

Preceptor Evaluation Tool: Hospital Nurse Transition to Practice Programs

Nancy Spector; Mary A. Blegen; Josephine Silvestre.; Mary R. Lynn; Jane Barnsteiner & Beth Ulrich

For NCSBN's Transition to Practice study (Spector et al., 2015), we evaluated the preceptor experience from the perspective of the preceptor and newly licensed registered nurse (NLRN). Those data will be reported in a forthcoming article. This paper reviews the psychometrics of the Preceptor Evaluation Tool.

Each NLRN and preceptor evaluated the preceptor experience using a 23 item tool created for this study. Sixteen items from the Preceptor Evaluation Survey (Moore, 2009, Omer 2013; Moore personal communication) and five from the Preceptor Self Evaluation tool (Roth & Johnson, 2011; and personal communication) were used and 2 new items were written to fit the goals of this Transition to Practice program. Those items are listed in Table 1. A five point response scale (5= agree, 1= disagree) was used. We used exploratory factor analysis to determine whether there were natural categories into which the items fit and found two subscale groupings that were internally consistent and conceptually valid. Three scale scores were created from these data - Evaluate all (all 23 items), Preceptor Activities (18 items) and Preceptor Context (5 items). Reliability of this tool was acceptable with Cronbach's alpha for the two subscales at .969 and .862.

Table 1: Perceptions of Preceptor Experience

Variable (response options: 1-5 disagree – agree) * indicates items from the Moore scale; ** indicates items from the Roth scale	Cronbach's alpha
<i>Evaluate All (Mean of all 23 items)</i>	.970
<i>Preceptor Activities (18 items)</i>	.969
My preceptor provided me with feedback about my strengths.*	
My preceptor helped me to determine appropriate patient priorities.**	
My preceptor demonstrated how to problem solve ethical concerns.*	
My preceptor provided me with the information I needed to care for my patients.*	
My preceptor encouraged me to use evidence-based practice.**	
My preceptor kept other nursing staff aware of what I could do.*	
My preceptor provided me with feedback about what I needed to improve.*	
My preceptor encouraged me to engage in self reflection.**	
My preceptor helped me to learn from errors or near misses (potential errors).**	
My preceptor allowed me the independence that I needed.*	
My preceptor considered my learning style (my preference for learning by observing, reading, experiencing, or reflecting).*	
My preceptor taught me to ask questions (such as “What if...?” or “What could these symptoms mean?”) as a way to develop my clinical reasoning skills.*	
My preceptor helped me to interpret clinical situations.	
My preceptor demonstrated ways to help patients become partners in their care.*	
My preceptor taught me how to use information technology for patient care.*	
My preceptor was instrumental in helping me to establish relationships with people on the interdisciplinary team.*	
My preceptor explained institutional policies to me.	
My preceptor celebrated my successes with me.**	
<i>Preceptor Context (5 items)</i>	.862

The continuity of my learning experience was ensured even when I did not work with my primary preceptor.*	
My preceptor's patient assignment was adjusted to give us time to work together during the shift.*	
My preceptor explained the roles of the people who work on my unit.*	
My preceptor and I had time to discuss what was expected of me.*	
There was a supportive environment for the preceptor experience in the practice setting.*	

Further support for validity comes from the results of our study. Both NLRNs and preceptors evaluated the preceptor experience more positively in hospitals with High preceptor support than those with Low preceptor support ($p < .05$). See Table 2. Voluntarily provided evaluations came from 661 preceptors in 78 of the hospitals and 755 NLRNs from 76 of the hospitals. The biggest differences were for the subscale measuring the Context of the preceptor experience. The experience in High Support versus Low Support hospitals was 4.04 compared to 3.72 for NLRN, and 4.13 compared with 3.90 for preceptors (both differences statistically significant at $p < .001$). The items in the Context subscale addressed the continuity of NLRN learning, and the preceptors' patient assignments, time, and environment. NLRNs rated their preceptors' activities (Table 2) higher in High Support hospitals than Low-- 4.20 compared with 3.90; preceptors' ratings were also higher in High support than Low support hospitals --4.37 compared with 4.18 (both differences statistically significant at $p < .001$).

Table 2. Perceptions of Preceptor Experience by NLRN and preceptors

	Low Preceptor Support Hospitals	High Preceptor Support Hospitals	Significance of Difference
NLRN Evaluation of Preceptor Experience	N=350	N=405	
Evaluation All	3.86	4.16	$p < .001$
Evaluate Activities	3.90	4.20	$p < .001$
Evaluate Context	3.72	4.04	$p < .001$
Preceptor Evaluation of Preceptor Experience	N= 376	N=285	
Evaluation All	4.12	4.32	$p < .001$
Evaluate Activities	4.18	4.37	$p < .001$
Evaluate Context	3.90	4.13	$p < .001$

*From Moore; ** from Roth

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Roth, JW., & Johnson, MP. (2011). Transition to Practice: The North Carolina Initiative. *Journal of Nursing Regulation*, 2 (3), 56-60.

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