**Project Scope and Plan (PSP)**

General Information:

Project name: Preceptor Workshop

Project Manager: Cheryl Klinkner

Site: Spectrum Health Butterworth Emergency Department

Location: Grand Rapids, MI

1. **Project Overview:** Describe the product or service of the project, the reason the project will be undertaken, and the purpose of the project. Discuss the problem or opportunity this project addresses. Include the quality and safety issue this project will address. Give evidence base practice literature or nursing data bases relevant to the project.

I work in a level one trauma center. Our emergency department (ED) sees over 109,000 patients a year and employs over 200 health care professionals, with 150 of them being registered nurses (RN). With the current national shortage in nursing, the increase in high acuity patients within our department and the constant turnover of RN’s due to the high stress environment, it is not uncommon for 10-15 nurses to be on orientation at all times. The orientation process can take anywhere from 12-20 weeks depending on the RN’s education and previous experience prior to hire. Our department has a great program for the orientation process of the newly hired nurse but we lack education and support for our preceptors. This lack of education and support for our preceptors has provided the opportunity for my project. I would like to develop a preceptor workshop. This workshop would increase the knowledge and skill set of the preceptor along with assist the preceptor in diagnosing performance problems and resolving conflict between the preceptor and orientee.

Being a preceptor can be both stressful and challenging. According to the Emergency Nurses Association (ENA),

a preceptor should possess the following qualities: an expertise in nursing,

ability to function as a role model, interest in teaching and desire to serve as

a preceptor, capability to assess learning needs, effective communication

skills and be competent at providing meaningful performance evaluations.

(Emergency Nurses Association [ENA], 2011, p. 2)

Even though we know certain qualities are important for the preceptor role, there has been no preparation or education provided for the preceptors within our department. There have been no specific competencies, which preceptors are held accountable for. “Precepting is a complex and advanced role for nurses that they need to be properly prepared for. Thus, preceptor preparation needs to be organized” (Carlson, 2013, p. 1). There has been an increase in valuable studies and literature discussing the importance of preceptors in the orientation process. Preceptor training programs have increased nursing satisfaction and retention resulting in a savings for the organization. “The cost or orientating a new nurse is estimated to cost between $50,000 and $65,000 depending on the area of expertise” (Blozen, 2010, p. 41). By developing a preceptor workshop, consistent orientation can be provided for all new RN’s providing equal experiences through real life patient care or simulation labs. These opportunities develop critical thinking skills, build self confidence and increase the quality of patient care provided. With a strong orientation process and support for the preceptors, new nurses in the emergency department will be successful and competent in the skill set necessary to provide quality patient care.

1. **Project Goal(s):** Describe project specific goal(s) using SMART (specific, measurable, accurate and agreed to, realistic and time bound/dated) formula. These goals will be evaluated to determine the success or failure of the project.

The goal of this project is to develop a preceptor workshop by April 15, leading to a consistent orientation, confident nursing staff and improving the quality of patient care in an environment that promotes personal and professional growth.

1. **Project Objectives/Deliverables:** List all of the specific items or services that must be produced in order to fulfill the goal of the project. All of the objectives/deliverables are measurable outcomes or specific products or services. These are listed in a logical order to complete the project on time.

.

1. Research literature for Evidence Based Practice on preceptor education by February 3, 2013.
2. Meet with interdisciplinary team to discuss project goal by February 4, 2013.
3. Develop a questionnaire to assess the orientation/preceptor relationship and process to give to RN’s who have just finished orientation in the last 6 months by February 5, 2013.
4. Validate skill level of preceptors on February 6, 2013.
5. Evaluate the questionnaire from nurses just off orientation by February 12, 2013.
6. Develop a check-off sheet of missed skills noted by previous orientees by February 13, 2013.
7. Clarify the preceptor role with staff by February 15, 2013.
8. Assign orientees to preceptors for their orientation process by February 16, 2013.
9. Meet with each group of preceptor/orientee to go over their orientation validation tool (OVT), March 15, 2013.
10. Develop a plan to give the orientee additional critical care experience in the simulation lab by March 20, 2013.
11. Provide simulation experiences for orientees and preceptors in 2 hour time frames by April 10, 2013.
12. Meet with preceptor/orientee to review progression and OVT by April 15, 2013.
13. Assess the orientation process through the same questionnaire provided to the last group of orientees by April 20, 2013.
14. Evaluate the questionnaire looking for improvements with the preceptor support group in place by April 25, 2013.
15. Meet with interdisciplinary team to determine the success of the project by April 30, 2013.
16. **List of Project Requirements/Activities/Task:** List all corresponding objectives the necessary specifications of the objective/deliverables. Example 1.1, 1.2, 1.3, 1.4, ect.
17. Complete by February 3, 2013
    1. Research literature for EBP regarding preceptor education
    2. Look for studies pertaining to preceptor education
    3. Look for specific literature regarding preceptor/orientee relationships
18. Complete by February 4, 2013

2.1 Meet with interdisciplinary team consisting of project manager (CK), department

manager (LR), day shift educator (JB), afternoon supervisor (AG), RN co-worker who is a seasoned preceptor (ML), new graduate just off orientation (KR) and new graduate just starting orientation (MP).

2.2 Discuss plan of action to coordinate Preceptor Workshop

3. Complete by February 5, 2013

3.1 Nurses ML, KR, MP and project manager CK will work together to develop a

questionnaire look for areas of strength and weaknesses throughout the orientation

process.

3.2 Distribute the questionnaire to all new nurses in the ER who have been off

orientation less than 6 months.

4. Complete by February 6, 2013

4.1 Validate skills of preceptors with project manager CK and day shift educator JB.

4.2 Assess the needs of the preceptors from interdisciplinary team

4.3 Distribute self-evaluation tool to preceptors

4.4 Explain the reason of preceptor workshop

5. Complete by February 12, 2013

5.1 Evaluate the questionnaire that was distributed on February 5, 2013 with RN ML

5.2 Look for areas of improvement to work on

5.3 Set goals for the preceptor workshop to enhance the orientation process

6. Complete by February 13, 2013

6.1 Develop a check off sheet of missed areas of education from questionnaire results

with RN ML.

6.2 Develop a plan with educator JB to include missed skills for next group of

orientees.

7. Complete by February 15, 2013

7.1 Clarify the preceptor role at a preceptor workshop meeting

8. Complete by February 16, 2013

8.1 Assign orientees to preceptors for their orientation process with educator JB and

project manager CK

8.2 Assess personalities and background in order to get a good fit for the orientee and

the preceptor with educator JB and project manager CK

8.3 Do a meet and great with preceptors and orientees before first day on the floor

together.

9. Complete by March 15, 2013

9.1 Project manager CK to meet with each preceptor/orientee group to review OVT

9.2 Project manager CK to create goals with each preceptor/orientee to maximize

their orientation time to allow for excellent learning experiences

9.3 Create a schedule plan with supervisor AG to put orientees in high acuity areas

with their preceptors while still on orientation and enhance their exposure to

higher acuity patients

10. Complete by March 20, 2013

10.1 Project manager CK to develop a plan to give the orientee additional critical care

experiences in the simulation lab.

10.2 Project manager CK to schedule 2 hour time frames, CK to meet with

both the orientee/preceptor to go over critical care simulation

situations and allow for additional learning opportunities

10.3 Develop critical simulation scenarios to load on the simulation computer

11. Complete by April 10, 2013

11.1 Project manager CK provides 2 hour time slots for simulation for both the

orientee and preceptor

11.2 Project manager CK and the orientee and the preceptor to debrief the

experience looking at critical thinking skills, communication and

current skill level and comfort

12. Complete by April 15, 2013

12.1 Project manager CK to meet with preceptor/orientee to review progression and

go over the OVT.

12.2 Set goal for last day of orientation

13. Complete by April 20, 2013

13.1Assess the orientation process by distributing the questionnaire to the orientees

just finishing their orientation.

13.2Nurse educator JB to meet with orientees to offer a question and answer

period regarding their orientation process.

14. Complete by April 25, 2013

14.1Evaluate the questionnaire looking for improvements with the preceptor

workshop in place.

14.2 Project manager CK, educator JB and RN ML compare results from the original

questionnaire prior to the Preceptor Workshop to the results of the

the new orientation group questionnaire results.

15. Complete by April 30, 2013

15.1Meet with the original interdisciplinary team to determine the success of the

preceptor workshop in place

15.2Present Power-Point giving EBP literature, questionnaire results and thought of

orientees and staff regarding the new orientation/preceptor process.

15.3Determine if the implementation of the preceptor workshop was beneficial to

nursing orientation process and decide if the workshop should be continued.

1. **Timeline:** Identify time in estimates in hours for all of the objectives and deliverables. Time must be at least 90 hours.
2. Research literature for EVB on preceptor education: **6 hours**
3. Meet with interdisciplinary team to discuss project goal: **2 hours**
4. Develop a questionnaire to assess the orientation/preceptor relationship and process to give RN’s who have just finished orientation in the last 6 months: **4 hours**
5. Validate the skill level of preceptors: 2-6 hour sessions =**12 hours**
6. Evaluate the questionnaire from nurses just off orientation: **4 hours**
7. Develop a check off sheet of missed skills noted by previous orientees: **3 hours**
8. Clarify the preceptor role with staff: **2 hour**
9. Assign orientees to preceptors for their orientation process: **4 hours**
10. Meet with each group of preceptor/orientee to go over their OVT: 1 hour per group total of 6 hours plus work on schedule with Allison 2 hours **total 8 hours.**
11. Develop a plan to give the orientee additional critical care experience in the simulation lab: Prepare 6 scenarios at 2 hours each + 1 hour for plan development total of **13 hours.**
12. Provide simulation experiences for orientees and preceptors in 2 hour time frames: 6 sessions X 2 hours each = **12 hours**
13. Meet with preceptor/orientee to review progression and OVT: 1 hour per group= **6 hours.**
14. Assess the orientation process through the same questionnaire used prior with new group of orientees: **4 hours**
15. Evaluate the questionnaire looking for improvements with the preceptor workshop group: **3 hours**
16. Meet with interdisciplinary team to determine the success of the project: 8 hour prep to compile facts and information and prepare power point, plus one hour to present to team + 1 hour to determine success or failure.= **10 hours.**

Total of **93 hours** planned at this time.

1. **Assumptions and Constraints:** Identify all the assumptions and constraints possible for the project.

Assumptions:

* Orientees off orientation in the last six months will fill out questionnaire in a timely fashion and honestly.
* The new hires just starting will be willing to participate in the evaluation phase.
* Preceptors will agree to participate in the preceptor education and support the preceptor workshop.
* Management will approve pay for the additional time regarding workshop meetings and simulation timeframes.
* Staffing will remain adequate in the ER allowing for extra time for preceptors and orientees to work together.
* Simulation equipment will be available for use
* Three of the new RN’s starting will pass their boards and start on time.
* There will be time for the interdisciplinary team to meet despite the new and upcoming changes in the emergency department.

Constraints:

* The interdisciplinary teams will not be able to meet at the same time with all the new and upcoming changes occurring in the emergency department.
* New graduate nurses waiting to take their boards fail
* Interruptions of the project with the possibility of All-Hands-On Deck activated due to increase patient flow stopping all meetings.
* RN’s not completing orientation within the projected timeframe causing a delay of final evaluation.
* Lack of motivation and participation of preceptors
* Unable to schedule rooms or simulation center

1. **Success Criteria:** Provide an excellent discussion the “value” of the project, why this project is important and of what benefit it is. Provide an excellent discussion of what impact it will have on client care and client outcomes including aspects related to quality and safety. Provide an excellent discussion as to how I will know this project is successful. Discussion is based on evidenced based practice literature or nursing data bases.

This projects’ success is important to our department and the consistent education is needed to keep our nurses competent and proficient in the skills required to provide quality patient care. Research has determined “preceptor workshops are effective in preparing experienced nurses to precept new nurses, as measured by self-reported development of preceptors and retention or orientees” (Sandau, Cheng, Pan, Gaillard, & Hammer, 2011, p. 1). The environment of preceptor workshops has given preceptors confidence and comfort in coaching critical thinking and providing feedback. In a high stress, critical care area such as the emergency room, every orientee is not going to see every possible situation during a 12-20 week orientation process. With the development of the preceptor workshop, simulation could be used to develop scenarios which have not been encountered yet by the orientee. This would allow the preceptor and orientee an opportunity to work together as if it was a real life situation using critical thinking, good communication and appropriate interventions to provide high quality care. “Simulation-based study day can improve teamwork in multidisciplinary critical care teams as measured in pre and post course simulations with some evidence of subsequent changes to patient management” (Frengley et al., 2011, p. 2610). This project would enhance the education for our new nurses in the emergency room providing each orientee with equal opportunities and education during the orientation process. This project would hold our preceptors accountable for their own skill level and provide support to them during their preceptor role. “Studies have been done regarding preceptor programs indicating an increase competence in all job tasks, reduction in orientation costs and staff turnover and overall increase in staff satisfaction” (Canaday & Hamner, 2008, p. 55).

In order for the Preceptor Workshop to be determined successful there needs to be an improvement for either the preceptor or the orientee. This project would be considered 100% successful if it was beneficial to both the orientee and preceptor. If both parties involved did not benefit from the workshop, it does not make the workshop a failure it just determines there is a need for additional improvements with the workshop so it is beneficial to both the preceptor and the orientee. The preceptor would have to indicate an increase comfort in preceptor skills, communication and educational opportunities in order for the workshop to have been successful. This could be determined by re-evaluating their skill set through a self-evaluation tool and an open discussion with educator JB and project manager CK. The preceptors would also be evaluated through the questionnaire filled out by the orientees post orientation process. Together these tools would give a clear indication of how the preceptor workshop has been beneficial to the preceptor.

The orientee would also need to have an established comfort level in their skills when completing orientation. This would be measured by results from the questionnaire post-orientation time frame. The results would indicate which areas improved for the orientee when compared to previous orientees. An open discussion between the orientees just off orientation with nurse educator JB and project manager CK would give an indication of how the orientees felt about their orientation process. By re-evaluating the preceptor and orientee once the orientation process is complete, there would be a clear indication if the preceptor workshop was effective in enhancing the orientation process. As long as the preceptor or orientees show positive improvement from previous orientees, the project can be considered a success.

This project would also benefit the department by decreasing costs of orientation, decreasing staff turnover and increasing staff satisfaction, which ultimately results in improved patient care. “Organizations that frequently lose employees and are in a constant mode of replacing them are more likely to struggle with maintaining patient satisfaction and safety” (DiPietro, 2012).

By creating the preceptor workshop and enhancing the orientation experience through simulation exercises, the orientees will have the tools and knowledge to be more successful in their job role. Nurses, who are well trained, confident in their skill set and feel like they are a part of the team, are less likely to be unsatisfied with their job. “When employees are engaged in the work they’re performing, they are going to perform better, and they care more about their patient experience” (DiPietro, 2012). In conclusion, not only would the preceptor workshop benefit the preceptors and orientees but also benefit the department as a whole.

1. **Signatures:** (no electronic signatures; signatures attached on next page)

Project Manager Cheryl R Klinkner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cheryl.klinkner@spectrumhealth.org

616-391-2629

Nurse Manager/Supervisor Lynn Ring \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

lynn.ring@spectrumhealth.org

616-391-5537

Nurse Educator JoAn Beckman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

joan.beckman@spectrumhealth.org

616-391-8717

**References**

Blozen, B. (2010, November). Avoiding Preceptor Burnout. *American Nurse Today*, *5*(11), 41-42. Retrieved from http://www.americannursetoday.com/assets/0/434/436/440/6854/7202/7214/7240/ae056a02-4459-4609-bd6b-4d983d9aaf8e.pdf

Canaday, M. E., & Hamner, S. B. (2008, Jan-Feb). 48 preceptors for non-clinical employees:extending the value. *Nursing Economics*, *26*(1), 53-57.

Carlson, E. (2013). Precepting and symbolic interaction-a theoretical look at preceptorship during clinical practice. *Journal of Advanced Nursing*, *69*(2), 457-464. Abstract retrieved from http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2012.06047.x/abstract?deniedAccessCustomisedMessage=&userIsAuthenticated=false

DiPietro, M. (20120, February 17). Human Resources’ Role in Improving Patient Safety & Quality of Care. Retrieved February 8, 2013 from *Becker’s ASC Review*: http://www.beckerasc.com/asc-accreditation-and-patient-safety/human-resources-role-in-improving-patient-safety-a-quality-of-care.html

Emergency Nurses Association. (2011). Emergency Nurse Orientation. Retrieved from http://www.ena.org/SiteCollectionDocuments/Position%20Statements/EmergencyNursingOrientation.pdf

Frengley, R. W., Weller, J. M., Torrie, J., Dzendrowskyj, P., Yee, B., Paul, A. M., ... Henderson, K. M. (2011, December). The effect of simulation-based training intervention on the performance of established critical care unit teams. *Critical Care Medicine*, *39*(12), 2605-2611.

Sandau, K. E., Cheng, L. G., Pan, Z., Gaillard, P. R., & Hammer, L. (2011, March). Effect of a preceptro education workshop: part 1. *Journal of Continuing Education in Nursing*, *42*(3), 117-126.