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setting, providing competency assessment, and addressing difficult learners or situations. A study by Harper et al. (2021) found that ongoing professional development is needed after two years of precepting. At this stage, preceptors feel a sense of mastery of the role but memory retention from the initial training has declined. After the two-year span from initial training, it is possible that the preceptor has built a memory bank of experiences which creates a new frame of reference and a different viewpoint of precepting. Therefore, to maintain preceptor proficiency, improve preceptor satisfaction, and decrease preceptor turnover, it is important to foster ongoing professional role development through refresher or next-level preceptor training programs.

Program Outcomes

Preceptor Program Evaluation

Preceptor program evaluation is necessary to determine the effectiveness of the program and to serve as a guide for continuous improvement. The evaluation plan can be linked to nurse satisfaction, retention, and organization-specific outcomes. Program evaluation may also be used to support the cost of the training. Preceptor programs can be evaluated in many ways. The Kirkpatrick Model is widely used and can easily be adapted for educational professional development programs (Martin, 2020). The Kirkpatrick Model and the newer adaptation, The New World Kirkpatrick Model, identifies four levels of outcome measurement. **Table 4.4** describes each of Kirkpatrick's evaluation levels and provides examples of evaluation methods.

Table 4.4 Kirkpatrick's Evaluation Model (Kirkpatrick, 2009)

Level	Evaluation Category	Evaluation Description	Examples of Methods
1	**Reaction**	Reaction evaluation is what participants ***think and feel*** about the education event.	Course evaluations
2	**Learning**	Learning evaluation is the measurement of the ***increase in knowledge*** and skills and changes in attitudes – ideally before and after the event.	Pre/post-tests, return demonstration, case study discussion, reflective learning
3	**Behavior**	Behavior evaluation is the extent of transfer of knowledge, skills, and attitudes from the educational event to the practice setting. Allow sufficient time for a ***change in behavior*** to occur.	Observation, demonstration, document review, rounding
4	**Results**	Results evaluation is the effect on ***outcomes resulting*** from participation in an education event and change in behavior in the practice setting.	Predetermined outcome measures

unconscious bias, or a bias that an individual may not be aware of. Implicit biases are formed from our own experiences and our environment. This may influence the way we treat others individually or as groups of people. It is important to be aware of one's implicit biases to reduce the influence of these biases over the treatment of others. Recognizing the potential impact that generational bias can have on how people perceive and interact with others is necessary. Some of these biases may be viewed as positive such as older generations are described to be hard-working and reliable while younger generations are viewed as open to change and tech savvy. However, there are also negative stereotypes associated with generational biases, such as older generations are resistant to change, and younger generations are seen as too attached to their technological devices.

Awareness of implicit bias is the first step in counteracting the potentially harmful effects. When one recognizes their own implicit biases, then they can strive to be more open-minded and accepting of other's perspectives. The goal is to create an environment that is inclusive and respectful for all individuals. Participants should be mindful of this when discussing their experiences with other generations and when identifying ways to adjust their teaching strategies to accommodate generational differences.

Activity #1:
Use the following scenario to allow the preceptors to describe how to modify their teaching strategies to adapt to the generation's learning style preference and incorporate the concepts of implicit bias.

Orienting Different Generations to the Electronic Health Record (EHR)

Instructions: Conduct a facilitated discussion with the preceptor using the same scenario but with a different generation of nurses.

Scenario: You are orienting a nurse to the electronic health record's in-basket workflows. What are effective teaching strategies?				
Generation:	**Baby Boomer**	**Generation X**	**Generation Y/ Millennial**	**Generation Z**
Strategies:	Encourage the nurse to attend EHR class-room training. Ask the nurse about their experiences with managing electronic messages and queues.	Assign a self-directed module on the EHR in-basket. Reinforce the importance of managing in-basket for workflow efficiency, patient satisfaction, and patient safety.	Train the nurse by providing elbow support and allowing the nurse to actively engage in the work. Share online resources for managing the in-basket. Show the nurse how to use the mobile devices for accessing and managing the in-basket.	Show the nurse the different ways to manage the in-basket and then let them choose what works best for their practice. Provide direct feedback during the training.

Figure 5.1

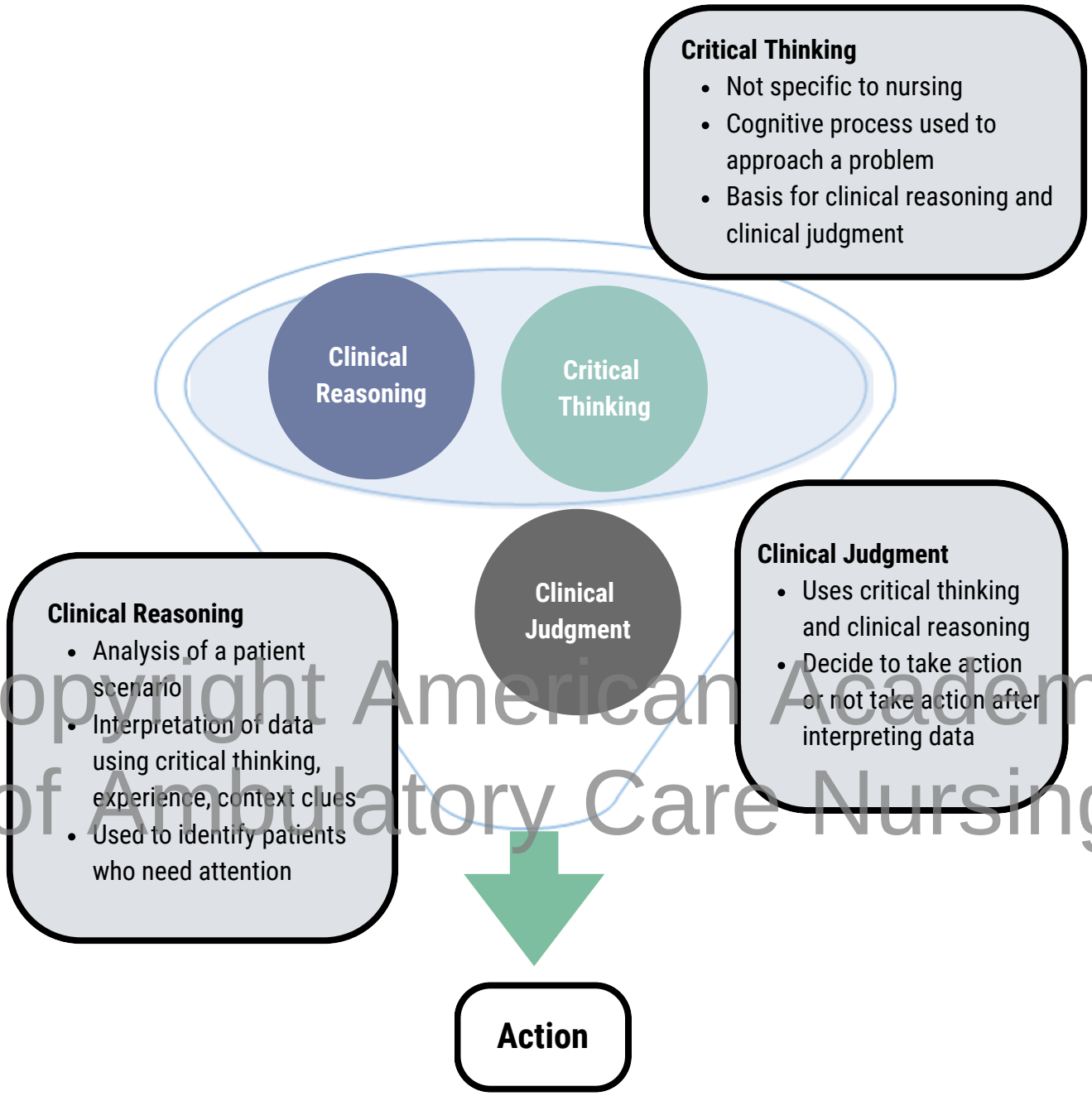

Figure 5.1 Adapted from Griffits, Hines, Moloney, and Ralph (2017) and Powers, Herron and Pagel (2019)

Tanner (2006) created a Model of Clinical Judgment, which included four elements of clinical judgment and observable attributes associated with each element. The four elements are noticing, interpreting, responding, and reflecting. The complexity of clinical judgment means the elements do not exist on a linear plane. Instead, the elements are interconnected and influence decision-making which leads to action.

Validating Orientee Competence

Validating orientee competence is a critical step in the orientation process. It allows the preceptor an opportunity to assess the orientee's current level of understanding and ability to provide safe care. The preceptor may also use the opportunity to provide meaningful feedback to the orientee (Hint: use the methods previously outlined in this chapter). Competency validation can offer insight into needed teaching modifications, such as adjusting the pace of instruction or changing the teaching methods. It can also provide insight into any remediation needs. Perhaps most importantly, validating competence is a way to ensure the orientee has achieved the skill necessary to perform safely and independently.

Validation of competence can be completed throughout the orientation timeframe. Periodic check-ins offer insights and allow early interventions that may improve the experience for both the orientee and the preceptor. To ensure safe patient care, the leader should identify which skills must not be performed independently until competence has been validated. These are often skills that could result in patient harm if not performed correctly or without adequate supervision. The leader should also match the skills to the appropriate validation methods. According to Donna Wright (2015), some examples of validation methods are as follows:

- Return demonstration
- Peer review
- Mock events
- Presentations
- Exemplars
- Case Studies
- Discussion groups
- Evidence of daily work
- Quality monitoring
- Tests
- Self-assessment

The method used for validation should be determined based on the type of knowledge or skill the orientee is expected to develop throughout the orientation process. For example, if your orientee is expected to be able to identify the types of triage calls that must be immediately referred to the Emergency Department, then a written examination with questions specific to that topic may be appropriate. Alternatively, if the orientee is expected to demonstrate a hands-on skill, such as the ability to insert a catheter, a direct observation of the orientee performing that skill would be most appropriate. This type of observation by the preceptor should be structured so that the preceptor has a step-by-step outline of the process and can validate that the orientee can complete each step in the correct sequence without prompting. This avoids the potential for a preceptor to make subjective inferences about the skill of the orientee and ensures that objectivity is used to evaluate competence. Another variation of return demonstration is using the teach-back method where the orientee develops a summation of what they have learned and teaches it back to the preceptor. There are several ways to enhance the use of presentations as validation strategies, such as leveraging real-time participant understanding with audience response technology.

Table 7.4 Preceptor Engagement and Retention (Ulrich, 2019, p 316-317) (Nash & Flowers, 2017)

Preceptor Retention and Recognition Strategies	
Acknowledgement	• Highlight and post individual preceptor biographies • Special thank you at staff meetings • Preceptor pin • Preceptor badge • Preceptor appreciation week • Preceptor conference or other educational opportunity (internal or external)
Awards	• Award nominations within organization • Preceptor of the year award • Years of preceptor service recognition
Career Opportunities	• Authoring newsletter articles for preceptors • Clinical ladder development/advancement • Title change • Clinical promotion based on annual performance Evaluation • Succession planning for clinical educators or other leaders
Communication	• Highlight and post individual preceptor biographies • System wide announcements • Newsletters • Social media posts
Education/Training	• Paid conference • Education day • Opportunity to teach • Tuition reimbursement • Continuing education hours
Preceptor Pay	• Preceptor differential • Merit-based bonus
Premium Shifts	• No forced cancellation rotations
Protected Time for Preceptor and Learner	• Reduced workload while training • Structured timeline • Scheduled time for organized debrief

Conclusion

This chapter on sustainability concludes the Preceptor Guide for Ambulatory Care Nurses (2nd ed.) by providing guidance and resources to support long-term program success. An example business case proposal using publicly reported financial data is provided as a template for customization. Program outcomes that can be linked to a financial return on investment and can reduce workforce costs through staff retention, satisfaction and engagement are briefly outlined. Retention threats and strategies are summarized, and the importance of contingency plans is discussed.

Appendix D: Simple Business Proposal Template

SITUATION *Define the problem*	**Example**: Results of a recent safety culture survey of medical assistants, licensed nurses, and providers at ABC Health System revealed concerning rates of dissatisfaction among all disciplines surveyed with regards to clinical staff training, with XY percent of respondents selecting "strongly disagree" or "disagree" in response to questions about adequate training.
BACKGROUND *Describe the problem history*	**Example:** ABC Health System lacks a standardized preceptor program for training new clinical staff adequately to safely deliver care. Currently, each clinic manager creates an onboarding plan for their staff with limited collaboration with the nursing education department. Historically the nursing education department has focused primarily on inpatient nurse onboarding, leaving clinic leaders to manage it independently. Because many practice managers are non-clinical, important components of competency training and validation are often unintentionally omitted. This affects clinical staff productivity and safe practice, and results in efficiencies that slow down patient flow and increase overtime expense.
ASSESSMENT *Describe relevant metrics, financial data, and risks, and/or benefits associated with the problem and proposed solution(s)*	**Guidance:** Include data analyses and visualizations for survey responses, staff and provider productivity, patient experience survey comments related to nursing care, overtime expense, medication error rates, first-year nurse turnover rates, and other nurse-sensitive metrics. Provide examples from current literature and publicly reported databases to demonstrate the return on investment (ROI) other organizations have achieved by implementing a standardized preceptor program. Include both financial and quality/patient safety ROIs.
RECOMMENDATION *Summarize the proposal and expected ROI*	**Guidance:** Summarize proposed plan. Include data analyses and visualizations to quantify the anticipated ROI and expected cost avoidances and harm reductions.