Improving Performance Feedback to New Graduate Nursing Orientees Utilizing the Daily Feedback Tool©: A Quality Improvement Project

By

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has been approved

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Abstract

Preceptorship holds a vital role in the preparation of new graduate registered nurses (NGRNs) for the transition from scholastic to professional practice. Despite this, inconsistencies within preceptor preparation methodology lead to insufficient preceptorship dyad support and communication, therefore reducing preceptorship efficacy across medical institutions globally. The purpose of this Doctor of Nursing Practice (DNP) project was to evaluate the potential improvement of preceptor feedback and support methods with their orientees by utilizing the Daily Feedback Tool© (DFT) during a simulated role-play experience in a hospital nursing Preceptorship Preparation Program (PPP). Gaps in preceptor support and communication were gathered from surveys completed by recent participants in the Nurse Residency Program (NRP) at a single facility in suburban Pennsylvania, United States. This project was a single-cohort, single-site, quality improvement (QI) project by design. Efficacy was measured through self-scoring, by participants, on Pre- and Post-Implementation Surveys. This project included participants that were current or prospective preceptors of NGRNs (orientees) at the hospital across all nursing departments and disciplines that maintained a minimum of one full year of nursing experience. Descriptive statistical analyses determined if simulated role-play and the DFT© better equipped participants to communicate and support future NGRN cohorts through the collection of Pre- and Post-Implementation Survey scores. Effective preceptorship programs have been shown to decrease new nurse turnover, represent significant cost savings to the healthcare system, and increase the quality of patient care by way of reducing negative safety events.

Key words: New graduate registered nurse, preceptor, orientee, cohort, dyad, orientation program, feedback, instruments, tools, nurse residency, simulation, role-play, nurse education.

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Improving Performance Feedback to New Graduate Nursing Orientees Utilizing the Daily Feedback Tool©: A Quality Improvement Project

Chapter I: Introduction

This project addresses vulnerability and insecurities of NGRNs during the transition from school into nursing practice (Wakefield, 2018). As a model of nursing practice and subject matter expert, the nursing preceptor plays a large role in how the NGRN perceives their own responsibilities and growth as a nurse. During the orientation process, the NGRNs are paired with preceptors to help guide and facilitate the evolving level of mastery from novice to effective and competent nurses. As an NGRN there are questions, fears, new ideas, and concepts that one faces. For a preceptor, it is important to lead and help the NGRN mature into their role. By improving the feedback process between the nursing preceptors and NGRNs via nascent interventional training strategies, reduction in anxiety, increase in confidence, and continued encouragement is achieved (Wakefield, 2018).

Transitioning from nursing school to a practicing nurse is a major undertaking; passing the National Council Licensure Exam, paying back loan debt, and finding employment are only a portion of the responsibilities held as a new graduate. The NGRN is unaware of what lies ahead; competition for employment is fierce; practicing skills, competencies, and critical thinking are harder than imagined; and orientation is overwhelming. In 2010, when I graduated, my personal expectations were set high when I entered into the Emergency Department. Among these expectations, I held myself to notable standards during the network orientation process and personal orientation with my preceptor on the unit. Initially, each day was at an intense difficulty level. For any onboarding NGRN, having a respectable and effective preceptor guide this process is important for a smooth, successful transition.

Having gone through the preceptorship experience as an orientee and having involvement as preceptor, I hope to easily transition NGRNs from school to practice during orientation. Through my own experiences, it was identified that feedback and guidance were important for the success at priming the NGRN, as an orientee, to settle into their new role. Although the project site has formalized preceptor training with the PPP and the NRP, gaps exist in closing the loop in performance evaluation between the dyad of the preceptor and NGRN during orientation. Due to the constantly changing healthcare landscape in the United States, networks that support NGRNs with their transitions are essential for their success (Hofler & Thomas, 2016).

Background and Significance

In general, NGRNs struggle with entering the work force, as they often require additional assistance and guidance. Currently, at the site facility for this project, preceptor communication strategies in the NRP resulted in low confidence in the receiving preceptee, as established by scores on the Casey-Fink Experience Surveys (Vizient Inc., 2020). NGRNs should work with a trained preceptor and receive proper feedback when performing patient care. Delays in feedback or poor communication from untrained preceptors can result in the NGRNs making mistakes and leaving the nursing profession (Powers et al., 2019). This can result in poor patient outcomes, jeopardizing the safety of patients. Additionally, talent retention of high-quality NGRNs may become a challenge, which can cost the institution a huge financial burden (Trepanier et al., 2012).

Patient safety is at risk when the proper feedback is not delivered during the orientation experience by the preceptor to the NGRN. If the NGRN is afraid to communicate with their preceptor, they wrestle with executing a potentially unsafe task or make themselves look ill-equipped in front of the patient and their preceptors (Murray et al., 2018). During the NGRNs

first year of training, this is noted as the most crucial time to ensure proper guidance from their preceptors validate their transition to practice is smooth; otherwise safety is at jeopardy (Powers et al., 2019).

For NGRNs and institutions, nurse retention and cost are also crucial to consider with poor precepting experiences. During the first year of employment for NGRNs, many resources are utilized together as investments for their success. Resources include nurse residency programs and nurse preceptor courses alike. In one study, an investment in education and recruitment over one year resulted in the retention of 9.8 nurses, and represented a cost savings of $1.368 million dollars (Crimlisk, et al., 2017; Friedman et al., 2011). According to literature estimates, each nurse that quits represents a minimum financial loss of $40,000-$96,000 to their institution due to anticipated backfill expenditure (Powers et al., 2019). In another study, by preparing and conducting high-quality preceptorship programs over a period of two years, the implicated medical institution successfully achieved 85% retention of new nurses over the two-year period (Hofler & Thomas, 2016). With increasing retention rates by providing successful preceptorship experiences, nursing shortages are less likely to occur (Condrey, 2015).

It is important to recognize that assuming the role of nurse preceptor is no easy task; it is a balancing act that requires a real finesse in handling the emotions of the new nurse and molding their skills to care for patients properly and safely (Quek & Shorey, 2018). Preceptors need to be trained and educated properly in order to remain satisfied in their role. There are different learning styles of preceptors as adult learners. The preceptors may be exceptional healthcare providers but may have little knowledge or experience in effectively teaching new nurses (Powers et al., 2019). Preceptor selection should be specific and purposeful (Burt, 2019; Cotter et al., 2018). Classes and materials provided to preceptors should be abundant and valued

(Quek & Shorey, 2016). Without appropriately training preceptors, a lack of role clarity and confidence may also proliferate, causing burnout within the nursing preceptor population at the institution, leading to suppressed commitment to the role, and less desire to succeed in transitioning NGRNs to practice (Baltimore, 2004).

It is crucial that communication, collaboration, autonomy, and confidence are instilled by the preceptors for the new nurses to successfully transition into practice (Hofler & Thomas, 2016). Supporting the preceptorship programs will help to positively influence the experiences of and recruit the novice nurse into the profession. This will facilitate the development of important skill sets; managing priorities, teaching how to delegate tasks, projecting positive attitudes, and providing constructive feedback with the opportunity for growth and progression (Burt, 2019). Benefits may also be seen with preceptor satisfaction and retention of NGRNs.

Needs Assessment

The PPP, established in 2017, has been offered at all eleven hospitals within the university health network with sites located across two states. This facility campus is a suburban, 108-bed, acute care hospital in Easton, Pennsylvania, United States. The need for the PPP arose in correlation with the initiation of the NRP at the same facility. The PPP program was created in collaboration with the Nurse Residency Coordinator and the Education Department. The committee of the NRP and the Education Department consists of eight individuals that have created the educational pieces that are utilized when training preceptors. This education is standardized and taught across all network campuses. The educational specialists teach the precepting courses when they recognize the growing need and hiring of NGRNs. The Commission on Collegiate Nursing Education accreditation standards necessitate annual

competencies and the preceptor course as a requirement to precept new nursing graduates and orientees at this facility/hospital (St. Luke's University and Health Network, 2019b).

The unit nurse managers and educators select nurse preceptors and NGRNs (dyads) by convenience pairing. Selection of dyads occur during the onboarding and orientation processes of newly hired NGRNs. Through self-reporting, nurse preceptors have had varied experiences with NGRNs as their orientee and learners. The same is true for the NGRN and their preceptors that have been assigned to them. The convenience of having NGRNs and preceptors arbitrarily placed with one another comes at a cost and can foster uncertainty, lack of honesty, concerns with trust, and discomfort generating an unfit-environment for a successful learning experience and nursing orientation (Condrey, 2015).

The NRP for this facility/hospital was created with the intent of preparing the NGRN in their transition from school to effectively caring for patients. The NRP curriculum includes significance of evidence-based practice, the facility's framework, values, precepting and performance evaluation, general orientation, NRP outline and curriculum, clinical-unit department orientation, phases of technical skills, interpersonal skills, delegation, and communication (St. Luke's University Health Network, 2019b). Nurses enrolled in the NRP attend a seminar during month 11 of 12, where they are taught about the PPP and are encouraged to enroll through their online education portal at the completion of their NRP. The NRP is attended by all NGRNs with less than six-months experience, have an unencumbered Registered Nursing license in New Jersey or Pennsylvania (depending on which hospital they are working for), and have any level of varied nursing preparation; Associate Degree in Nursing, Registered Nurse Diploma Degree, Bachelor of Science in Nursing, and Master of Science in Nursing. Transfers or new hires with more than six-months experience are excluded from this program.

Upon hire, the NGRN signs a commitment over a period of 12 months with Human Resources to complete the NRP. The goal of the NRP is to enroll NGRNs in the next available cohort, so there is efficient organization and continuation of their orientation. There are no exceptions, as all NGRNs attend the NRP. The commitment is forwarded to the Nurse Residency Coordinator, who schedules the NGRN in the next cohort. If the manager chooses, because of staffing needs, the NGRN can be moved to a later cohort, although this is rare. The NGRN receives an email two months prior to the start of the NRP with a schedule for them as well as their manager to sign so that both parties are accountable and adhere to NRP requirements. The NRP curriculum includes detailed information regarding leadership, the professional role, and patient outcomes. Evaluations are mandatory and completed by the NGRNs utilizing Vizient's Casey-Fink Experience Surveys at the initiation of the program, after 6 Months, and upon completion at 12 months. The 24-question survey has five categories: Stress, Support, Organizing/Prioritizing, Communication/Leadership, and Professional/Satisfaction (See Figure 1).

Figure 1

Casey-Fink Experience Survey Categories

Analogous to the NRP, the PPP was developed. The two programs parallel each other to support the needs of the NGRN and the development of the preceptor. The network-wide NRP was initiated by the Nurse Residency Coordinator, in collaboration with the Education Department for the hospitals across the network. The committee of the NRP and the Education Department consists of eight individuals that have created the educational pieces that are

required to training preceptors. This education is standardized and taught among all of the hospitals among the network.

The PPP incorporates teaching cultural differences, novice to expert thinking, roles of a preceptor, phases of NGRN orientation, and conflict management. PPP is attended by established staff nurses with any nursing educational background (Associate Degree in Nursing, Registered Nurse Diploma Degree, Bachelor of Science in Nursing, and Master of Science in Nursing) who have been selected by their nurse manager and have a desire to strengthen their preceptor skills. The PPP is an eight-hour, one-time class for attendees. The PPP manager or staff RN enrolls voluntarily through the online education portal within the network. Managers must approve the request. There are approximately 30 sessions offered annually. PPP objectives include: The roles of a preceptor, network orientation framework, building relationships between dyads (preceptors and orientees, planned learning experiences for orientees, feedback evaluation of performance, and problem-solving techniques. The program is evaluated with the PPP evaluation form with five questions related to objectives, content, application of knowledge, effectiveness of the presenters, and effectiveness of the teaching methods used. There is a section for future recommendations with open-ended space provided for the participant to utilize as they see fit.

Nurses start their transition from being new, overwhelmed novice nurses, with little experience and limited knowledge, eventually becoming confident, experienced nurses that can pass down knowledge to the next generation below them (Davis & Maisano, 2016). There are three primary root causes of ineffective transition for NGRNs: Transition from a controlled environment such as nursing school without proper support, lack of trained preceptors, and the stress of a real hospital environment without proper training (Powers et al., 2019). Although

there is a formal preceptor class, the PPP, not all nurses that are preceptors attend. As a result, there are gaps in the current education identified by the Casey-Fink Experience survey that is completed by all NRP participants. All NGRNs are required to complete the NRP, but not all participants are receiving consistent feedback for professional improvement by their individual preceptors.

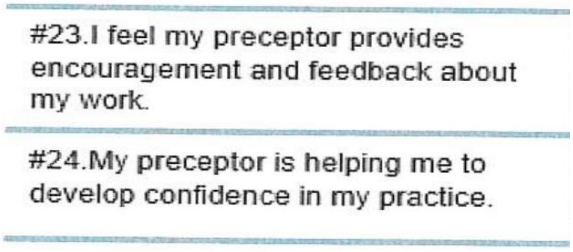
A notable deficiency regarding the NRP informally communicated via feedback from NGRNs is the lack of consideration with their schedules. Many NGRNs are on night shift arrangements and the NRP hours are not convenient for their sleep pattern. As an example, sleep is limited after working a full, 12-hour shift followed by an eight-hour NRP class. Additionally, informal preceptor comments highlighted difficulty with navigating generational differences between them and the younger NGRNs participating in the NRP (Vizient Inc., 2020).

Performing a gap analysis involved review of the PPP as it relates to the NRP, indicated by answers extrapolated from the Casey-Fink Experience Survey. By reaching out to the Nurse Residency Coordinator and communicating with the Education Department, a need for improvement in the feedback techniques taught in PPP was established. As a part of the metrics utilized to calculate success of the NRP, enrolled orientees are required to complete surveys at the beginning (initiation), after 6 Months, and upon conclusion of the program, at 12 Months. Noticeably, preceptors that did not communicate often enough to NGRNs resulted in new employees with less organization and preparation for the structure of their nursing role. One of the major findings from the survey was that the respondent NGRNs wanted more frequent feedback regarding their experiences than what they had been previously receiving from their assigned preceptors. The data from the Casey-Fink Experience Survey utilized by NGRN in the NPR, indicated poor results on two questions related to feedback provided by their preceptors

(See Figure 2; Vizient Inc., 2020). At an initial survey, 6 Month survey, and 12 Month survey, new nurse graduates have not received meaningful feedback from their preceptors about their practice and skills in 2017, 2018, and 2019.

Figure 2

Casey-Fink Experience Survey Orientee Questions



Note. This figure is attributed to the Vizient Inc. Casey-Fink Experience Survey content for a reprinted figure.

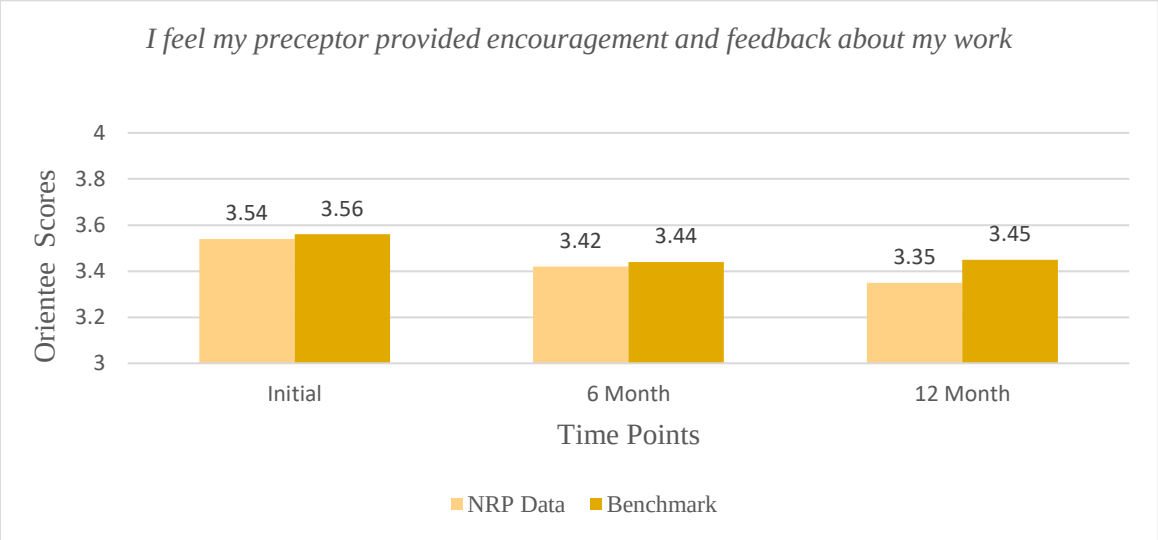
Benner's theory, novice to expert, is the underpinning of the Casey-Fink Experience Survey that this hospital/facility utilizes with the NRP (Davis & Maisano, 2016). Due to stress, low retention rates, and the reality of the nursing experience, Benner and Duchscher's theories *Theory of Transition Shock model* and *Stages of Transition Theory* further studied the idea of Kramer's theory *Reality shock: why nurses leave nursing* (Murray et al., 2019). Benner's model reviews the stages a new novice nurse experiences until they become an expert. These stages include: Novice, Advanced Beginner, Competent, Proficient, and Expert.

In the Casey-Fink Experience Survey, questions are evaluated on a 0-4.0 scale, where increasing numerical values indicate increasing respondent agreeance. A benchmarking analysis was conducted in 2017 by all NRP participants for the question: *I feel my preceptor provided encouragement and feedback about my work,* at the initial, 6 Month, and 12 Month timepoints. Benchmark scores were 3.56, 3.44, and 3.45, respectively. In 2017, the corresponding mean

scores data collected from NRP participants was below benchmark at the initial, 6 Month, and 12 Month timepoints at 3.54, 3.42, and 3.35 respectively (See Figure 3).

Figure 3

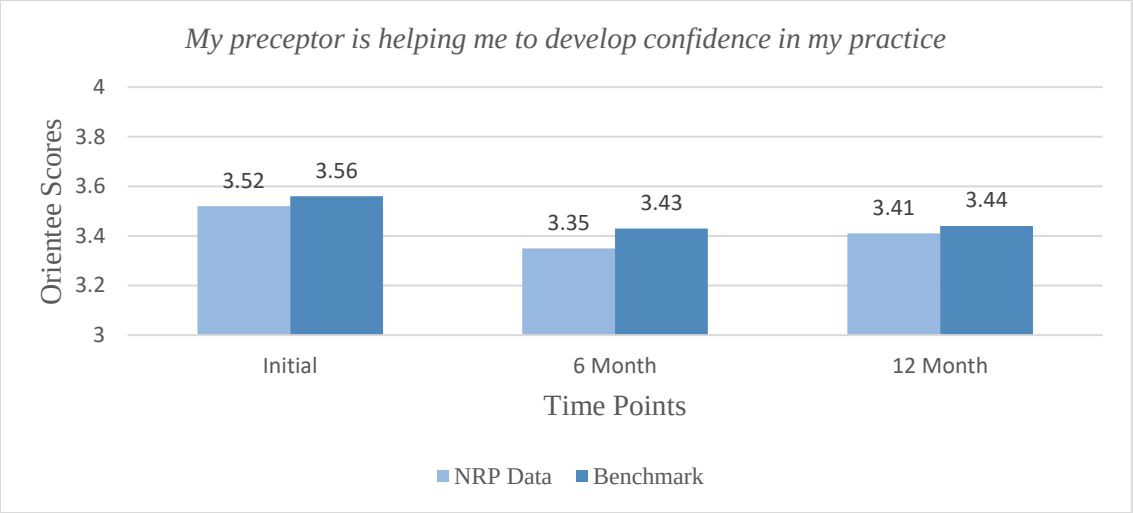
2017 Casey-Fink Experience Survey Feedback Question



For the question: *My preceptor is helping me to develop confidence in my practice*, the initial, 6 Month, and 12 Month benchmarks were: 3.56, 3.43, and 3.44, respectively. The initial, 6 Month, and 12 Month mean scores from all NRP participants were: 3.52, 3.35, and 3.41, respectively. There is a marked deficiency in experiences overall (See Figure 4).

Figure 4

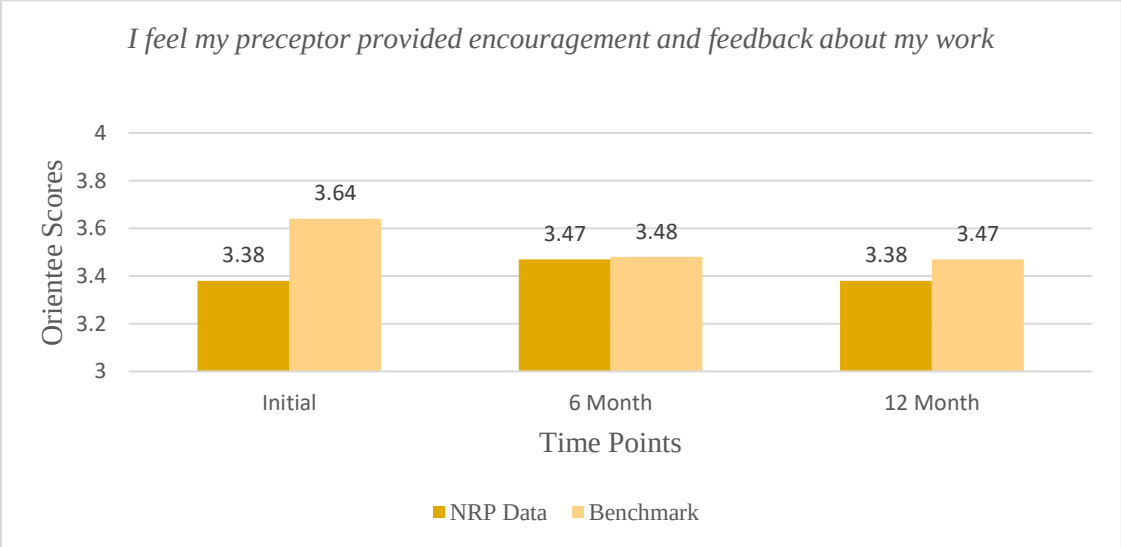
2017 Casey-Fink Experience Survey Confidence Question



In the Casey-Fink Experience Survey, support analysis in 2018 for the question: *I feel my preceptor provided encouragement and feedback about my work*, at the initial, 6 Month, and 12 Month benchmarks were: 3.64, 3.48, and 3.47, respectively. The mean of all NRP participants were as follows: 3.38, 3.47, and 3.38 (See Figure 5).

Figure 5

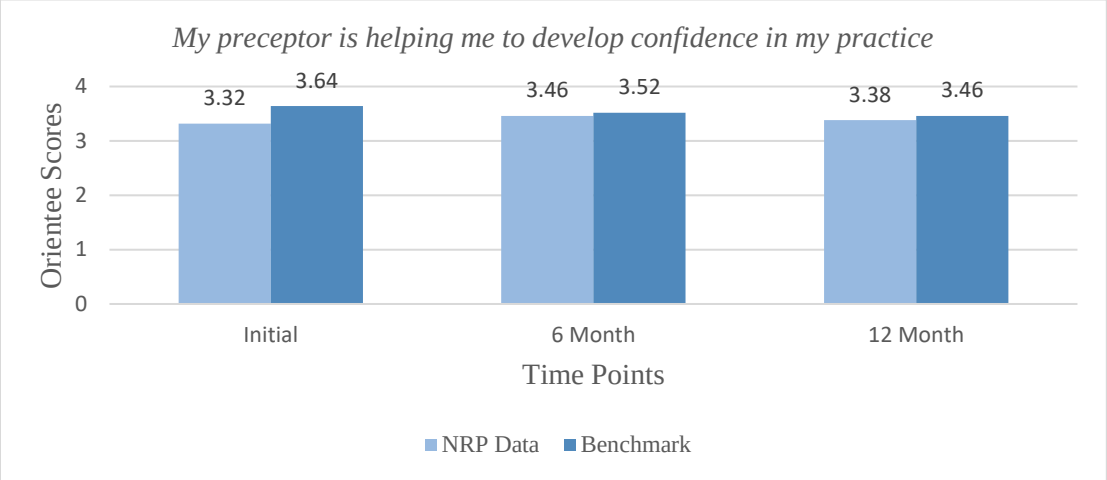
2018 Casey-Fink Experience Survey Feedback Question



For the question: *My preceptor is helping me to develop confidence in my practice,* at the initial, 6 Month, and 12 Months, the benchmarks were as follows: 3.64, 3.52, and 3.46. The mean average of all NRP participants were as follows: 3.32, 3.46, and 3.38. There is a marked deficiency in experiences overall in 2018 as well (See Figure 6).

Figure 6

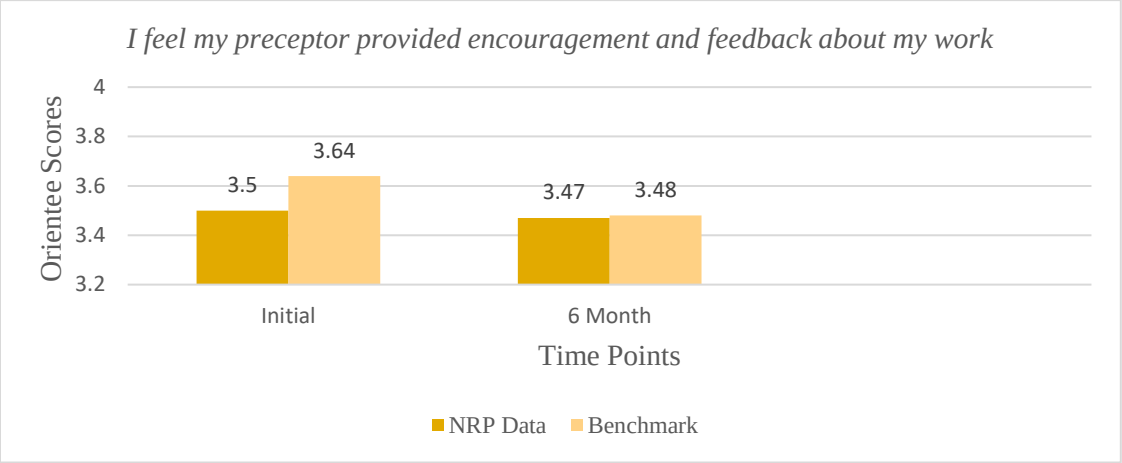
2018 Casey-Fink Experience Survey Confidence Question



In the Casey-Fink Experience Survey support analysis in 2019 for the question: *I feel my preceptor provided encouragement and feedback about my work,* at the initial and 6 Month benchmarks were as follows: 3.64 and 3.48. The mean of all NRP participants, at initial and 6 Month were as follows: 3.5 and 3.38. The 12 Month survey data is not currently available (See Figure 7).

Figure 7

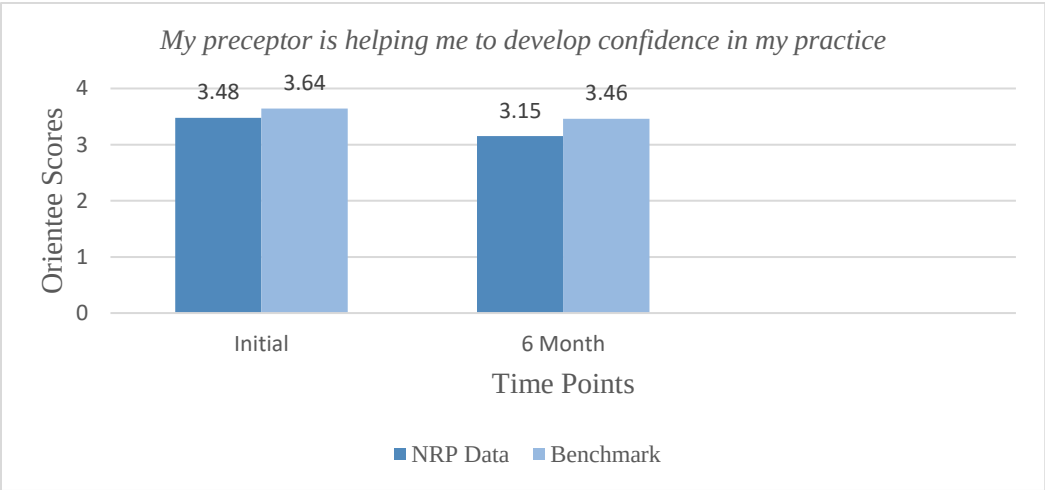
2019 Casey-Fink Experience Survey Feedback Question



For the question: *My preceptor is helping me to develop confidence in my practice*, for initial and 6 Month, the benchmarks were as follows: 3.64, and 3.46. The mean average of all NRP participants at initial and 6 Month surveys were as follows: 3.48 and 3.15. The 12 Month survey is not currently available. There is a marked deficiency in experiences for 2019 also (See Figure 8).

Figure 8

2019 Casey-Fink Experience Survey Confidence Question



A SWOT Analysis (strengths, weaknesses, opportunities, and threats), was performed in the environment of the hospital/facility, where this project was implemented, to assess their readiness to change. The strengths of internal factors of my hospital as a result of the SWOT Analysis include: Strong stakeholder support, a structured NRP, and an existing PPP. Weaknesses of internal factors of my hospital/facility include accepting change, apprehensive preceptors, and high nursing turn-over rates. External strength factors at my hospital include: Buy-in from the Education Department and NRP, higher desire to work at place of employment, opportunity for a positive NGRN experience, and utilizing an adequate feedback tool that teaches self-awareness. External weaknesses at my hospital include limited financial funding, limited follow-up with this project, and competition of other hospitals in the area. The potential impact of this QI project could improve the NGRN orientation and PPP at this hospital/facility.

Problem Statement

Orientation among NGRNs and proper training for preceptors in the hospital setting requires the investment of time and money by the facility and stakeholders alike. A NRP is one way to facilitate this process transition for NGRNs. A PPP teaches preceptors to perform problem solving techniques and management of NGRNs as they transition to their new role. The partnership and relationship of the dyad should be one of positivity and success. Within the NRP, there are tools that are utilized as benchmarks for the graduates and those assessing the program. The Nurse Residency Coordinator at this facility utilizes the Casey-Fink Experience Survey to find patterns in the perceptions of NGRNs based upon their experiences at the initial, 6 Month, and 12 Months responses correlating from their respective orientation processes.

However, the PPP does not currently address the gaps found in the Casey-Fink Experience Survey. Two prominent questions that were linked to weaknesses contributing to the

dyad's success were found to have two themes: the lack of performance feedback between the nurse preceptor and NGRN and lack of confidence gained by the NGRN by the end of the NRP. As previously mentioned, two Casey-Fink Experience Survey questions were responded to with below benchmark scores in three cohorts from 2017, 2018, and 2019; *I feel my preceptor provided encouragement and feedback about my work* and *My preceptor is helping me to develop confidence in my practice*.

The orientation experience and dyad relationship should be strengthened during the process of orientation and preceptorship. Nevertheless, as indicated by the scores of the Casey-Fink Experience Survey, supportive feedback was not provided during that time, by preceptors, regarding nursing practice and skills as they were perceived by the orientees. After anecdotal discussion, it was found preceptors perceive they are giving consistent and respectable feedback to their orientees. This area of discordance represents an opportunity for the dyad to review areas of improvement and consider positive reinforcement. Constructive feedback opportunities are lacking among both programs. If meaningful feedback is delivered between future dyads resulting from this QI project, subsequent perception among the NGRNs will improve. Thus, the NGRNs will be confident and independent with making critical thinking decisions with receiving positive feedback by their preceptors. Preceptors and NGRNs do not currently utilize a method to give feedback in real time, at the end of their shift, daily, or during their orientation experience; this can create dissatisfaction for both the preceptor and their orientee.

Project Aim

The purpose of this project is to evaluate the effect of preceptors utilizing effective feedback methods with their orientees during a simulated role-play experience in the PPP. The objectives of this project are as follows:

- Participants will be in agreement of utilizing strategies to help orientees gain confidence as indicated by median scores of 3.0 or higher on the Post-Implementation Survey
- Participants will be in agreement to encourage and provide feedback to their orientees as indicated by median scores of 3.0 or higher on the Post-Implementation Survey
- Participants will be in agreement to utilize the Daily Feedback Tool© in their practice of orientee feedback as indicated by median scores of 3.0 or higher on the Post-Implementation Survey

A downstream effect (secondary outcome) of this project will likely be an improvement of the Casey-Fink Experience Survey questions with scores below benchmark: *I feel my preceptor provided encouragement and feedback about my work* and *My preceptor is helping me to develop confidence in my practice*. Additionally, this QI project should also help to reveal the importance of proper preceptorship training and selection process (Cotter et al., 2018). By utilizing a Pre- and Post-Implementation Surveys in the PPP, scores can be quantified to determine the needs of preceptors and the usefulness and utility of the DFT© as an intervention, for future use, during the orientation experience.

PICO Question

A PICO (population/problem, intervention, comparison, and outcome) question is one which helps the understanding of identifying a need, what the problem is, why it is important and how it will be addressed and in planning a project. When developing a project, the PICO helps to support the structure and assists with the intention of adjusting to objectives, problems, and solutions (Oregon Health and Science University, 2019).

The PICO for this project is: (P) For nurses participating in the Preceptor Preparation Program, (I) how does the simulated use of the Daily Feedback Tool©, (C) compared to current

practice, (O) affect nurse preceptors' knowledge and confidence to provide meaningful feedback during the Preceptor Preparation Program?

Congruence with Organizational Strategic Plan

This proposed project supports the mission and vision of this local, suburban, 108-bed, acute care hospital, in Easton, Pennsylvania, United States. The mission and vision of the hospital/facility and network is to care for sick patients and help to educate and advance employees' knowledge (St. Luke's University Health Network, 2019a). The outcomes of this project will aid the success and advancement of the PPP, while also equally benefitting the preceptors and NGRNs. This hospital/facility aims to be of the best places to work, provide cost-effective care, and give high quality treatment with ease (St. Luke's University Health Network, 2019a). By assisting and improving upon the feedback among preceptors and their orientees, increased job satisfaction is proposed by providing quality education founded in evidence-based research as well as improvement in patient care and safety (Hofler & Thomas, 2016).

This project does not contradict the values of the facility and network. The project will align with the philosophy of this hospital/facility and network. There are six characteristics that have been the foundation to the establishment of this network, that *everyone* is held to. The standards are promoted by the acronym PCRAFT (pride, care, respect, accountability, flexibility, and teamwork; St. Luke's University Health Network, 2019a). As a preceptor, the hospital encourages pride and respect to the patients and NGRNs. They encourage reminders to "walk in each other's shoes" and remanence of times when being frightened was foremost in the transition from school to practice. Being an organization of honor, having flexibility in care for education, learning, and growth, this project will flourish in this environment. Proper teamwork with both

the PPP and NRPs are critical for each being accountable for their own education and for the overall success of their dyads and precepting experience.

Synthesis of Evidence

A literature search was conducted to explore the body of academic literature available to both identify potential shortcomings in current training methodology, as well as support the use of the proposed implementation strategy in nursing preceptor preparation. Databases utilized in the literature search included CINAHL, Health Source Nursing, PubMed, Cochrane, and OVID. Search terms included: feedback, feedback evaluation tool(s), preceptors, precepting, new nurses, new graduate registered nurses, and nursing residency programs. Search parameters included English language, peer-reviewed, full-text articles published between 2004 and 2020.

Of the 20 studies and articles included within this synthesis, the level of evidence ranged widely in the search results (evidence level III to VII), and included well designed interventional trials, cohort studies and retrospective analyses, systematic literature reviews, and opinion/commentary from subject matter experts. Exclusion criterion was articles published prior to the year 2004 and any foreign languages.

Nursing preceptorship, otherwise known as mentorship, is an essential institutional resource (Baltimore, 2004). There is near unanimous agreement across the literature in the necessity of nurse preceptors, and the value proposition they represent (Allen & Molloy, 2017; Baltimore 2004; Bott et al., 2011; Condrey 2015; Crimlisk et al., 2017; Friedman et al., 2011; Hofler & Thomas, 2016; Kamolo et al., 2017; LaLonde & McGillis, 2016; Murray et al., 2019; Powers et al., 2019; Quek & Shorey, 2018; Richards & Bowles, 2012; Wakefield, 2018; Williams et al., 2018). An effective nurse preceptor, regardless of whether for undergraduate nursing students or NGRNs, is a profound asset. The preceptor serves as a motivator, provides

confidence, exemplifies professionalism, incites inspiration, socializes the learner to institutional norms, and assists in bridging the gap from the book to the bedside as they seek to transition into professional practice (Adamson et al., 2018; Allen & Molloy, 2017; Powers et al., 2019; Richards & Bowles, 2012; Wakefield, 2018). Given the importance of effective preceptorship on the success of transitioning new nurses into practice, commensurate preparation of the nurse preceptors should be a consistent priority in all healthcare institutions (Baltimore, 2004). However, the evidence indicates that preceptorship preparation is non-existent in a significant number of institutions globally (Murray et al., 2018). When preceptorship is utilized, it is often variable by institution in scope, methodology, and efficacy (Powers et al., 2019). While nurse preceptors are often selected for their clinical acumen and expertise, few receive requisite formal training in clinical teaching (Bott et al., 2011; Wilson et al., 2013).

The unmet needs of role development, role clarity, support, and preparation are a recurring theme in the literature, analyzed both qualitatively and quantitatively. According to a quantitative, longitudinal analysis of 21 nurse preceptorship programs conducted in New Zealand, poor preceptor development, unclear structure and processes as well as ambiguous role clarity can lead to diminished preceptorship efficacy and potential burnout (Haggerty et al., 2012). Adamson et al. (2018) explored the notion of role clarity related to feedback between clinical preceptors and nursing students through a survey of students and subsequent mentor training. They found that 68% (n=476) of survey respondents received “inadequate” feedback while on their rotations, and that there was an over reliance on preceptors by learners to be the initiators of feedback.

According to the body of academic evidence identified in this literature review, there exists an importance in high quality, mixed methodology preceptorship training. While didactic

training is helpful to build preceptor confidence, programs which incorporate units on effective communication, scenario-based role-play, feedback delivery, and critical thinking represent a far more successful approach (Condrey, 2015; Hofler & Thomas, 2016; Quek & Shorey, 2018; Trepanier et al., 2012). Additionally, these sources reported improvement in institutionally relevant outcomes such as preceptor confidence and preparedness, NGRN turnover rates and/or retention rates, clinical competency, reduction in negative safety events, and patient satisfaction. In 2015, Condrey published findings related to the prospective implementation of a mixed methodology preceptorship program, which included portions of didactic learning, explicit fundamentals regarding role clarity, feedback delivery role-play, and case studies. Based upon validated, reliable surveys (Cronbach alpha 0.87-0.91) delivered to course participants (n =36) both pre- and post-implementation, the program met intended objectives, and increased preceptor support, confidence, and commitment. Hofler & Thomas (2016) reported that a new graduate NRP involving mentorship from similarly trained preceptors resulted in 24-month retention rates exceeding 75%, with 85% of 2014 cohort nurses having taken up leadership roles (including preceptorship) themselves, and a $40,000 cost avoidance per each nurse implicated in those data. Limitations to these studies include small study populations, lack of randomization and a comparative control representing a level of evidence range from III and VI. A large-scale systematic literature review by Kamolo et al. (2017) which reviewed 35 preceptor-preparation studies bolsters the argument for the mixed-modality approach. Results from that review indicated qualitatively measured preceptor improvements in role clarity, knowledge, various teaching strategies, challenging critical thinking, self-efficacy, and providing feedback to preceptees. A limitation to this information is that the interventions used in each of the included studies were not thoroughly described in the review.

The importance and influence of feedback in clinical preceptorship was further discussed in several articles obtained in the literature search (Allen & Molloy, 2017; Baltimore, 2004; Bott et al., 2011). Powers et al. (2019) through a quantitative-review and qualitative discussion of the preceptor role in enhancing the transition to practice, emphasized that discussions, debriefings, and reflection are integral skills that assist preceptors in understanding the new graduate nurses' thinking, and enable verbal exchange to promote continued growth. Young et al. (2014) conducted a statistically rigorous retrospective analysis of student pharmacist evaluations at the University of Iowa (n=2,639) of preceptors assigned during clinical rotation from May 2009 to May 2012. Among the fourteen traits identified which were frequently portrayed by excellent preceptors were encouragement of discussion [1.9 OR; 1.50-2.66 (95% CI; P<0.01)], provision of clear direction and feedback to students [1.5 OR; 1.20-1.95 (95% CI; P<0.01)], and discussion of patient care or practice related issues [1.2 OR; 1.12-1.36 (9% CI; P<0.01)]. The limitation of these data relates to the generalizability of the pharmacy preceptor experience to that of the nursing preceptor; however, it is a reasonable inference that many of the same supporting behaviors are consistent across the spectrum of healthcare practice.

Consistent with the theme of widely varying preceptorship program quality, the literature review identified a variety of information related to instrumentation and tools to assist in effective communication techniques between preceptors and preceptees. A pain point which appeared commonly, is that preceptors must often balance a full patient load and simultaneous student or new nurse graduate assignment, making thorough dialogue a significant challenge (Allen & Molloy, 2017; Kamolo et al., 2017; Richards & Bowles, 2012; Young et al., 2014). Sekiguchi (2010) and Bott et al. (2011) each explored a variant of the One Minute Preceptor (OMP) approach. The OMP was originally developed for use in medical education between

preceptors (often residents or family physicians) and interns or medical students and featured a "compressed teaching-learning encounter", by which the dyad engaged in "immediate and specific feedback" while simultaneously addressing critical thinking and matters of clinical knowledge. Through resident evaluation (n=57) at two Michigan area hospitals, OMP-trained educators were shown to have statistically significant improvements in communicating and providing feedback (Bott et al., 2011). However, Bott and colleagues modified the tool for nursing preceptorship application and renamed it the 5-Minute Preceptor as this was a more reasonable timeframe in which effective communication could be conducted. Sakaguchi (2010) similarly augmented the OMP for dental education feedback with students and redefined the name to "iCARE", in which preceptors are taught to "Inquire, Cultivate, Advise, Reinforce, and Empower". Another tool explored in the literature is the Daily Feedback Tool© (Allen & Molloy, 2017). This instrument was developed and utilized in preceptorship on the premise of a single qualitative study in a single population (n=14) of preceptor-nursing student dyads. The tool is based on daily feedback performance in which the student lists three areas of which performance was exceptional and three areas where improvement could be beneficial. Utility was mixed; when the tool was utilized, increased feedback was reported, as compared to the preceptors who did not implement the tool. These data constitute a level of evidence ranging from III to VI, and as thus are slightly limited by their design; consequently, further validation is needed in the accuracy of results seen.

There are limitations and suggestions in practice moving forward. Much of the research in this area of study is based upon single studies with relatively small study populations. As such, the lack of randomized control in much of the available literature was an identified shortcoming in most of the studies, advocating for more robust, strictly controlled, large-scale studies.

Additionally, because the research was carried out across both student and post-graduation medical professionals in several areas of healthcare (i.e. pharmacy, dentistry, medicine, nursing), generalizability may come into question. Despite these limitations, the themes were consistent across the literature and as such lend weight to the findings discussed. This literature review acts as evidence-based support of mixed methodology preceptorship programs. While more studies of statistical rigor and size which utilize the DFT© and mixed methodology in general would bolster the evidence-based recommendations for use, the available literature provides objective quorum in the recommendation of a comprehensive preceptorship program to promote growth, confidence, and effective communication between the preceptor and NGRN.

Theoretical Framework

Interdisciplinary approaches to nursing practice can offer assistance and support while exploring the success of this project (Moran et al., 2020). To guide the framework of this DNP QI project, the understanding that preceptors should be taught the correct tools to help the orientee build skills, critically think, and manage their own patient assignment, all begins with constructive feedback opportunities (Baltimore, 2004). If the preceptors can collaborate with the orientees on their learning objectives and incorporate their life experiences that can shape their professional performance, then the student is more likely to be receptive to their own growth.

To develop, assess, implement, and evaluate the precepting process, first the preceptors have to acquire the skills to positively and effectively support their orientees (Moran et al., 2020). Assisting in the process of transition, the preceptor contributes to the development, values, and characteristics that are needed to succeed in the clinical setting. Properly approaching how the preceptors learn and absorb information can drive this underlying development of preceptorship practice (McGowan et al., 2017). Malcomb Knowles lets us

understand this from his theory of adult-learning, andragogy. Using this theory will assist with the overall excellence in nursing practice (Moran et al., 2020).

Knowles helps to differentiate adult-learning principles with five concepts. The first is that adult-learners are able to self-direct what they would like to learn and can bring forth their own experiences (McGowan et al., 2017). In the PPP, the participants will have the opportunity to share their experiences and how it can relate to improvement amongst each other and their orientees in the future.

This leads to the second idea that Knowles shares; adults are active learners and like to add critical thinking options to their learning experience (McGowan et al., 2017). This assists with feedback scenarios, past practices, and inputting ideas with one another in exchange for knowledge sharing from precepting experiences each person has had. Providing the opportunity to reinforce what the preceptors already know about precepting can lead to successful future teaching habits.

Third, having goals prior to attendance of the PPP is important for the adult learner; their time is of value and deepening their preceptor knowledge is a choice (McGowan et al, 2017). Providing Pre- and Post-Implementation Surveys allows for the opportunity of the participants to see change prior to the start of class to the end of their PPP experience. With discussion and communication amongst each other, adult learners will be able to make connections from past experiences of others to add their mental tool bank.

Knowles' fourth idea acknowledges the eagerness of when to apply their new knowledge in practice, with their orientees, will be fulfilled immediately in the PPP. With interactive role-playing amongst each other, preceptors will be granted opportunity to take advantage of their adult-learning needs (Baltimore, 2004). Having feedback scenarios coupled with the DFT© can

assist with the application of reflective critical reasoning and self-assessment opportunities for both the preceptor and orientee.

Lastly, being internally motivated, setting apart their own emotions and achievements is the fifth principle founded by Knowles (McGowan et al., 2017). This will be applicable by utilizing the DFT© with their orientees in the future, provide a plan, implement activities, and communicate more effectively. This QI project is proposed to help lead to greater success outcomes of the orientees' perception of their confidence level and encouragement as manufactured and strengthened by their preceptors.

Chapter II: Methodology

Project Design

The project is a quality improvement (QI) design. Reviewing the value and quality of this proposed QI project includes the understanding and identification that a problem exists and that improvement is needed (Harris et al., 2020). The DNP project revolves around founded evidence-based practice and improvement of the preceptorship experience (Moran et al., 2020). By improving the quality of the education for the preceptors in the PPP, the perception of feedback will improve to be more substantial, provide encouragement, and develop confidence in the practice of the NGRN.

Setting

In the Fall of 2011, a local, suburban, 108-bed, acute care hospital opened, in Easton, Pennsylvania, United States. This is a facility and network that started in 1872 and consists of 11 hospitals, over 300 ancillary outpatient facilities, has 15,000 employees, 1,800 physicians and practitioners, 2,100 volunteers, and admits 72,000 patients annually (St. Luke's University Health Network, 2019a). The particular hospital in which this project was implemented is located on 500-acres of land and is located in the Lehigh Valley of Pennsylvania, United States

(St. Luke's University Health Network, 2019a). The training for this project occurred in a 30-person capacity educational conference room at one of the network hospitals, with one computer and projector for presentation purposes, four tables, and appropriate spacing of seats for attendees.

Population

Prior to scheduling PPP there were 10 available openings with six total participants in attendance. The preceptor participants were nurses with at least one year of nursing experience from the infusion center/oncology unit, medical surgical floors, pediatric unit, and intensive care unit. The nurses were recruited by the recommendation and encouragement of their manager and education departments. Once they were recommended to join the PPP, they enrolled on the webpage for the hospital. Inclusion criteria for this project encouraged all of the nurses at this hospital to participate if they plan to precept NGRNs. Departments that were invited to participate in the PPP included, but were not limited to: The Infusion Center/Oncology Unit, the Emergency Department, the Intensive Care Unit, all of the Medical Surgical Units, and the Pediatric Unit. Exclusion criterion omitted participants from enrolling and participating in the PPP if they did not give informed consent and/or possessed less than one-year nursing experience at the participating hospital.

Tools

This project employed multimodalities of learning and utilized three main tools for maximum benefit in the PPP: The Daily Feedback Tool©, the Pre-Implementation, and the Post-Implementation Surveys. Simulation and technical skills have been found to benefit preceptor education integrated with lecture, clinical discussions and a course evaluation (Crimlisk et al.,

2017). These interventions were utilized to determine the outcomes and qualitative experiences had by preceptors in the PPP.

Feedback Scenarios

Again, for the adult learner, it is important to keep interest for the preceptors. Interactive role-play is one way to continue discussions and active participation within this PPP. The preceptors utilized the scenarios, as they were self- created for this project. The preceptors in the PPP were broken out into groups of two to emulate a dyad. The first group was given a scenario which included at least one good skill or behavior exhibited by the orientee and one that left them room for improvement.

The preceptor role played in the dyad group first provided feedback without utilizing the intervention Daily Feedback Tool©. After this feedback scenario, the DFT© was introduced to the PPP and feedback scenarios were role-played again in groups of two, utilizing the DFT©. The role-play with feedback scenarios concluded with a verbal discussion and receipt of feedback from the preceptors about how they felt prior, during, and after the tool was introduced. There was a marked improvement in feedback delivery, as indicated by the overall improvement in survey question scores of 37% and positive Preceptor Preparation Program Class Evaluation Comments (See Figure 9 and Table 2).

The Daily Feedback Tool©

The DFT© (See Appendix A) is a tool that was created by Allen and Molloy (2017). According to the literature, this tool has not yet undergone validation testing. The DFT© was originally created for Allen and Malloy's project (2017), which aimed to improve preceptorship dyad communication. Author permission to utilize this tool for this project is found in Appendices B and C, respectively. When utilizing the tool, the orientee is to explain and list

three items they found they did well with during their shift. The second part of the DFT© allows the orientee to identify and explain three items they feel they need improvement with. Lastly, the preceptor is to note their opinions based on these lists; giving both positive and constructive feedback in real-time (Allen & Molloy, 2017). Utilizing the DFT© could have a positive impact for both the preceptors and orientees by decreasing learner stress, improving outcomes of confidence, fostering encouragement, and increasing the frequency of feedback opportunities with the preceptor and orientee.

Pre- and Post-Implementation Surveys

The Pre- and Post-Implementation Surveys were collected in the PPP (See Appendices D and E, respectively) to gauge their baseline communication practices with orientees and determine how the DFT© simulation and education impacts their future communication practices. The Pre- and Post-Implementation Surveys were self-created with input from my mentor and Education Specialist. Condrey (2015), attempting to promote the preceptor's role with new graduate nurses, found positive results of their pre and posttests during their PPP increasing from 60% on the pre-test to 95% on their post-test improvement. These particular Pre- and Post-Implementation Surveys utilized a 5-point Likert Scale to evaluate the likeliness of the degree in which the preceptor agrees or disagrees with their experiences that have influenced them in their preceptorship career. The Pre-Implementation Survey asked the preceptor to identify how they felt they were doing without having formal training such as the PPP. The survey touched upon themes of encouraging confidence in their orientee, how well they give feedback currently, and whether the feedback is positive or negative. This survey uses a 5-point Likert Scale (1=Never, 2=Rarely, 3=Sometimes, 4=Often, and 5=Always). The Post-Implementation Survey asked the preceptor to think about and reviews skills taught during the PPP, which include: Readiness to

teach their orientee, giving real-time feedback, using effective communication skills, accepting both positive and constructive advice, and increasing level of confidence to encourage their orientee in transition. This survey uses a 5-point Likert Scale (1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, and 5=Strongly Agree). Upon completion, surveys were compared, utilizing these common themes.

Project Plan

Project Site Team

The project team encompassed my project Mentor, Ms. Stephanie Noll, MSN, RN, CNL, Emergency Department Nurse and Education Specialist, and Ms. Susan Aquilina, MS, BSN, RN-BC, CCRN, Nurse Residency Facilitator, and Education Specialist. All team members hold current certifications in Collaborative Institutional Training Initiative (CITI) and Financial Conflict of Interest (FCOI) training.

Program Development

At the hospital in which this project transpired, Ms. Noll works in the Emergency Department, assisting with triaging patients and planning their care. Ms. Noll also works in the Education Department, assisting Ms. Aquilina with the NRP and Preceptor Preparation courses. Ms. Noll assists with intravenous therapy skills for new nurses, works closely with the Quality Improvement Department to correct and re-educate staff on policies and procedures, and updates nursing staff throughout the hospital on how to improve and create patient safety and prevention strategies during the work days. This can include education on: Inserting NG tubes, assisting with wound care, determining trauma protocols, adhering to proper blood draw techniques and proper hand hygiene, and assisting with labor. Ms. Noll worked diligently with myself and Ms.

Aquilina on this project, answered e-mails, phone calls, text messages, and has had many in-person meetings before our shifts in relation to facilitating the success and this project.

Ms. Aquilina is also one of the Nurse Residency Facilitators for the network and an Educational Specialist that leads the PPP at this hospital within the network. Ms. Aquilina helped to create the original dyad concept between the NGRN and preceptors. She encourages and recommends certain nursing staff to attend her PPP class if they have been a nurse for greater than one-year and show nursing leadership ability/potential. She assists the process between the NGRN, the preceptor on the floor, and their manager. Ms. Aquilina greatly influenced the PPP curriculum. She has a large role in the education of the NRP as well. Ms. Aquilina has been working beside Ms. Noll and myself during this project implementation journey. She has reviewed, had meetings with me, responded to phone calls, text messages, and emails as well. She is a great resource for evidence-based practice resources for precepting and NGRNs. She is very supportive regarding this project and utilization of the DFT©, Pre- and Post-Implementation Surveys, and interactive role-play feedback scenarios during her PPPs.

In January of 2020, I first contacted Ms. Aquilina for the hospital-wide Casey-Fink Experience Survey data. Upon receipt, statistics were reviewed, and several areas in the scoring which required further investigation were identified. After identifying the areas where improvement was needed, I met with the Education Department and we discussed potential solutions, in conjunction with review of the evidence, for improving future survey scores. As feedback and confidence were identified as two of the main pain points in the data, we collaborated to establish evidenced-based supplementary training for the preceptors enrolled in the PPP.

Both Ms. Noll and Ms. Aquilina understand the lack of confidence and feedback felt by NGRN as indicated on the Casey-Fink Experience Survey. They support the success of this project to assist with the promotion of feedback in a positive way for the dyads of preceptors and orientees in the future. Collaboratively, Ms. Noll and Ms. Aquilina believe this project can be effective and have a positive impact in future PPPs.

Program Details and Itinerary

The PPP was provided in the Educational Conference room and taught by Ms. Susan Aquilina, MS, BSN, RN-BC, CCRN, Nurse Residency Facilitator and Educational Specialist. I joined in collaboration to present and conduct the project initiation. Six students were provided with a detailed program itinerary prior to the start of class (See Appendix F). The program started with introductions.

Learning Objective 1: 0730-0930. I distributed the informed consent and Pre-Implementation Surveys. The anonymous and voluntary paper Pre-Implementation Surveys were distributed and secured in a sealed manila envelope. I then reviewed educational objectives: Roles of a preceptor, facility framework, learning experiences, performance evaluation, and problem resolutions. The preceptors understood the purpose of the DNP project by the end of this time frame.

Learning Objective 2: 0930-0945. This session included the introduction of role play activity. Participants were divided equally into two groups “preceptor” and “orientee” randomizing the selection of a partner. There were six participants in the class and three groups total. They had no prior knowledge of role status. I distributed the self-created Feedback Scenarios (See Appendix G) to each of the three groups to perform. These scenarios were

endorsed by the Education Department at this hospital prior to application. The participants had no prior knowledge of this project's objective.

Learning Objective 3: 0945-1145. The participants completed their randomly assigned role play activity. Afterwards, education with multigenerational workforce was continued by Ms. Aquilina, followed by a 45-minute lunch break. By the end of this time period, the preceptors were able to understand how to manage their roles, cultural differences, and new nurse graduates' thinking.

Learning Objective 4: 1230-1415. Education was reviewed by Ms. Aquilina, capturing DESC scripting (describe, express, specify, consequences), cultural differences, novice-expert thinking, general orientation rules, and facility values through her PowerPoint presentation format. Also, explanations of the NRP and curriculum clinical-unit department orientation processes, phases of orientation, technical skills, interpersonal skills, conflict management, delegation, and communication were explored.

Learning Objective 5: 1415-1430. This session introduced feedback training delivered via traditional lecture format with class content obtained based on the literature and provided PowerPoint presentation from the Education Department. This included learning needs of orientees, understanding the role of the preceptor, and choosing beneficial tools during the orientation process. This is when the DFT© and Feedback Tips and Tricks pocket cards were introduced (See Appendix H). The preceptors were able to understand how to effectively utilize the DFT©, Feedback Tips and Tricks pocket cards, and how it related to the questions on the Casey-Fink Experience Surveys.

Learning Objective 6: 1430-1600. Participants were re-distributed into randomly assigned groups and participated in new feedback scenarios utilizing the DFT© as a guide with

the purpose of evaluating the education and introduction of the DFT©. Review with the participants included the importance of the DFT© and by what method it can be used between the preceptor and orientee. Also, during this time, discussion and questions transpired and review of the problem identification from the Casey-Fink Surveys from the NRP was addressed. The anonymous and voluntary paper Post-Implementation Surveys were distributed and I directly collected them in a secured manila envelope when they were completed by the participants. The completed surveys are kept in a manila envelope in a secured, fire-proof locked box in my residence with single access. The keys to the fire-proof locked box are kept in a safe, locked security fire-proof locker in a separate location of my residence.

Sustainability

As stakeholders, the Education Department, Nurse Residency Coordinator, and PPP are supportive of this project for future implementation with the orientation experience, by harmonizing and funding the educational resources as needed. The stakeholders were provided the Pre- and Post-Implementation Survey quantitative data results through Excel graphs. The stakeholders will continue to monitor, review, and analyze the Casey-Fink Experience Survey for trending data regarding questions related to feedback, confidence, and encouragement. The proposal to use this project during preceptor training has been granted. It has been authorized, that under the direction of the Education Department and Nurse Residency Program, utilization of the DFT© will occur during the PPP at the hospital of implementation. Use beyond this, for the network, will be considered in the future.

Timeline

I started to meet with the stakeholders in January 2019 to develop the content of this project. Over several weeks' time, meetings, e-mails, text messages, phone calls ensued as my

SWOT analysis was established and my literature search began. Through this, in collaboration with the Education Department, I was introduced to the Casey-Fink Experience Survey. We identified the problem at hand, initiated my PICO question and development of my project. Data collection was completed by the end of July 2020 (See Appendix I).

Data Analysis

Descriptive analysis was utilized in Excel to document and record the data collected. I calculated the mean scores in each question from the Pre- and Post-Implementation Surveys across all project participants by dividing the cumulative scores from the Likert scales and dividing across the number of project participants. From these per-question means, trends and numerical improvements or decreases could be easily identified. Pre- and Post-Implementation Surveys were collected during the PPP. By analyzing this information, patterns of data were identified. I transcribed the data alongside my mentor to avoid mistakes. Qualitative reporting on the DFT© by preceptors was recorded with paper and pen and kept in a secure location after collection in the above noted locations.

Institutional Review

Prior to initiating the QI project, Institutional Review Board (IRB) approval was obtained from the hospital where the project was implemented. The IRB application included confidentiality of data collection, existing records of the Casey-Fink Experience Survey, and the informed consents provided to participants. The team Collaborative Institutional Training Initiative (CITI) and Financial Conflict of Interest (FCOI) training records were also included. The project protected the participants' rights, privacy, and confidentiality by signing a consent for voluntary participation (See Appendix J). Privacy was maintained by excluding names of participants from the data. The IRB application was approved by the proposed hospital network

(See Appendix K)). The Committee on the Use of Human Subjects in Research (CUHSR) IRB at Bradley University reviewed and approved this project: *Improving Performance Feedback to New Graduate Nursing Orientees Utilizing the Daily Feedback Tool©: A Quality Improvement Project* (See Appendix L).

Ethical Issues

Responses to the Pre- and Post-Implementation Surveys and Daily Feedback Tool© involved with this research project were anonymous. No identifying information was collected on the surveys. Every effort was made to preserve confidentiality during the implementation process by the collaborating team. All completed forms are in a locked, secure location at my residence and for the proposed time frame after the completion of this project.

Chapter III: Organizational Assessment & Cost Effectiveness Analysis

Organizational Assessment

The culture of the staff at this hospital is flexible, understanding, supportive, open minded, and newer to the nursing field. Change is fluid in the hospital, which effects policies, procedures, and new employees. Turnover rates at the time of this project were elevated, although data to support this observation has not been verified. This hospital is ready for change within the orientation process to improve nurse and patient satisfaction. This was identified through two questions that didn't meet the benchmark on the Casey-Fink Experience Surveys, in 2017 and 2018 taken by the new NRP upon initiation, at 6 Month, and at 12 Month intervals upon completion of their orientation. The PPP works in congruence with the NRP and can address these questions clearly by utilizing a DFT© for positive communication with the preceptor and orientee. Negative expressions from the NGRNs prompted this readiness for

change. Understanding that the role of a preceptor is to provide feedback for growth, they answered these questions honestly from their personal experiences.

Anticipated barriers to this project at this hospital were materialized as: Budget constraints, PPP enrollment not required by the institution in order to precept new graduates, lack of adequate time to provide feedback during preceptorship experiences, and unforeseen reluctance to implement the DFT© in practice. Anticipated facilitators to this project included the participation and support from the stakeholders leading the Education Department, NRP, and PPP.

Risks for this project included: Preceptor reluctance in utilization of the DFT©, hesitancy with utilizing the feedback training in practice, disinterest from educational staff in prolonged utilization of the DFT© and mixed-methodology training, and/or sudden staffing changes which may lead to feasibility concerns in proper deployment in the precepting environment. The COVID-19 pandemic also was an unexpected risk for this project, which decreased participant numbers by 40%, created a change in classroom size and location, introduced social distancing among participants, and required additional hospital permissions to be completed prior to implementation. Participants were granted permission to withdraw from this project at any time.

The anticipated benefits of this project were: To achieve an enhancement of the orientation process with NGRNs and their preceptors through improved communication and feedback training alongside utilization of the DFT©. Through interprofessional collaboration of the Preceptor Preparation Program, Nurse Residency Program, and the Educational Department, the gaps in preceptor support and proper NGRN feedback should improve. This project aims to improve the transition and relationship of the dyad, creating a smoother process for all.

Cost Factors

The PPP was administered at no cost to the participants. They received pay in accordance with the standard daily rate from their institution, continued education credits, and course completion certificate. At the $25/hour, pre-tax rate of the nurses at this facility for eight hours, each nurse was estimated to make $200 for the day for a cumulative total of $1,200. The Educational Specialist was compensated $280 pre-tax for an eight-hour day (St. Luke's University Health Network, 2019a). Educational supplies for printing $0.05 black and white/page, of 10 Informed Consent Forms, 10 Pre-Implementation Surveys, and 10-Post-Implemenation Surveys were self-paid through Staples® for a total cost of $1.50. One box of BIC® pens supplied to the participants were at the cost of $5.00. A total of $23.88 for 10 laminated Daily Feedback Tool© and Daily Tips & Tricks pocket cards and two laminated pages of 10 total Feedback Scenarios (two pages of five each) were donated from the Education Specialist. This totals the anticipated cost of supplies to $30.38.

There was no form of compensation for this project. If compensated for time volunteered from project conception to implementation, the amount would equate to a significant cost for each team member, totaling an approximate $9,905.50 amount for all parties; Ms. Noll would have been compensated with $2,397.50 in volunteer hours, Ms. Aquilina, $1,085, and Peggie Perkins, $6,423. The only incurred costs were as mentioned above. Successful implementation of the intervention represents a significant cost avoidance as discussed in the literature. For every full-time nurse who successfully transitions to practice at the institution and remains with the institution beyond 12 months, a minimum estimated cost avoidance of $52,000 based solely on turnover intent is anticipated (See Appendix M).

Chapter IV: Results

Outcomes

The hospital's IRB and CUSHR at Bradley University reviewed and approved the QI project. Of the 10 original participants enrolled into the PPP at the institution of implementation, due to local institutional policy of the COVID-19 pandemic, only six participants were allowed to attend. The project was implemented in a larger classroom size than anticipated (a 30-person capacity educational conference room) to abide by state and national Centers for Disease Control (CDC) guidelines for social distancing, and participants wore face masks for the duration of the class. Of the six participants enrolled, all six participants consented for voluntary participation, and all six participants completed the PPP class. Privacy and confidentiality were maintained, and no names of participants were included in data collection (See Appendix N).

There was one male RN, and five female RNs. The mean experience as preceptors in their careers years was 6.2 years. One participant had 22-years' experience, and another individual had six-years' experience, which contributed to a skewed mean. One participant had three-years' experience and the other three participants each had two years' experience.

The program stayed within the scheduled timeframes as outlined in the agenda. I arrived one hour early for set up and had a post-discussion debrief with my mentor and Educational Specialist after the PPP was completed. I was able to participate as a lector fulfilling a leadership opportunity.

There were no deviations from the material according to the educational plan. The PPP class consisted of lecture, interaction, participation, and discussion between the participants (See Table 1). The participants each completed a Pre-Implementation Survey, Post-Implementation

Survey, participated in class discussion, gave verbal feedback and converse, and filled out a preceptor course evaluation at the end of the course.

Table 1

Preceptor Preparation Program Class Agenda

TIME	PROGRAM TOPIC
0730-0930	Informed Consent Pre-Implementation Survey Distribution Educational Objectives Review
0930-0945	Role Play Introduction and 'Feedback Scenarios'
0945-1145	Role Play Implementation, followed by a 45-minute lunch
1230-1415	Institutional orientation and NRP requirements and expectations for NGRNs
1415-1430	Introduction to the DFT© Casey-Fink Experience Surveys Preceptor Responsibilities and Role
1430-1600	Redistribution of 'Feedback Scenarios' with DFT© Role Play Discussion Post-Implementation Survey Course Evaluation

The average scores on the Post-Implementation Surveys represented a numerical improvement as compared with the Pre-Implementation Surveys across the nine related questions (See Figure 9). The overall Pre-Implementation Survey responses average score on all nine related domains across all six participants was 2.9 out of 5. The overall Post-Implementation Survey responses average score was 4.6 out of 5, which represented an overall average score increase of 37%.

There were three additional questions included in the Post-Implementation Survey related to qualitative review of the DFT©, role play, and effective communication skills, respectively. Question 10, *Interactive role play was beneficial for providing daily/live feedback methods with my orientee,* averaged a score of 4.7 out of 5.0; Question 11, *During this activity, I learned how to communicate more effectively with my orientee,* averaged a score of 4.7 out of 5.0; and lastly Question 12, *I found the Daily Feedback Tool© to be helpful and plan to use it with my orientee in the future,* averaged a score of 4.8 out of 5.0.

Figure 9

Preceptor Pre- and Post-Implementation Survey Scores

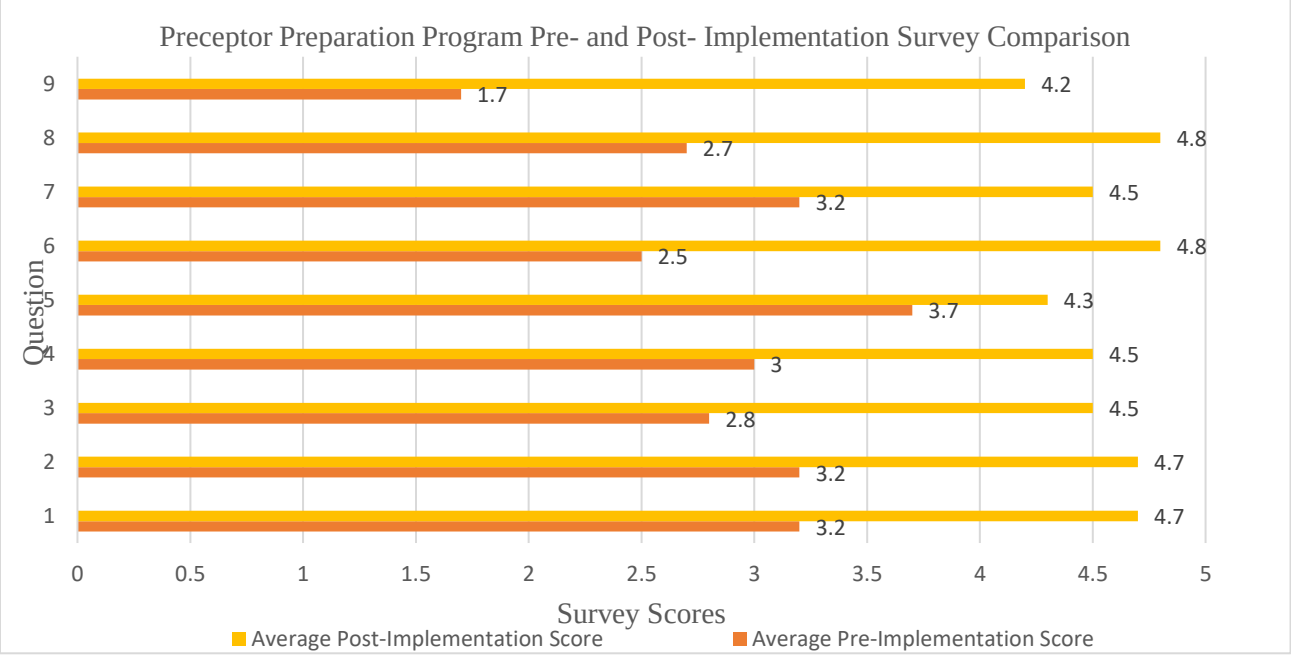
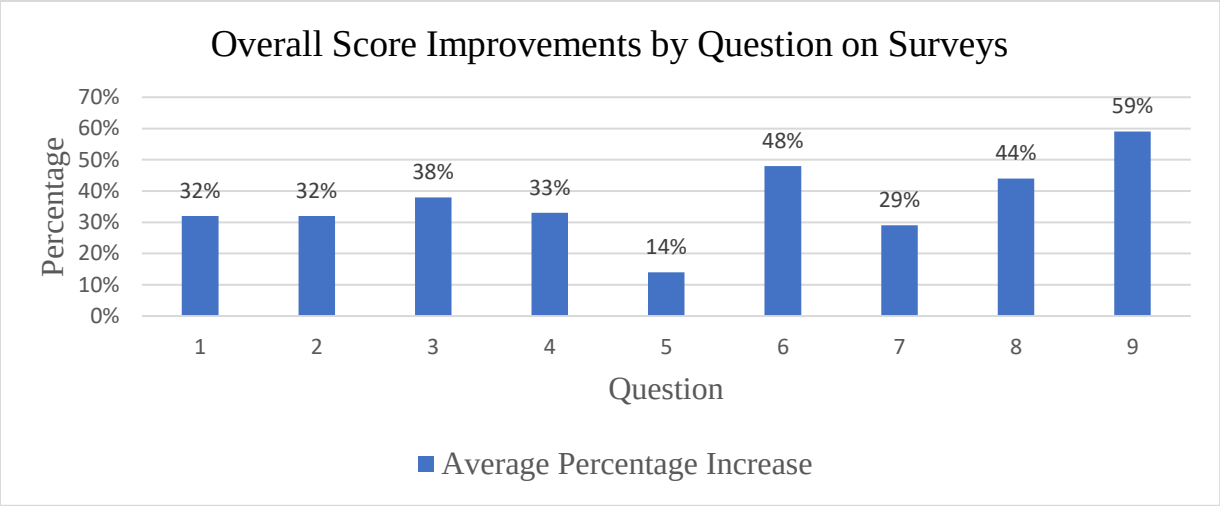


Figure 10

Average Percentage Increase from Survey Scores



For Question 1 in the Pre-Implementation Survey, *I provide specific examples and strategies to my orientee in order to gain more confidence during their orientation process with me,* respondents averaged 3.2 out of 5. For the related Question 1 in the Post-Implementation

Survey, *I feel better equipped to provide process improvement examples and strategies to my orientee in order to gain more confidence during their orientation with me*, the average score was 4.7, indicating a 32% improvement. On Question 2, *I give verbal real time feedback to my orientee*, the average score out of five was 3.2 in the Pre-Implementation Survey; on the Post-Implementation Survey related Question 2, *I will give verbal real time feedback to my orientee*, the average score was 4.7, indicating a 32% improvement. For Question 3, *I feel confident giving feedback to my orientee*, the average score out of five was 2.8 in the Pre-Implementation Survey, and the Post-Implementation Survey question average score was 4.5, *I feel confident to give feedback to my orientee*, indicating a 38% improvement. For Question 4, *I have opportunities to communicate and provide feedback to my orientee*, the average score out of five was 3.0 in the Pre-Implementation Survey, 4.5 in the Post-Implementation Survey, *I will search for opportunities to communicate and provide feedback to my orientee*, indicating a 33% improvement. For Question 5, *I give feedback to my orientee that is constructive (positive and negative comments)*, the average score out of five was 3.7 in the Pre-Implementation Survey, 4.3 in the Post-Implementation Survey, *I will assist my orientee in identifying positives and negatives about their day at the end of our shift*, indicating a 14% improvement. For Question 6, *My orientee verbalizes their understanding when I give them feedback*, the average score out of five was 2.5 in the Pre-Implementation Survey, 4.8 in the Post-Implementation Survey, *I will confirm my orientee understands my feedback*, indicating a 48% improvement. For Question 7, *I encourage my orientee by providing opportunities for improvement*, the average score out of five was 3.2 in the Pre-Implementation Survey, 4.5 in the Post-Implementation Survey, *I plan to encourage my orientee by providing opportunities for improvement*, indicating a 29% improvement. For Question 8, *I encourage my orientee to find positives and negatives about*

their shift with me, the average score out of five was 2.7 in the Pre-Implementation Survey, 4.8 in the Post-Implementation Survey, *I will give both positive and negative feedback at appropriate times,* indicating a 44% improvement. For Question 9, *I provide feedback formally (written)* the average score out of five was 1.7 in the Pre-Implementation Survey, 4.2 in the Post-Implementation Survey, *I plan to provide feedback formally (written) with my orientee,* indicating a 59% improvement (See Figure 9).

Chapter V: Discussion

The Casey-Fink Experience Surveys completed by NGRNs from 2017, 2018, and 2019 identified two main needs within the NRP related to the dyad experience with their preceptors. As a result of this simulated project, preceptors within the PPP learned how to provide encouragement and feedback to their future orientees and help the orientees to develop confidence within their nursing practice as NGRNs. The project aims were met within this project, during the PPP class, as indicated by median scores above 3.0 on their Post-Implementation Surveys; confidence, constructive feedback, and use of the DFT were implemented, indicating potential improvement with the Casey-Fink Experience Survey questions: *I feel my preceptor provides encouragement and feedback about my work* and *my preceptor is helping me to develop confidence in my work.*

Observations

As noted in Results, all participants successfully achieved the first objective of this project with a minimum score of 3.0 or higher on the Post-Implementation Survey. Participants gained knowledge and strategies to help orientees increase their confidence, as noted by a median of 4.9 out of 5.0 on the Post-Implementation Survey, compared with the Pre-Implementation Survey median of 2.9 out of 5.0.

Preceptor participants showed confidence in their ability to encourage and provide feedback to their orientees in the Post-Implementation Survey, noting a total mean overall score improvement of 37% compared with the median of the Pre-Implementation Survey. This was particularly evident on the Post-Implementation Survey Question 4, *I will search for opportunities to communicate and provide feedback to my orientee* and Question 7, *I plan to encourage my orientee by providing opportunities for improvement,* with 33% and 29% observed increases in scores, respectively.

There were no corresponding Pre-Implementation Survey questions that directly correlated with Post-Implementation Survey Question 12, *I found the Daily Feedback Tool© to be helpful and plan to use it with my orientee in the future.* Therefore, no pre-post comparison can be made. However, the project participants responded very positively to the DFT©, indicated by the median score of 4.8 out of 5 across all surveys.

Difficulties anticipated held true during the implementation of this project. Participants were required to wear masks per institutional guidelines, which was abnormal during a class and presented challenges in reading body language during the presentation and feedback scenarios. The participants did an excellent job making a concerted effort to communicate even more effectively to override this difficulty. Some apprehension was present with the participants to act out the simulations, but this-was quickly overcome by the positive group effort to succeed and overall desire to learn.

Several notable successes were remarkable from the project implementation during the PPP. The participants appeared enthused and engaged. They actively participated during the class time, respected one another, and verbalized appreciation for the DFT©. Positive feedback was provided by both my mentor and the Education Specialist during my debriefing after the

PPP was completed. Positive anecdotal data was delivered by the Educational Specialist, from the participants' class evaluations (See Table 2).

Table 2

Preceptor Preparation Program Class Evaluation Comments

Participant	**Comment**
1	"Great mix of activities to keep us engaged! Great interactive course"
2	"I loved the group discussions and the scenarios we participated in; they were fun. It helped me see how the DFT© can be used with my orientee"
3	"Great use of different teaching strategies, Peggie. I liked role playing. The information was relevant and added personal experiences to give applicable commentary"
4	"I loved the thought and effort put into this class. Extremely helpful"
5	"Thank you so much-I will encourage all preceptors to go to this program"
6	"Really enjoyed Peggie's laminated card. I can use this in the future with my orientees. I highly recommend giving this to all groups. I enjoyed listening and participating all day"

Note. Names of participants were not provided for the preservation of anonymity.

Participants responded to four questions, provided by the education coordinator, evaluating their overall perception of the class utilizing a six-point rating scale: poor, fair, good, very good, excellent, and not applicable. Five out of six participants rated the presentation, content, and meeting objective goals, as "excellent" and all six participants noted application of skills/knowledge gained as "excellent".

The DFT© proved to be successful as indicated by the 37% increased average response rate from the Post-Implementation Survey. Positive practice changes anticipated from this project include, but are not limited to: Preceptors will actively search for opportunities to communicate and provide feedback with their orientees, provide formal, written feedback, utilize

the DFT©, confirm orientee understanding during feedback exchanges, and encourage their orientees to improve by providing appropriate opportunities.

Limitations

Several notable and obvious limitations were identified with this project. The original anticipated sample size of the PPP class was ten participants. This size was reduced from 10 participants to six, for the compliance of institutional policies regarding COVID-19. Participants had to remain six feet apart at all times, even during role-play scenarios, making the volume of their conversations louder than anticipated. There is a lack of a true efficacy barometer related to the hospital initiatives on the Casey-Fink Experience Survey due to timing. Results from the 2020 Casey-Fink Experience Survey results will not be available to compare data for live, in-person use of the DFT© from dyads in real-world application. Permission by the Education Department has granted use of the DFT© in clinical practice and taught during preceptor training. The instrument will be used as intended on an ongoing basis between dyads after the preceptor has attended the PPP.

The reliability/generalizability of this project is limited to one class, at one campus within the hospital network. This project was not powered for inferential statistical analysis due to the size of the participant population. As a result, this project features only descriptive statistical analyses to report on the observed data. There was no control group/arm within this project, as it lacked sufficient participants to randomize into two groups.

Implications

Practice

The distribution and future utilization of the DFT© by preceptorship dyads within this hospital and network has been granted. The scope of the educational intervention, improving

preceptor techniques and teaching to the DFT© has been strictly limited to the single preceptor cohort, to which the project was implemented. However, there is an anticipated opportunity for pragmatic, sustained change as a result of enduring or continuous implementation. If the DFT© were to be used in accordance to the intervention beyond the scope of the PPP, from this DNP project, it is anticipated that there would be improvement revealed within the results of the Casey-Fink Experience Surveys taken by the NGRNs in future NRP cohorts. The inferenced anticipated improvement is suggested by the wholesale improvement in scores seen from the Pre- and Post-Implementation Surveys.

Looking at theoretical elements, if the change were to be a truly sustained intervention measure for precepting dyads, consideration of time allotted for reflection and dissemination of feedback would be vital to organic adoption and success. Having the time sculpted and planned during a shift for the dyad would need to be created and accepted by upper managing parties within the department. The culture of the department would have to positively understand and recognize the importance of preceptor training and the DFT©. In order to support the use of the DFT© in a pragmatic application, there would need to be increased staffing numbers and cross-functional support among the clinical coordinator, charge nurse, and manager of the units to give the time for the dyad to review the DFT© in the beginning, middle, or end of their shifts.

Modifications within the PPP with the utilization of the DFT© are not necessary at this time. The course itself is dynamic; including movement in activity, vihdeos, PowerPoint presentations, lectures, discussions, participation, and involvement of the preceptors/participants throughout the class. I would suggest however, that the course is completed annually by the preceptors that continue to train/orient NGRN cohorts. For every year the preceptor gains experience in training, there needs to be understanding and ability to communicate with

incoming new generations of NGRNs. To reiterate, I have identified no requisite modifications in the DFT© needed at this time, as a function of having successfully implemented this project.

In order to generalize this project across cohorts, or different branches of medical education and mentorship, there would need to be, at minimum, a conformational project conducted which features a population size appropriately powered to detect statistically significant improvement, the inclusion of which in this QI Project was limited due to COVID-19 restrictions and regulations/policies. This intervention, DFT©, can theoretically be utilized within many departments within the university health network in which it was implemented and is limited on a microlevel at St. Luke's University and Health Network. However, looking to transfer this DNP project to other departments, there are many that would benefit from this intervention tool, which represents a consistent, standardized method to improvement of preceptor efficacy.

Future Guidance

There are no current opportunities for interdisciplinary collaboration related to the PPP, NRP, and DFT©. However, recognizing the DFT© as a tool to augment and improve precepting, can certainly be applied to other medical fields where preceptorship represents a crucial part of education within the organization. For example, this could be adopted for the Medical Residency Program, Pharmacy Department, Radiology Department, and Respiratory Department, to name a few. Utilizing precepting strategies to help with feedback delivery among new students can foster communication, encouragement, and confidence-building between the preceptor and orientee.

The potential for more robust research certainly exists. Studying the DFT© in a more controlled environment, across two or more cohorts, blinded to the preceptors and utilization in

the field-I have this question: would the outcomes be different or the same? Or, if we used this the DFT use this in the Emergency Department, versus Labor and Delivery Unit, would it be different? What about considering the possibility of different personalities as variables? These are elements worth exploring in the future if the stakeholders of the Education Department within the hospital and network to decide and reconsider the DFT© for future use.

The plan for dissemination is to use Zoom web conference technology for my presentation under guidance and supervision of Bradley University. I will also be presenting in traditional lecture format. Featured among the visual aids will be graphs and feedback scenarios, Pre-and Post-Implementation Surveys, budgeting table, and timeline of the PPP class implementation. I will invite close family, current colleagues at work, my mentor, Education Specialist, Bradley University staff members, and graduate student colleagues. I will open the forum to the public and will partition the anticipated 60-minute session into a 50-minute lecture and reserve the final 10 minutes for fielding questions, first by staff members at Bradley University and then questioning will be open to the public. Due to the restrictions of COVID-19, there will be no in-person onsite meeting and luncheon as originally anticipated for this project at the university and health network in which I have conducted and implemented my project.

Nursing

The nursing community is always looking to improve upon outcomes of patient care and learning opportunities. Our nursing oath implores us to further patient care to the best of our abilities. By implementing this project, anticipated improvement in patient outcomes, feedback, confidence, and encouragement can be achieved. By reviewing data from my Needs Assessment, it is evident that there are always opportunities and room for growth within the nursing discipline. It is vital to successfully guide and transition NGRNs into the professional

field. By improving the training program and increasing their support system, NGRNs can flourish into nurses we hope will one day be in charge of our own care.

By increasing the availability of nursing education between the NGRNs and trained preceptors, the gaps in training can be managed appropriately. With proper guidance and training of the preceptors in how to deliver constructive feedback, NGRNs are more comfortable to learn from their mistakes and grow into the profession.

Health Policy

When regulating new graduate nursing programs, or NRP as well as PPPs, there are a few things to consider. Stakeholders must be involved early on in the process of considering new educational initiatives. These important roles include but are not limited to the departmental leaders, Education Department, and administration of the hospital in which these programs or interventions will be implemented. There are standards set by governing bodies at the state and national levels pertaining to education of nursing staff, and these standards must be adhered to by the institution on a legal basis. Financial consideration is also important, as the initiatives must be appropriately budgeted and financed within the institution.

To give brief consideration to how best to optimize the pairing of dyads, the time spent together reviewing the precepting packet, formal and informal orientation period, can only be created with support. If the hospital were to allow the DFT© to be utilized on a daily basis as intended, this project could potentially be transitioned to the entire network from this one hospital. By holding a group change, this then can go to other local-area hospitals and networks, surrounding states, and to a macro-level if proven successful.

Chapter VI: Conclusion

Value

The nursing community fosters growth and collaboration to ascertain successful outcomes and experiences for onboarding nurses. With timely feedback, effective nurse training and education, and the right tools, like the DFT©, NGRNs will be successful with their orientation process. By providing operative communication styles and role-play in the PPP, it can be demonstrated, explained, and reiterated, understanding the importance of feedback; preceptors should be prepared to provide above adequate guidance to the new nurse orientee (Condrey, 2015; Hofler & Thomas, 2016; Quek & Shorey, 2018). Effective nurse training can strengthen NGRNs and therefore patient care. With prioritization of the preceptorship program, all institutions should have a similar outlook on its importance (Baltimore, 2004). If the NGRN demonstrates confidence in their practice, there would be less safety events for patients and less turnover in nursing practice; leading to cost avoidance for the institution (Trepanier et al., 2012).

DNP Essentials

Personally, and professionally, the DNP *Essentials* have provided encouragement and guidance for my DNP project, the NRP, and the PPP alike (American Association of Colleges of Nursing, 2020). I will be able to utilize them as a professional Advanced Nurse Practitioner. I have been able to incorporate DNP *Essential I: Scientific Underpinnings for Practice* from a thorough review of evidenced-based practice on leadership, preceptorship, and new graduate nurse orientation programs. DNP *Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking,* via compliance, reviews the DNP feedback tool as a solution to integrate into the PPP within the institution to provide quality improvement within the program (Moran et al., 2020).

I most certainly established beneficial cross-functional relationships using DNP *Essential VI: Interprofessional Collaboration for Improving Patient and Population Outcomes*. I was able to collaborate with many departments over the duration of this QI project, especially close collaboration with the education department. Lastly, I have been able to incorporate one of the most relevant DNP *Essentials VIII: Advanced Nursing Practice.* This is especially dear to me as my project illuminates the nursing profession and will show the importance of the Advanced Nurse Practitioner's within the healthcare community through preceptorship, leadership, education, NGRNs, and collaborative efforts.

Plan for Dissemination

At this time, there are no identified opportunities for dissemination of this project at scientific or medical congress. This DNP paper will be submitted for publication with UMI Electronic Theses and Dissertations (UMI ETD) Administrators, a web-based publication facilitation program, through Bradley University post-graduation. I do not currently have plans to publish this with a journal or present at a future medical conference at this time. I will be presenting with Bradley University for the completion of my Doctoral degree.

Goals

Despite the numerous barriers and challenges along the way, I have been able to attain my two main personal goals during this DNP journey. Commencing interdisciplinary collaboration, I had identified a leadership/preceptorship opportunity from the NRP Casey-Fink Experience Surveys. This led me to a great opportunity to find and identify a tool and evidence-based solution for the improvement of nursing practice and precepting within the institution with utilization of the DFT©. In the future, I would like to see this project implemented within the NRP live cohort within the PPP at the hospital/institution of implementation.

Professionally, I will continue to grow and gain more experience throughout my career to be as well-rounded as possible. During this scholastic undertaking, I have learned problem solving strategies, flexibility, and collaboration, which will prove invaluable as my role advances in nursing practice. I remain motivated to grow and learn as I gain more experience throughout my career with the goal of excelling in the medical community as an accomplished, respected professional.

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Appendix A
Daily Feedback Tool© (DFT)

THE DAILY FEEDBACK TOOL

Date:
Student Name:
List three things that you have done well and, why?
(Example: Communication skills- the way in which you approached and explained to the patient that you were about to take blood was in a language and a manner that put the patient at ease)
1.
2.
3.
List three things that need improving/modifying, and why?
(Example: When taking blood the equipment needed was out of reach which made it awkward and dangerous as you had a sharp in your hand)
1.
2.
3.
Ways in which to reinforce or improve on performance.
(Example: Tomorrow you will have another opportunity to take blood, I would like you to practice setting up the equipment so it is within reach. We will aim to provide you with many opportunities to become confident with this skill)
Student signature: Preceptor signature:

Appendix B
Letter to the Authors

Dear Ms. Allen and Dr. Molloy,

I am a Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP) graduate student at Bradley University in Peoria, IL. I am working on my DNP scholarly project, *Bridging the Gap: Improved Feedback Between Preceptors and Orientees, A Quality Improvement Project.* I am writing to ask written permission to use your Daily Feedback Tool (DFT) in the implementation of my quality improvement (QI) project. I am planning to reference your article, *The influence of a preceptor-student 'Daily Feedback Tool' on clinical feedback practices in nursing education: A qualitative study,* from 2016, within my QI project.

I have identified a need for further examination within the Nurse Residency Program at St. Luke's University and Health Network in Bethlehem, PA as it relates to their preceptors. Data indicates, at an initial survey, six-month survey, and 12-month survey, new nurse graduates have not received meaningful feedback from their preceptors about their practice and skills in 2017, 2018, and 2019 in Question #23: *I feel my preceptor provided encouragement and feedback about my work* and Question #24: *My preceptor is helping me to develop confidence in my practice.*

My project will take place within a preceptor class, utilizing one-hour of their time (paid and approved by St. Luke's University and Health Network). This quality improvement opportunity within this class, will improve and educate preceptors on better feedback techniques that can be implemented for future use.

The anticipated number of participants are 12 nurses enrolled in the preceptor course. The tool will be a paper version, printed, that I will hand distribute to the preceptor participants. This will be voluntary and an informed consent will be obtained prior to initiation of my project. The Daily Feedback Tool during a role-play opportunity (an interactive) intervention, will be anonymous and no identifiers will be noted by the participants. They will role-play scenarios they may encounter as a preceptor during the orientation with their orientees. For example, in groups of two one participant will be a preceptor and the other will be the orientee. I will provide a scenario they will have to provide feedback at the end utilizing the DFT. There will be a positive and negative opportunity to provide feedback with each scenario. At the end of the role-play, I will directly collect the tools. This project will include:

- Written Informed Consent permission from the participants
- Pre-Implementation Preceptor Survey (self-created)
- Post-Implementation Preceptor Survey (self-created)
- Role-play opportunity (an interactive) intervention utilizing the Daily Feedback Tool

I will apply for IRB approval through Bradley University's Committee on the use of Human Subjects in Research (CUHSR) as well as approval with the IRB through St. Luke's University and Health Network. The objectives of my project are:

- Create a positive feedback perception of orientees by utilizing the Daily Feedback Tool with their preceptors
- Ameliorate Vizient survey scores for questions #23 and #24 and meet or exceed baseline expectations
- Improve scores from Post-Implementation Preceptor Surveys from initial Pre-Implementation Preceptor Surveys within the preceptor class

The Daily Feedback Tool will be used under the following conditions:

- I will use DFT only for my QI project and will not sell or use it for any other purposes
- I will include copyright on all copies of the instrument. If you would like me to utilize an explicit statement of attribution, please make me aware of the statement in your response
- The DFT will not be modified and will be used in its original form.
- I can provide a copy of my QI project upon completion of my project, upon your request

If you are not the correct contact for the use of this instrument and copyright, I would appreciate any information you can provide regarding the proper contact information.
If you find this to be acceptable, please reply to this email. I will attach your article and will find the Daily Feedback Tool in Appendix 1. I appreciate your time and consideration in this matter.

Sincerely,

Peggie Perkins, BSN, RN, (DNP-FNP student)

Appendix C
Response from the Authors

Dear Peggie,
Thank you for your email.
Yes of course you can use my DFT. Please remember to cite me in any of your works. I hope this tool will improve the feedback interactions between the nursing students and nurses.

Kind Regards,

Louise Allen

Clinical Coordinator,
School of Nursing and Healthcare Professions,
Federation University,
Gippsland Campus, Churchill, Victoria.

Ph 03 51228272 (office hours)
Mob 0408333197
Latest publications:
Coombs, N., Allen. L., Cooper, S., Cant, R., Beauchamp, A., Laszcyk, J., Giannis, A., Hopmans, R., Bullock, S., Waller, S., McKenna, L., Peck, B. (2017) Exploring young Australian adults' asthma management to develop an education video. *Health Education Journal*. DOI:10.1177/0017896917740721

Allen, L., Molloy, E. (2017) The influence of a preceptor-student 'Daily Feedback Tool' on clinical feedback practices in nursing education: mA Qualitative study. *Nurse Education Today* 49pg 57-62 http://dx.doi.org/10.1016/j.nedt.2016.11.009

Appendix D
Pre-Implementation Survey

Experience as a Preceptor (in years): *(Example: 2 years)* _____

Pre-Implementation Preceptor Survey

If you have not precepted before, please answer not applicable (NA) for any statement that applies

1=Never; 2=Rarely; 3=Sometimes; 4=Often; 5=Always

1. _____I provide specific examples and strategies to my orientee in order to gain more confidence during their orientation process with me
2. _____I give verbal real time feedback to my orientee
3. _____I feel confident giving feedback to my orientee
4. _____I have opportunities to communicate and provide feedback to my orientee
5. _____I give feedback to my orientee that is constructive (positive and negative comments)
6. _____My orientee verbalizes their understanding when I give them feedback
7. _____I encourage my orientee by providing opportunities for improvement
8. _____I encourage my orientee to find positives and negatives about their shift with me
9. _____I provide feedback formally (written)

Appendix E
Post-Implementation Survey

Post-Implementation Preceptor Survey

***If you have not precepted before, please answer not applicable (NA) for any statement that applies**

1=Strongly Disagree; 2=Disagree; 3=Undecided; 4=Agree; 5=Strongly Agree

1. _____I feel better equipped to provide process improvement examples and strategies to my orientee in order to gain more confidence during their orientation with me
2. _____I will give verbal real time feedback to my orientee
3. _____I feel confident to give feedback to my orientee
4. _____I will search for opportunities to communicate and provide feedback to my orientee
5. _____I will assist my orientee in identifying positives and negatives about their day at the end of our shift
6. _____I will confirm my orientee understands my feedback
7. _____I plan to encourage my orientee by providing opportunities for improvement
8. _____I will give both positive and negative feedback at appropriate times
9. _____I plan to provide feedback formally (written) with my orientee
10. _____Interactive role play was beneficial for providing daily/live feedback methods with my orientee
11. _____During this activity, I learned how to communicate more effectively with my orientee
12. _____I found the Daily Feedback Tool© to be helpful and plan to use it with my orientee in the future

Appendix F
Educational Plan

Learning Objectives	**Content (Topics)**	**Teaching Methods**	**Timeframe**	**Evaluation Method**	**Presenter**
1-The preceptors will understand the purpose of the doctoral project 2-The preceptors will understand how to role- play feedback scenarios 3-The preceptors will understand how to manage their role, cultural differences, and new nurse graduates' thinking 4-The preceptors will understand the itinerary of the new nurse graduate, how to handle conflicts, delegation and hospital values 5-The preceptors will understand how to teach the new graduate nurse, utilize proper tools, and give constructive feedback to orientees 6-The preceptor will understand how to effectively utilize the Daily Feedback Tool©, Feedback Tips and Tricks pocket cards, and the Casey-Fink Experience Surveys	1-Introductions, Informed Consent, Pre-Implementation Survey, Objectives 2-Role Play Introduction 3-Role Play activity and lecture; DESC scripting (describe, express, specify, consequences), Cultural Differences, Novice-Expert thinking 4-General nurse orientation information, Nurse Residency Program and Curriculum, Unit Orientation, Technical and interpersonal skills, Conflict management, Delegation, Communication, Hospital Values 5-Learning needs of orientees, preceptor roll, and tools available, Introduction to Daily Feedback Tool© & Tips and Tricks Pocket Card 6-Interactive Feedback scenarios, use of DFT©, Discussion and questions, Casey-Fink Experience Surveys, Post-Implementation Surveys	-Interactive Role Play with Feedback Scenarios -Participation -Lecture -PowerPoint -Class Discussion -Daily Feedback Tool© & Tips and Tricks Pocket Card	1-90 minutes 2-15 minutes 3-120 minutes 4-105 minutes 5-15 minutes 6-90 minutes Total: 435 minutes (Lunch-45minutes not accounted in this calculation; total 8-hour day [480 minutes])	-Pre-Implementation Preceptor Survey -Post-Implementation Preceptor Survey -Preceptor Course Evaluation -Verbal feedback and conversations -Class Discussion	1-Student Principal Investigator 2-Student Principal Investigator 3-Education Specialist 4-Education Specialist and Nurse Residency Coordinator 5-Collaborative; Student Principal Investigator & Education Specialist 6-Student Principal Investigator

Appendix G
Feedback Scenarios

Feedback

Scenario #1

Your orientee used to be a Patient Care Assistant (PCA) on the Medical Surgical Unit you are precepting her on. She notices that a foley catheter bag needs drainage. She also knows that she is late giving her 9:00am medications to her other patients. She is afraid to delegate the drainage emptying to the current PCA on the floor "because she is my friend" and decides to do the task prior to giving patient medications. Share how you would give feedback to your orientee in this scenario.

Feedback

Scenario #2

Your orientee is learning how to insert a nasogastric tube. She remembers watching it done once while she was shadowing in nursing school. She feels afraid to ask you for help and goes to the nurse down the hallway. This nurse is annoyed and yells at you for taking her time away "when you should be dealing with this anyway". Share how you would give feedback and handle both people in this scenario.

Feedback

Scenario #3

Today, your orientee is supposed to get report on all of your patients. You are planning to listen to the report next to her also. You assure her you are there for support. She says to you on the way into work "I have been worried about this all night, I even cried myself to sleep". How will you give feedback and encourage your orientee to be more confident with this task?

Feedback

Scenario #4

You overhear your orientee talking to another, more advanced, orientee in the dirty utility closet. Your orientee was told "never to listen to Dr. Insulin because she is never right". You don't say anything, but later, you have to confirm an order with Dr. Insulin to see if your algorithm is correct for your diabetic patient's medications and infusions. She tells you, "I am not speaking with that doctor" and proceeds to enter the patient's room. At what point would you provide feedback and speak with your orientee about this problem?

Feedback

Scenario #5

Your patient is here today for a regularly scheduled chemotherapy infusion. However, when taking vital signs, your orientee noticed the oxygen level was slightly lower than she though it should be at 88% SP02 room air. She promptly puts 2 liters of oxygen via nasal cannula on the patient without asking. You notice this was the right thing to do, but never notifies the provider of this episode. Share how you would give feedback to this orientee.

Feedback

Scenario #6

You are at a pediatrician's office with your orientee. You notice that your orientee is scared with patients that are non-verbal (younger population, less than 1-year-old). The next patient you are with has 2 siblings. The patient is 10 months old with a complaint from the father he has had a cough for 10 days. The mother is supposed to be watching the other 2 siblings, but instead she is on her cell phone playing a game. The siblings are running around

the room, eating crackers, and spilling juice. The father is trying to talk to the orientee loudly over the cries and chaos. How would you provide feedback to get your orientee more comfortable with these patients?

Feedback

Scenario #7

The goal you have set for the day for your orientee is to place 3 successful IV's without assistance. You notice that he has been doing a great job with IV placement using correct aseptic technique. He seems really proud and excited he has reached his goal. You also noticed during the day, that he forgot to delegate to the Patient Care Assistant (PCA) to check blood glucose levels on your patients with diabetes. These tests were not completed by the PCA, as they forgot as well. The patient's lunch-time is soon. Share when and where you would give feedback to your orientee.

Feedback

Scenario #8

It is time for your orientee to pass out medications. When questioned, your orientee knew the generic name, correct dose, route, time, and frequency of administration. However, when questioned about side effects of Amoxicillin by the patient, your orientee froze and ran out of the room upset. The patient was left with questions and you step in to help the patient. Share the feedback you would give to your orientee in this scenario.

Feedback

Scenario #9

You have noticed that your orientee is having a difficult time with prioritizing patient tasks and needs. You have two patients. The first patient needs to transfer to another hospital for more acute neurological care. The EMS team is here to get the patient and the patient is not ready to leave. The second patient has a family member asking for your assistance with how to get to the cafeteria. Your orientee kindly helps the family member, walking away from the first patient, to show them how to get to the cafeteria. Give some feedback to your orientee.

Feedback

Scenario #10

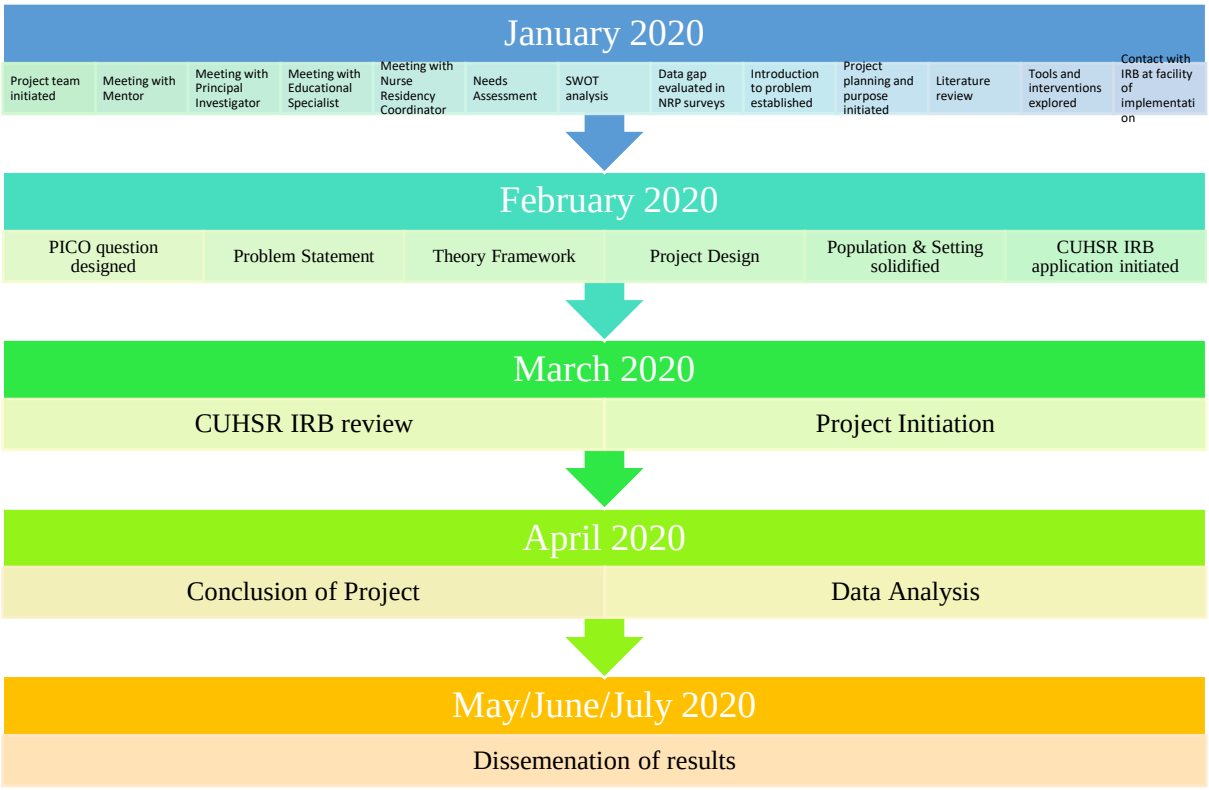
You are in the emergency department with your orientee. The patient is having a right shoulder dislocation reduction that requires conscious sedation. ACLS is required to be the nurse during this procedure, so you stay with your patient. A TIME OUT was not completed prior to the start of the procedure by the provider. They are questioning which shoulder was the issue. Your orientee says "right". You end up jumping in to make sure the TIME OUT is completed on time. Your orientee feels that you don't have confidence in her. How could you provide feedback to your orientee about how to speak with the provider about the TIME OUT process?

Appendix H
Feedback Tips and Tricks

FEEDBACK TIPS AND TRICKS

- ✓ Remember useful timing is important
- ✓ Ask if your orientee understands
- ✓ Explore alternatives
- ✓ Be specific
- ✓ Read body language and readiness to learn
- ✓ Don’t be judgmental
- ✓ Be clear
- ✓ Explain how improvements can be made
- ✓ Be positive
- ✓ Allow successful feelings
- ✓ Be supportive, don’t destroy
- ✓ Ask for their feedback on delivery and preferences

Appendix I
Timeline



Appendix J
Informed Consent

Informed Consent

You are invited to participate in a quality improvement project. The purpose of this project is to note positive changes and feedback techniques for preceptors to utilize while precepting their orientees.

This project consists of attending an educational session and taking two surveys, one before the program and one at the completion of the program.

Your participation in the surveys will take 10 minutes. Your participation in the surveys and the data collected will remain confidential; this is an anonymous survey and there is no link between your name and the project record. Please do not write any identifying information on the surveys. The surveys will be destroyed three months after implementation by shredding and electronic data entry will also be deleted.

Taking part in the surveys is voluntary. You may choose not to take part or skip specific questions. Your participation or non-participation will have no effect on your status as an employee. At the conclusion of the project, the data will be destroyed.

_
Questions about this project may be directed to the project leader in charge: Peggie Perkins, RN, BSN at (908) 399-8125 or pnaples@mail.bradley.edu or the project advisor: Dr. Karin Smith at (309) 677-4588 or kbsmith@fsmail.bradley.edu.

You are voluntarily making a decision to participate in this project. Your submission of the survey and your signature means that you have read and understand the information presented and have decided to participate. Your submission also means that all of your questions have been answered to your satisfaction. If you think of any additional questions, you should contact the project leaders(s).

_____

Participant's signature

Appendix K
Institutional IRB Approval

An event for Protocol **SLIR 2019-90** has been marked as having completed review

Local ID: SLIR 2019-90
Protocol: SLIR 2019-90
Title: Bridging the Gap: Improved feedback Between Preceptors and Orientees, A Quality Improvement Project.
Principal Investigator: Perkins, Peggie
Type of Submission: Revisions & Amendments – Update to project title and change of professors.
IRB Meeting Date: 03/03/2020
Action: Approved
Reviewed By: Expedited Review
Action Date: 01/31/2020
Agenda: Please see the attached documents for review and approval; Amend Letter Amendment Form Consent.

This approval is based on the understanding that you will: - Immediately inform the IRB of all patients serious adverse events and any changes in procedures and project status changes that may occur after this review. - Use only reproductions of the enclosed informed consent form displaying the IRB approval stamp. - Agree to comply with FDA, OPRR, and St Luke's Hospital IRB regulations. - Allow the review of research project records by the IRB as requested. St. Luke's University Health Network has a Federal Wide Assurance [FWA 00003557] from OHRP. The Institutional Review Board is registered with OHRP [IRB 00002757] and is in compliance with 45 CFR 46, 21 CFR 50 and 21 CFR 56. To the extent these Federal regulations are in agreement with the ICH Guidelines, we are also in GCP compliance.

Review Completed By: Silva, Jayne
Completed Date: 01/31/2020

Appendix L
CUHSR Approval

BRADLEY University

DATE: 25 APR 2020

TO: Peggie Perkins, Karin Smith
FROM: Bradley University Committee on the Use of Human Subjects in Research

STUDY TITLE: Improving performance feedback to graduate nursing orientees utilizing the daily feedback tool he quality improvement project

CUHSR #: 20-022-Q
SUBMISSION TYPE: Initial Review

ACTION: Approved
APPROVAL DATE: 25 APR 2020
REVIEW TYPE: Quality Assurance

Thank you for the opportunity to review the above referenced proposal. The Bradley University Committee on the Use of Human Subject in Research has determined the proposal to be NOT HUMAN SUBJECTS RESEACH thus exempt from IRB review according to federal regulations.

The study has been found to be not human subject research pursuant to 45 CFR 46.102(i), not meeting the federal definition of research (not contributing to generalizable knowledge). Please note that it is unlawful to refer to your study as research. CUSHR notes that this project underwent IRB expedited review and approval at St. Luke's University and Health Network, Easton Pennsylvania and the project leaders are subject to their regulatory oversight.

Your study does meet general ethical requirements for human subject studies as follows:

1. Ethics training of project personal is documented.
2. The project involves no more than minimal risk and does not involve vulnerable population.
3. There is a consent process that:
    - Discloses the procedures
    - Discloses that participation is voluntary
    - Allows participants to withdraw
    - Discloses the name and contact information of the investigator
    - Provides a statement of agreement
4. Adequate provisions are made for the maintenance of privacy and protection of data.

Please submit a final status report when the study is completed. A form can be found on our website at https://www.bradley.edu/academic/cio/osp/studies/cuhsr/forms/. Please retain study records for three years from the conclusion of your study. Be aware that some professional standards may require the retention of records for longer than three years. If this study is regulated by the HIPAA privacy rule, retain the research records for at least 6 years.

Be aware that any future changes to the protocol must first be approved by the Committee on the Use of Human Subjects in Research (CUHSR) prior to implementation and that substantial changes may result in the need for further review. These changes include the addition of study personnel. Please submit a Request for Minor Modification of a Current Protocol form found at the CUHSR website at https://www.bradley.edu/academic/cio/osp/studies/cuhsr/forms/ should a need for a change arise. A list of the types of modifications can be found on this form.

While no untoward effects are anticipated, should they arise, please report any untoward effects to CUHSR immediately.

This email will serve as your written notice that the study is approved unless a more formal letter is needed. You can request a formal letter from the CUHSR secretary in the Office of Sponsored Programs.

Committee on the Use of Human Subjects in Research – 100 Kauffman
1501 W Bradley Ave.
Peoria, IL 61625

Appendix M
Pre-Tax Budget

Preceptor Class	**Hours**	**Cost Per Hour**	**Total Wages**
New Nurse Preceptor	8	$25	$200 x6=$1,200
Educational Specialist	8	$35	$280
			$1,480
Item	**Amount**	**Cost Per Page** (Black & White)	**Anticipated Supply Costs**
Informed Consent	10 pages	$0.05	$0.50
Pre-Implementation Survey	10 pages	$0.05	$0.50
Post-Implementation Survey	10 pages	$0.05	$0.50
DFT©/Daily Tips & Tricks Pocket Card	10 cards	$1.99	$19.90
Feedback Scenarios	2 pages	$1.99	$3.98
BIC® Pens	1 box	$5	$5
			$30.38
Volunteer	**Hours**	**Cost Per Hour**	**Anticipated Total Wages**
Peggie Perkins	214.1	$30	$6,423
Susan Aquilina	31	$35	$1,085
Stephanie Noll	68.5	$35	$2,397.50
			$9,905.50
Cumulative Total of Anticipated Project Costs			***$11,415.88***

Appendix N
St. Luke's Permission Letter

St Luke's
ANDERSON CAMPUS

Hospital
1872 Riverside Circle
Easton, PA 18045

Medical Office Building
1700 Riverside Circle
Easton, PA 18045

Cancer Center
1600 Riverside Circle
Easton, PA 18045

484-503-3000

April 15, 2020

Committee on the Use of Human Subjects in Research
Bradley University
1501 W Bradley Avenue Peoria, IL 61625

Dear CUHSR Committee Chair,

Please note that Peggie Naples Perkins, Bradley University graduate student has permission of St. Luke's University Health Network/Anderson Campus to continue quality assurance project activities at our healthcare facility for her project, "Improving Performance Feedback to New Graduate Nursing Orientees Utilizing the Daily Feedback Tool©: A Quality Improvement Project."

While the healthcare community is actively fighting against COVID-19, we understand that quality assurance is critical to patient safety and overall improved patient health outcomes. Given that understanding, we will continue to follow the appropriate organizational and CDC guidelines when and if Peggie Naples Perkins may have human-to-human interaction throughout the implementation period of the project.
Human interaction will be limited when possible and even replaced in some situations with remote or virtual alternatives. At St. Luke's we are practicing social distancing and having all staff wear masks whether they are working clinically or not. Classroom sizes are limited to six students in a 30 person occupancy to maintain a minimum of six feet social distancing practice.

If there are any questions, please contact my office.

Signed,
Sue Aquilina MS BSN RN-BC CCRN
Sue Aquilina, MS, BSN, RN-BC, CCRN
Education Specialist – Anderson Campus
St. Luke's University Health Network
1872 St. Luke's Boulevard
Easton PA 18045

My Health. My Hospital.℠