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APPLICATION OF A NEEDS REASSESSMENT MODEL TO NURSE PRECEPTOR
TRAINING AT A MILITARY TREATMENT FACILITY

by

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B.S. May 2008, Regis University

A Research Study Presented to the Faculty of
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ABSTRACT

APPLICATION OF A NEEDS REASSESSMENT MODEL TO NURSE PRECEPTOR TRAINING AT A MILITARY TREATMENT FACILITY

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The purpose of this study was to utilize the CODE system (Tessmer, et. al, 1999) to perform a needs reassessment of a nurse preceptor training course currently offered at a military medical center. In addition to ascertaining the extent to which the curriculum is currently meeting the needs of preceptors, other aims included identifying the training topics that practicing preceptors felt were the most important, and determining if a relationship was evident between the importance of the topics and the different levels of experience of the preceptors. A convenience sample of 39 preceptors participated in a cross-sectional survey which collected data on four different attributes (topic importance, opportunity to apply on the job, difficulty of learning, and extent of training emphasis) of 28 different instructional topics. The CODE system methodology was modified to compensate for non-variable nature of difficulty data resulting in a two-phase scatterplot analysis using the collected attribute data for importance, opportunity, and emphasis. The resulting distribution patterns classified six topics as training matches with an additional eight topics with sufficient opportunity to apply on the job to mitigate a deficiency of training time in the local course. Of the 14 remaining training topics, six were found to have training deficiencies partially mitigated by opportunity to apply on the job, and seven were evaluated to represent full training deficiencies. Independent analysis of importance ratings was also completed. Seven topics were identified as either 'Very' or 'Extremely' important by greater

than 90% of participants in this study. Additionally, statistically significant differences were identified in the perceived importance of five topics when study participants were grouped based on different measures of experience.

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CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

Background

Preceptorship is a professional practice model used by many different fields whereby an experienced practitioner guides the transition of a beginner from book learning to practice (Quek & Shorey, 2018). Among novice and new graduate nurses preceptorship aids in developing the skills necessary for safe, independent clinical practice (Edward, Ousey, Playle, & Giandinoto, 2017; Myrick & Awrey, 1988). As such, formal clinical preceptorship is a standard component of nursing orientation programs at most clinical facilities (Hardyman & Hickey, 2001; Myrick & Yonge, 2005). Preceptor programs are also used to help nursing students develop clinical proficiency (Myrick & Yonge, 2005), and for non-novice nurses who are transitioning to clinical areas in which they have limited proficiency (Cotter & Dienemann, 2016; Ward & McComb, 2017).

Preceptors must attend to many different roles and responsibilities to successfully guide their protégé through the transition process (Boyer, 2008). Furthermore, the fast pace of care in the current health care climate, combined with staffing shortages and patients with complex healthcare needs, makes precepting time intensive and demanding as it is a role performed in addition to the current workload. It is therefore essential that preceptors are competent nurses who can handle the additional pressure and stress.

As a result of these factors, preceptors are often selected on the basis of years of experience or clinical expertise (Cotter & Dienemann, 2016), but experience may not be a reliable indicator of a preceptor's ability to effectively facilitate transition from nursing theory to clinical practice (Bengtsson & Carlson, 2015; Horton, Depaoli, Hertach, & Bower, 2012; Myrick

& Yonge, 2005; Quek & Shorey, 2018). Furthermore, nurses have reported hesitancy in volunteering to serve as a preceptor due to feelings of inadequacy and uncertainty (Edward et al., 2017; Ward & McComb, 2017). Preceptors selected on the basis of expertise, as well as those who volunteer, identify the need for education and support (Bengtsson & Carlson, 2015; Chang, Lin, Chen, Kang, & Chang, 2015; Cotter & Dienemann, 2016; Horton et al., 2012).

Statement of the Problem

Providing role specific training may result in preceptors who feel more prepared and subsequently demonstrate increased effectiveness (Ward & McComb, 2017). Additionally, numerous studies have shown that formal preceptor training can improve a wide variety of outcomes (Piccinini, Hudlun, Branam, & Moore, 2018). As a result of these findings, formal training for preceptors is recognized by educators and professional development staff as a worthwhile investment of resources (Horton et al., 2012; Quek & Shorey, 2018). However, there is substantial variation in the curriculum components between different preceptor training courses. Possible reasons for this variation include the reality that training needs are known to vary across organizations, and that preceptors may individually have different training needs due to previous experiences. Therefore, to ensure the training provided to preceptors aligns with current evidence, and meets the identified learning needs of preceptors, organizations should regularly conduct learning needs assessments.

Significance of the Study

A large military medical facility in the southeastern United States is currently using a one-day course to educate nurses who perform in the preceptor role. Attendance in the course is not a requirement to become a preceptor, but is encouraged. Due to the size, mission, and staffing of the facility, it can be challenging for leadership to adequately staff their individual

units and support course attendance. Therefore, ensuring the relevance and effectiveness of the course is important. The findings of a needs assessment would provide data for this facility to evaluate if the current preceptor training program is meeting the needs of the learners. Results could also be used to guide curriculum revisions or in the design of other supportive professional development activities for preceptors.

Theoretical framework

Effective educational activities begin with conducting a learning needs assessment (Pilcher, 2016). The needs assessment process is a way to identify and describe learning needs in order to inform decision making about resource allocation (Witkin & Altschuld, 1995). Even when there appears to be ample evidence describing the need and potential solutions, needs assessments should still be conducted because "populations that seem quite similar demographically often perceive their needs as being very different from each other" (Witkin & Altschuld, 1995, p. 4). In order to assure a quality outcome, the actions taken during a learning needs assessment should be purposeful and grounded within established theory. Pilcher (2016) proposes a four-step process; identify the purpose, identify parameters, select the tool and conduct the investigation, and analyze the results. The broad purpose for this specific learning needs assessment was explained previously. The next two steps as outlined by Pilcher (2016) will be accomplished by the use of the tool described below.

Tessmer, McCann, and Ludvigsen (1999) developed a model for conducting a learning needs reassessment, called the CODE system, that is specifically designed for training that has already been implemented. They based this system on the work of theorists in the industrial-psychology field who "stipulated there are three types of training states: (a) training deficiencies, (b) training matches, and (c) training excesses" (Tessmer et al., 1999, p. 88). In the CODE

system, learners are asked about four topic related areas. These areas are criticality (or importance) of the topic, opportunity to learn the topic on the job, difficulty in learning the topic, and the amount of emphasis placed on the topic during training. These four measures are then compared to each other to identify possible deficiencies, matches, or excesses. The results of the analysis are then provided to decision makers for further validation and action as deemed appropriate. (Tessmer et al., 1999).

Literature review

The discipline of nursing faces many challenges to the provision of safe quality patient care. The continued shortage of experienced nurses, overall reduction in financial resources, increasing patient acuity with shorter hospital stays, and high velocity changes in medical technology all interact to create a highly stressful work environment for nurses (Horton et al., 2012; Myrick, Luhanga, Billay, Foley, & Yonge, 2012; Piccinini et al., 2018). The practice environment can prove so stressful that disillusionment leads to attrition of nurses from the profession, especially in the first year of practice (Clipper & Cherry, 2015; Ulrich, 2012). However, the use of an appropriately trained preceptor can mitigate this stress. Furthermore, preceptor training has also been linked to other positive outcomes.

Roles and responsibilities of the preceptor. Preceptors serve in many different capacities and numerous studies have been published which attempt to elucidate the plethora of roles and responsibilities. Variations in nomenclature of role identities are common, however the majority of the roles and responsibilities fall within five overarching categories. These are role model, socializer, educator, evaluator, and protector (Boyer, 2008).

Foundational preceptor roles include socializer, educator, and role model (Alspach, 1988; Baltimore, 2004). The educator role is most closely associated with the typical mental images of

precepting. This role includes the responsibility of the preceptor to support the preceptees attainment of clinical competency and the development of non-clinical skills like teamwork, organization, prioritization, delegation, and effective communication abilities (Edward et al., 2017; Ulrich, 2012). This category also encompasses other role identities like coach, guide, and facilitator (Finn & Chesser-Smyth, 2013; Myrick & Yonge, 2005; Ulrich, 2012). As a role model, preceptors are responsible for displaying an example of professional practice the preceptee will emulate (Myrick & Yonge, 2005). Other associated roles that would fit within the role model construct include leader/influencer (Ulrich, 2012). The role of socializer concerns the responsibility to help the preceptee integrate into the professional practice environment. It is the process by which they learn the norms, expectations, and rules of the workplace (Ulrich, 2012), and become part of the healthcare team (Boyer, 2008).

Beyond these foundational roles, preceptors are also described as evaluators, and protectors (Boyer, 2008). As a protector, preceptors are responsible for ensuring a safe environment for both patients and the novice nurse. Responsibilities of this role include protecting patients against medical errors or harm, and shielding the preceptee from the "adverse behavior of others" (Boyer, 2008, p. E3). The role of evaluator can be the most challenging due to the potential career implications if the preceptee isn't meeting standards. Included within this role are the responsibilities for complete documentation of competency assessment, conducting evaluations in a fair and equitable manner, providing effective constructive feedback, and discussing performance concerns with the appropriate manager or faculty member (Boyer, 2008; Myrick & Yonge, 2005; Ulrich, 2012).

Impact of preceptor training on personal and organizational outcomes. Preceptor training has been linked to positive outcomes for the novice, the preceptor, and for patients.

Assigning a novice to work with a preceptor who has received training for the role is associated with improvements in several outcomes including critical thinking development, integration into the organization, retention in the field, and overall job satisfaction (Lee-Hsieh et al., 2016; Piccinini et al., 2018). Preceptor training is also associated with reductions in the preceptees perception of stress during the transition to practice period, and decreased orientation time necessary to develop competence (Clipper & Cherry, 2015; Cotter & Dienemann, 2016; Horton et al., 2012).

Formal preceptor training also directly impacts the preceptors themselves. Preceptors report feeling better prepared for the role after training, and measurements of behavior also demonstrate positive differences (Cotter & Dienemann, 2016; Horton et al., 2012). This is significant because a change in declarative knowledge is only impactful if it corresponds to a change in practice. Foy, Carlson, and White (2013) also found that training directly reduced the amount of stress experienced by the preceptors.

The impact of preceptor training on organizational outcomes is more difficult to measure. Cotter and Dienemann (2016) reported an association between the implementation of a preceptor training program with a subsequent improvement in reported falls, medication errors, and the hospital acquired pressure ulcer rate. However, the degree of correlation is unclear since the facility had also concurrently implemented other policy and practice changes. Regardless, the evidence that trained preceptors positively impact the development of critical thinking, skill acquisition, and the confidence level of the novice nurse does support the theory that these improved training outcomes would also lead to better patient outcomes. Nurses able to think critically, with demonstrated clinical competence, and who are confident in their abilities make

fewer errors because they are better equipped to respond to the challenges inherent in the nursing practice environment.

Identification of prospective training topics for nurse preceptors. Training for preceptors is recognized by educators and professional development staff as a worthwhile investment of resources (Horton et al., 2012; Quek & Shorey, 2018). A significant amount of literature exists that identifies suggested educational topics for preceptor preparation (Baltimore, 2004; Clipper & Cherry, 2015; Cotter & Dienemann, 2016; Finn & Chesser-Smyth, 2013; Horton et al., 2012; Lee-Hsieh et al., 2016) however only a few have approached this question from the perspective of the preceptor (Foy et al., 2013).

Foy et al. (2013) conducted a preceptor training needs assessment and collected quantitative data on 29 topics directly from currently practicing preceptors. Their sample identified giving feedback as the most important topic followed by teaching critical thinking and accountability. Other extremely important topics identified in this survey included the roles and responsibilities of the preceptor, effective listening skills, and teaching teamwork and organization. A more recent study by Bengtsson and Carlson (2015) found preceptors identified practical teaching and assessment strategies alongside more theoretical topics covering effective communication, reflective practice, and adult learning science to be important. Chang et al. (2015) conducted a mixed methods study to identify the perceived learning needs of preceptors. The highest rated topics in their study included communication, conflict resolution, clinical teaching skills, stress management and adjustment methods, and problems and coping strategies related to new graduate nurses.

Purpose of the study

The purpose of this study is to investigate the training needs of preceptors at a large military medical facility in the southeastern United States. The goal of the study is to identify what learning topics current preceptors at this facility identify as important for effective preceptorship, and then to evaluate how well the current course curriculum meets those needs. Additionally, this study will explore differences in identified needs based on the amount of experience as a preceptor.

Research questions

The specific research questions are:

1-What instructional topics do practicing preceptors at this facility identify as important for effective preceptorship?

2- How does the perceived training needs of the preceptors compare to the current course curriculum?

3-To what extent do the identified training needs differ when compared to the reported depth of experience as measured by: a) number of years of nursing experience, b) total number of preceptees and c) attendance or non-attendance at locally provided training?

CHAPTER II

METHODOLOGY

Research Design

This study used a quantitative research approach to obtain data on each of the four metrics required to conduct a needs reassessment using the CODE system developed by Tessmer et al. (1999). A cross-sectional survey design, which is well suited to measuring current attitudes and educational needs (Creswell & Guetterman, 2019) was used for data collection.

Participants and Sampling

The military medical center where the study took place is a state-of-the-art, full-service teaching hospital with 10 outlying primary care clinics which employs well over 1000 nurses. The population under study consists of nursing preceptors. In order to identify these nurses, unit leadership across the facility was asked to provide a list of names. The resulting list included 347 names of which 64 were male (18%) and 277 were female (82%). The distribution of primary work areas of the identified preceptors is as follows: Critical Care 20% (70), Emergency Room 12% (40), Mental Health 9% (31), Multiservice Ward 12% (37), Outpatient Clinics 9% (30), Surgical Services 16% (57), Women and Children 20% (68), not specified 2% (8). The final sample of 39 participants was derived from a convenience sample of those preceptors who elect participate in the survey (Creswell & Guetterman, 2019). Of the 39 total participants, 34 (87%) were female and 5 (13%) were male; 19 (49%) had attended the preceptor training course while 20 (51%) had not. Additional demographic information for the participants is displayed in Table 1. The generalizability of the results is limited due to the poor representativeness of the sample to the population and the method of sampling used.

Table 1
Demographic Characteristics of Participants

All Respondents			Attended NMCP Preceptor Course		
Gender		<i>n</i> =39	Gender		<i>n</i> =19
Male	5	12.8%	Male	0	0.0%
Female	34	87.2%	Female	19	100%
Unit Type			Unit Type		
Critical Care	5	12.8%	Critical Care	1	5.27%
Emergency	2	5.1%	Emergency	0	
Mental Health	2	5.1%	Mental Health	0	
Multiservice	4	10.3%	Multiservice	3	15.79%
Outpatient	7	17.9%	Outpatient	4	21.05%
Surgical Services	2	5.1%	Surgical Services	1	5.27%
Women and Children	17	43.6%	Women and Children	10	52.63%
Years of Nursing Experience			Years of Nursing Experience		
Less than 3	03	7.7%	Less than 3	3	15.79%
3	3	7.7%	3	2	10.53%
4	2	5.1%	4	0	
7	1	2.6%	7	0	
8	1	2.6%	8	1	5.27%
9	3	7.7%	9	2	10.53%
10	3	7.7%	10	1	5.27%
11	1	2.6%	11	0	
12	1	2.6%	12	1	5.27%
More than 12	21	53.9%	More than 12	9	47.36%
Number of Preceptees			Number of Preceptees		
1	3	7.7%	1	2	10.53%
2	6	15.4%	2	3	15.79%
3	4	10.3%	3	3	15.79%
4	6	15.4%	4	2	10.53%
5	5	12.8%	5	2	10.53%
6	3	7.7%	6	0	
8	2	5.1%	8	2	10.53%
9	1	2.6%	9	1	5.27%
10	3	7.7%	10	1	5.27%
More than 10	6	15.4%	More than 10	3	15.79%
Attended NMCP Course					
Yes	19	48.7%			
No	20	51.3%			

Instrumentation

The four metrics necessary to use the CODE system (Tessmer et al., 1999), and relevant demographic information, was measured using data from a survey developed for this study. A list of 28 training topics was generated from a review of the current literature, and from review of the current course curriculum. Example training topics include “General teaching techniques”, “Navy Nursing Professional Practice Model”, “How to teach prioritization” and “How to assess the preceptee’s competence”. For each training topic, survey participants were asked four different questions, each corresponding to one of the measures in the CODE system, with response options on a Likert scale. The first question was 'thinking back to the last time you precepted a new staff member, how important was it for you to know each of the following topics' with response options ranging from '1=It was not important for me to know this topic' to '5=It was extremely important for me to know this topic'. The second question was 'thinking back to the last time you precepted a new staff member, how often did you have the opportunity to apply the following topics' with options ranging from '1=I did not apply this topic during my last preceptorship' to '4=I applied knowledge of this topic on a daily basis'. The third question was 'for each topic listed below, indicate how difficult it was for you to learn' with response options ranging from '1=It was not difficult for me to learn this topic' to '5=It was extremely difficult for me to learn this topic'. The fourth question was 'as best you can remember, how much emphasis was placed on the following training topics during the Preceptor Training Course at Naval Medical Center Portsmouth', with response options ranging from '1=No emphasis was placed on this topic (this topic was not covered)' to '4=Heavy emphasis was placed on this topic'. The complete survey is included as Appendix A.

Procedures

Approval for the study was obtained from the College of Education and Professional Development's Human Subjects Review Committee at Old Dominion University (Appendix B) and the Institutional Review Board of the military facility (Appendix C). Additionally, key stakeholders at the facility were briefed and their approval for access to the study population was obtained. After obtaining the list of preceptors from individual unit leadership, an email invitation was sent to the identified preceptors requesting survey participation. The email included the purpose of the study, who to contact if questions arise, and a link to the electronic survey tool. The email also explicitly stated that no personally identifying data would be collected, and informed participants that completion was expected to take between 10 and 15 minutes. Additional invitations to participate were sent at 2 weeks and 4 weeks after the initial email, and additional recruitment was conducted in person with permission of the unit leadership.

Due to institutional requirements the survey was hosted on an internal intranet SharePoint page. SharePoint is a platform which allows organizations to share and manage content and applications. Access to add or modify data is controlled by the Information Management Department (IMD). Technicians from IMD built the survey and managed administrator permissions to the response data. Access to raw survey data was limited to those directly involved in the project and to select IMD administrators as required by the scope of their duties.

Data Analysis

In addition to standard statistical analysis of variance and distribution, a two-step analysis of scatterplot data was conducted to compare the current course curriculum to training needs as identified by the study participants. Figure 1, Ford & Wroten Model of Training Matches

(Tessmer et. al, 1999), was modified to account for the mixed Likert scales used in the survey instrument while retaining the upper and lower quartile limits to differentiate between training matches, deficiencies, or excesses (Figure 1).

Emphasis/Opportunity	4					
	3					
	2					
	1					
		1	2	3	4	5
	Importance					

Figure 1. Representative scatterplot analysis table for comparing response data pairs. Response pairs (importance with emphasis, or importance with opportunity) that fell in upper left quarter of the plot (blue in color) indicated training excesses while those in the lower right quarter indicated training deficiencies (red in color). Training matches are found in the middle (green in color). Adapted from “Reassessing Training Programs: A Model for Identifying Training Excesses and Deficiencies” by M. Tessmer, D. McCann, and M. Ludvigsen, 1999, *Educational Technology Research and Development*, 47(2), p. 88.

Difficulty ratings of the training topics given by study participants lacked variability, so this metric was excluded from analysis. Comparison of current curriculum with training needs was based on importance, emphasis and opportunity data only. Response data pairs were first plotted comparing importance and emphasis. Any topics with distribution patterns that indicated either training excess or deficiencies were then further analyzed. The second phase of analysis plotted importance and opportunity data pairs in order to substantiate or mitigate the excess or deficiency indicated in the first phase.

CHAPTER III

RESULTS

Research question 1

Due to non-normal distribution of the data, response counts for each Likert option for the individual training topics was examined (Table 2) in order to identify what instructional topics were felt to be the most important by preceptors.

Table 2
Response Counts for Importance Likert Scores

Topic	Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
How to teach prioritization	0	0	0	16	23
How to effectively listen to the preceptee	0	0	1	17	21
How to teach accountability	0	1	1	13	24
How to access clinical resources	0	0	2	19	18
How to teach teamwork	0	0	3	17	19
How to give constructive feedback	0	0	3	22	14
How to constructively respond to conflict	0	0	3	13	23
How to teach organization	0	1	4	17	17
How to teach critical thinking	0	0	4	11	23
How to teach delegation	0	0	6	18	15
How to develop orientation goals for the preceptee	0	0	6	21	12
How to assess the preceptee's competence	0	0	6	14	19
How to respond to a difficult preceptee	2	0	5	21	11
How to progress the preceptee to caring for a full load of patients	0	1	7	7	24
The general structure of the orientation program	0	0	9	18	12
Potential legal issues related to precepting	0	2	6	17	13
How to socialize the preceptee to nursing practice and to your specific nursing unit	1	1	8	15	14
How to transition from preceptorship to mentorship	2	2	7	20	8
How to support the preceptee through reality shock	0	5	6	16	12
How to manage stress related to precepting	0	2	8	17	11
Learning theories	2	2	10	13	12
About the teaching resources available to support you as a preceptor	1	5	8	13	12
How to respond to preceptorship burnout	1	3	11	15	9
The preceptor position description	2	0	14	10	13
How to complete/utilize the paperwork used during the orientation period	0	1	17	14	7
Empathizing with the preceptee's experience and feelings during orientation	6	4	13	11	5
Navy Nursing Professional Practice Model	9	6	10	9	5
General teaching techniques	9	6	10	9	5

By combining the response counts for 'Very Important' and 'Extremely important' the relative overall importance, as perceived by the preceptors, can be seen. Seven topics were scored as either 'Very' or 'Extremely' important by greater than 90% of participants; how to teach prioritization, how to effectively listen to the preceptee, how to teach accountability, how to access clinical resources, how to give constructive feedback, how to constructively respond to conflict, and how to teach teamwork. Conversely, 50% or less of the participants rated the following 3 topics as 'Very' or 'Extremely' important; empathizing with the preceptee's experience and feelings during orientation, general teaching techniques, and Navy Nursing Professional Practice Model. The most and least important topics as rated by preceptors is displayed in Table 3 with the corresponding number of 4 and 5 scale responses for each topic.

Table 3
Total Number of Very and Extremely Important Ratings for Selected Topics

Topic	#	n=39
How to teach prioritization	39	100%
How to effectively listen to the preceptee	38	98%
How to teach accountability	37	95%
How to access clinical resources	37	95%
How to teach teamwork	36	92%
How to give constructive feedback	36	92%
How to constructively respond to conflict	36	92%
Empathizing with the preceptee's experience and feelings during orientation	16	41%
Navy Nursing Professional Practice Model	14	36%
General teaching techniques	14	36%

Research question 2

The second research question sought to evaluate how well the current training course was meeting the identified training needs of current preceptors by applying the CODE system developed by Tessmer et. al (1999). Due to the non-variable nature of reported difficulty in learning the potential training topics as reported by the participants, simultaneous comparisons of all four of the CODE metrics could not be conducted as outlined in Tessmer et al. (1999).

Navy Professional Practice Model

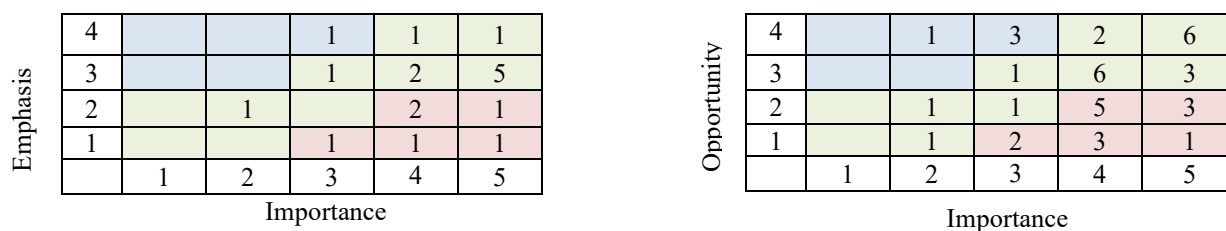


Figure 5. Two-phase scatterplot analysis tables for “Navy Professional Practice Model” demonstrating a deficient training state not mitigated by opportunity.

Research question 3

Research question three concerned identifying differences in the perceived importance of the potential instructional topics when compared to varying levels of preceptor experience. Comparisons were made between rated importance of topics and three different measures of experience: the total number of years of nursing experience, the total number of preceptees, and attendance status at the local course.

The relationship between total years of nursing experience and topic importance was analyzed using Mann-Whitney U comparison. This test more accurately identifies between group differences when data sets do not fall into a normal distribution pattern (Urdan, 2010). Based on Benner’s Novice to Expert theory, the preceptors were split into two groups. Benner stated that competence is generally reached after 3 years of experience (Benner, 1982). An additional year of experience was added to account for any residency program attendance or initial orientation time of the preceptors. Therefore, Group 1 contained preceptors with 4 years or less of experience while Group 2 contained all others. The Mann-Whitney test indicated that there was a significant difference in the perceived importance for “Navy Professional Practice Model” ($U = 60.5, p = 0.025$) between Group 1 (4 years or less of experience) and Group 2 (5 years or more of experience). The mean rank for importance of this topic was 27.94 for less

experienced group compared to 17.95 of the more experienced group. Additionally, the topic “how to teach accountability” also demonstrated significant differences between these groups ($U = 66, p = 0.044$) with mean ranks of 12.75 for the less experienced group and 21.87 for the more experienced.

A one-way between subjects ANOVA was used to analyze the relationship between preceptor experience as grouped by total number of preceptees to the rated level of importance of the potential instructional topics. For this test Group 1 included those preceptors who have worked with 3 or less preceptees, Group 2 included those preceptors who have work with between 4 to 7 preceptees, and Group 3 included those preceptors who have worked with 8 or more preceptees. There was a significant difference across the three groups to the rated importance for the following 3 potential instructional topics: ‘the teaching resources available to support you as a preceptor’ [$F(2,36) = 5.24, p = 0.010$], ‘how to develop orientation goals’ [$F(2,36) = 3.32, p = 0.047$], and ‘how to constructively respond to conflict’ [$F(2,36) = 3.38, p = 0.045$].

The relationship between attendance at the locally provided training course and importance of potential training topics was also examined using Mann-Whitney U testing. A significant difference was noted in the rated level of importance for ‘about the teaching resources available to support you as a preceptor’ ($U = 119.5, p = 0.047$) between the groups. The mean rank for importance of this topic was 23.71 for those who had attended the local training course compared to 16.48 of those who had not attended. Additionally, the topic ‘how to respond to preceptorship burnout’ demonstrated significant differences in importance ratings between groups ($U = 101, p = 0.012$). The attended training group mean rank was 24.68 compared to the not attended training group mean rank of 15.55.

CHAPTER IV

DISCUSSION

The purpose of this study was to identify the training topics that practicing preceptors felt were the most important, determine if there was a relationship between different levels of experience and how important the preceptors felt the various topics were, and to evaluate how well the current course curriculum matches the identified training needs of preceptors.

Important topics and relationship to experience level of preceptor

The instructional topics identified as important by this sample were partly consistent with the common important instructional themes seen in the preceptor training programs highlighted in the current literature. Effective communication skills, such as giving feedback, listening, and responding to conflict, were identified across the prior research as important topics (Bengtsson & Carlson, 2015; Foy et al., 2013). 97% of this sample also rated those topics as either ‘Very’ or ‘Extremely’ important. Furthermore, ‘how to constructively respond to conflict’ had statistically significant differences in importance when preceptors were grouped by total number of preceptees. Those preceptors who had worked with 8 or more preceptees found this topic less important ($m = 4.17$) than those who had worked with 3 or less, or between 4 to 7 preceptees ($m = 4.54$; $m = 4.79$). Interestingly, the participants for this study did not feel ‘empathizing with the preceptee’s experience and feelings during orientation’ was highly important. Only 16 study participants rated this topic as ‘Very’ or ‘Extremely’ important. There was not a statistically significant difference on any of the variance analyses comparing the importance rate to the different measures of experience. There was also no discernible pattern to the demographics for gender, current unit assignment, or level of education noted on visual examination. It is unclear with the available data from this study why this data pattern emerged as these two topics are

complimentary to each other and so would have been expected to have similar importance ratings.

Another instructional topic theme found to be important in the literature was clinical teaching skills. This includes topics such as developing goals, assessing competence, and how to teach non-clinical skills like teamwork, organization, accountability, and critical thinking (Bengtsson & Carlson, 2015; Chang et al., 2015; Foy et al., 2013). Results from this study were mixed. A high proportion of participants (92%) rated teaching accountability and teamwork as either 'Very' or 'Extremely' important. 'How to teach accountability' was also one of the topics which demonstrated statistically significant differences in importance when preceptors were grouped by years of nursing experience. More experienced preceptors rated this topic higher ($m = 21.87$) than less experienced ($m = 12.75$). The other instructional topics in this theme (developing goals, teaching organization, and assessing competence) had a lower proportion of participants (84%) rate the topic as highly important. However, 'how to teach prioritization', which was not singled in prior research as an important topic, was found to be the most important topic by this study's participants. 100% of the participants rated this instructional topic as either 'Very' or 'Extremely' important. This is not surprising when the nature of the work nurses perform is taken into consideration. Additionally, 'how to develop orientation goals' had statistically significant differences in importance when preceptors were grouped by total number of preceptees. Those with 4 to 7 preceptees found this topic more important ($m = 4.5$) than those with 3 or less ($m = 4.00$) or those with 8 or more ($m = 3.92$).

A third broad theme for important instructional topics concerns potential problems in precepting. This includes such topics as stress management, adjustment methods, and common problems encountered with new graduates and associated coping strategies (Chang et al., 2015).

Again, this study showed mixed results. 32 (82%) of study participants said that it was either 'Very' or 'Extremely' important to know 'how to respond to a difficult preceptee'. Other associated topics, such as 'how to support the preceptee through reality shock' and 'how to socialize the preceptee' received even fewer 'Very' or 'Extremely' important ratings. 'How to respond to preceptor burnout' only received 24 (61.5%) 'Very' or 'Extremely' important ratings across the full sample. However, there was a statistically significant difference in how important the topic was felt to be by those who had attended the local course ($m = 24.68$) versus those who had not ($m = 15.55$). It is probable that after attending the local course, those preceptors were now aware of this as a potential problem and thus rated the topic as more important than those we had not been introduced to the issue.

The last theme of potential instructional topics is comprised of basic information or foundational knowledge. Important topics in the literature from this theme includes roles and responsibilities of preceptors, general teaching techniques, and learning theory (Bengtsson & Carlson, 2015; Foy et al., 2013). Overall, this sample rated these topics as moderately important with approximately 60% of responses falling in the 'Very' or 'Extremely' important categories. Two different topics demonstrated statistically significant differences in importance when compared to the experience level of the preceptor. 'About the teaching resources available to support you as a preceptor' was found to be more important to those preceptors who had attended the local training ($m = 23.17$) than for those who had not ($m = 16.48$). Again, it is likely that those who attended the training were now aware of the supporting resources and the associated value of those resources, and thus found this topic to be more important. This topic was also more important to those preceptors who had worked with 3 or fewer preceptees ($m = 4.38$) compared to 4 to 7 preceptees group ($m = 3.79$) or the 8 or more preceptee group ($m =$

3.08). This data pattern makes sense. With ample experience in teaching, supporting resources become less vital.

The last interesting finding concerned the responses for importance of the ‘Navy Professional Practice Model’. This topic is unique to this practice environment and does not appear in the literature review. However, since it is a current topic of instruction it was included on the survey. The Navy Nurse Corps Professional Practice Model was informally published on a military owned secure community called MilSuite in 2017. At the time of this study the model, while considered an active and applicable standard, has not been formally published in manuscript form and has not been widely implemented at a practical level. Due to these factors, the results for this topic were not surprising. Only 14 (36%) of the participants rated this topic as ‘Very’ or ‘Extremely’ important. Further, the response data for this topic had statistically significant differences in importance when preceptors were grouped by years of nursing experience. Those preceptors with 4 years or less of nursing experience overall found this topic to be more important (mean rank = 27.94) than those nurses with 5 or more years of experience (mean rank = 19.74).

Extent curriculum is meeting the needs of preceptors

Based on the two-phase analysis using the modified CODE system discussed earlier (see Table 4), 5 of the 28 topics included on the survey were determined to be a training match between importance and emphasis. However, of the 23 identified deficiencies, 8 were found to have adequate opportunity to apply on the job. The remaining topics had varying degrees of opportunity to apply on the job and so were classified as either a partial deficiency or an actual deficiency.

Based on the CODE system (Tessmer et al., 1999) analysis, topics that have a partial deficiency of training time include how to constructively respond to conflict, how to progress the preceptee to caring for a full load of patients, preceptor position description, empathizing with the preceptee's experience and feelings during orientation, and general teaching techniques. Lastly, 7 topics were evaluated as training deficiencies when the CODE system (Tessmer et al., 1999) was applied. Those topics are: how to respond to a difficult preceptee, the general structure of the orientation program, how to transition from preceptorship to mentorship, how to manage stress related to precepting, about the teaching resources available to support you as a preceptor, how to respond to preceptorship burnout, and the Navy Nursing Professional Practice Model.

Implications

Resolving either the partial or the full training deficiencies does not necessarily require more in class time. Subjects such as general teaching techniques, preceptor position description, general structure of the orientation program, and the available teaching resources could be covered via written materials provided in conjunction with training. Job aids, or other reference materials could be provided on subjects such as responding to a difficult preceptee, burnout, or stress management for reference as necessary when dictated by specific circumstances. Other ideas include the utilization of newsletter style materials. Monthly or quarterly newsletters could be provided via email to previous course participants. These newsletters could be used to introduce material not covered in class, or to supplement or reinforce the course content. One topic in the partial deficiency category could likely benefit from additional class time; how to constructively respond to conflict. Due to the intrapersonal nature of this topic it is difficult to effectively teach using only written materials.

Limitations and recommendations for future research

Only 19 of the study's 39 participants had attended the local training course. Analysis using emphasis data was therefore limited. Further analysis should be undertaken to ascertain the extent to which the identified deficiencies would be further mitigated by a higher proportion of course attendance. Alternatively, additional cohorts of course attendees could complete the survey to substantiate or dispute the currently available emphasis data.

Another significant limitation in the analysis of the training state (match, excess, or deficiency) was the lack of variability in the difficulty ratings. Future studies should be designed to elicit a greater amount of variability for this metric so that the full CODE system can be applied. Considerations to accomplish this include using a broader Likert scale (i.e. 0-10 vice 0-5) or asking participants to rank the topics in order from most difficult to least difficult. It would also be interesting to ask participants directly to identify training topics they feel are not covered adequately, and how they would learn those topics best. This would both corroborate any training deficiencies found in the analysis and provide insight into desirable mechanisms to resolve them.

This study was specifically designed to be focused on the perspective of the preceptors themselves. However, this model of novice training involves a relationship between two individuals. Accordingly, the preceptees themselves could provide additional insight on training topics of high importance to an effective preceptorship experience. Potential questions preceptees could answer that would inform curriculum development include: how important they feel it is for preceptors to have mastery of the various topics, how often their preceptor displayed knowledge of the various topics, and what nursing related knowledge or skills was the most difficult for them to learn as preceptees. This information could then be cross-referenced to the

data provided by the preceptor to give a more complete picture of the relationship and what is vital for it to flourish.

Lastly, the quantitative data obtained as part of the study could be further examined via the use of qualitative data collection such as interviews or focus groups.

Conclusion

Formal training for nursing preceptors is agreed by educators and professional development staff to be a worthwhile investment of resources. When such training programs are provided, steps should be taken to ensure they are based on evidence and are meeting the needs of the learners. The preceptors who participated in this study generally agreed that the same topics found in the literature are important for effective preceptorship, though to varying degrees. Several topics demonstrated a relationship between the preceptor's experience level and how important they felt the topic was, which further supports the need for ongoing needs assessments. Lastly, the CODE system developed by Tessmer et al. (1999) was applied in a modified format to determine how well the current training curriculum is meeting the needs of preceptors at this facility. Several topics were identified which could benefit from either additional training time, or outside of class educational activities. Organizational stakeholders should consider the findings, the unique characteristics of this facility, and consult with professional development subject matter experts for resource allocation decisions.

References

- Alspach, G. J. (1988). *From staff nurse to preceptor-A preceptor training program: Instructor's Manual*. Secaucus, NJ: Hospital Publications, Inc.
- Baltimore, J. J. (2004). The hospital clinical preceptor: Essential preparation for success. *The Journal of Continuing Education in Nursing, 35*(3), 133-140.
- Bengtsson, M., & Carlson, E. (2015). Knowledge and skills needed to improve as preceptor: development of a continuous professional development course-a qualitative study part 1. *BMC Nursing, 14*(51), 1-7. doi:10.1186/s12912-015-0103-9
- Benner, P. (1982). From Novice to Expert. *American Journal of Nursing, 82*(3), 402-407.
- Boyer, A. S. (2008). Competence and innovation in preceptor development: Updating our programs. *Journal for Nurses in Staff Development (JNSD), 24*(2), E1-E6.
doi:10.1097/01.NND.0000300872.43857.0b
- Chang, C.-C., Lin, L.-M., Chen, I.-H., Kang, C.-M., & Chang, W.-Y. (2015). Perceptions and experiences of nurse preceptors regarding their training courses: A mixed method study. *Nurse Education Today, 35*(1), 220-226. doi:10.1016/j.nedt.2014.08.002
- Clipper, B., & Cherry, B. (2015). From transition shock to competent practice: Developing preceptors to support new nurse transition. *The Journal of Continuing Education in Nursing, 46*(10), 448-454. doi:10.3928/00220124-20150918-02
- Cotter, E., & Dienemann, J. (2016). Professional development of preceptors improves nurse outcomes. *Journal for Nurses in Professional Development, 32*(4), 192-197.
doi:10.1097/NND.0000000000000266
- Creswell, J. W., & Guetterman, T. C. (2019). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (6th ed.). New York, NY: Pearson.

- Edward, K.-L., Ousey, K., Playle, J., & Giandinoto, J.-A. (2017). Are new nurses work ready – The impact of preceptorship. An integrative systematic review. *Journal of Professional Nursing*, 33(5), 326-333. doi:10.1016/j.profnurs.2017.03.003
- Finn, L. F., & Chesser-Smyth, L. P. (2013). Promoting learning transfer in preceptor preparation. *Journal for Nurses in Professional Development*, 29(6), 309-315.
doi:10.1097/NND.0000000000000014
- Foy, D., Carlson, M., & White, A. (2013). RN preceptor learning needs assessment. *Journal for Nurses in Professional Development*, 29(2), 64-69. doi:10.1097/NND.0b013e318287aa12
- Hardyman, R., & Hickey, G. (2001). What do newly-qualified nurses expect from preceptorship? Exploring the perspective of the preceptee. *Nurse Education Today*, 21(1), 58-64.
doi:10.1054/nedt.2000.0511
- Horton, C. D., Depaoli, S., Hertach, M., & Bower, M. (2012). Enhancing the effectiveness of nurse preceptors. *Journal for Nurses in Staff Development*, 28(4), E8-E9.
doi:10.1097/NND.0b013e31826385b9
- Lee-Hsieh, J., O'Brien, A., Liu, C.-Y., Cheng, S.-F., Lee, Y.-W., & Kao, Y.-H. (2016). The development and validation of the Clinical Teaching Behavior Inventory (CTBI-23): Nurse preceptors' and new graduate nurses' perceptions of precepting. *Nurse Education Today*, 38, 107-114. doi:10.1016/j.nedt.2015.12.005
- Myrick, F., & Awrey, J. (1988). The effect of preceptorship on the clinical competency of baccalaureate student nurses: A pilot study. *The Canadian Journal of Nursing Research*, 20(3), 29-43.
- Myrick, F., Luhanga, F., Billay, D., Foley, V., & Yonge, O. (2012). Putting the evidence into preceptor preparation. *Nursing Research and Practice*, 1-7. doi:10.1155/2012/948593

- Myrick, F., & Yonge, O. (2005). *Nursing preceptorship connecting practice and education*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Navy Nurse Corps. (2017). *Navy Nursing Professional Practice Model*. Manuscript in preparation. Retrieved from <https://milsuite.mil/navynursecorps/ppm>
- Piccinini, C. J., Hudlun, N., Branam, K., & Moore, J. M. (2018). The effects of preceptor training on new graduate registered nurse transition experiences and organizational outcomes. *The Journal of Continuing Education in Nursing, 49*(5), 216-220.
doi:10.3928/00220124-20180417-06
- Pilcher, J. (2016). Learning Needs Assessment: Not Only for Continuing Education. *Journal for Nurses in Professional Development, 32*(4), E8-E8.
doi:10.1097/NND.0000000000000281
- Quek, G. J. H., & Shorey, S. (2018). Perceptions, experiences, and needs of nursing preceptors and their preceptees on preceptorship: An integrative review. *Journal of Professional Nursing, 34*(5), 417-428. doi:10.1016/j.profnurs.2018.05.003
- Tessmer, M., McCann, D., & Ludvigsen, M. (1999). Reassessing training programs: A model for identifying training excesses and deficiencies. *Educational Technology Research and Development, 47*(2), 86-99. doi:10.1007/BF02299468
- Ulrich, B. T. (2012). *Mastering precepting a nurse's handbook for success*. Indianapolis, IN: Sigma Theta Tau International.
- Urduan, T. C. (2010). *Statistics in Plain English* (3rd ed.). New York; NY: Routledge.
- Ward, A., & McComb, S. (2017). Precepting: A literature review. *Journal of Professional Nursing, 33*(5), 314-325. doi:10.1016/j.profnurs.2017.07.007

Witkin, B. R., & Altschuld, J. W. (1995). *Planning and conducting needs assessments a practical guide*. Thousand Oaks: Sage Publications.

Appendix A

Naval Medical Center Portsmouth Preceptor Training Needs Survey

This survey is intended to assess your training needs as it pertains *specifically to your role as a clinical preceptor*. You will be asked for your opinions on preceptor training as it relates to preceptorship of clinical staff (RN, LPN/LVN, or HM). Completing this survey should take approximately 5-10 minutes. You will not be asked to provide any personally identifiable information. Thank you for your time and participation.

1) What is your gender?

- Female Male

2) Are you an RN or an LPN/LVN?

- RN LPN/LVN

3) What is your primary work area?

- Multi-Service Ward Emergency Room
 Women and Children Surgical Services
 Critical Care Outpatient
 Mental Health Other: [allow participant to write in response]

4) How many years of nursing experience do you have?

- Less than 3 6 10
 3 7 11
 4 8 12
 5 9 more than 12

5) What is the highest educational level you have completed?

- Diploma Master's degree in Nursing
 Associate Degree Masters' degree in another field
 Bachelor's degree in Nursing Doctor of Nursing Practice
 Bachelor's degree in another field Doctor of Philosophy

6) How many clinical staff members have you precepted in the *last 2 years*?

- 0 4 8
 1 5 9
 2 6 10
 3 7 more than 10

If you have not precepted any clinical staff in the last 2 years, please stop the survey here. Thank you for your time.
 [submit button]

7) Have you participated in any training specific to preceptorship? Select all that apply.

- None Completed an online course
 Read books or articles Formal classroom training at another facility
 Participated in unit-based training Formal classroom training at NMCP
 Shadowed another preceptor

Below is a list of training topics that may be important for a clinical preceptor to know. Read each topic and answer the question from your personal experience.					
Thinking back to the last time you precepted a new staff member, how important was it for you to know each of the following topics?	1=It was Not Important for me to know this topic				
	2=It was Slightly Important for me to know this topic				
	3= It was Moderately Important for me to know this topic				
	4= It was Very Important for me to know this topic				
	5= It was Extremely Important for me to know this topic				
8. The preceptor position description (responsibilities, duties, and scope)	1	2	3	4	5
9. The general structure of the orientation program	1	2	3	4	5
10. Learning theories	1	2	3	4	5
11. General teaching techniques	1	2	3	4	5
12. Navy Nursing Professional Practice Model	1	2	3	4	5
13. Teaching resources available to support you as a preceptor	1	2	3	4	5
14. Potential legal issues related to precepting	1	2	3	4	5
15. How to empathize with the preceptee's experience and feelings during orientation	1	2	3	4	5
16. How to access clinical resources	1	2	3	4	5
17. How to develop orientation goals for the preceptee	1	2	3	4	5
18. How to socialize the preceptee to nursing practice and to your specific nursing unit	1	2	3	4	5
19. How to progress the preceptee to caring for a full load of patients	1	2	3	4	5
20. How to support the preceptee through reality shock (defined as the internal conflict felt when the reality of the practice of nursing does not match preconceived expectations)	1	2	3	4	5
21. How to assess the preceptee's competence	1	2	3	4	5
22. How to complete/utilize the paperwork used during the orientation period (ex: preceptor packet, weekly progress reports, competency forms)	1	2	3	4	5
23. How to give constructive feedback	1	2	3	4	5
24. How to effectively listen to the preceptee	1	2	3	4	5
25. How to teach teamwork	1	2	3	4	5
26. How to teach delegation	1	2	3	4	5
27. How to teach critical thinking	1	2	3	4	5
28. How to teach prioritization	1	2	3	4	5
29. How to teach organization	1	2	3	4	5
30. How to teach accountability	1	2	3	4	5

31. How to constructively respond to conflict	1	2	3	4	5
32. How to respond to a difficult preceptee	1	2	3	4	5
33. How to manage stress related to precepting	1	2	3	4	5
34. How to respond to preceptorship burnout	1	2	3	4	5
35. How to transition from preceptorship to mentorship	1	2	3	4	5
Other topic not listed (please write in)					
36.	1	2	3	4	5
37.	1	2	3	4	5
38.	1	2	3	4	5
39.	1	2	3	4	5

Work experiences help us learn and retain information. Below is a list of training topics that you may have applied while working as a preceptor. Read each topic and answer the question from your personal experience.					
Thinking back to the last time you precepted a new staff member, how frequently did you have the opportunity to apply the following topics?	1=I did not apply this topic during my last preceptorship				
	2=I applied knowledge of this topic once or twice over the entire course of my last preceptorship				
	3=I applied knowledge of this topic on a weekly basis				
	4=I applied knowledge of this topic on a daily basis				
40. The preceptor position description (responsibilities, duties, and scope)	1	2	3	4	
41. The general structure of the orientation program	1	2	3	4	
42. Learning theories	1	2	3	4	
43. General teaching techniques	1	2	3	4	
44. Navy Nursing Professional Practice Model	1	2	3	4	
45. Teaching resources available to support you as a preceptor	1	2	3	4	
46. Potential legal issues related to precepting	1	2	3	4	
47. How to empathize with the preceptee's experience and feelings during orientation	1	2	3	4	
48. How to access clinical resources	1	2	3	4	
49. How to develop orientation goals for the preceptee	1	2	3	4	
50. How to socialize the preceptee to nursing practice and to your specific unit	1	2	3	4	
51. How to progress the preceptee to caring for a full load of patients	1	2	3	4	
52. How to support the preceptee through reality shock (defined as the internal conflict felt when the reality of the practice of nursing does not match preconceived expectations)	1	2	3	4	
53. How to assess the preceptee's competence	1	2	3	4	
54. How to complete/utilize the paperwork used during the orientation period (ex: preceptor packet, weekly progress reports, competency forms)	1	2	3	4	
55. How to give constructive feedback	1	2	3	4	
56. How to effectively listen to the preceptee	1	2	3	4	
57. How to teach teamwork	1	2	3	4	
58. How to teach delegation	1	2	3	4	
59. How to teach critical thinking	1	2	3	4	

60. How to teach prioritization	1	2	3	4
61. How to teach organization	1	2	3	4
62. How to teach accountability	1	2	3	4
63. How to constructively respond to conflict	1	2	3	4
64. How to respond to a difficult preceptee	1	2	3	4
65. How to manage stress related to precepting	1	2	3	4
66. How to respond to preceptorship burnout	1	2	3	4
67. How to transition from preceptorship to mentorship	1	2	3	4
Other topic not listed (please write in)				
68.	1	2	3	4
69.	1	2	3	4
70.	1	2	3	4
71.	1	2	3	4

The process of learning new things is different for each individual. Read each topic and answer the question from your personal experience.				
For each topic listed below, indicate how difficult it was for you to learn .	1=It was Not Difficult for me to learn this topic			
	2=It was Slightly Difficult for me to learn this topic			
	3=It was Moderately Difficult for me to learn this topic			
	4=It was Very Difficult for me to learn this topic			
	5=It was Extremely Difficult for me to learn this topic			
72. The preceptor position description (responsibilities, duties, and scope)	1	2	3	4
73. The general structure of the orientation program	1	2	3	4
74. Learning theories	1	2	3	4
75. General teaching techniques	1	2	3	4
76. Navy Nursing Professional Practice Model	1	2	3	4
77. Teaching resources available to support the preceptor	1	2	3	4
79. Potential legal issues related to precepting	1	2	3	4
79. How to empathize with the preceptee's experience and feelings during orientation	1	2	3	4
80. How to access clinical resources	1	2	3	4
81. How to develop orientation goals for the preceptee	1	2	3	4
82. How to socialize the preceptee to nursing practice and to your specific nursing unit	1	2	3	4
83. How to progress the preceptee to caring for a full load of patients	1	2	3	4
84. How to support the preceptee through reality shock (defined as the internal conflict felt when the reality of the practice of nursing does not match preconceived expectations)	1	2	3	4
85. How to assess the preceptee's competence	1	2	3	4

86. How to complete/utilize the paperwork used during the orientation period (ex: preceptor packet, weekly progress reports, competency forms)	1	2	3	4	5
87. How to give constructive feedback	1	2	3	4	5
88. How to effectively listen to the preceptee	1	2	3	4	5
89. How to teach teamwork	1	2	3	4	5
90. How to teach delegation	1	2	3	4	5
91. How to teach critical thinking	1	2	3	4	5
92. How to teach prioritization	1	2	3	4	5
93. How to teach organization	1	2	3	4	5
94. How to teach accountability	1	2	3	4	5
95. How to constructively respond to conflict	1	2	3	4	5
96. How to respond to a difficult preceptee	1	2	3	4	5
97. How to manage stress related to precepting	1	2	3	4	5
98. How to respond to preceptorship burnout	1	2	3	4	5
99. How to transition from preceptorship to mentorship	1	2	3	4	5
Other topic not listed (please write in)					
100.	1	2	3	4	5
101.	1	2	3	4	5
102.	1	2	3	4	5
103.	1	2	3	4	5

The next set of questions will ask about your experiences during the Preceptor Training Course offered at NMCP. If you have not attended the Preceptor Training Course offered at NMCP, please stop the survey here. Thank you for your time. [submit]

Multiple instructors are used to teach the various modules covered in the current Preceptor Training Course. Think back to when you attended this course. Read each topic and answer the question from your personal experience.	
As best as you can remember, how much emphasis was placed on the following training topics during the Preceptor Training Course at NMCP?	<p>1=No emphasis was placed on this topic (this topic was not covered)</p> <p>2=Minimal emphasis was placed on this topic</p> <p>3=Moderate emphasis was placed on this topic</p> <p>4=Heavy emphasis was placed on this topic</p>
104. The preceptor position description (responsibilities, duties, and scope)	1 2 3 4
105. The general structure of the orientation program	1 2 3 4
106. Learning theories	1 2 3 4
107. General teaching techniques	1 2 3 4
108. Navy Nursing Professional Practice Model	1 2 3 4
109. Teaching resources available to support you as a preceptor	1 2 3 4
110. Potential legal issues related to precepting	1 2 3 4
111. How to empathize with the preceptee's experience and feelings during orientation	1 2 3 4
112. How to access clinical resources	1 2 3 4
113. How to develop orientation goals for the preceptee	1 2 3 4
114. How to socialize the preceptee to nursing practice and to your specific nursing unit	

115. How to progress the preceptee to caring for a full load of patients	1	2	3	4
116. How to support the preceptee through reality shock (defined as the internal conflict felt when the reality of the practice of nursing does not match preconceived expectations)	1	2	3	4
117. How to assess the preceptee's competence	1	2	3	4
118. How to complete/utilize the paperwork used during the orientation period (ex: preceptor packet, weekly progress reports, competency forms)	1	2	3	4
119. How to give constructive feedback	1	2	3	4
120. How to effectively listen to the preceptee	1	2	3	4
121. How to teach teamwork	1	2	3	4
122. How to teach delegation	1	2	3	4
123. How to teach critical thinking	1	2	3	4
124. How to teach prioritization	1	2	3	4
125. How to teach organization	1	2	3	4
126. How to teach accountability	1	2	3	4
127. How to constructively respond to conflict	1	2	3	4
128. How to respond to a difficult preceptee	1	2	3	4
129. How to manage stress related to precepting	1	2	3	4
130. How to respond to preceptorship burnout	1	2	3	4
131. How to transition from preceptorship to mentorship	1	2	3	4
Other topic not listed (please write in)				
132.	1	2	3	4
133	1	2	3	4
134.	1	2	3	4
135.	1	2	3	4

Thank you for your time. [Submit]

Appendix B



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TO: Tian Luo

FROM: Old Dominion University Education Human Subjects Review Committee

PROJECT TITLE: [1432758-1] Evaluation of Naval Medical Center Portsmouth Precptor Training Course

REFERENCE #:

SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS

DECISION DATE: May 22, 2019

REVIEW CATEGORY: Exemption category # 1

Thank you for your submission of New Project materials for this project. The Old Dominion University Education Human Subjects Review Committee has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Laura Chezán at (757) 683-7055 or lchezan@odu.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Old Dominion University Education Human Subjects Review Committee's records.

Appendix C

Clinical Investigation Department, Naval Medical Center Portsmouth

620 John Paul Jones Circle, Portsmouth, VA 23708 (757) 953-5939 Fax (757) 953-5298, DSN 377-5939



02 May 2019

Thomas S. Rieg, PhD
Research Director

Kersten N. Wheeler, MS
Deputy Director
Division Head,
Research Subjects Protection

June G. Brockman, BA
Division Head,
Research Resources

Joanna E. Fishback, DVM
Major, VC, USA
Division Head,
Laboratory Animal Medicine

From: Deputy, Clinical Investigation Department
To: CDR Lalon Kasuske, NC, USN and LCDR Angela Healy, NC, USN

SUBJ: LETTER OF WAIVER OF IRB REVIEW FOR PROGRAM
EVALUATION/QUALITY IMPROVEMENT PROJECT

1. Your project titled, "NMCP.2019.0070: NMCP Nurse Preceptor Training Needs Assessment" does not require IRB review. Navy policy states that these types of program evaluation projects are exempt from IRB review.
2. Projects that do not require IRB approval are not eligible for Clinical Investigation Department travel funds.
3. You will still need to obtain publication approval for the project which is required for all works presented or published outside of NMCP.
4. I remain available and may be reached at (757)953-5939.

Kersten Wheeler
K. N. WHEELER