Improving Preceptor Skills Utilizing the One Minute Preceptor

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NR709: Project and Practicum IV

July Session, 2016

This paper is submitted in partial fulfillment of the requirements for the

Doctor of Nursing Practice degree.

Abstract

Developing clinical teaching skills of the nurse preceptor is a critical component of the success with building confidence to perform in the role. Lack of adequate preceptor role preparation has been identified as a practice concern within the current practice setting. This DNP candidate identified the need for training that includes strategies that focus on improving preceptor teaching skills. The One Minute Preceptor (OMP) is an evidenced based method of standardizing communication between preceptor and preceptee that is aimed at improving preceptors' abilities to teach. A review of the literature supports that there is improvement in teaching and learning when the OMP is utilized in various settings. The PICOT question guiding this project stated: Is there an improvement with clinical teaching skills among nurse preceptors who utilize the OMP method in practice compared with not utilizing it over eight weeks? This project involved preceptors employed by a multi-hospital system in the greater Phoenix area who were asked to participate in OMP training and then implemented this into practice. Qualitative assessments and workshop participant evaluations showed improvement in teaching skills. Results of paired t-tests of pre-and post self- reported surveys show significant improvement with self-directed learning post OMP implementation. The OMP provides a reliable framework on which good communication and teaching conversations can be built. The potential exists for improving preceptor teaching ability when the OMP is introduced into training.

Improving Preceptor Skills Utilizing the One Minute Preceptor

Developing nurse preceptor teaching skills is a central tenet to successfully perform in the role. Preceptors are the nurses who guide competent care delivery and promote continuation of the profession. Preceptors may lack the skill set to assess and evaluate the incoming nurse without a training program that includes diverse methods to gauge learning. This DNP project paper will discuss a strategy to enhance development of the preceptor's clinical teaching ability using the One Minute Preceptor (OMP) method. The purpose of the project is to improve preceptor communication and teaching ability following training with the OMP as an intervention. Implementation of the OMP in practice allows preceptors to benefit from improved communication and teaching ability, resulting in greater confidence in practice and an increased willingness to remain in the role.

Application of Malcolm Knowles adult learning theoretical framework guiding preceptor development with clinical teaching will be discussed. Roger's Innovation Diffusion change theory to guide implementation of the intervention will be defined and compared to the practice setting to explore how nurse preceptors adapt to change. Plans for the educational offering will be defined, as will a comprehensive overview of the project plan objectives, evaluation method and validated tool that measured the impact of the OMP on preceptor practice. Implications for future use of the OMP in preceptor training will be included.

Significance of the Practice Problem

Nurse preceptors are key stakeholders with shaping incoming nurse practice. Expected to assist the nurse with transitioning to the role, the preceptor facilitates the clinical experience and orientation to the organization. There exists a universal need for a more diverse education with regard to improving the clinical teaching approaches of nurse preceptors (Bott, Mohide, &

Lawlor, 2011). Warren and Denham concur, stating that "successful preceptors whom have available to them extensive support and training from an organizational perspective possess clinical competence and outstanding communication and evaluative skills, and are better prepared to improve nursing care delivery at the bedside" (2010).

Lack of support for nurse preceptor role development poses a threat to ensuring the future of the profession. This has been identified as a practice concern that if not addressed has the potential to result in nurse preceptors that do not possess the skill set to adequately train incoming nurses. From an organizational perspective, this has a cascading effect on quality metrics relating to patient safety and satisfaction and indirectly affects overall reimbursement (D. Cato, personal communication, August 5, 2015). A lack of standardized preceptor training programs that embrace evidence based methods of training in support of teaching principles poses a threat to the health care system.

Of additional concern, preceptor frustration with lack of role development has a direct correlation with future intent to practice in the role (Bengtsson & Carlson, 2015). Nurse preceptor dissatisfaction in the role is perpetuated by unclear expectations of responsibilities with teaching along with a lack of training methods. The prevalence of nurse preceptor frustration with a perceived lack of adequate preparation to perform in the role is supported by the literature (Butler et al., 2011; Cloete & Jeggels, 2014; Kalischuk, Vandenberg, & Awosoga, 2012; Smedley, Morey, & Race, 2010; Tsai et al., 2014). Preceptors have identified the need for training that includes strategies that assist them with developing the skills necessary to provide feedback and offer evaluation of performance in a meaningful way. As there is a tremendous amount of effort put forth from preceptors to facilitate the transition to practice of the incoming nurse, it would take little for this population to cease their efforts due to a perceived lack of

support from existing training modalities. It has been reported that preceptors who possess greater teaching skills are more likely to remain committed to the role (Kalischuk, Vandenberg, & Awosoga, 2012).

Further influencing the potential negative impact to the overall efficacy of the healthcare system, a decline in nurse preceptors has been projected to cause financial loss to an organization from lack of qualified nurses to train replacements and meet demand. The projected nursing shortage will be impacted if there exists a lack of qualified preceptors to orient replacements, and Aaron states "retention of nurses is a problem that is experienced across settings resulting in understaffing, which compromises patient care" and that an estimated 50% of vacant nursing positions impact organizations yearly, with costs that exceed a billion dollars in lost revenue due to a lack of qualified nurses to perform in the role (2011). Hu et al. surmise that nursing shortages may be impacted by a lack of preceptor guidance and report nurse turnover intention rates of greater than half of nurses surveyed (2015). As nursing staff account for the greatest percentage of those employed in health care, the argument can be made that there "exists a positive correlation with adequate nursing staff , patient outcomes and the financial well-being of an organization" (Aaron, 2011).

Using a traditional model of preceptor training is ineffective and frustrating for nurse preceptors as it does not include specific steps for measuring competency with practice (Ulrich et al., 2010). Additionally, the effectiveness of preceptor programs depend upon preceptors being provided opportunities to develop confidence in their assessment and evaluation strategies of the incoming nurse. Evidence demonstrates the ubiquity surrounding the nurse preceptor concern with training modalities relevant to meet the expectations of the role (Bengtsson & Carlson, 2015; Bott, Mohide, & Lawlor, 2011; Tsai et al., 2014;). Alternative methods of preceptor

training that enhance the development of clinical teaching skills is necessary to increase confidence with the role .

Organizational support of a robust preceptor training program that offers a diverse toolkit from which the preceptor can draw from is identified as a need for this population to perform competently in the role. Chen and Lou agree, stating "preceptor training that offers techniques that address teaching strategies and consider the needs of the adult learner improve preceptor performance" (2013). The literature supports that preceptor performance in the role is compromised when training does not offer specific methods of teaching and evaluating, and that this is a practice problem that has the potential to result in a lack of commitment to the role. Robust training programs consider delivery of several methods that enhance teaching ability beyond traditional content. This additional preparation for the role has included teaching strategy techniques such as "modeling, direct questioning, case presentations, and the one-minute preceptor method" (Burns et al., 2006). Implementation of specific strategies including the "OMP model and the Summarize Narrow Analyze Probe Plan Select (SNAPPS) technique assist with promoting feedback and improving clinical teaching" (Wilkinson et al., 2015). It is evident that traditional preceptor training can be enhanced with offering additional strategies that can be implemented in practice to develop teaching skills.

PICOT Question

The PICOT question guiding this project is: Is there an improvement with clinical teaching skills (O) among nurse preceptors (P) who utilize the OMP method in practice (I) compared with not utilizing it (C) over eight weeks (T)? The population of interest include nurse preceptors. It is important to define the nurse preceptor as an individual who possesses the knowledge and skills necessary to train and transition the incoming nurse to practice within an

organization. For the purpose of this project, preceptees are defined as new nurse hires that are undergoing an orientation period within the organization; this population also serves as key stakeholders with the project, and are defined as registered nurses who require the assistance of a preceptor to assist with the orientation experience.

Support of the hypothesis that an educational intervention, the OMP, will improve behavior with how preceptors communicate, evaluate and provide feedback to preceptees during the working relationship at the bedside drives the project. The OMP guides preceptors in using a set of five micro skills, similar to scripting, during the working relationship. The OMP is an evidence based strategy shown to a) improve the level of commitment of the nurse preceptor to the role, b) assist with transitioning the preceptee to the organization and c) can be adapted to fit unique organizational needs and practice settings (Hu et al., 2015). The OMP has demonstrated success with improving preceptor confidence with teaching performance (Bott et al., 2011; Furney et al., 2001; Hu et al., 2015). This educational offering during Abrazo Health Care System's preceptor academy provides preceptors with an evidence based strategy to enhance clinical teaching performance in the role.

Defining the OMP's five steps for use in clinical practice is important in order to understand its value. Its history is significant in that it has been used as a teaching tool among several professions within health care for decades, starting in medical residency and pharmacy programs (Furney et al., 2001). Similar to scripting, the steps serve as a quick and efficient way for preceptors to assess, evaluate and give feedback to preceptees (Salerno et al., 2002). Step one has the preceptor ask the preceptee for a commitment regarding their perception of a clinical situation; "Tell me your clinical impressions of patient X?" This dialogue sets the stage for interactive learning to occur. Step two probes for evidence; "Tell me why you think this way."

This step assesses the preceptee's level of knowledge to determine if a learning gap exists. Step three teaches general knowledge; this should be based upon the preceptor's familiarity with approaching a problem and provides an answer to the identified gap. Step four and five focus on feedback, reinforcing what was interpreted correctly, and correcting any errors or misinformation that may have occurred during the exchange (Kertis, 2007). It is with these steps that the preceptor can encourage collaboration among health providers and direct learners to relevant resources that assist in meeting outcomes.

Implementation of the OMP into preceptor training includes strategies suggested by the literature (Kertis, 2007). The educational sessions were included during preceptor training on two separate dates. Preceptors who attended training were introduced to the OMP as an additional strategy to the traditional content offered. Introduction of the OMP during a 90 minute session allowed preceptors to understand the concept behind the method and encouraged role play of case scenarios. This educational offering has been supported by the literature as a realistic and efficient method to introduce the intervention (Hu et al., 2015; Kertis, 2007; Salerno et al., 2002). Step two involved implementation of the OMP by preceptors on their assigned units over a period of eight weeks to allow for the natural progression of the preceptor-preceptee relationship to run its full course. Step three concluded the naturally occurring relationship and resulted in assessment of the intervention using the Stanford Faculty Development Program Questionnaire (SFDPQ), approved for project use by its authors Litzelman, Stratos, Marriott, and Skeff (1998). This was administered as a pre survey -post survey to preceptors who attended training and utilized the OMP in practice on various units across a multi-hospital system.

Theoretical Framework

Malcolm Knowles adult learning theory provides the theoretical framework for this project as it applies to both the intervention and population. Application of Knowles theory to preceptor development deserves explanation because its principles serve as a guide. Adult learning principles became widely acknowledged in the late 1940's as separate from pedagogy, or childhood learning, in response to research that differentiated the needs of the adult learner, thus requiring a democratic style of learning rather than authoritarian (Knowles, 1978). Knowles adult learning theory aligns with the humanistic approach to knowledge acquisition being centered upon the person as capable of self motivation and self-direction (Mitchell & Courtney, 2005). This view provides a unique perspective upon the adult learner as requiring a collaborative approach with the educator rather than the passive approach of an on looker.

Knowles defined his theoretical model on adult learning using several key premises that center around the learner. Self motivation along with approaching a problem using life experiences to guide the solution are examples. The desire to know supports the taking of responsibility for knowledge acquisition (Mitchell & Courtney, 2005). For example, personal accountability of knowing organizational policy is an expectation of the job. The adult learner seeks to know which policies have a direct impact on performance outcomes. Preceptors assist the preceptee by knowing that these principles guide the relationship, thereby making the relationship collaborative through the use of the OMP, which provides an effective technique that draws out the learning process.

Since preceptors are both clinicians and educators the importance of recognizing and applying adult learning principles within the role is beneficial to the success in the role. As educators, preceptors facilitate learning through meeting specific orientation goals of the preceptee. Consideration for the life experiences, knowledge, and goals that the preceptee brings

to the bedside is key in assisting them achieve optimal professional performance (Baltimore, 2004). Along this same premise, Knowles theory supports that promoting diversity with learning experiences, such as with including the OMP into preceptor training, serves to engage the many facets of the adult learning style (Knowles, 1978). Application of the OMP method in practice, using principles of Knowles theory, aligns well the relationship of preceptor as teacher and preceptee as learner.

Baltimore (2004) recommends that preceptors adapt their teaching styles based upon learner needs which are a central tenet to Knowles theory. Value is assigned to the OMP steps as supportive of Knowles theory in that the relationship between teacher and learner is collaborative and the steps can be modified to fit any situation. The open ended questions suggested by the OMP result in a give and take between participants, allowing for the natural progression of dialogue about a clinical situation to occur so that learning can take place. Knowles theory suggests that the process of learning is fluid and can adapt to any setting, time or circumstance (Knowles, 1978). The OMP is a tool that can be modified by omitting a step if it doesn't pertain to a situation. For example, step three of the OMP suggests the preceptor teach or offer some new insight about a clinical situation, but this may not be necessary if the preceptee has a solid grasp of events. The preceptor can move to the remaining steps of the OMP, providing positive feedback about the preceptee knowledge, offering additional resources that promote self-directed learning such as organizational policies that assist with a clinical event.

Knowles (1978) believes the greatest resource for learning comes from experiences, and the preceptor plays a pivotal role using the OMP method as an adult learning technique to assign meaning to an experience. Education that focuses on experiences that the adult learner perceives as meaningful results in greater depth of learning (Baltimore, 2004). For example, step four of

the OMP focuses on the preceptor providing both positive and corrective feedback which is identified as necessary for the adult learner to continue to grow (Burns, Beauchesne, Ryan-Krause, & Sawin, 2006). Collaboration is key to the adult's journey with knowledge acquisition, and the relationship between preceptor and preceptee is a testament to this. The OMP offers the preceptor an evidence based tool to promote optimal learning for themselves and those they mentor in the clinical arena. The OMP supports the foundation that guide adult learning principles.

Synthesis of the Literature

Evidence collection about utilization of the OMP in preceptor training was conducted to determine the usefulness of this intervention in supporting a practice change with preceptors. In addition, evidence supporting the training needs of preceptors was collected to identify gaps with traditional training methods. Searched databases included Medline, Ovid, Johanna Briggs, CINAHL and Cochrane. Search words included the terms preceptor, one minute preceptor, teaching skills, nursing, mentors and clinical. Studies included those in English language dating from years 2000 to 2015. Excluded material included opinion pieces and case scenarios. Studies ranged from a level of evidence of II to VI, with systematic reviews and a randomized controlled trial (RCT) lending strength to findings (see Appendix A). A total of 12 studies utilizing the OMP as an intervention by preceptors in clinical practice were included in the primary evidence, as were four systematic reviews determining effectiveness of preceptor training programs for registered nurses for a total of 16 primary sources (see Appendices A & B).

Addressing the practice problem were several studies whose key findings found that preceptors report frustration with lack of role development, and recommendations for implementation of a training program that includes diverse strategies increases preceptor

satisfaction in the role (see Appendices A & B). The evidence identified that preceptors want additional strategies with training to help support their performance (Chen & Lou, 2013; DeWolfe et al., 2010; Hu et al., 2015; Hyrkas, Linscott & Rhudy, 2014; Kertis, 2007; Wilkinson et al., 2015). A common theme emerging from several studies include the recommendation for training that offer specific methods of teaching strategies that promote role competence. Limitations with these studies include qualitative methods of data analysis, but studies by Kalischuk et al. (2012) and Sandau, Cheng, Pan, Gaillard, and Hammer (2011) employed a quantitative approach to address the problem, which lends more credibility to the findings regarding preceptor's desire for more support with training.

A recent study recommends introducing the OMP, SNAPPS, and other alternative methods into traditional training content to ensure preceptor preparedness (Wilkinson et al., 2015). Two studies modified the OMP and applied its principles specifically to the nursing profession. These studies include the 5MP and the 10MP. Hu et al. modified the OMP method into use at a teaching hospital, utilizing an intervention and two group comparison where preceptors used the method twice per day, for a period of ten minutes to "structurally communicate, interact, and discuss problems or issues" using a standardized set of questions to guide interactions (2015). The findings of this study suggest that satisfaction of preceptor performance rated by preceptees with providing feedback and goal setting was significantly higher in both groups where preceptors received the intervention. Bott, Mohide, and Lawlor approached the OMP by seeing a need to modify the first step from "get a commitment" to "get the student to take a stand," cautioning that while this strategy optimizes experiential learning, there is a lack of RCT studies to suggest its standardization in preceptor training within nursing (2010).

Despite the lack of rigor with the studies, the majority of available literature supports the OMP as producing favorable results with preceptor teaching. The outcome of preceptor training programs that utilized the OMP demonstrate a positive correlation between it and preceptor self-report of confidence in the role. Many similarities between the studies that adopted introducing the OMP into preceptor training identified the OMP as producing changes in teaching behavior of faculty and medical residents (see Appendix A). Consensus was reached demonstrating improved preceptor teaching related specifically to evaluation and feedback after training with the OMP versus traditional training methods (Aagaard, Teherani, & Irby, 2004; Eckstrom, Homer, & Bowen, 2006; Furney et al., 2001; Hu et al., 2015; Irby, Aagaard, & Teherani, 2004; Kertis, 2007; Salerno et al., 2002; Teherani, O'Sullivan, Aagaard, Morrison, & Irby, 2007). Additionally, a common finding among preceptors demonstrate the OMP to be a simple and effective strategy to evaluate learning in clinical settings where decisions are made quickly and time is a constraint. Increased preceptor confidence in the role after adopting the OMP in practice was reported as a key finding for greater than 90% of studies included in the literature analysis.

A prevalence of preceptor self report using semi quantitative methods was identified with a majority of the studies, with pre and post surveys utilizing the SFPDQ instrument in greater than 50% of studies where the OMP was the intervention. To determine the validity of this instrument, a literature search revealed two studies in which this instrument was measured against others to determine the effectiveness of its performance (see Appendix B). The SFDPQ, either in its original form or modified to include additional domains, was included in four of the nine studies with a reported Cronbach alpha range of 0.75-0.95, lending reliability and validity to the tool with consistency of the variables being measured; those variables included up to seven

domains of teaching characteristics. Self reports and learner ratings expressed statistically significant changes with the teaching behaviors of the residents after using the OMP with the majority of studies (see Appendix A). One level II RCT supported the OMP as improving preceptor skill with providing feedback using self report by both preceptors and students (Furney et al., 2001). Similarly, self reports expressed the consensus among all studies that the OMP is a preferred method of clinical teaching versus traditional methods among preceptors.

There were limitations and suggestions for further research, with majority consensus among all studies that more research is necessary to determine the OMP effectiveness in settings other than ambulatory care to increase generalizability of findings. Other limitations to the studies adopting the OMP as the intervention centered around study design, with only one study employing randomized control (Furney et al., 2001). However, the rigor of the instruments used to measure results were consistent among the studies, with repeated measures analysis of variance used in half of the remaining studies. Those studies that employed videotaping as the method to introduce the OMP in training used scenarios that were standardized, reducing confounding variables. Sandau et al. (2011) found that preceptor reports indicate that both confidence and comfort are increased following an educational intervention using the OMP. Conversely, learners did not report increased satisfaction with or confidence in their preceptors who attended training; yet this study concluded that the retention rate of preceptees increased 12 months post intervention, which implies that an educational intervention for preceptors may result in improved nurse retention (Sandau et al., 2011).

Use of the OMP in preceptor workshops proved to be an effective intervention to enhance training of preceptors as reported by all studies (see Appendix A). Consensus was reached that the OMP is an effective tool to enhance preceptor teaching ability, specifically with the domains

of evaluation and providing feedback among learners. The comparison of the OMP intervention to traditional teaching methods was a central theme guiding eight of nine studies, with the use of videotape/audio the setting for three out of nine studies and replication of these studies achieving the same findings as described by the RCT of Irby et al. (2001). The OMP's identified ease of use and short duration needed for implementation in clinical practice make it an attractive method for preceptors.

Although the population centered on medical students for seven out of ten sources, studies conducted by Hu et al. (2015), and Kertis (2007) modified the OMP to be applied to nursing with similar results, lending strength to the generalizability of the OMP to the discipline of nursing. However, Bott, Mohide, and Lawlor caution nurse educators establish more rigorous evaluations of its outcomes before implementing (see Appendix A). However, this a small number of studies, which suggest that more attention to the OMP with nurses along with rigorous design methods be instituted in future studies. There was a majority consensus among studies that the OMP is an efficient and effective method of instruction for preceptors, and consideration of its use in preceptor training would be beneficial. Salerno et al., (2002) suggest that the OMP be used in addition to other teaching methods, which offered consideration for addressing the diverse needs of the learner.

This literature review supports introducing alternative methods of teaching into preceptor training as beneficial, and the OMP provides an evidenced based solution to the problem with preceptor report of a lack of adequate training to perform in the role. However, despite the success of the OMP with improving medical resident teaching, more studies need to be conducted using randomized control to lend more strength to its validity and reliability across health care disciplines, specifically with nursing. Also, modifications of the OMP steps were

implemented in studies that included nurses as the population, which may alter its outcome as being effective. Based upon the similar results across studies that adopted the OMP, this DNP candidate objectively identified this strategy as having potential to improve preceptor practice.

Practice Recommendations

Including the OMP into preceptor training programs has been substantiated by the evidence as a strategy to improve preceptor teaching, increasing confidence and competence in the role. Standardization with preceptor training is a recommendation for future practice, and although no study could attest that the OMP is the best method for training over any other, the literature has demonstrated support of its use (see Appendices A & B). Reinforcement and education regarding adopting the OMP into existing preceptor training addresses the practice problem of preceptors reported lack of preparation and support in the role. The OMP introduces the preceptor to an evidence based strategy that standardizes communication through scripting, which has implications for improving not only preceptor performance in the role, but the performance of the preceptee.

Since the intervention has been shown in the literature to improve the teaching skills of preceptors through delivery of a short, effective technique that can be introduced into training and practiced with minimal effort, implementation of the OMP provides a smart solution to the practice problem of the need for greater development and support of the preceptor role. Adopting the OMP method into existing preceptor training at Abrazo Health Care System is considered a micro systems change. With continued use, the OMP could feasibly be included as a standardized method included in preceptor training at a macro systems level. The evidence resoundingly supports the need for preceptor training that enhances clinical teaching. It is

therefore a recommendation by this DNP candidate that the OMP be piloted into preceptor training as an evidence based strategy to improve the teaching skills of the nurse preceptor.

Project Setting

Quality metrics at Abrazo Health Care System have reported a decrease in satisfaction indicators relating to nursing care (D. Cato, personal communication, August 5, 2015). Abrazo Health Care System, an umbrella organization of six acute care hospitals throughout the greater Phoenix area, ascribes to a pay for performance model of care because reimbursement is directly linked to safe quality patient care outcomes. Abrazo Health Care System's pay for performance model of care is based off quality indicators which include employee engagement, increased quality patient care outcomes and an increase in teamwork and collaboration (D. Cato, personal communication, August 5, 2015). Development and support of the preceptor role has an influence on these quality metrics. Nurses are encouraged to build upon their practice through clinical ladder programs and advancing education. Increased role development of the nurse preceptor has been identified as a priority need for the organization. Abrazo Health Care System values its employees, and support from nursing (e.g., CNOs, charge nurses, clinical nurse specialists, nurse educators) is evident in its culture.

The nurse preceptor is vital to meet Abrazo Health Care System's quality indicators through care provision that includes the ability to train and mentor the incoming nurse effectively. Validated through conversations with the Market Director of Professional Development, this project is supported as assisting the organizational missives mentioned. Looking to improve upon their current preceptor academy, strategies that result in a more robust nurse preceptor program were sought to be implemented (D. Cato, personal communication, August 5, 2015). Nurse preceptors, incoming nurses, physicians, administration and patients all

have a stake in the success of this intervention and are either directly or indirectly impacted by improved nurse preceptor confidence and competence. Support of the preceptor role through implementing the OMP into training will potentially affect organizational outcomes through improving quality of care. Abrazo Health Care System's nurse preceptor academy seemed a logical place to institute change, as preceptors serve as educators and role models to the incoming nurse while establishing seamless professional transition to the organization.

The organizational goal involves offering nurse preceptors the skills to equip the incoming nursing workforce with the knowledge, skills and attitude to provide competent care (D. Cato, personal communication, January 11, 2016). There is an assumption nurse preceptors who have completed training using the OMP as the intervention will carry the practice forward. A SWOT analysis was performed related to Abrazo Health Care System's preceptor academy and this project (see Figure I). Strengths of the existing program include the caliber, advanced education and professionalism of the nurse educators, the program structure, and support from key stakeholders within the organization. Weaknesses include its traditional mode of delivery and content. Opportunities for improvement and growth include the willingness of the key stakeholders to support the OMP. Finally, threats include lack of engagement from nurses to continue in the role and adequate time for educators to incorporate the OMP into existing training.

Project Vision, Mission, and Objectives

Introducing preceptors to an evidence based method that assists with developing the role as facilitator is the project objective. The project vision supports developing a strong preceptor workforce. At Abrazo Health Care System, the potential impact of a decrease in preceptors due to the perceived lack of support along with lack of training may result in an organizational deficit

of qualified nurses to facilitate the orientation of incoming nurses. This trend affects nursing morale and engagement with organizational outcomes, leading to a decrease in teamwork and collaboration, and this is a quality indicator that Abrazo Health Care System takes seriously (D. Cato, personal conversation, January 11, 2016). The mission guiding the project has to do with developing a robust preceptor training program that includes diversity with strategies that assist the preceptor in developing role competency.

Abrazo Health Care System is committed to providing professional development opportunities for all employees, and promotes the idea that an educated workforce results in zero harm to patients and staff. Effective training of incoming nurses by preceptors plays a significant role in the strategic plan of the organization. With nurses comprising the greatest percentage of employees at the organization, investment in staff training and development is a key initiative. There is a congruence between this DNP project vision and mission and that of the organization.

A short term objective of the project anticipates nurse preceptors who utilize the OMP during encounters report it to be helpful in guiding interactions 80% of the time following training. The long term objective anticipates Abrazo Health Care System adopting the OMP into future preceptor training. Risks inherent to this project include lack of buy-in from stakeholders, and discussion of Roger's change theory as it applies to this project is described in the next section to reduce this risk. Although the OMP is an evidenced based model of training that improves clinical teaching skills of the preceptor, there exists the potential for this intervention to show no improvement with the hypothesized outcome. Unintended consequences may include mistrust and disengagement from preceptors who feel its principles are not relevant to their practice.

Project Description

This project change will have the greatest impact with nurse preceptors who attend Abrazo Health Care System's preceptor training academy. Each training session is offered once monthly at a central location lasting eight hours by a qualified nurse educator. Current training includes concepts that focus on workplace socialization, conflict resolution, human resource considerations, emotional intelligence and critical thinking using concept mapping. Evaluation, feedback, and goal setting are also introduced with suggestions for dialogue and case scenarios for role play but no standardized scripting or similar method is identified as evidence based to assist the preceptor with developing these skills. Implementing the OMP as an innovative way to summarize and tie together these elements for nurse preceptors begins the initial stage of the change process. Implementation of the OMP into training and subsequent reinforcement of its use in practice drives the project outcome.

To be an effective leader in creating sustainable change to practice requires commitment to the development of the professional nurse. Advocating for preceptors through implementation of an innovative evidence based training tool helps promote commitment to the role. Experience and intimate knowledge of the OMP method is an attribute of this DNP transformational leader, who draws upon her leadership skills to encourage continued use of the OMP into future training sessions while championing its use to preceptors involved in the project. Strategies that promote the acceptance of the OMP with key stakeholders include a) sharing the sustainability action plan with administration (see Appendix C), b) sending weekly empowering messages to participants who attended training the benefits of using the OMP, and c) support through availability to address and find solutions to any concerns presented during the project.

Health care is a service based industry and this DNP candidate is well equipped to advocate for high quality care through initiating innovative training for nurse preceptors at the micro systems level at Abrazo Health Care System. Inclusion of an innovative new model in preceptor training, together with an organization that values performance in the role, is the goal of this project. This project impacts care delivery and could potentially affect preceptor training at the micro and meso system levels if the OMP is accepted and standardized as a component with training across the organization. Leading this change includes facilitating the process using principles of Rogers Innovation Diffusion Theory because of its applicability to the population and setting. This change theory explains the preceptor's response to accepting or rejecting the OMP for use in practice and its principles are described below.

First Impressions

Nurse preceptors are asked to formulate an initial reaction to the OMP based upon previous experiences with concepts similar to it, as well as how practical it is anticipated to be to their practice. This is a defining step that determines first impressions and allows the preceptor to assess how advantageous, simple, meaningful and relevant the method will be in shaping their practice (Lee, 2004). A positive image of the method is important to convey to others to formulate a positive impression. Strategies that promote positive impressions of the OMP at this stage of the change process include explaining the rationale for its use, its simplicity and relevance to augmenting teaching skills, and supporting evidence of its benefits with improving competency in the role. Preceptors were introduced to the method during preceptor training with visual aids, role play using case scenarios and interactive discussion of its relevance to practice (see Appendix D).

Adoption or Rejection

Preceptors during this stage of Roger's change process either elect to adopt or reject the OMP as a useful method that enhances clinical teaching. Barriers to adoption include preceptors unfavorable past experiences with similar methods to a lack of perceived benefit from its use. This is a critical time to assess preceptor openness with the innovation, from reading body language and facial expressions through being available to address any questions or concerns with its steps. Lee stresses that the DNP leader have an understanding of the factors associated with this change theory in order to read the responses of others with accuracy, including reading the body language, eye contact and mannerisms of preceptors to gauge their receptiveness to the intervention (2004). Modification to the OMP can be suggested during this phase as a way to promote acceptance; for example, omission of a step if not applicable to the situation to ensure adoption of its characteristics.

Implementation

Roger's model has been used in health organizations that ask individuals or groups to consider a new method of practice (Lee, 2004). This stage of the change model focuses on preceptors implementing the proposed change to practice. The expectation is preceptors who were trained using the OMP apply it to practice. Provision of laminated pocket sized cards were provided to remind the preceptors of its steps which acts as a facilitator to its ease of use (see Figure II). Barriers in the form of preceptor time and workload may interrupt the implementation of the OMP. Preparation for these potential barriers included acting as a resource and facilitator during the implementation that was prepared to address any misgivings or questions related to its adoption to practice. Additional strategies were suggested during role play; for example, implementing the OMP steps twice a shift (at beginning and end) to help

transition its use in a realistic way if time becomes a barrier to its implementation.

Confirmation of Decision

This final step in Roger's change theory asks the preceptor to confirm the decision to adopt or reject the OMP. Lee cautions that adoption of a change process is easier if results are tangible (2004). In the case of the OMP, its benefits should be readily apparent with the user's perception of how it made them feel about their role. Again, the preceptor may revisit the perceived benefits of the intervention during this step, which may include its ease of use, relevance to practice, compatibility with values and past experiences. Roger's change theory is based upon steps that are circular with a beginning and end point culminating in the decision to adopt or reject. The evidence supports that the OMP is a favorably accepted intervention to improve clinical teaching of preceptors and this is the outcome proposed.

Preceptors participated in the project during the April and May sessions of Abrazo Health Care System's preceptor academy training. Nurse preceptors were asked to answer items describing their level of confidence with six domains of teaching ability prior to beginning OMP training through a pre survey adapted from the SFDPQ, with the same follow up post survey offered at the conclusion of the preceptor experience. The length of time in the role of preceptor lasted from six to eight weeks depending on the preceptor's assigned unit and needs of the preceptee. Training with the OMP intervention by this DNP candidate occurred near the conclusion of the preceptor academy so that those who elected not to participate could leave after fulfilling the requirements for the course. The educational offering lasted 90 minutes, with interactive discussion, case scenario role play, handouts and PowerPoint to convey the OMP steps.

Nurse preceptors were encouraged by this DNP candidate, administration and unit directors to implement the OMP into practice throughout Abrazo Health Care System's six different locations via weekly email reminders and direct one on one coaching. Participant responses were identified through volunteered work email addresses to facilitate matching pre and post survey responses; no other personal identifiers were asked for. A comprehensive timeline outlining the steps of the project over the course of 24 weeks, from proposal to completion, was completed in advance (see Appendix E).

The organization incurred minimal cost associated with this project as it took place during regularly scheduled preceptor training times and the overhead and educational staffing remained the same. This DNP candidate, as the OMP training facilitator, incurred no salary or compensation for providing training. Fiscal considerations for expenses related to the creation of handouts and laminated project cards provided to the participants, utilization of the organizations room and projector, as well as other training supplies to assist with presenting the educational intervention were included in the budget (see Table 1). Financial support for costs incurred from use of the organization's resources came directly from the Director of Marketing for Professional Development and the Nursing Education Department at Abrazo Health Care System.

Project Evaluation Results

The planned project was reviewed by the Chamberlain College of Nursing Institutional Review Board and Abrazo Health Care System's IRB, and was determined exempt by both. Participant privacy of personal information was protected through identifiers that consisted of work email address, length of time as a preceptor, and assigned unit. All information provided by participants was voluntary. Recruitment involved asking preceptors present the day of training to participate. Inclusion criteria included licensure as a registered nurse with a minimum

of two years nursing experience, a willingness to precept another nurse in their area of expertise, and be a current employee of Abrazo Health Care System. Exclusion criteria included disciplines outside of nursing and those who elected not to participate. Participant selection was based upon convenience.

Study Design

This project was quasi-experimental, utilizing a pre survey-post survey design to determine if introducing the OMP into preceptor training increased teaching performance as determined through self report. The PICOT question supports a directional hypothesis approach, assuming a positive direction between the OMP and preceptor performance. It is assumed that exposure to the OMP will not worsen preceptor teaching ability. The degree of homogeneity among the sample was demonstrated through similar characteristics including employment with the same organization, RN licensure and minimum length of nursing experience of two years, and being predominately female. Preceptors reported a mixed length of experience in the preceptor role, ranging from none to 20 years.

Instrumentation

Measurement of the intervention was adapted from the 45-item SFDPQ and modified from its original seven domains to include six domains of clinical teaching: the preceptors support of a positive learning climate, control of the encounter, evaluating others, promotion of understanding concepts that direct care, providing feedback to the learner and promoting self-directed learning (see Appendix F). Questions from the tool that did not pertain to the clinical setting, such as "make use of the blackboard" were excluded, and those using the term "medical" were exchanged for the term "nursing". Consideration was given for maintaining consistency of

the remaining variables being measured; it is not known the impact to the tool's internal construct validity with these changes.

The Stanford Faculty Development Program began as an initiative to assess clinical teaching competency (Owolabi, 2014). This tool has been used frequently in studies that adopt the OMP and has been found to be consistent with validity content and interrater reliability (Beckman, Cook, & Mandrekar, 2005). Psychometric testing of its properties have been performed and its use is widely disseminated for assessment of clinical teaching (Beckman, Cook, & Mandrekar, 2005; Mintz, Southern, Ghali, & Ma, 2015; Owolabi, 2014). It has been suggested that the use of this interval data collection instrument can assist organizations with developing educational based interventions, and has been used with previous studies where the OMP was the intervention, which is why it was chosen (see Appendix A). Permission to use this tool for the project was requested and granted for use by the authors with the expectation that the copyright information and the original publication source is cited (Litzelman, Stratos, Marriott, & Skeff, 1998). This tool has established validity and reliability of the seven domains through internal construct and factor analysis, with a Cronbach alpha of 0.94 (Owolabi, 2014). The timeframe for data collection was prior to the start of training and at the end of the preceptor experience, which lasted six to eight weeks depending on the unit and preceptee needs.

Formative Evaluation

Weekly email reminders were delivered to participants by this DNP candidate as a method to reinforce use of the OMP during preceptor-preceptee encounters. Biweekly formative evaluations of project implementation included eliciting feedback from preceptors regarding the frequency of use of the OMP during encounters via email. Additional support from the Market Director of Professional Development and unit directors with promoting preceptor use of the

OMP was included routinely over the eight weeks following training. Several electronic correspondences occurred over the course of the implementation phase from this DNP candidate and the Market Director of Professional Development, which included providing copies of Kertis' (2007) OMP study via email to reinforce it as an evidence based practice and this was posted on the organizations intranet.

Confounding variables

A challenge with the formative evaluation, and a potential threat to the project, was the inability to control for extraneous variables, including preceptors being assigned to six different hospitals working varied shifts. However, control with regard to preceptor-preceptee pairing was established so that no new graduate nurses were assigned to participants. Control of the OMP teaching sessions ensured preceptors were introduced to the same content over the same duration. As a result of having no previous affiliation with Abrazo Health Care System or its employees, this DNP candidate reports no bias or conflict of interest with regard to the project.

Statistical Analysis

Measurement of differences between pre and post surveys utilized six dependent paired t-tests, each t- test representing a domain of the SFDPQ which answer the question of whether the intervention resulted in improved preceptor teaching ability at the bedside. Participant's individual scores were added under each domain to provide an interval score. Of the 22 participants who answered the pre survey, a post survey response rate of 54% resulted in 12 post surveys which were paired. Because the hypothesis is directional, a one tailed t- test was utilized. The probability of declaring a difference significant when it is not, was set at 0.05. This means if the probability of the computed t-value is less than 0.05, then the difference between pre- and post-scores is significant (Polit & Beck, 2012).

Of the six domains tested, the pre- and post-survey difference for the preceptors' ability to promote self-directed learning was statistically significant ($p=0.032$, $\alpha=0.05$) (See Table II). That is, the research intervention produced a statistically significant improvement. The difference in pre- and post-survey scores with preceptor improvement with offering feedback was not significant ($p=0.069$). However, this non-significant finding is undoubtedly related to the small sample size ($n=12$), reducing the power of the t-test to declare the difference significant. By duplicating the scores (means and standard deviations equal, $n=24$), the difference between pre- and post-survey scores is significant ($p=0.15$), well below $\alpha=0.05$ (R. Yount, personal conversation, July 14, 2016). Therefore, small sample size most likely contributed to the lack of statistical significance with this domain. The remaining four domains of promoting a positive learning climate, control of encounter, evaluation, and promoting understanding all scored higher than 0.05, again likely due to small sample size and high pre survey respondent bias, where *strongly agree* answers were often chosen and subsequent improvement is not feasible (See Table III). It has been established that favorable self-reporting is a universal characteristic of human beings (Polit & Beck, 2012).

Differences among pre and post score means for the domains of promoting a positive learning climate, control of encounter and evaluating others were considerable small, with high variability among individual ratings. Respondents rated themselves very high both pre and post in the domains of promoting a positive learning environment, which includes the trait of offering encouragement and with evaluating others, which includes the trait of observation of preceptee skills. This supports an assumption that preceptors demonstrated confidence with these teaching traits prior to the intervention. Conversely, it is a logical assumption that a lack of confidence was demonstrated with pre survey responses for the domains of providing feedback and self

directed learning, and that the OMP may have been the cause of reported increases in individual post scores.

Anticipating that respondent bias would be a factor, additional questions related to how helpful the preceptors felt the OMP was to improving their teaching skills using a ranking scale, with one being not helpful at all to five being extremely helpful were included in the post survey (see Figure III). These questions were linked to the six domains of teaching, and the majority of preceptors who utilized the OMP in practice found it to be moderately helpful in assisting them with all six domains of teaching, with none reporting the OMP as offering no help at all (see Table IV). This lends strength to the intervention as being the cause for improved preceptor self report post intervention.

Small sample size, respondent bias, implementation of the OMP with two groups and a homogenous population are threats to the internal validity of these results. Sample size must increase for the t-test to become statistically more powerful, so a sample size of greater than 20 would improve the validity of the results and increase the usability of findings (Polit & Beck, 2012). Since the sample was mostly homogenous, generalizability of the findings is population specific to the Abrazo Health Care System. Respondent bias could not be controlled, yet incorporating an instrument that includes questions so that both negative and positive items may have improved this phenomena (R. Yount, personal conversation, February 11, 2016). Finally, there exist potential extraneous variations among the two teaching encounters, so that preceptor exposure to the intervention was not equal. When replicating this project, it is a recommendation that the study includes a control group, randomization of participants, and an increased sample size and include implementation in training over a longer period of time as factors that will lend strength to a study design.

Discussion and Implications for Nursing and Healthcare

Assumptions regarding the OMP as a strategy to improve the clinical teaching ability of preceptors, specifically with regard to promoting self-directed learning and to a lesser extent providing feedback, have been supported with this project. There is the potential that the OMP, if offered during preceptor training, can increase preceptor confidence in the role along with offering this population an additional strategy that assists with role development. At the microsystems level, this warrants piloting the OMP into future Abrazo Health Care System preceptor training. Since the Market Director for Professional Development was fully vested in this project, the longevity of the intervention is anticipated. This DNP candidate, along with nurse educators and nurse leaders, will sustain the practice change efforts beyond project completion as Abrazo Health Care System continues preceptor training using the evidence based OMP (see Appendix C). Additionally, these stakeholders expressed a commitment to the longevity and success of the preceptor academy as they are the front line initiators to keep a forward momentum with maintaining a robust preceptor program.

At the macrosystems level, the implications to nursing as a result of the project include opening up necessary dialogue among nurse leaders that standardizing the way preceptors are trained to include the OMP may benefit their practice. Nursing is a profession that standardizes its processes, from having its own language to the standards that define its scope of practice. Zaccagnini and White concur that nursing practice must be based upon evidence that is related to a clinical issue and then applied to improve outcomes (2014). The OMP offers a solution that is relevant to the practice problem of preceptors who lack the competency and skill set as facilitator to perform in the role.

Nurse educators, clinical directors, and other nurse leaders have the responsibility of preparing and investing in the nurses who transition other nurses within an organization. Adequate preparation of preceptors goes beyond promoting the task based skills of the bedside nurse, it also includes developing their teaching ability so that they remain engaged in the role, and in turn can engage others. There are many challenges preceptors face, and the ability to guide the clinical experience despite these should happen effortlessly. Preceptor training should be based upon scientific evidence that supports developing their skills as facilitators, and the potential for the OMP to be included as an integral part of this process is warranted.

Plans for Dissemination

A preceptor luncheon including this DNP candidate's project mentor who is the Market Director of Professional Development, nurse educators, CNO's, unit directors, and preceptors will be offered to share internal dissemination of the project results. Peers who supported the project will be invited to attend. The anticipated presentation will be made at the organization's administration building where the room size and resources can support the presentation. The findings will be presented using visual aids, related handouts and interactive discussion. In addition, sharing results at the Arizona Action Coalition meeting in November would be in alignment with their platform of shaping Arizona's nursing workforce based off the recommendations of the Institute of Medicine (IOM) report for nurses to improve the quality and value of care delivery (IOM, 2010). This would bring attention to the need for strengthening preceptor development on a meso level.

The NLN's 2017 national conference has been selected for external dissemination of the project results at a macro level through the poster board presentation. Use of a poster board as the method for sharing provides an opportunity to disseminate information to a wide audience

that support evidence based methods in nursing education. This venue was chosen because this DNP candidate is a member of the NLN and this organization promotes excellence in nursing education. The organization and the topic of the DNP project are in alignment with both the vision and promotion of developing strategies that enhance nursing education. The results of the project would have greater success being shared with an organization that supports education in nursing topics. The potential for the DNP project results to be brought back to other organizations and schools of nursing as an innovative solution to preceptor development would be far reaching using this venue.

Plan for publication in *Nurse Educator,* a peer reviewed and scholarly journal focusing on original research relating to the development of nursing education, is being pursued as a result of a positive response from the editor to a query letter that was submitted in June. This journal is appealing due to its diverse audience and practice settings, for which academia is only one consideration. Studies that have an impact on clinical practice with clinical teaching are also included in its publications. This DNP project, which concentrates on implementing an educational intervention, would be in alignment with this journal's manuscript criteria and the reason for its selection.

Summary and Conclusion

Development of preceptor teaching skills ensures competent performance at the bedside. Lack of support with developing the role of the preceptor is an important source of frustration for this population and this project attempts to provide a solution. Preceptor training programs should offer simple yet effective strategies to preceptors who feel ill prepared to perform as facilitators in the role. The ability of the preceptor to perform effectively in the role is positively influenced by a training method that develops these qualities. Through offering the preceptor an

evidenced based method that augments their toolkit, the OMP assists with improving their teaching skills. The results of this project are consistent with the literature, lending strength to the potential effectiveness of the OMP with improving preceptor teaching ability. Although this project demonstrates promising results regarding the OMP, additional research involving a more rigorous study design is necessary to strengthen its generalizability to nursing.

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Appendix A

Summary of Primary Research Evidence

Citation	Question or Hypothesis	Theoretical Foundation	Research Design (include tools) and Sample Size	Key Findings	Recommendations/ Implications	Level of Evidence
Aagaard, Teherani & Irby, 2004	Comparison of the OMP versus traditional model of ambulatory teaching to determine preceptor ability to rate student skills, satisfaction with both models and ability to correctly determine patient condition.	None	Within groups experimental design (n=116) ANOVA	Preceptors reported greater confidence with teaching skills and found the OMP model to be more effective and efficient than traditional model.	Consideration of the level of experience of the preceptee should be considered when using the OMP, replication of study in patient care areas should be considered.	IV
Eckstrom, Homer & Bowen, 2006	To develop a survey that would assess the effectiveness of the OMP as an intervention at a faculty development workshop.	None	Non randomized controlled study (n=68) Cronbach alpha of measurement tool rated 0.8.	Faculty self report demonstrated increased perception of teaching ability after the OMP intervention. Learner ratings for same was similar to baseline.	Use of the OMP to augment faculty assessment skills should be considered and investigated further with a broader setting.	III
Furney, Orsini, Orseni, Stern, Gruppen, & Irby, 2001	Does the use of the OMP affect teaching behavior of residents?	None	RCT (n=57) Paired t-test	Purpose of the study was to determine the effect of using the OMP on medical resident's teaching skills. Outcomes were based on self reporting along with learner ratings of resident performance	OMP model demonstrates improvement with eliciting feedback from preceptors reported by both student and preceptor ratings compared with no intervention.	II

				with teaching using this model. Self reports and learner ratings expressed statistically significant changes in teaching behaviors of the resident's after using this tool.		
Hu, Chen, Chen, Shen, Lin & Chang, 2015	Will a modified OMP intervention reduce workplace turnover intent, increase overall satisfaction with preceptors and reduce stress of new nurse graduates.	None	Repeated measure with an intervention and two group comparison (n=107) Cronbach alpha of 0.75 for measurement instrument, Chi-square and independent t-tests	Turnover intention was lower in the OMP group than traditional group. Workplace stress was reduced in the OMP group in months one and three compared with traditional group. Overall satisfaction with preceptors was rated higher for the OMP group compared with traditional group	The modified OMP proved to be an effective intervention to enhance training of preceptors as self reported by preceptees. Authors recommend its use in preceptor training programs.	IV
Hyrkas, Linscott & Rhudy, 2014	What factors are associated with preceptor satisfaction and commitment to the role?	None	Descriptive correlational design (n=85)	This study utilized five instruments to measure the relationship between the preceptor and preceptee; satisfaction with clinical teaching and learning was the focus. Lack of adequate preceptor training with evaluating preceptee performance	A standardized preceptor training program may increase preceptor and preceptee satisfaction with the role and the relationship. Organizations should consider preceptor selection and development as an important factor	IV

				and providing feedback was reported. Preceptors find that lack of support in the role leads to burn out.	associated with strong clinical performance.	
Irby, Aagaard & Teherani, 2004	Do preceptor teaching methods differ by using the OMP compared with traditional models?	None	Within groups experimental study (n=116) ANOVA using coding for data analysis	After exposure of the OMP method, preceptors were more likely to change their teaching method in practice.	The OMP offers a method of teaching that is adaptable to any situation. The OMP serves as a tool to promote critical thinking and can be tailored to fit learner needs.	IV
Kalischuk, Vandenberg & Awosoga, 2012	What are preceptor views regarding the barriers, benefits and challenges with the role?	None	Quantitative, descriptive correlational design (n=331) Kendall Tau b correlation coefficient; Cronbach's alpha	Utilizing a survey, the authors of this study identified common themes emerging from preceptors; increased workload, lack of support from educators and administration and decreased opportunities to make a difference in the workplace were cited. Preceptors identified desiring non material rewards for performing in the role.	This study's results are in alignment with previous studies, indicating a need for more preceptor development and support from educators and administrators. Overall, preceptors reported satisfaction with the role but requested more time to devote to assessing the learner in the clinical setting.	IV
Kertis, 2007	Does the OMP have an impact on preceptor ability to offer feedback and instruct the	Knowles Androgogy, Bruner's Constructivism Theory, Schon's	Single non-experimental descriptive study (n=20)	Findings indicate improvement in the preceptor's perceptions of	Use of the OMP in preceptor training can enhance preceptor	VI

	novice nurse?	Theory of Reflective Practice.	Cronbach alpha of 0.95 of measurement instrument. Paired t-test	self-efficacy with teaching skills following the OMP intervention compared to pre survey.	skills. The OMP tool is easily adaptable to any situation and assists the preceptor with promoting problem-solving skills.	
Salerno, O'Malley, Pangaro, Wheeler, Moores & Jackson, 2002	Does the quality of feedback from faculty improve after exposure to the OMP in a development workshop?	None	Qualitative single non-experimental study (n=53) ANOVA Cronbach alpha of 0.95 of measurement instrument	Improvements were noted with quality of evaluator feedback during preceptor encounters in the clinical setting following the OMP method. Evaluators reported increased confidence with teaching ability following the intervention.	Consideration of several approaches to preceptor training in addition to the OMP method is realistic and recommended to support learner centered teaching.	VI
Sandau, Cheng, Pan, Gaillard & Hammer, 2011	Does preceptor self confidence and comfort in the role increase following an 8 hour preceptor workshop?	Benner's Novice to Expert	Mixed methods, quasi-experimental one group pretest-posttest design: Quantitative report (n=131) Paired t tests and chi-square, ANOVA with Bonferroni adjustment for data analysis	A survey was developed by the authors and administered to preceptors and orientees. Preceptor reports indicate that both confidence and comfort are increased following an educational intervention. Conversely, orientees did not report increased satisfaction with or confidence in their preceptors who attended training.	There is a need for organizations to provide continuing education to preceptors and new nurses beyond the initial orientation timeframe. Doing so may improve nurse retention rates. More studies need to address support of the preceptor role in terms of reduced workload.	II

Teherani, O'Sullivan, Aagaard, Morrison & Irby, 2007	Do 3rd and 4th year medical students prefer the OMP over traditional teaching methods from clinical encounters with preceptors?	None	Experimental design replication (n=164) ANCOVA for data analysis	Student's preference was with the OMP teaching method. Students were able to better identify interpretation of situation using the OMP model.	Further research is necessary to identify which circumstances encourage optimal learning outcomes using this method and if the OMP saves time when used in practice.	IV
Wilkinson, Turner, Ellis, Knestrick, & Bondmass, 2015	Will the implementation of an educational training program for nurse preceptors improve their knowledge and skills in relation to teaching?	None	Quasi-Experimental Design (n=18) NP's Descriptive statistics and paired t tests	An online education CEU program aimed at nurse preceptors using the OMP and SNAPPS model of teaching in clinical as the intervention showed an increase in knowledge and an increase in use of each tool in practice as a result of the intervention. High levels of satisfaction with role performance were also reported.	Consideration should be given to including both the OMP and SNAPPS method into NP education, and consider the most effective way of introducing these models into practice.	IV

Appendix B

Summary of Systematic Reviews (SR)

Citation	Question	Search Strategy	Inclusion/ Exclusion Criteria	Data Extraction and Analysis	Key Findings	Recommendation/ Implications	Level of Evidence
Beckman, Ghosh, Cook, Erwin &Mandrekar, 2004	What clinical assessment tools are available to measure clinical teaching of the preceptor?	Electronic databases: MEDLINE, EMBASE, PsycINFO, ERIC & Social Citation/Science Citation	Exclusion criteria: Reviews, editorials, qualitative and case studies. Inclusion criteria: English language, dates 1966-2003, studies must describe instruments designed to evaluate clinical providers by students.	Independent literature searches and using bibliography citations and consults with medical experts, 331 articles were found. Of these, 21 met the inclusion criteria. Of the 21 studies included in the review, validation methods most prevalent to determine instrument reliability used Cronbach alpha and factor analysis.	Validated tools, specifically with internal structure, used to measure clinical teaching include the Stanford Faculty Development Program (SFDP), Mayo Teaching Evaluation Form (METF), Teaching Effectiveness Scores (TES), Clinical Teaching Effectiveness Instrument (CTE). This list is not exhaustive.	These tools demonstrate high content validity and reliability when used to assess clinical teaching skills. Further studies should be conducted that consider other influences on teaching effectiveness such as interpersonal skills.	II
Beckman, Cook, Mandrekar, 2005	What is the quantifiable evidence that supports clinical teaching tools?	Electronic databases: MEDLINE, EMBASE, PsycINFO, ERIC, Social Science Citation	Inclusion criteria: English language, articles published between years 1966-2004. Studies that described instruments related to assessing clinical teaching by learners. Exclusion criteria: Case	Of the 330 articles that met criteria, 22were included. Subsequent k scores and p scores were used to determine interrater reliability of instruments. Ratings were based upon five categories.	Of the five domains investigated with regard to tools that evaluate clinical teaching skills (content, response process, internal structure, relation to other variables and consequences) the SFDP rated high for	For the purposes of using the SFPD instrument to assess clinical teaching ability created by Litzelman, the interrater reliability has a strongly positive correlation with how well the content matches the concept being studied.	II

Citation	Question	Search Strategy	Inclusion/ Exclusion Criteria	Data Extraction and Analysis	Key Findings	Recommendation/ Implications	Level of Evidence
			studies, editorials, qualitative studies, review articles.		internal structure.	Relation to other variables and consequences was not addressed with this instrument, and future research should consider the method of the study as opposed to the validity of the instrument to account for this weakness.	
Chen & Lou, 2013	Examination of the literature to determine effectiveness of preceptor/mentor programs for recently registered nurses.	Electronic databases: MEDLINE, Cochrane, CINAHL, Pub Med, Index to Taiwan Periodical Literature System, Chinese Electronic Periodical Services, National Digital Library of Theses and Dissertations in Taiwan.	Inclusion criteria: Original studies included from 1999 to 2011. Experimental or quasi-experiment design, program adopting one-to-one mentoring, registered nurses for participants. Exclusion criteria: Review articles and studies using multiple interventions.	144 studies were extracted with a total of 5 studies that were from peer reviewed journals that met inclusion criteria. All studies reported a Cronbach alpha reliability/validity measurement of greater than 0.86. Both job satisfaction tool and nursing competency scale were used in 4/5 tools.	A systematic review was conducted on mentor programs finding the consensus of such programs as increasing competency of the registered nurse. Low turnover and increased job satisfaction was also reported in 4/5 studies. Implications for developing mentoring programs can be gleaned from this analysis.	The review validated that support from administration is critical for the continued development of the nurse mentor.	III
DeWolfe, Perkin, Harrison, Laschinger, Oakley, Peterson, &	What are effective strategies to support and retain nurse preceptors?	Electronic databases: CINAHL, Dissertation Abstracts, EBM	Inclusion Criteria: Intervention applicable to preceptors in health care,	Studies were narrowed from 7,162 to 47 that met inclusion criteria. Data	There is no one method of training that is supported as better or more effective in	There is room for introduction of standardization with regard to preceptor	III

Citation	Question	Search Strategy	Inclusion/ Exclusion Criteria	Data Extraction and Analysis	Key Findings	Recommendation/ Implications	Level of Evidence
Seaton, 2010		Reviews, EMBASE, Eric, MEDLINE, PsychINFO.	study participants included preceptors and students, intervention was described, intervention aimed at improving preceptor experiences. Studies from 1950-2009 Exclusion Criteria: New graduates programs	extraction included studies ranging from RCT's to descriptive.	training preceptors.	training programs. Both preceptors and students would potentially benefit from a structured process.	

Appendix C

Sustainability Action Plan

Environmental Support: Having a supportive internal climate for the OMP project.							
Sustainability Objective: Implement, adopt, and support best practices in preceptor training by including the OMP into existing preceptor academy under the Abrazo Health System by August, 2016							
Steps to achieve objectives:	**Who will do the work?**	**What does success look like?**	**What non- financial resources are needed for this step?**	**Projected Due Date**			
				Q1	**Q2**	**Q3**	**Q4**
1. Introduce the OMP into preceptor academy as a pilot.	DNP candidate	OMP implemented into April and May preceptor training sessions	Time/Commitment	May, 2016			
2. Identify nurse educators and administrative leaders who are "champions" to build internal support for the OMP in preceptor training	DNP candidate	Potential champions identified	Access to contact info/Time/Commitment	May, June, 2016			
3. Comparison data compiled and evaluated from preceptors who attended training with OMP	DNP candidate, nurse educator, Director of professional development	Data suggests statistically significant results with the OMP as improving preceptor performance in the role.	Data on effectiveness of OMP with improving preceptor performance	July, 2016			
4. Champions will encourage OMP use in preceptor training as an EBP.	DNP candidate, nurse educator, Director of professional development	Preceptor training adopts the OMP into future training as an EBP strategy, in addition to traditional methods, to improve performance in the role.	Resources on incorporating the OMP presentation into current preceptor training manual.	August, 2016			

Appendix D

Plan for Educational Offering

OBJECTIVES	**CONTENT (Topics)**	**TEACHING METHODS**	**TIMEFRAME**	**EVALUATION METHOD**
After attending the One Minute Preceptor (OMP) Intervention Session, the nurse preceptor will : 1) Describe the five step framework of the model 2) Identify strategies to assist with implementing the model into practice 3) Apply the 5 steps of the model to practice using role play/simulation	1) Introduction of the history/use of the OMP in practice 2) Review the 5 steps: -Get a commitment -probe for evidence -teach general knowledge -reinforce -correct errors 3) Present examples/case studies/scenarios and role play using the OMP model in pairs (one learner is preceptor, one learner is preceptee)	Power point presentation, simulation, role play, discussion, written handouts, pocket cards	1) 15 minutes 2) 15 minutes 3) 1 hour	Teach back, observation, anecdotal notes, peer review

Appendix E

Project Schedule	NR702								NR705								NR707								NR709					
Activity:	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Meet with faculty & preceptor	X								X								X								X					
Consult with statistician						X	X	X								X										X	X			
Prepare project proposal	X	X	X	X	X																									
IRB proposal										X																				
Implement intervention/ training, administer pretest to participants and control group											X				X															
Conduct formative evaluation (to determine if intervention is being used)												X	X	X	X	X	X	X	X	X	X									
Administer post test to participants 8 weeks post intervention (2 groups)																			X			X								
Analyze Data																								X	X	X				
Prepare final project / paper presentation to committee																											X	X	X	X

Appendix F

Data Collection Tool for Evaluation (Stanford Faculty Development Program Questionnaire)

Instruction to Students: Put a circle round the score you award for each feature.

(A)

During this teaching session and this rotation, my resident generally …

	1. Learning climate	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
1	Stimulated learner's interest in the topic.	1	2	3	4	5
2	Created an atmosphere that encouraged students to admit their limitations.	1	2	3	4	5
3	Listened to learners.	1	2	3	4	5
4	Encouraged learners to participate actively in the discussion.	1	2	3	4	5
5	Expressed respect for learners.	1	2	3	4	5
6	Avoided ridicule and intimidation.	1	2	3	4	5
7	Encouraged learners to bring up problems.	1	2	3	4	5
8	Was willing to say "I don't know."	1	2	3	4	5
	2. Control of session					
1	Made efficient use of teaching time.	1	2	3	4	5
2	Called attention to time.	1	2	3	4	5
3	Covered all scheduled topics.	1	2	3	4	5
4	Set an agenda for teaching sessions.	1	2	3	4	5
5	Collaborated with learners in deciding what should be covered during teaching sessions.	1	2	3	4	5
6	Avoided digressions.	1	2	3	4	5
7	Discouraged external interruptions.	1	2	3	4	5
	3. Communication of goals					
1	Stated goals clearly and concisely.	1	2	3	4	5
2	Stated relevance of goals to learners.	1	2	3	4	5
3	Stated expected level of competence.	1	2	3	4	5
4	Checked out learners' acceptance of goals.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
5	Asked learners for their goals.	1	2	3	4	5
6	Prioritized goals.	1	2	3	4	5
7	Repeated goals periodically.	1	2	3	4	5
8	Re-established goals as needed.	1	2	3	4	5

	4. Promoting understanding and retention					
1	Presented well-organized material.	1	2	3	4	5
2	Explained relationships in material.	1	2	3	4	5
3	Answered learners' questions clearly.	1	2	3	4	5
4	Used blackboard or other visual aids.	1	2	3	4	5
5	Emphasized what he/she wanted learners to remember.	1	2	3	4	5
6	Had learners reformulate material.	1	2	3	4	5
7	Had learners apply material to own experiences.	1	2	3	4	5
8	Assessed learners' level of knowledge before teaching sessions.	1	2	3	4	5

	5. Evaluation					
1	Observed learners' performance (eg, watched bedside skills).	1	2	3	4	5
2	Evaluated learners' knowledge of factual medical information.	1	2	3	4	5
3	Evaluated learners' ability to analyze or synthesize knowledge.	1	2	3	4	5
4	Evaluated learners' ability to apply medical knowledge to specific patients.	1	2	3	4	5
5	Evaluated learners' medical skills as they apply to specific patients.	1	2	3	4	5
6	Evaluated learners' attitudes as they apply to specific patients.	1	2	3	4	5
7	Asked learners to self-assess.	1	2	3	4	5

FIGURE 1. (A) The Augmented Stanford Faculty Development Program Questionnaire. (B) The Visual Analogue Scale

Appendix F: Owolabi, M. (2014, Winter). Development and psychometric characteristics of a new domain of the Stanford Faculty Development Program Instrument. Graph. Journal of

Continuing Education in the Health Professions, 34(1) 15. Retrieved from http://web.a.ebscohost.com.contentproxy.phoenix.edu/

	6. Feedback					
1	Gave positive feedback to learners.	1	2	3	4	5
2	Gave negative (corrective) feedback to learners.	1	2	3	4	5
3	Explained to learners why he/she was correct or incorrect.	1	2	3	4	5
4	Offered learners suggestions for improvement.	1	2	3	4	5
5	Developed a plan for improvement with learners.	1	2	3	4	5
6	Gave feedback frequently.	1	2	3	4	5
7	Asked for learners' reaction to feedback.	1	2	3	4	5
	7. Promoting self-directed learning					
1	Asked learners to identify their goals, interest, and needs.	1	2	3	4	5
2	Asked learners how they wanted to address their goals, interests, and needs.	1	2	3	4	5
3	Explicitly encouraged further learning.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
4	Motivated learners to learn on their own.	1	2	3	4	5
5	Encouraged learners to do outside reading	1	2	3	4	5
6	Encouraged learners to make appropriate use of consultation.	1	2	3	4	5
7	Pursued his/her own continuing medical education	1	2	3	4	5
8	Helped learners more effectively deal with obstacles to learning (eg, daily work overload).	1	2	3	4	5

Appendix F: Owolabi, M. (2014, Winter). Development and psychometric characteristics of a new domain of the Stanford Faculty Development Program Instrument. Graph. Journal of Continuing Education in the Health Professions, 34(1) 15. Retrieved from http://web.a.ebscohost.com.contentproxy.phoenix.edu/

Figure 1 SWOT Analysis of OMP/Preceptor Program

Strengths	***Opportunities***
Based upon the data acquired, the internal forces working for the success of the project include the commitment of nursing administration to support the preceptor role. The strong caliber, advanced education and professionalism of the nurse educators along with the program structure and length make it attractive.	There exists a potential for this implemented project to affect the entire organization's approach to preceptor training, resulting in a standardized process. A return on investment with quality metrics can be realized on a macro system level, along with greater nurse preceptor commitment and role clarification.
Weaknesses	***Threats***
Current preceptor training delivers traditional content and is limited with its availability, offered multi-hospital only once monthly. Power Point is only method of delivery. Program content using information from 2009, which may not be most current.	Lack of engagement from nurses to agree to precept and adequate educator time to learn and incorporate the OMP intervention into the training are threats to the success of this practice change. Although Abrazo Health System places tremendous value on supporting its nurses, there remains the uncertainty of how far this support will extend long term based upon economic health of the organization.

Figure II OMP Laminated card

CHAMBERLAIN
College of Nursing

FIVE-STEP OMP TEACHING TOOL

1. **GET A COMMITMENT**
2. **EXPLORE THE RATIONALE**
3. **TEACH WHAT YOU KNOW!**
4. **OFFER FEEDBACK**
5. **CLARIFY ASSUMPTIONS**

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Figure III Post Survey Additional Items

1. How helpful was the One Minute Preceptor in assisting you to control the learning climate?

Not helpful at all	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful

2. How helpful was the One Minute Preceptor in assisting you to make efficient use of teaching moments?

Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful

3. How helpful was the One Minute Preceptor in assisting you to evaluate others?

Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful

4. How helpful was the One Minute Preceptor in assisting you with promoting learner understanding (e.g. of policies?)

Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful

5. How helpful was the One Minute Preceptor in assisting you with providing feedback to learners?

Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful

6. How helpful was the One Minute Preceptor in assisting you with promoting self-directed learning (e.g. goal setting?)

Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful

Table I Budget

EXPENSES		**REVENUE**	
Direct		Billing	-0-
Salary and benefits: Salary and benefits - (1) Nurse Educator: 2 hrs x 43.00/hr	$86.00	Grants	-0-
Supplies: Supplies - Laminated project cards, handouts, pens, whiteboard and markers	$50.00	Institutional budget support: Supplies, salaries and benefits, and overhead	$176.00
Services			
Statistician: paid by DNP candidate	$150.00		
Indirect			
Overhead: Overhead - use of educational room x 2 hrs	$40.00		
Total Expenses	$326.00	Total Revenue	$176.00
Net Balance: $150 paid by DNP candidate for statistician services			-0-

Table II Comparison of Means

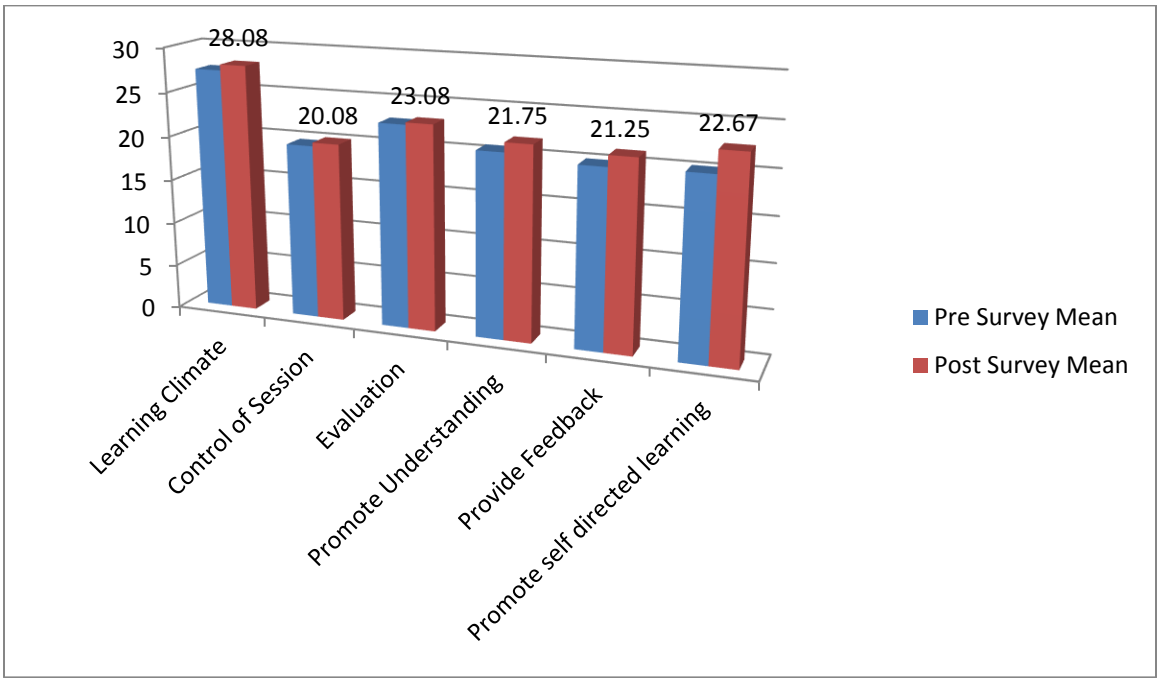

Table III Summary of Domain Values

SFDPQ Domain	Probability of t, critical value < .05	Means (Pre/Post)	Standard Deviation (Pre/Post)	Difference between means
Learning Climate	0.197183	27.42/28.08	2.212/2.275	0.67
Control of session	0.330549	22.83/23.08	2.746/2.406	0.42
Evaluating others	0.390824	22.83/23.08	2.406/2.610	0.25
Promote understanding	0.153433	20.67/21.75	4.053/3.137	1.08
Provide feedback	0.068602	20.00/21.25	2.892/2.667	1.25
Promote self directed learning	0.032689	20.17/22.67	3.834/2.605	2.50

Table IV Preceptor Feedback