

***Does a structured Staff Nurse  
Orientation in Ambulatory  
Clinics improve Nurse  
Preceptor satisfaction?***

**Siobhan Murphy RN, BSN (MSN Student)**

## BACKGROUND AND SIGNIFICANCE

- Healthcare in the United States is continually being reformed to improve quality, expand access, and decrease costs
- Nurses, as the largest subgroup of clinicians, provide continuity and accountability on patient outcomes
- Improved retention of staff nurses begins with onboarding and is ongoing throughout the course of the nurses' career
  - *"A non-supportive preceptorship can lead to attrition rates as high as 33%, in addition to recruitment and retention problems in the organization"* (Small & Good, 2013).
- A pilot on a Hematology/Oncology Clinic had the unique challenge of onboarding nurses naïve to the population and hematology/oncology experienced nurses within the same orientation

***"Preceptorship is a complex and essential part of nursing education"***

*(Carlson, Pilhammar & Wann-Hansson, 2010)*

## BACKGROUND AND SIGNIFICANCE

- **Nurse Preceptor satisfaction** needs to be a focus of an organization
- The Preceptor balances the role of teacher and practitioner, which can be challenged by:
  - professional time constraints
  - lack of well-structured preceptor guidelines
  - real or perceived lack of organizational and peer support
  - overuse of a single individual in the preceptor role
- Allowing Preceptors to **burnout** can lead to poor orientation experiences and may have adverse long-term effects such as retention
- **Burnout** presents as lack of compassion, decreased attention to detail, apathy, and/or decreased interest in professional aspirations
- **Preceptors** fully invested in the onboarding process may experience higher **satisfaction**

*(Bodine, 2018)*

# THEORETICAL FRAMEWORK

## Covell's Nursing Intellectual Capital Theory (2008)

- There is a relationship between nursing knowledge (**intellectual capital**) and **patient outcomes**
- Nurses are **intellectual capital**
  - The skills, knowledge and experience of the nurse are valuable to the hospital and should be invested in
- How do nurses become **intellectual capital**?
  - Provide a solid foundation via onboarding
  - Prioritize the needs of Nurse Preceptors
  - Prioritize Nurses' Knowledge, Skills, and Attitudes (KSA, IOM & QSEN) throughout the course of their career

**METHODOLOGY:  
PROGRAM  
DEVELOPMENT &  
EVALUATION**

**Pilot Setting**

**Pilot at an Academic Medical Center  
in New England**

- 62 chair Infusion Clinic
- Open 7 days a week
- Specifically focusing on Hematology and Oncology patients receiving chemotherapy, blood products, electrolytes, supportive care, etc.

**METHODOLOGY:**  
**Objectives**

**Improve Preceptor satisfaction**

**Decrease Preceptor burnout**

**Reduce Preceptor role ambiguity**

**Increase Preceptors' real and  
perceived support from leadership**

## METHODOLOGY: Stakeholders

- **Nurse Preceptors**
  - Can provide insight into what's working and what is lacking
  - *"Involving [nurse preceptors] in planning is a win-win" (Bodine, 2018)*
- **Preceptees**
  - Need strong onboarding to independently provide patient care
- **Ambulatory Nurse Director**
  - Creates the environment for learning and provides follow up & feedback and benefits from staff retention
- **Clinical Nurse Specialist**
  - Provides knowledge of best practices and research utilization
- **Hospital Leadership**
  - Benefits from staff retention by saving the costs associated with hiring new staff
- **Patients and Families**
  - Benefit from improved outcomes and satisfaction

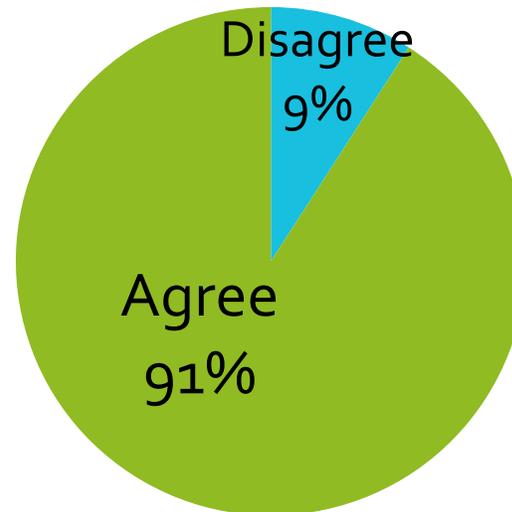
# Needs Assessment Data & Themes

(completed December  
2020)

N = 36 **Nurses** responded to the survey

n = 22 of those surveyed acted as **Nurse Preceptors**

**"There are barriers to precepting new staff"**

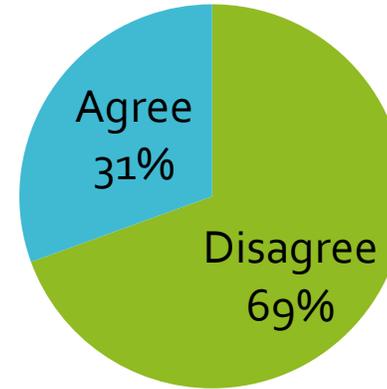


## Needs Assessment

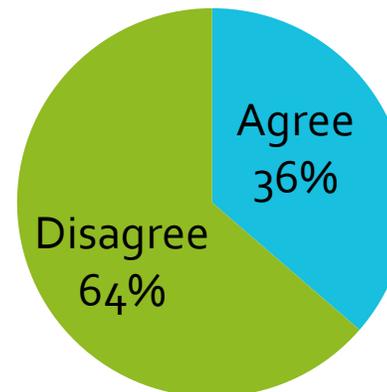
### 1. Lack of structure

“Lack of guidelines is frustrating to both the preceptor and the preceptee and is dangerous for the patient population. The failure to provide clear instructions regarding orientation can make the preceptor feel abandoned in the process. A disorganized orientation can also make the new hire question the preceptors expertise.”  
(Bodine, 2018).

“I had a clear understanding of the objectives and tasks I was expected to accomplish during orientation”



“As a preceptor, I had clear knowledge of the expectations of the orientation process”

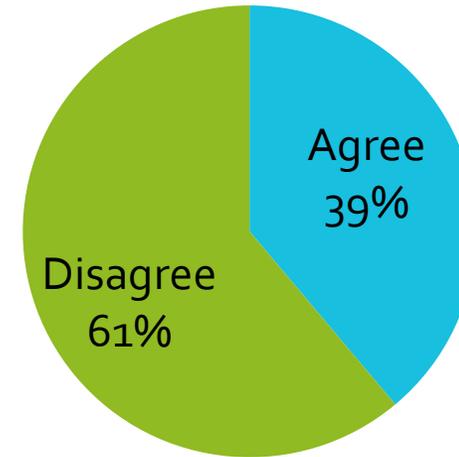


## Needs Assessment

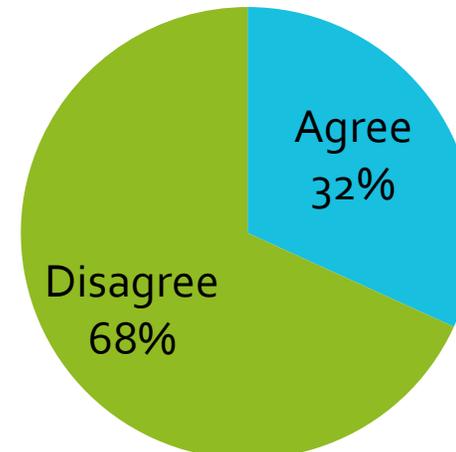
# 2. Lack of support

“Lack of support from management real or perceived can negatively impact the preceptor [and cause burnout]” (Bodine, 2018).

**“I had regularly scheduled check-ins with nursing leadership”**



**“As a preceptor I felt supported in providing the necessary education required for new staff”**

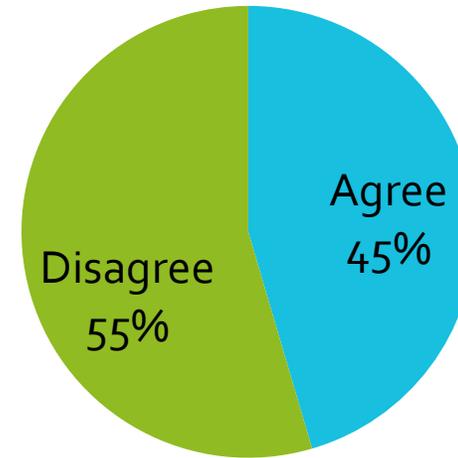


## Needs Assessment

# 3. Lack of recognition

“[Recognition] goes a long way in preceptor engagement [...] and acknowledges the challenges preceptors face that allows preceptors to thrive in this role” (Shinners & Franquero, 2015).

“As a preceptor, I felt recognized for the support and education that I provided to new staff”



- **Preceptors** are better supported with opportunities to rejuvenate between new hires
- **Nursing Peers** may perceive that because the preceptor and the new hire are working as a team, that their collective workload is cut in half.
- This failure to recognize the additional time requirement associated with the onboarding process, may preclude coworkers from offering assistance

(Bodine, 2018).

# Nursing Staff Orientation:

12 Week  
Focused Schedule  
and Evaluation

**MSN student clinical field  
placement role (Spring 2021)  
was to develop the structure and  
schedule with oncology nurse  
experts providing content focus**

ORIENTEE NAME:

EPIC Access

PRECEPTOR(S):

Beacon Access

**ORIENTATION SCHEDULE**

**ORIENTEE NAME:**

EPIC Access

**PRECEPTOR(S):**

Beacon Access

**ORIENTATION SCHEDULE**

<p><b>WEEK 1 FOCUS: Introduction to the Unit</b>  <b>Review:</b> Unit Tour <input type="checkbox"/> Meet with Triage Nurses <input type="checkbox"/> Infection Control Practices <input type="checkbox"/> Chemo Precautions <input type="checkbox"/> Pumps/Monitors <input type="checkbox"/> Prime Tubing <input type="checkbox"/> Check-In Procedure <input type="checkbox"/> Fall Precautions <input type="checkbox"/>  <b>Education Module: ONS Cancer Basics Course</b></p>	
<p><b>WEEK 2 FOCUS: Treatment Basics &amp; Documentation</b>  <b>Review:</b> Types of Access and Rationale <input type="checkbox"/> Releasing Orders: Consent, Criteria to Treat, Oncology Treatment Overview, Source Documentation, Onc Pro <input type="checkbox"/>  <b>Documentation: EPIC, Beacon, CTCAE Grading Criteria</b> <input type="checkbox"/>  <b>Education Module: Chemo/Immunotherapy 101</b></p>	
<b>Check In Meeting</b>	
<p><b>WEEK 3 FOCUS: Hematology</b>  <b>Review:</b> Blood Transfusion: Releasing Order <input type="checkbox"/> Review of Blood Products: FFP, Platelets, Cryo <input type="checkbox"/> Infection Work-Up: Neutropenic Precautions <input type="checkbox"/>  <b>Education Module: ONS Chemo/Immunotherapy 101</b></p>	
<p><b>WEEK 4 FOCUS: Supportive Care</b>  <b>Review:</b> NCCN Guidelines for Constipation, Pain <input type="checkbox"/> Consults: Social Work, Case Management, Gallagher Integrative Therapy, Chaplaincy <input type="checkbox"/>  <b>Education Module: ONS Chemo/Immunotherapy 101</b></p>	
<p><b>WEEK 5 FOCUS: Hypersensitivity</b>  <b>Review:</b> Preparing Treatment Area for Highly Reactive Drug <input type="checkbox"/> ADR Kits <input type="checkbox"/> Glucometer <input type="checkbox"/> Chemo Spill <input type="checkbox"/> ED Transfer <input type="checkbox"/> Emergency Equipment: Defib-Travel Monitor, Code Cart <input type="checkbox"/>  <b>Education Module: Hypersensitivity Basics</b></p>	

**ORIENTEE NAME:**  EPIC Access

**PRECEPTOR(S):**  Beacon Access

**ORIENTATION SCHEDULE**

	<p><b>WEEK 1 FOCUS: Introduction to the Unit (Shadow Preceptor)</b>  <b>Review:</b> Unit Tour <input type="checkbox"/> Meet with Triage Nurses <input type="checkbox"/> Infection Control Practices <input type="checkbox"/> Chemo Precautions <input type="checkbox"/> Pumps/Monitors <input type="checkbox"/> Prime Tubing <input type="checkbox"/> Check-In Procedure <input type="checkbox"/> Fall Precautions <input type="checkbox"/>  <b>Education Module: ONS Cancer Basics Course</b></p>
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**WEEK 6 FOCUS: Communication**  
 Start a New Patient  
**Review:** NCCN Guidelines for Assigned Disease Group  CaPE   
 Written Teaching Materials   
**Education Module: NP Shadow Experience**

**Check In Meeting with CNS/ND/Preceptors**

**WEEK 7 FOCUS:**  
**Review:**  
**Education**

**WEEK 8 FOCUS:**  
**Review:** Role of NP in the ED, Tubing Set-up  
**Education**  
**Grading Criteria**

**WEEK 9 FOCUS:**  
**Review:**  
**Education**

**WEEK 10 FOCUS:**  
**Review:**  
**Education**

**Check In Meeting with CNS/ND/Preceptors**

**WEEK 11 FOCUS:**  
**Review:**  
**Education Module:**

**WEEK 12 FOCUS:**  
**Review:** Final review of orientation checklist  Final review of snapshot experiences during orientation  Communication with providers  Safety reporting system   
**Education Module:**

**Final Check In Meeting with CNS/ND/Preceptors**

## Final Check In Meeting with CNS/ND/Preceptors

### Snapshot of Experiences During Orientation

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Desensitization            | <input type="checkbox"/> New Patient Education    | <input type="checkbox"/> At Home Disconnect Patient |
| <input type="checkbox"/> Infusion Reaction          | <input type="checkbox"/> Shadow on Radiation Unit | <input type="checkbox"/> Take Home Pump Education   |
| <input type="checkbox"/> Transfer Patient to the ED | <input type="checkbox"/> Shadow Disease Group NP  | <input type="checkbox"/> Clinical Trial Patient     |

#### Snapshot of Experiences During Orientation

- |   |   |   |
|---|---|---|
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# EVALUATION PLAN: 1 year pilot

## **Evaluation (Quantitative and Qualitative) will be conducted on a rolling basis**

- Notes will be taken during on-unit informal talks with **Nurse Preceptors** and unit leadership at the completion of orientation regarding perceptions of the onboarding process
  - The summary of these encounters will provide themes to guide survey questions
- Surveys will be conducted on a rolling basis as orientations are completed
  - Survey questions will be developed from themes identified in the Needs Assessment
  - Will include one open ended question to elicit anything that may have been neglected

# RESULTS

- **Current Status (May 2021)**
  - The next new hire(s) will participate in this new orientation structure
  - Surveys to be collected at the conclusion
- **Limitations**
  - Needs assessment surveyed all staff and answers were not separated by whether the nurse was a preceptor or not
    - Assumptions were made that staff who did not precept answered “Not Applicable” for preceptor experience questions
  - Small survey size of N = 36 Nurses, n = 22 of those who act as Nurse Preceptors
- **Recommendations**
  - Assess a need for further adjustments to the process and/or content quarterly (formative & summative)

## ACKNOWLEDGEMENTS

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