)
Cardiac inpatient floor	0 (0.0)
Cardiac OR	0 (0.0)
Cath Lab	0 (0.0)
Other	1 (4.8)

Other
CICU/CCU

4. Total number of RNs in unit?

Respondents (N=20)	
Minimum	28
Maximum	183
Mean	101.48
Median	107

5. Total number of RNs with 5 years or greater experience?

Respondents (N=21)	
Minimum	20
Maximum	121
Mean	51.76
Median	50

6. Total number of RNs with a BSN or higher:

Respondents (N=21)	
Minimum	28
Maximum	180
Mean	92.71
Median	100

7. Total number of certified RNs (any certification):

Respondents (N=21)	
Minimum	2
Maximum	120
Mean	37.43
Median	29

Training

8. Does the organization offer a formal transition to nursing practice or nurse residency program?

Respondents (N=21)	
Response	**Frequency (%)**
Yes	20 (95.2)
No	1 (4.8)

9. Does the organization offer a formal unit based orientation/onboarding program?

Respondents (N=21)	
Response	**Frequency (%)**
Yes	20 (95.2)
No	1 (4.8)

10. Does the organization offer a formal education or professional development course on precepting?

Respondents (N=21)	
Response	**Frequency (%)**
Yes	21 (100.0)
No	0 (0.0)

11. Is the preceptor training course unit specific?

Respondents (N=21)	
Response	**Frequency (%)**
Yes, the training is specific to the area of practice	1 (4.8)
No, it is a general training	12 (57.1)
Both, training includes general and unit specific topics	8 (38.1)

12. How was education delivered?

Respondents (N=21)	
Response	Frequency (%)
In-person/classroom setting	10 (47.6)
Computer-based learning	1 (4.8)
Combination of in-person and computer-based learning	10 (47.6)

13. Did the education include the following? (Mark all that apply)

Respondents (N=21)	
Type of Education	Frequency (%)
Adult learning styles	19 (90.5)
Principles of teaching and role modeling	15 (71.4)
Communication skills	20 (95.2)
Caring behaviors	11 (52.4)
Providing constructive feedback (positive or negative)	18 (85.7)
How to socialize a new employee into an organization/unit	12 (57.1)
How to deal with conflict	14 (66.7)
How to create a learning environment	15 (71.4)
Appropriate goal setting	17 (81.0)
Preceptor skill verification (verify competence to teach skills appropriately	12 (57.1)
Simulation/role playing	10 (47.6)

14. Are RNs required to re-take or complete a refresher preceptor course?

Respondents (N=21)	
Response	**Frequency (%)**
Yes	4 (19.0)
No	17 (81.0)

15. How often is the preceptor required to re-take or complete a refresher preceptor course?

Frequency
Once every quarter (1, 25.0%)
Yearly (1, 25.0%)
Every 2 years (1, 25.0%)
Employee specific needs – retake voluntarily for CEU purposes (1, 25.0%)

16. What are the top 3 elements to a successful preceptor/preceptee relationship? (Choose only 3)

Respondents (N=21)	
Elements	**Frequency (%)**
Open communication with one another	19 (90.5)
Availability of program leaders	0 (0.0)
Structured time for feedback with nursing leadership present	6 (28.6)
Protected timely feedback between preceptor and preceptee	14 (66.7)
Formal preceptee evaluation tools	5 (23.8)
Similar personalities	2 (9.5)
Appropriate patient assignments for learning/teaching	16 (76.2)
Support/share in teaching from co-workers (multiple preceptors for one preceptee)	1 (4.8)
Preceptor and preceptee from the same generation	0 (0.0)
Other	0 (0.0)

17. Is precepting part of the staff RN's current job description?

Respondents (N=21)	
Response	Frequency (%)
Yes	11 (52.4)
No	10 (47.6)

18. Is precepting part of the staff RN's annual performance evaluation?

Respondents (N=21)	
Response	Frequency (%)
Yes	12 (57.1)
No	9 (42.9)

19. Do staff RN's receive formal feedback on precepting performance?

Respondents (N=21)	
Competency	Frequency (%)
Yes	10 (47.6)
No	11 (52.4)

20. Who provides formal feedback?

Respondents (N=10)	
Role	Frequency (%)
Manager	5 (50.0)
NPD Practitioner	2 (20.0)
The preceptee	3 (30.0)

Support and Preparation

21. Considering feedback from unit staff, what makes someone a successful preceptor? (Choose only 3)

Respondents (N=21)	
Competency	Frequency (%)
Attended a formal preceptor training course	1 (4.8)
Highly skilled at the bedside	4 (19.0)
General willingness to teach	13 (61.9)
Passionate about precepting nurses	14 (66.7)
Has good relationship with peers and providers	4 (19.0)
Excels at providing constructive feedback	10 (47.6)
Strong teaching skills	10 (47.6)
Strong interpersonal skills	6 (28.6)
Certified in a current area of practice	1 (4.8)
Other	0 (0.0)

22. Considering feedback from unit staff, what are the 3 top items that can/or have made precepting a nurse stressful? (Choose only 3)

Respondents (N=21)	
Item	**Frequency (%)**
Insufficient time required to teach	6 (28.6)
Heavy/busy patient assignment	17 (81.0)
Increased responsibility for precepting	5 (23.8)
High patient acuity	6 (28.6)
Inadequate clinical competence from the preceptee	6 (28.6)
Inadequate resource support from nursing leadership	0 (0.0)
Lack of guidelines on what to teach	2 (9.5)
Lack of acknowledgement/reward	4 (19.0)
Inadequate clinical confidence of the preceptor	1 (4.8)
Precepting a new graduate nurse	0 (0.0)
Lack of breaks between precepting/orienting	12 (57.1)
High turnover of staff in practice setting	4 (19.0)
Other	0 (0.0)

23. How does the organization support, reward, and recognize preceptors? (Mark all that apply)

Respondents (N=21)	
Method	**Frequency (%)**
Hourly rate increase while precepting	10 (47.6)
Recognition events	4 (19.0)
In-unit perks (no floating while precepting, holidays off, priority day off on low census days)	7 (33.3)
Clinical ladder credit	16 (76.2)
Individual recognition from unit manager	7 (33.3)
Other	3 (14.3)

If other, please specify:

Other
Individual recognition from educator
Recognition/pins when reach 500, 1000 hours precepting
None in 2020

24. How does the organization support preceptors to prevent/minimize burnout? (Mark all that apply/Choose only 3)

Respondents (N=21)	
Method	Frequency (%)
Consistently train more preceptors	8 (38.1)
Team precepting	8 (38.1)
Rotate preceptors between groups of new nurses	15 (71.4)
Structured debriefing sessions	3 (14.3)
Provide reflective journaling for the preceptor	0 (0.0)
Provide a forum to provide feedback on how to improve preceptor support	8 (38.1)
Other	4 (19.0)

If other, please specify:

Other
Allow breaks as needed
Currently no practices in place
None in 2020
We have a 20-week orientation, with the last 2 weeks being resource for the orientee. The preceptor/orientee are still paired with one assignment but it is the responsibility of the orientee to care for the assignment and delegate tasks/ask questions to the preceptor if necessary. These two weeks are a nice reflection time for the preceptor as well because they are able to allow the orientee to successfully transition off orientation while 'taking a back seat' to the assignment. We also try to pair preceptors (if available) to provide breaks during that 20-week period.

25. Considering feedback from preceptors, what are the top 3 items that allow a preceptor to feel prepared? (Choose only 3)

Respondents (N=21)	
Method	**Frequency (%)**
Completion of a preceptor education/course	6 (28.6)
Preceptor roles/responsibilities are clearly defined	12 (57.1)
Assignment is conducive to educating the orientee	18 (85.7)
Sufficient time for patient care when precepting	6 (28.6)
There are enough preceptors to meet orientation needs	10 (47.6)
Nursing leadership is committed to the preceptor program	0 (0.0)
Preceptor program leaders are available to help further develop preceptors	0 (0.0)
NPD practitioners are available to help further develop preceptors	1 (4.8)
There are adequate opportunities to share information with other preceptors	1 (4.8)
Nursing leadership and preceptor program coordinators provide support by helping to identify orientee's practice gaps	5 (23.8)
Guidelines clearly outline responsibilities of NPD Practitioner and preceptor role	3 (14.3)
Other	0 (0.0)

26. Please provide any comments on precepting:

Comments
Trialing new clinical instructor model of precepting. Senior staff open to model because it gives them a break from precepting in the initial weeks. Will see what end of orientation feedback is related orientee preparedness and experiences
We recognize the need for a unit based preceptor program/training that is in the development phase.
Preceptors need more support and recognition, especially in the ICU setting where turnover is high and the teaching requirements are significant. More strategies are needed to better encourage staff to want to precept
Dealing with unplanned circumstances, pandemic, FMLA high acuity and absences caused our new graduate nurses to have multiple preceptors throughout their orientation
Precepting is not typically part of the annual review process, however; if a nurse is using precepting as part of the career ladder, then it will be a contributing factor to annual review and pay increase. *Demographics numbers are estimated, I didn't have exact numbers at the time I completed this survey
Preceptor burnout is an ongoing issue. We would love to hear what other do to help support their preceptors.
Precepting is very rewarding when your orientee is able to meet success off orientation. Difficulty with precepting comes with overload of orientees on a single preceptor, orientee with an unwillingness to learn, or lack of appreciation for precepting. I believe nurses should have precepting debriefings/updates to exchange information and teaching skills.