Instituting a Preceptor Program in Home Health

Abbi Arnold
aarnold3@usfca.edu

Follow this and additional works at: https://repository.usfca.edu/capstone

Recommended Citation
Arnold, Abbi, "Instituting a Preceptor Program in Home Health" (2022). Master's Projects and Capstones. 1391.
https://repository.usfca.edu/capstone/1391
Instituting a Preceptor Program in Home Health

Abbi Arnold

School of Nursing and Health Professionals, University of San Francisco

Nurs 660- K9 Practicum: Quality Improvement and Outcomes Management

Dave Ainsworth, MSN, RN, CNL

July 24, 2022
Section I: Abstract

**Problem:** Staff being unfamiliar with the role of being a preceptor impacts their ability to perform the job well. Insufficient understanding of a new role creates stress and uncertainty which can lead to poor employee retention or high job dissatisfaction.

**Context:** The setting for this project is a large hospital-based home health agency that has an average daily census of 375 patients. The project was a collaboration between home health management and the quality department.

**Measures:** A measurement strategy was developed to meet the outcome measure, process measure, and balancing measure. The outcome measure was increasing the nurses’ understanding of the roles and responsibilities of being a preceptor. The process measures were the percentage of clinicians that attend the workshop and the preceptor training. The balancing measure was to receive negative feedback from staff that the training was not helpful. This was measured by feedback elicited from the surveys.

**Results:** Prior to this project, there was not a formal program that outlined the requirements and expectations of being a preceptor. The post survey results showed an improvement from 7.6 to 8.5 on a 10-point scale. The post-survey results showed improvement in the knowledge of the roles and responsibilities of being a preceptor.

**Conclusion:** The nurse preceptor role lacked clear definition and required additional training on their responsibilities. Preceptors who are not adequately trained can lead to negative consequences, including high levels of employee turnover and compliance failures. This project demonstrated the need for a comprehensive and structured training program and additional monitoring of the affect preceptor education has on staff. Improving the preceptor education
program has the potential to have a significant downstream impact on employee satisfaction, performance, and ultimately improve patient care.
Section II: Introduction

The orientation of new staff presents a risk to this large hospital-based home health department as personnel not unfamiliar with regulations, standards, and other requirements assume responsibilities with real-world consequences. There are four supervisors in home health who have all been in their positions less than two years. Inexperience at the supervisor, manager, or leadership level can lead to misunderstandings about regulations, requirements, and responsibilities as new employees are brought on to the team and trained. A lack of experience combined with a deficient training program at the leadership level can lead to teamwide “gaps” such as who is responsible for confirming that the orientee’s binder gets completed and who is responsible for turning it in to the human resources department.

The new employee orientation binder is supposed to be maintained by supervisors. The completion of the orientee binder may not present itself as a high-level priority but it is a critical part of the training program. The binder includes hands on competencies, modules, and tests that serve as a basis for a new employee to understand and perform their job function that meets regulation and company standards. Without ensuring that these items are completed for new employees the organization assumes a high degree of risk for error and being out of compliance with state regulations.

To reduce the potential for error, the quality department collaborated with the home health supervisors to create a checklist to ensure the binder is completed as an employee onboards. The checklist includes each step for every task that needs to be completed for successful orientation into the agency. The checklist has been integrated into the supervisor’s operating standards and is now broadly visible and a central part of their job function.
The quality department also identified that the preceptor program presents as another opportunity for improvement. A preceptor is someone who is experienced in their role as a clinician, documents well, and has a desire to teach new clinicians. Currently there is a required module before becoming a preceptor, but the module is limited in scope to learning how to effectively teach to adults and is limited in scope to hospital-based care. The training module does not provide the reader with a clear definition of the preceptor role and fails to provide a detailed account of responsibilities and job processes, nor does the module set reasonable expectations for success. According to Mitchell, et al., (2018) a key component of a successful preceptor program is understanding expectations of the position by recognizing the deficiencies in preceptor training and the preceptor module we can begin to understand what changes need to be made to find system-wide improvement.

**Problem Description**

High employee turnover presents a significant risk to patient care. For example, a large hospital-based home health agency’s nursing department has seen a high number of nurses depart within the last year. In 2021 the nursing department has seen eight nurses, which is 34% of the work force, transfer from the agency. In contrast, the rehab department has had three clinicians, which is 12%, either leave or transfer. As organizations sustain high rates of turnover gaps in knowledge and experience transfer will grow and present significant risk to the quality of care an organization can provide. This risk is left unmitigated by a training program that does not provide a comprehensive overview of roles or responsibilities as employees are transitioning into their new position. The risk will directly impact patient care, patient satisfaction, and lead to poor patient outcomes. The studies examined and discussed below demonstrate that not only is a
strong training program morally and ethically correct it also supports the business needs of a care facility.

Nursing preceptors may not be fully aware that their role is critical to ensuring that a new nurse is properly trained. This is because they do not have clear visibility into the roles and responsibilities of being a preceptor. In comparison, rehabilitation preceptors have found a higher degree of success with orienting new staff and employee retention because their onboarding process is comprehensive and well organized.

Erdil & Erbiyik, 2019 says that benchmarking is used to establish a starting point. It is important to know where an agency is starting when attempting to enact change to know if there has been improvement. The Physical Therapists surveyed for this study rated their understanding of the roles and responsibilities of being a rehabilitation preceptor at an average of 8.6 on a 10-point Likert-scale. Nurses rated their knowledge of the nurse preceptor role at a 7.6 on a 10-point Likert-scale. The difference is an indicator that there is a difference in how new employees are being trained and equipped with the right tools to be successful. Additionally, the quality department performs audits of new staff start of care documentation and nursing scores are generally in the 80% range compared to rehabilitation which is generally in the mid 90% range. Again, this data shows that new staff are struggling to meet their job function expectations as demonstrated by an inability to complete the start of care documentation correctly at a high rate.

A successful preceptor program is crucial to having staff who are knowledgeable and prepared for their new position as a home health clinician. One of the areas of concern for this writer is that there are not clear expectations of what a preceptor does and by providing a clear definition of their role and responsibilities, would significantly help the process of onboarding new employees who are more comfortable in their position. By having a successful preceptor
program there is an opportunity for staff to report feeling more confident and knowledgeable about the role of preceptor.

**Available Knowledge**

**PICOT Question**

PICOT stands for (P)opulation, (I)ntervention, (C)omparison, (O)utcome, and (T)ime. This writer created a PICOT question to support the literature search for available knowledge. For the project, will instituting a preceptor program (I) for nurses in a home health department (P) increase understanding of the preceptor role and responsibilities (O) compared to current practice (C), by June 30, 2022 (T)?

**Literature Review**

A literature search was done using CINAHL, PubMed, and a hospital-based Clinical Library to find evidence to support instituting a structured preceptor program. The search terms used were “preceptor,” “nurse,” “home health,” and “outcomes.” The search was further refined by including only peer reviewed articles. Using these search terms produced a list of fifty articles. From that set, five articles were selected based on relevance to home health and implementing a structured preceptor program. An appraisal was done of the five articles using the Johns Hopkins Nursing Evidence-Based Practice Appraisal tools (Dang & Dearholt, 2017) (See appendix A) that showed design and quality.

According to O’Neil, (2008) there are three main recommendations for developing a preceptor program. The first recommendation is to select preceptors who volunteer and express desire to be a preceptor. O’Neil, (2008) states that one of the main errors that is made with preceptors is using people who aren’t interested in the role of precepting. The second recommendation is that the preceptors need to feel supported in their role by their managers.
Managers need to recognize the time commitment that is required with each new employee. Managers should review documentation before meeting with the preceptor, educator, and orientee to discuss how things are going such as opportunities for improvement and things that need to be reviewed by the preceptor with the orientee and address any concerns. The third recommendation is developing a preceptor program that introduces different adult learning styles, speaks to an array of personality types, and provides a common set of information and tools so that all preceptors are reviewing the same information with the same expectations. According to Johns Hopkins Evidenced-based Practice Appraisal tool, this article was rated as a Level IIIA.

Pennington & Driscoll, (2019) conducted a study with 154 nurses that completed the new orientation program and ninety-one nurses that participated in the mentorship program over a four-year period at a large home health agency in the Midwest. They hoped to show that a standardized orientation process along with a mentorship program would improve nursing turnover rates and sustain through organizational changes. The study found the standardized process showed overall improvement in equipping nurses to be successful and reducing turnover rate, but the improvement did not last through reorganizations. The study recommended that agencies focus on maintaining transparency and open communications with staff during organizational changes which can often be stymied as roles and responsibilities are transitioning. According to Johns Hopkins Evidenced-based Practice Appraisal tool, this article was rated as a Level VA.

Bott, Mohide, & Lawlor, (2011) conducted a search using the terms Model of Clinical Teaching and One Minute Preceptor with the goal of how best to implement a program for undergraduate preceptors. The authors recommended that the preceptors use a train, review,
practice approach with precepting. This type of approach, which relies on iteration and practical application, is similar to how nurses train patients and may make this an easier strategy to implement due to familiarity. According to Johns Hopkins Evidenced-based Practice Appraisal tool, this article was rated as a Level IIIA.

Bodine, (2021) reviewed the return on investment of a preceptor program and outlined the argument of why a program is needed. The author recommends instituting a preceptor program because they found that the return on investment would be an astounding 543.54% if it reduced turnover by just 1% (Bodine, 2021). The return on investment was calculated by taking the total benefit minus the total cost divided by the total cost times one hundred. Bodine, 2021 states that nurses are more likely to stay in an organization where support is provided to develop and maintain competent health care professionals and high-quality patient care is being delivered. According to Johns Hopkins Evidenced-based Practice Appraisal tool, this article was rated as a Level VA.

Kennedy, (2019) conducted a descriptive study of eighty-eight nurses where some nurses had formal preceptor training, and some did not. They were given a questionnaire to determine their comfort and knowledge about being a preceptor and what this requires. The questionnaire showed that preceptors who had formal training reported feeling more prepared for being a preceptor and faced fewer challenges (Kennedy, 2019). This study also showed that both groups felt a lack of support from management in their roles and that this created a feeling of dissatisfaction with the role (Kennedy, 2019). According to Johns Hopkins Evidenced-based Practice Appraisal tool, this article was rated as a Level IIIA.

These articles showed the importance of having a structured program for a successful orientation process and guided this writer toward what is important to cover in implementation of
a successful preceptor program. There were reports of decreased turnover rates, increased job satisfaction, and increased comfort with the role of being a preceptor. There was also an indication that the support of leadership was important to having a successful preceptor program. This writer will use these findings to advocate to leadership why implementing a structured program is important. Many of the articles were about departments other than home health, including some about nursing students, but the observations can be easily translated to a home health department.

Rationale

Role Theory is the nursing conceptual framework used to guide this project. Nurses transitioning into new roles report feeling incompetent, stressed, and overwhelmed (Murray, 1998). Educators can help alleviate this by preparing the nurse for what is expected in their new role with a thorough orientation process (Murray, 1998). Precepting is a new role for many nurses and any rollout needs to have defined expectations to reduce anxiety and remove the feeling of incompetence or inadequacy. According to Murray, home health presents new challenges even if the nurse is experienced in the hospital setting. Home Health requires a clinician to be able to function more independently than in the hospital setting. This means that it is even more important to have preceptors who are proficient in their role, so that they can help orientees to “learn the ropes” (Murray, 1998). This information will be added to the preceptor education to give them the “why” to doing a more formal preceptor education. Role theory also will be used to explain rationale for wanting to add a learning type model to the preceptor education to leadership. If information is taught to orientees in a manner outside of their learning style it could lead to confusion or misunderstanding.
Specific Aim

The specific aim of this project is to increase the home health nursing preceptor understanding of the roles and responsibilities of being a preceptor through use of preceptor training education, from a baseline average of 7.6 on a 10-point Likert-scale before the training to 8.5 after the training.

Section III: Methods

Context

A large hospital-based home health care agency provides skilled care in the home of homebound patients. The CMS definition of “homebound” is leaving home requires the assistance of another person (Medicare Learning Network, 2021). This includes care types such as physical therapy needs, wound care, intravenous medication, teaching.

A microsystem assessment was completed in January 2022. Based on the assessment the following observations were identified. Patients that regularly receive treatment from the home health department are those with chronic obstructive pulmonary disease, congestive heart failure, diabetes, and patients that require wound care. Physical therapy treats patients that have had joint replacements, strokes, and a variety of other rehabilitation needs. There is an average daily census of 375 patients internally and the average number of visits until discharge is 14.5.

The professionals that work at the agency are 23 nurses, 24 physical therapists, 6 intake nurses, 4 occupational therapists, 2 speech therapists, 5 medical social workers (MSW), 2 registered dieticians, 4 home health aides, 3 quality coordinators, 1 quality specialist, 6 administrative assistants, 2 nursing supervisors, 2 rehab supervisors, 1 weekend supervisor, 1 intake supervisor, 1 site director, 1 service director, 1 administrative supervisor, and a quality director.
There are many standards and processes that organize and guide the home health department. For example, a referral comes in through a work queue where the intake nurses check that all requirements are met, they call the patient to screen them and inform them that a nurse or therapist will be calling to schedule an appointment. The referral then goes to the scheduler to put on the appropriate clinician’s calendar. The clinician calls the patient to be seen then, based on the assessment, a visit frequency and plan of care are established and sent to the appropriate physician. If the patient has more than one discipline on the referral those are scheduled within five days of the start of care unless the patient requests a different time frame.

A start of care clinician can also determine if other disciplines are needed and ask the physician for orders then that discipline is scheduled. Due to Covid-19 the registered dieticians and MSWs are performing phone visits to the extent possible. The patient is discharged after all goals are met, if the patient declines further visits, or the patient is no longer home bound. In some instances, after a patient has met rehab goals, they are referred to outpatient rehab for further care. Supervisors are there to support the staff with administrative staff answering phone calls and monitoring many work queues that help the flow of documentation needed for billing.

The quality department audits patients records for compliance with regulations and assures quality care. To help achieve this goal, the department hosts a meeting every other month called “Quality Assurance and Performance Improvement” (QAPI) where performance improvement projects and trends in documentation are discussed. The department is also responsible for monitoring “Metrics That Matter” like patient satisfaction scores, outcome and assessment information set (OASIS) metrics, and other required regulatory metrics. The OASIS metrics that are reviewed are: improvement in ambulation, transferring, and bathing. Performance in these areas is measured by CMS and are publicly reported.
Unit culture was assessed using the Institute for Healthcare Improvement (IHI, n.d.) culture assessment tool and showed that this organization and department have a culture of safety, communication, and disclosure. There are policies in place for root cause analysis and implementing a corrective action plan when necessary. The organization has a thorough training program, including just in time trainings. Another critical component of having a successful unit culture is ensuring that patients and families are involved in the development and implementation of their plan of care.

An analysis of the department’s strengths, weaknesses, opportunities, and threats (SWOT) was conducted and shown in Appendix B. Department strengths are a fully staffed quality department to aid in the education and onboarding of new staff and there is a core group of experienced clinicians, the quality department is available to assist in the orientation of new staff, and the quality department can provide a preceptor training program and assist in demonstrating how to complete competencies for new and current staff.

A key department weakness is the recent turnover in the home health management team. Clinical supervisors have less than two years’ experience and were hired from their positions as front-line clinicians with minimal recognition of the full scope of preceptor responsibilities. Lack of experience and confidence in their own roles can lead to a defensive stance when opportunities for improvement are brought forward from the quality department chart audits. The home health service director and site director are also new to their roles, so the front staff are still getting used to the changes and learning to trust them. To help supervisors and leadership become more proficient in their roles the quality department must continue to identify opportunities for training and education.
An opportunity to improve the department is helping staff become more experienced with OASIS and earning their certification. OASIS is a set of assessment questions that must be answered for CMS. These questions can be confusing and are not always well understood by clinicians new to home health. Having staff that are certified would help to provide education to new staff which should improve overall metrics. Increasing the number of pediatric nurses would be beneficial because having a limited number of pediatric nurses limits the number of pediatric cases that can be taken. This causes the department to divert out most of the referrals for pediatrics. Home health has lost two staff to retirement in the last couple of years, so there is only one pediatric nurse at this time.

Threats to the department include the current pandemic and funding for performance improvement projects. Due to uncertainty from the pandemic funding for new positions may be hard to acquire, and the amount of funds for performance improvement projects has been more restrictive.

The current knowledge of what it takes to be a nursing preceptor in the home health department is lacking according to the survey results. The first step to improving their knowledge and comfort with the duties of being a preceptor is to provide a preceptor education program. The cost for each learning type quiz is $49.95 with a total of six nurses taking the quiz is a total of $299.70. The cost of a workshop to teach the preceptors about their learning type model and how to recognize other learning types is $1,500 for a total of $1,799.70. The preceptor training provided by the quality department will be four hours plus a two-hour workshop about the learning types is a total of 36 hours of in-service training for six nurses which is approximately $2,876. The total cost of replacing one nurse is approximately $49,500 dollar (Potts, et al., 2020). The average cost of a patient being readmitted to the hospital within 30 days
is $15,200 (Weiss & Jiang, 2018). If the preceptor training program prevents one nurse from leaving or one rehospitalization, then the benefit of the training far exceeds the cost based on the return-on-investment methodology discussed earlier (See appendix C).

Communication with the key stakeholders and staff was an important piece of this project. This writer has had several meetings with the supervisors, site director, and service director to ensure that everyone has an opportunity to contribute what they want to be covered in the education of the preceptors. This writer has also reached out to the preceptors to gather feedback on what they would like to learn or have difficulty within their role currently. The feedback that has been given has been an integrated into the plan for the preceptor education.

**Interventions**

Preceptors that have been identified by their supervisor and have already taken the preceptor training course in Health Stream were selected to take the preceptor training. They have at least one year of home health experience and are quality documenters. The preceptor course included the roles and responsibilities of being a preceptor. A binder was created to give to each preceptor with materials that are important to go over including smart phrases, instructions on ordering supplies, durable medical equipment (DME), and several other resources. Another item included in the binder was a checklist of items that need to be gone over with each orientee. This was put into each new orientees orientation binder for the preceptor to complete. The binder as well as the checklist was reviewed during the course to establish expectations. A pre-survey was sent out to evaluate the preceptors’ comfort level with the roles and responsibilities of being a preceptor and a post-survey examined if they felt more comfortable with the roles and responsibilities of being a preceptor after the course.
Study of Interventions

The global aim of this project is to decrease the turnover rate among nurses at the agency (See Appendix D). This writer believes that in order to decrease the number of nurses leaving the agency a formal preceptor training is needed to improve the overall orientation of new staff. The population measured was the home health nurses and rehabilitation staff. A pre-course survey was sent out to obtain current level of understanding of the roles and responsibilities of being a preceptor and a post-course survey to measure if there was improvement in their understanding. The plan, do, study, act method was used to refine the interventions.

The first intervention was to meet with the supervisors to get a list of the current preceptors. This list was used to send out an email to assess what the current preceptors feel are areas that they would like to improve or get more information about. A follow up meeting was held with the supervisors to discuss these findings and find out what the supervisors wanted to be covered in the preceptor program. These two lists were combined to make a first draft of the checklist for what the preceptors should cover with orientees. Another meeting was held to finalize the checklist and it was approved by the supervisors and quality team. The checklist was then given to the preceptors for use with new orientees. (Appendix E).

The next intervention was to send a survey out to all the identified preceptors to measure their current comfort level with being a preceptor. First, a draft of questions was sent to the quality department to check if the questions made sense and were easy to understand. This writer then edited the questions based on feedback from the quality department and it was approved. The survey was then sent to the preceptors and replies received.

The next intervention was to create the PowerPoint presentation that explained the goal of the program, review expectations, and reviewed the learning types (See Appendix F). The
PowerPoint was sent to the quality coordinators to elicit feedback and after a conversation decided to edit down the presentation to spend more time going over resources. The updated presentation was then sent to the quality director where minor corrections were applied, and it received approval.

From the conversation with the quality coordinators, it was decided to create a resource binder for the preceptors. The binder included: a finalized checklist, smart phrases, instructions on how to order supplies, how to order DME, how to make a report to adult protective services, and many other resources were all added to the binder. The quality specialist assisted in creating the binders. The binders were reviewed with the quality director, and it was decided to add a couple of items like the orientation checklist that was created with the managers that shows all the steps of the orientation process to help show who is responsible for different tasks along the orientation process. Another item that was added was peer review audit forms. These can be used to help the preceptor as well as the orientee with documentation requirements. The binders were given to the preceptors.

One of the interventions was going to be the True Colors quiz and workshop. This was reviewed with the service director to approve the financial cost, and it was decided that this was not within the budget at this time. This will be reviewed in the future if it is determined that if the benefit/cost ratio is high enough to include within the set budget.

The next intervention was to offer the preceptor course, send out the post-survey to obtain feedback about the course and if the preceptors’ comfort with the roles and responsibilities has improved.
Measures

The outcome measure was the nurses’ understanding of the roles and responsibilities of being a preceptor. This was measured by a survey given prior to the preceptor training and a survey given after they attended the training. The survey was be provided using a link to Microsoft Forms to their email and a Cortext prior the course. The post-survey link was sent out at the end of the training. The two surveys were anonymous and near identical using a Likert scale for ease of use. The goal was to increase from 7.6 on 10-point Likert-scale to 8.5 (See Appendix G).

The process measure was the percentage of clinicians that attended the preceptor training. This measure was done by collecting a sign-in sheet and comparing it to the list of preceptors that were supposed to attend. The goal was 95% attendance to the training.

The balancing measure was to measure if training did not resonate with staff. A question was included in the post-training survey to determine what the staff would change about the presentation.

Ethical Considerations

This project has been approved as a quality improvement (QI) project by faculty using QI review guidelines and does not require Institution Review Board approval. See Appendix H for the statement of determination checklist. There are no known conflicts of interest with this project.

This project aligned with Jesuit values (USF, 2018) and American Nurses Association (ANA) Code of Ethics (Fowler, 2015). Both organizations value treating the whole person. The Jesuit value for caring for the whole person and having respect for their autonomy is called cura personalis (USF, 2018). According to the ANA Code of Ethics a nurse a responsibility to oneself
and to others (Fowler, 2015). This means that not only is yourself up to date with current practice, but to also help educate others. The preceptor education reviews that a new role can be overwhelming even when it is a familiar role just in a different place and the orientee should be shown patience and respect. The orientee should be given time to learn and become comfortable in their new role. This project intention is to teach the preceptors that one of their critical functions is to be mentor and teacher.

**Section IV: Results**

There were difficulties getting one of the nursing supervisors to allow their preceptors to have the time to take the precepting course due to the impending Joint Commission (TJC) survey. The number of nursing preceptors being used was also decreased which caused a limited sample size. It was decided to include rehabilitation staff in the preceptor class along with nursing to increase the sample size. There were 5 rehabilitation staff, consisting of 1 occupational therapist, 3, physical therapists, and 1 speech therapist, surveyed prior to the course with a rating of 8.8 comfort level with being a preceptor. There were 3 physical therapists, 1 occupational therapist, and 1 speech therapist in the preceptor class along with 2 registered nurses.

Following the preceptor class participants were asked in an anonymous survey, “after taking the preceptor course do you feel like you understand the roles and responsibilities of being a preceptor better? 1 being no change and 10 being understanding well.” The two nurses rated their understanding after the preceptor class at an 8.5 and the rehab staff rated their understating at an 8.8 (See Appendix I). Nursing and rehab together increased from a 7.9 to 8.7 which shows a positive trend after the course.
It was expected for the course to impact clinicians’ understanding of the roles and responsibilities of being a preceptor. The feedback received after the course was favorable. This writer received many verbal comments that they wished that they had the course sooner. A question was posed in the survey asking for constructive feedback. There were no recommendations for improvement. The plan is to hold a preceptor training with the nurses who were unable to attend at a later date.

**Summary**

Due to scheduling challenges and other high-priority work, the pilot program included a lower number of nurses than initially intended. To increase the sample size, we included other stakeholders with the benefit of diverse perspective and input. The input we received from participants demonstrated an increase in the understanding of the roles and responsibilities and how preceptor training is a foundational step in building a functional team with high competency. The next steps would be to monitor how our compliance with charting is affected by the implementation of the preceptor program and then reevaluate the training. If we find a positive improvement, we envision additional training with the preceptors who were unable to attend the first session.

A key lesson learned throughout this process is the importance of organization, planning, and project management, which helps provide the supervisors enough time to plan and prioritize deadlines and accommodate trainings and informative sessions. With reasonable notice and clear communication, you can reduce the amount of stress being exerted on staff or supervisors and to help avoid a feeling of being overwhelmed.

Another key lesson is that early feedback and buy-in from leadership is important to the success of a project and helps staff or supervisors prioritize appropriately. The overall success of
the program is due to the clinicians’ willingness to learn and be engaged in the class and that comes with early communication and expectations of purpose and objectives. There were a lot of best practices shared between preceptors and good questions asked to get better understanding of the role of being a preceptor.

**Section V: Conclusion**

Feedback on the initial preceptor training was positive and demonstrates an interest in building a strong process for educating preceptors and onboarding new employees. However, the preceptor training needs further evaluation to fully understand its impact on preceptors’ comfort with their role as educators. Further, additional monitoring of the impact preceptor education has on staff retention as well as compliance with charting is important and could be a convincing metric on the program’s effectiveness.

This writer believes that even with the challenges in front of it, improving the preceptor education program has the potential to have a significant downstream impact on employee satisfaction, performance, and ultimately improve patient care. The sustainability depends on new and qualified staff volunteering to be preceptors ongoing and leadership’s willingness to formally role out changes to the preceptor training program. If this effort is found to result in positive change within the home health agency there is potential for this project to be introduced to other agencies within the organization. The fundamentals of this effort center on clear definition, communication, and organization which translates universally.

This writer also believes that the impact of this project on practice could be far reaching. Preceptors play a crucial role in new staff understanding documentation, policies, procedures, and the overall processes within the department. There is potential that improving onboarding of
new staff via better precepting could improve the agency’s overall documentation and compliance.
References


https://10.1097/NND.0000000000000736


https://10.1016/j.profnurs.2010.09.009


University of San Francisco. (2018). *Our values*. Retrieved from Our Values - About USF | University of San Francisco (usfca.edu)

Appendix A. Evaluation Table

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Sample</th>
<th>Outcome/Feasibility</th>
<th>Evidence rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>O'Neil, K. (2008). Preceptorship in home care. <em>Home Healthcare Nurse</em>, 26(9), 525-532. <a href="https://10.1097/01.NHH.0000338511.92946.ac">https://10.1097/01.NHH.0000338511.92946.ac</a></td>
<td>Qualitative Study</td>
<td>15 managers and 40 field staff</td>
<td>This study showed that there are 3 main recommendations to have a successful preceptor program a method for selecting appropriate preceptors, a supportive environment, and investment in skill development for preceptors. Useful ideas for developing preceptor program.</td>
<td>Level 3 A</td>
</tr>
<tr>
<td>Pennington, G., &amp; Driscoll, A. (2019). Improving retention of home health nurses: Fostering outcome sustainability through an innovative orientation and mentorship program. <em>Home Healthcare Now</em>, 37(5), 256-264. <a href="https://10.1097/NHH.00000000000000782">https://10.1097/NHH.00000000000000782</a></td>
<td>Quality Improvement Project</td>
<td>154 nurses completed the new orientation program and 91 nurses participated in the mentorship program</td>
<td>This study was over 4 years at a large home health agency in the Midwest. They hoped to show that a standardized orientation process along with a mentorship would improve nursing turnover rates and sustain them despite</td>
<td>Level 5 A</td>
</tr>
</tbody>
</table>
organizational changes. They did show improvement, by were unable to sustain. Recommended that agencies maintain transparency with staff even during organizational changes.

Useful ideas for developing preceptor program.

| Bott, G., Mohide, E. A., & Lawlor, Y. (2011). A clinical teaching technique for nurse preceptors: The five minute preceptor. *Journal of Professional Nursing*, 27(1), 35-42. [https://10.1016/j.profnurs.2010.09.009](https://10.1016/j.profnurs.2010.09.009) | Systematic Review of a combination of studies | none | The authors conducted a search using the terms *Model of Clinical Teaching and One Minute Preceptor*. The goal was looking for how best to implement a program for undergraduate preceptors. Useful because the information they found could help develop a home health preceptor program. | Level 3 A |

| Bodine, J. (2021). Determining the financial impact of a preceptor development program. *Journal for Nurses in Professional Development*, 37(3), 171- | Literature Review | None | The author reviewed the return on investment of a preceptor | Level 5 A |

Qualitative Study 88 nurses

Explores the perceptions of the preceptors about the preceptor program and effectiveness.

Useful ideas for developing preceptor program.

Level 3 A
Appendix B. SWOT Analysis

- **Strengths**
  - Fully staffed quality department, Experienced clinicians

- **Weaknesses**
  - Inexperienced management team

- ** Threats**
  - Global pandemic, funding for performance improvement projects

- **Opportunities**
  - Hire more OASIS certified staff, Hire more nurses with pediatric experience
Appendix C. Costs/Benefit

<table>
<thead>
<tr>
<th>Costs</th>
<th>First Year Costs</th>
<th>Second Year Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor course</td>
<td>$ 2,876</td>
<td>$0</td>
</tr>
<tr>
<td>Binders</td>
<td>$ 46.13</td>
<td>Depends on if new preceptors $6.59/binder</td>
</tr>
<tr>
<td>Dividers</td>
<td>$ 94.43</td>
<td>Depends on if new preceptors $ 13.49/ pack of dividers</td>
</tr>
<tr>
<td>Total</td>
<td>$ 3,016.56</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits (Costs Savings)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of replacing a nurse</td>
<td>$ 49,500</td>
</tr>
<tr>
<td>Cost of patient being readmitted within 30 days</td>
<td>$15,200</td>
</tr>
<tr>
<td>Total</td>
<td>$ 64,700</td>
</tr>
</tbody>
</table>
Appendix D. Project Charter

**Project Charter**: In a Structured Preceptor Program for Home Health Nurses

**Global Aim**: To lower the turnover rate among registered nurses in a large hospital-based home health agency.

**Specific Aim**: By June 30, 2022, home health nurse understanding of the roles and responsibilities of being a preceptor will increase from an average of 7.6 before the training to 8.5 after the preceptor training

**Background**:
Nurses transitioning into new roles report feeling incompetent, stressed, and overwhelmed (Murray, 1998). Educators can help mitigate this by preparing the nurse for what is expected in their new role with a thorough orientation process (Murray, 1998). Precepting is a new role for many nurses and any rollout needs to have defined expectation to mitigate anxiety and the feeling of incompetence. According to Murray home health presents new challenges even if the nurse is experienced in the hospital setting. Home health requires a clinician to be able to function more independently than in the hospital setting. This means that it is even more important to have preceptors who are well educated in their role, so that they can help orientees to “learn the ropes” (Murray, 1998).

**Sponsors**

<table>
<thead>
<tr>
<th>Service Director N.H.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Director T.B.</td>
</tr>
<tr>
<td>Quality Director A.G.</td>
</tr>
</tbody>
</table>

**Goals**
To provide standardized preceptor program for home health nurses that consists of:

1. Identifying and accepting volunteer preceptors
2. Provide formal education to preceptor on roles, responsibilities, and teaching styles
3. Provide consistent preceptor pairings with orientees
4. Consistent debriefs between the preceptor, supervisor, and orientee

**Measures**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in the score in nurses’ understanding of the roles and responsibilities of being a preceptor</td>
<td>Survey</td>
<td>8.5</td>
</tr>
<tr>
<td>Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Identified preceptors that go through training</td>
<td>Attendance sheet for the preceptor program training</td>
<td>95%</td>
</tr>
<tr>
<td>% Identified preceptors that complete True Colors learning style questionnaire</td>
<td>Report from True Colors</td>
<td>95%</td>
</tr>
</tbody>
</table>
### Balancing

| The training does not resonate with staff | Survey | Receive negative feedback that the training was not helpful |

### Team

<table>
<thead>
<tr>
<th>Quality Director A.G.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Coordinator KB</td>
</tr>
<tr>
<td>Quality Coordinator AB</td>
</tr>
</tbody>
</table>

### References


### Measurement Strategy

**Background (Global Aim)** To increase the understanding of the roles and responsibilities among home health nurses with being a preceptor in a large hospital-based home health agency.

**Population Criteria**: Home health nurse preceptors

**Data Collection Method**: Data will be obtained via surveys provided before the preceptor training and after the training. The number of preceptors who take the True Colors learning style questionnaire and attend the preceptor training will be obtained via report from True Colors and attendance sheets. Baseline retention data will be obtained for Q1 of 2022 then measured quarterly after that.

### Data Definitions

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses’ understanding of the roles and responsibilities of being a preceptor</td>
<td>This is measured from a survey given to the preceptors before the education is provided and will be obtained after the education.</td>
</tr>
<tr>
<td>BS&amp; F Reports</td>
<td>Financial and budgeting report provided on units and facilities</td>
</tr>
</tbody>
</table>

### Measure Description

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Definition</th>
<th>Data Collection source</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in the score in nurses’ understanding of the roles and responsibilities of being a preceptor</td>
<td>Rank provided by the clinician on a 10 point scale</td>
<td>Survey</td>
<td>8.5</td>
</tr>
<tr>
<td>% identified preceptors that go through training</td>
<td>N= # preceptors that go through training</td>
<td>Attendance Sheet</td>
<td>95%</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------------</td>
<td>------------------</td>
<td>-----</td>
</tr>
<tr>
<td>% identified preceptors that complete True Colors learning</td>
<td>N= # preceptors that take the True Colors learning style questionnaire</td>
<td>Report obtained from True Colors</td>
<td>95%</td>
</tr>
</tbody>
</table>

**Driver Diagram**

**Changes to test:**
- Gather preceptors that have been identified by supervisors
- Provide 4-hour training to preceptors
- Provide True Color learning type quiz
- Provide workshop from True Colors
As the Clinical Nurse Leader (CNL), this writer will utilize these competencies in the implementation of this project.

1. **Communication** - Building rapport and trust within the team of preceptors and supervisors is a key component of implementing this project. This writer will also need to help teach the preceptors to build trusting relationships with orientees.

2. **Quality Improvement and Safety** - Utilizing reports and data to discover areas for improvement is a key part of being a CNL. It is important to recognize if a process is helping towards the improvement and to admit if something is not working. As a part of this project this writer will make changes based on if new changes are working or not.

**Interprofessional Collaboration** - As a CNL, this writer will work to facilitate collaborative relationships between precepts, supervisors, and orientees. Often orientees are looked as a bother and as the CNL this writer will help staff to realize that orienting new staff is a big part of nursing. New staff are often overwhelmed with information and need someone to guide them.
## Appendix E. Preceptor Checklist

<table>
<thead>
<tr>
<th>Description</th>
<th>Tool</th>
<th>Facilitator</th>
<th>Date completed &amp; Preceptor Initials</th>
<th>Teach Back</th>
<th>Follow up needed on / Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering supplies from Cardinal Home Health solutions, online and by phone</td>
<td></td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewing care plan and other orders (Oxygen, IV, Foley Cath, etc.)</td>
<td>RC</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled care interventions required each visit/Response to care and education.</td>
<td></td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review materials in SharePoint (guides, workflows, resources)</td>
<td>SharePoint</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>eRRF</td>
<td></td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to contact physicians: case communication vs staff message vs Cortext vs telephone encounter vs phone (SBAR)</td>
<td></td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOMNC- KPSA and Unassigned Medicare</td>
<td></td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smart Phrases/ Smart Texts applying them to documentation</td>
<td></td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Tool</td>
<td>Facilitator</td>
<td>Date completed &amp; Preceptor Initials</td>
<td>Teach back</td>
<td>Follow up needed on / Comments:</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>------------</td>
<td>-------------</td>
<td>-------------------------------------</td>
<td>-------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Review documentation of IV’s, Wounds, PT/INR, Oxygen</td>
<td>RC Guides</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound Vac Supplies and after hour contact number</td>
<td></td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC Book/Packet Review/Use of My Medication Matter</td>
<td>SOC Book</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language Line and Documentation</td>
<td></td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consents; ALF/B&amp;C; Notice of financial responsibility, verbal consents</td>
<td></td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit schedule/Patient Calendar</td>
<td></td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD Order Task v. Care Plan</td>
<td>RC User Guide</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HHA care plan creation, HHA supervisory visit expectations/MD notification of Missed Visits</td>
<td></td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>TJC Prep Guide</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------</td>
<td>-----------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All staff meetings, team meetings, case conferences, MDT, is it on their calendar?</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time Management</th>
<th>Preceptor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Tool</th>
<th>Facilitator</th>
<th>Date completed &amp; Preceptor Initials</th>
<th>Teach Back</th>
<th>Follow up needed on / Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality review</td>
<td>Quality staff</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calling the patient to schedule</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicating with case managers</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DME Ordering</td>
<td>Handout</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-clinical visits/drive-by’s</td>
<td>RC User Guide</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missed Visits</td>
<td>RC User Guide</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Responsible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Discipline referral/Wound Nurse/Hospice Nurse Liaison</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APS Referral</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay in SOC/ POSOC process/ Delay in secondary evals/MO notification</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduling process</td>
<td>Schedulers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timecard</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Determination Order, Where to find POLST info, Advanced Care Planning</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Grey Protocol</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haiku</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running SHP – how, when, what to do to resolve. Coding queries – how to manage and resolve</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Reconciliation Expectations/Documentation Requirements</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entering an addendum</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancelling an ordered discipline’s order/1155 orders</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing the care team in RC</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED Referrals</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LCP Referral</td>
<td>Preceptor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F. PowerPoint

1. How is precepting in HH different than precepting in the hospital?
2. What is Precepting
   - Role:
     - Role model
     - Socializer
     - Educator
   - Responsibilities:
     - Evaluating Preceptors
     - Identifying Skill levels
     - Navigating PMS
   - Expectations:
     - Example: Phs/Ms/AR/DR
     - Leadership, adherence
     - Report outcomes

3. What makes a good preceptor?
   - Writing
   - Analytical
   - Experience
   - Knowledgeable
   - Respectful and Respectful
   - Good Interpersonal Skills
   - Clinical knowledge
   - Teaching skills
   - Positive Feedback

4. The Precepting Timeline

5. Assessment
   - What is your perspective precepting experience?
   - What do you expect your clinical experience to accomplish?
   - What are your academic, clinical goals and expectations?

6. Assessing Skill level
   - From Novice to Expert – Patricia Senser
   - Expert – Proficient – Competent – Beginning – Novice
   - A tool for assessing clinical teaching and learning
   - Assessing and evaluating clinical teaching
   - Assessing and evaluating learning outcomes
   - Assessing and evaluating clinical performance
Customer Service is as Important as Quality

Every moment along the way creates an experience good or bad
Quality and service are intertwined
Exceptional service creates better clinical outcomes.

Service Values
- Safety
- Compassion
- Integrity
- Excellence
- Efficiency

Teaching how to Care for our team
- Integrity
  - Be courteous, even when it's difficult.
  - Working with others every day can involve difficulty, so it's important to set a good example.
  - Check your personal emotional competence. Some issues that others walk away feeling confident and happy
- Professionalism
  - What do you need to transcend difficult situations?
  - Managing pressure
  - Key points
  - Compassion
  - Patient safety
  - Leadership

Care for our Patients
- Healing is caring
- Do you need the patient where they are at? How do you encourage a patient when they are reluctant to discharge?
- Clear communication
- Joint goals
- Managing patient/family expectations

Teaching how to Care for Ourselves
- Self-Compassion. Mandalas moments when we are depleted
- You are the example and are:
  - Do you schedule a break?
  - When will you take a break?
  - When you're stressed do to do things that help you don't want to work.
  - Share these thoughts with your principles.
  - Do you know what you are overburdened and how do you mitigate it?

Care Experience
- Mission
- Goals
- Principles
- Responsibilities
- Service Values
Teaching case management
- Defer until competent in the field with documentation
- Share your experiences
- Communication/Collaboration – teach by example
- Do case management time with you

Developing a Supportive Environment
- Enlisting from the preceptor
- Clear request for time/CPE points
- Coordinate with schedule/preceptor
- Enlisting from the supervisor
- Regular follow-ups
- Supportive listening
- Appropriate expectations of new employees versus seasoned one

NEXT STEPS: MENTORING
What does “mentor” mean to you?

Mentor: an experience and trusted advisor
A mentor is a person or friend who guides a less experienced person by building trust and modelling positive behavior. An effective mentor understands that his or her role is to be supportive, engaging, authentic, and tuned into the needs of the mentee. The act of mentoring is a series of ongoing and life successes.
Appendix G. Surveys

Preceptor Program

Pre-Questionnaire

* Required

1. What is your discipline? *
   Enter your answer

2. Do you understand the roles and responsibilities of being a preceptor? *

   1  2  3  4  5  6  7  8  9  10
   ○  ○  ○  ○  ○  ○  ○  ○  ○  ○

3. How comfortable are you with teaching others? *

   1  2  3  4  5  6  7  8  9  10
   ○  ○  ○  ○  ○  ○  ○  ○  ○  ○

4. Do you have previous experience with a structured preceptor program? *

   ○ Yes
5. How many years or months of experience do you have being a preceptor? *

Enter your answer

Submit
Post-Preceptor Course Survey

Hi, Abbi. When you submit this form, the owner will see your name and email address.

* Required

1. What is your discipline *
   
   Enter your answer

2. After taking the preceptor course do you feel like you understand the roles and responsibilities of being a preceptor better? 1 being no change and 10 being understanding well. *
   
   1 2 3 4 5 6 7 8 9 10
   ○ ○ ○ ○ ○ ○ ○ ○ ○

3. After taking the preceptor course do you feel more comfortable are you with teaching others? 1 being no change and 10 being very comfortable. *
   
   1 2 3 4 5 6 7 8 9 10
   ○ ○ ○ ○ ○ ○ ○ ○ ○

4. What did you like about the presentation? *
5. What would you change or what could be done better? *

Enter your answer
Appendix H. Statement of Non-Research Determination Form

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim of the project is to improve the process or delivery of care with established/accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The specific aim is to improve performance on a specific service or program and is a part of usual care. ALL participants will receive standard of care.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does NOT follow a protocol that overrides clinical decision-making.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/or patients.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: “This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board.”</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

ANSWER KEY: If the answer to ALL of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. IRB review is not required. Keep a copy of this checklist in your files. If the answer to ANY of these questions is NO, you must submit for IRB approval.
*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print): Abbi Arnold

Signature of Student: Abbi Arnold________________DATE 4/7/2022____________

SUPERVISING FACULTY MEMBER NAME (Please print): _David Ainsworth_
Signature of Supervising Faculty Member _David AInsworth____DATE__4/10/22_
Appendix I. Survey Results

Knowledge of the Roles and Responsibilities of Being Preceptor

- Registered Nurse Pre-Survey
- Rehab Staff Pre-Survey
- Registered Nurse Post Survey
- Rehab Staff Post Survey