



1



WHERE ARE WE NOW?

- We're talking a lot more about TTP and the need for the development and support of preceptors.
- Many states and health care professional associations are actively involved.
- We know what works – and what doesn't. We have a growing evidence base.
- Some health care organizations "get it" and some don't.
- The current nursing shortage is yielding creativity and a search for the magic answer.
- Some say we need more SONS. But who will teach and where will they get their clinical experience.
- Some are trying to change regs to create 'nurse-adjacent' roles

2



AN EXAMPLE

Federal register § 494.180(b)(2) regarding RN presence during dialysis

A few providers opposed the proposal that requires the presence of an RN, stating that an LPN would be sufficient. They suggested that the current shortage would make this provision difficult to meet, especially in rural locations, and the LPN was capable of fulfilling this role. They further stated that this provision could force dialysis facilities to close.

Response: We do not agree with these commenters that the RN shortages would create an access to care problem. Therefore, we are retaining the requirement that an RN be present in the facility at all times that patients were being treated so that a nurse would be available who had the experience and training to meet to patient care emergencies that could occur in this

increasingly older and medically-complex patient population. We believe that the RN has a key role in patient assessment and supervising LPNs, LVNs, and PCTs, and is the appropriate staff member to be responsible for the nursing care provided. An RN may also be needed to answer clinical questions from patients and caregivers. The rapidly changing demographics of the dialysis patient population has resulted in an older, sicker patient population with more serious co-morbid conditions and elevated potential for medical emergencies. An RN has the professional training and expertise to properly react to emergencies. Therefore, we believe that having an RN on the premises when treatment is being provided is a necessary health and safety measure for all patients.

3

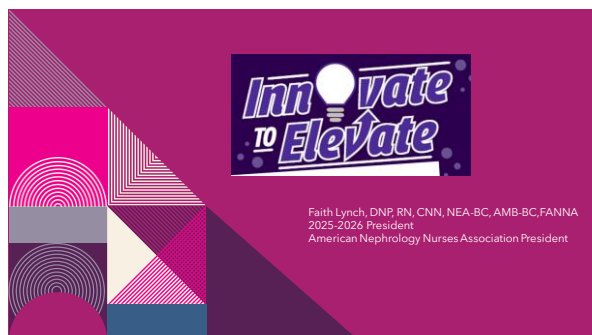


OBJECTIVES

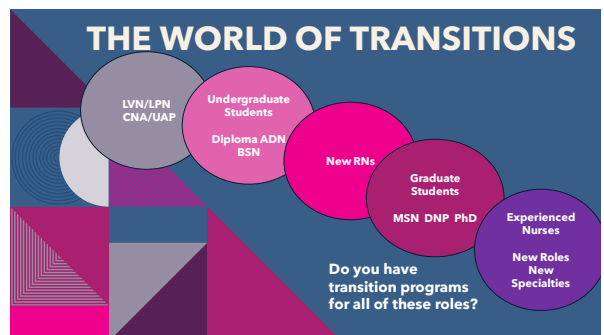
- Describe the evolution of scholarship and operationalization nurse residencies and preceptorship.
- Discuss the current gaps in precepting, onboarding, and transition to practice and how these can be addressed in the future.
- Discuss innovative ideas for support and development of residencies/fellowships and precepting.
- Explain the role of the nurse manager and the administrative support structures necessary to ensure best practice residency, fellowship, and preceptor education programs thrive.
- Discuss how to make a business case for residencies and fellowships.

*The Disclaimer

4



5



6

PRECEPTING PRE-LICENSURE STUDENTS

7

SO MANY OPPORTUNITIES TO SUCCEED AND TO FAIL



8

QUESTIONS

- How are preceptors for students selected?
- Have they been taught how to precept? Have they been taught how to precept students? Is this their first time precepting students?
- Do the preceptors know what the students' degree plan includes? What courses have they had up to now? What's the content that goes with the clinical rotation?
- Have the preceptors done any of the simulations the students have done?
- If you're the faculty for the clinical rotation, how well do you know the organization? The unit? The staff?
- Are the responsibilities of both faculty and preceptors clear to both?
- ??

9

FROM THE PRECEPTOR'S VIEW

Jenkins-Arraf, K.A. (2025). Nurse preceptors' perceptions of effectively precepting senior baccalaureate nursing students. Dissertation. Liberty University.

Theme	Theme Definition	Subthemes
Preceptors essential for preceptor success	The preceptor's readiness, commitment, experience, and willingness to take on the role that will impact their ability to effectively teach, guide, and support students.	<ul style="list-style-type: none"> • Selection of preceptors • Self-preparation
Student readiness for clinical engagement	A student's preparedness to actively participate in clinical settings, including having the necessary knowledge, skills, professionalism, and attitude.	<ul style="list-style-type: none"> • Professional behaviors • Knowledge of ability to work in scope of practice
Need for faculty communication	Lack of consistent and open communication between nursing faculty and preceptors that may hinder an understanding of clear expectations and goals and limit professional development and role modeling.	<ul style="list-style-type: none"> • Clear expectations • Lack of a role model
Administrative challenges	Obstacles and barriers faced in managing clinical education, such as preceptor workload imbalance due to increased acuity, high patient acuity, and insufficient support in terms of training and resources.	<ul style="list-style-type: none"> • Preceptor workload • Need for resources

10

THE ACADEMIC- PRACTICE GAP

11

WHAT YOU HEAR DEPENDS ON WHO YOU ASK

QSEN – Quality and Safety Education in Nursing - Cronenwett et al. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3), 122-131.

- For pre-licensure nurses
- When the competency names and definitions were used alone, the vast majority of pre-licensure program leaders stated that they already included content related to the competencies in their curricula.
- The QSEN faculty and advisory board members did not share the view that pre-licensure nursing students were graduating with these competencies.
- When nursing school faculty from reviewed the KSA draft, they uniformly reported that nursing students were not developing these KSAs.
- New graduates reported that they lacked learning experiences related to the KSAs, and they did not believe their faculties had the expertise to teach some of the content.
- The faculty agreed that they should be teaching these competencies and, in fact, had thought they were, but did not understand fundamental concepts related to the competencies and could not identify strategies in use for teaching the KSAs.

12



WHAT YOU HEAR DEPENDS ON WHO YOU ASK

Berkow et al. (2008). Assessing New Graduate Nurse Performance. *Journal of Nursing Administration*, 38(11), 468-474. The Advisory Board Nurse Executive Center

- * Bridging the preparation-practice gap. National survey to a cross section frontline nurse leaders (defined as those in clinical nurse specialist, nurse director, educator, manager, and charge nurse positions, as well as staff nurses with more than 2 years of experience) and nursing school deans, directors, and department chairs on new graduate proficiency across 36 nursing competencies deemed essential to safe and effective nursing practice.
- * In only 2 of the 36 competencies were the leaders satisfied with new graduate proficiencies (51%, 53%). The five lowest rated competencies were ability to keep track of multiple responsibilities, conflict resolution, ability to prioritize, ability to anticipate risk, delegation of tasks.
- * A clear opportunity for schools and hospitals to work together.

13



WHAT YOU HEAR DEPENDS ON WHO YOU ASK

Ulrich, B., Barden, C., Cassidy, L., & Varn-Davis, N. (2024). Solving the practice-management perception gap – A key to creating healthier work environments. *Nurse Leader*, 22(5), 621-626. <https://doi.org/10.1016/j.mnl.2024.03.014>

	% DCNs who agreed/strongly agreed	% FNM's who agreed/strongly agreed
My organization values my health and safety.		
In your work unit, RN staffing ensures the effective match between patient needs and nurse competencies.	42%	70%
In your work unit, RNs have opportunities to influence decisions that affect the quality of patient care.	42%	64%
In your work unit, RNs are valued and committed partners in making policy, evaluating clinical care, and leading organizational operations	52%	76%
In your work unit, RNs are recognized for the value each brings to the organization.	41%	63%
In your organization, RNs are recognized for the value each brings to the organization.	58%	87%
	40%	68%

14



A CALL TO ACTION

Benner et al. (2010). Educating nurses: A call for radical transformation. Carnegie Foundation for the Advancement of Teaching. Jossey-Bass.

- * Redesigning nursing education is an urgent societal agenda. Profound changes in nursing practice call for equally profound changes in education of nurses and preparation of nurses to teach nursing.

15



CLOSING THE ACADEMIC-PRACTICE GAP

Jess, M.A., & Chan, G.G. (2025). Closing the academic-practice gap: Leading Efforts through the International Consortium for Outcomes of Nursing Education (ICONED). *Nursing Administration Quarterly*, 49(3), 184-190.

- * What are the reasonable roles and responsibilities of educators, practice partners, regulators, accreditors, and even students in narrowing this gap?
- * How do academics, educators, professional nursing development practitioners, and preceptors develop their practice of teaching, which is distinctly different from nursing?
- * How can educators across the spectrum and researchers share best practice strategies and outcome data in an international repository?
- * What if that level of education and assessment was expected, supported, and documented by our state boards of nursing and accreditors?

16



CLOSING THE ACADEMIC-PRACTICE GAP (CONT'D)

Jess, M.A., & Chan, G.G. (2025). Closing the academic-practice gap: Leading Efforts through the International Consortium for Outcomes of Nursing Education (ICONED). *Nursing Administration Quarterly*, 49(3), 184-190.

- * How do we create a shared mental model of end-of-program competencies and synergize neuroscience-based educational interventions that start in academia and continue through transition to practice programs?
- * What if every nursing student was taught that they are educators, and taught how to do clinical education through expert faculty modeling, peer coaching, and interdisciplinary clinical learning?

17



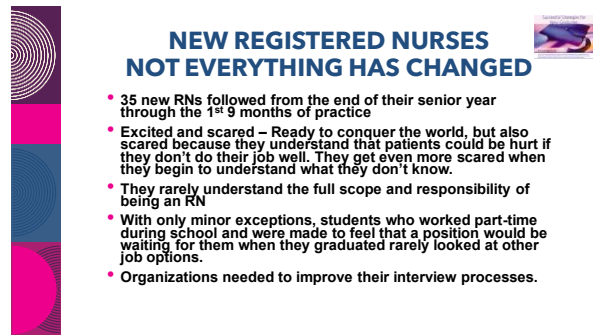
**FIND A REASON TO
WORK TOGETHER!**

The Frankl Suffering Experience

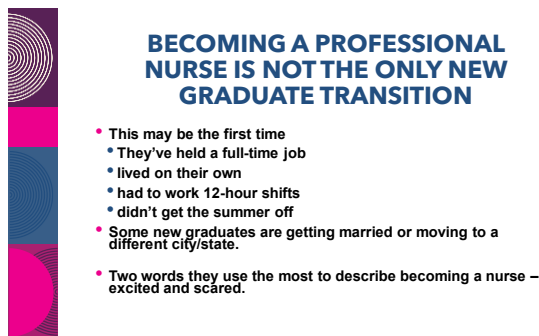
18



19



20



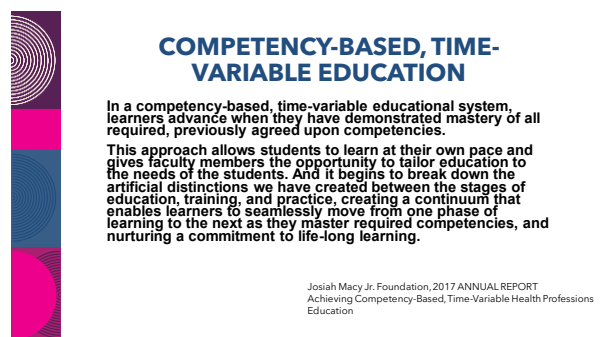
21



22



23



24



COMPETENCY-BASED TIME-VARIABLE EDUCATION

Component	Description
Defined Competencies	Detailed expectations for what learners must know and be able to do
Individualized Progression	Learners move forward upon demonstrated mastery
Authentic Assessments	Real-world tasks that reflect professional standards
Instructional Flexibility	Multiple modalities and learning resources to meet diverse learner needs
Feedback Mechanisms	Continuous, constructive feedback to guide development
Learner Support Infrastructure	Coaching, advising, and scaffolding to support personalized learning
Outcome-Based Credentialing	Certification based on demonstration of competencies rather than time completed

25



COMPETENCY-BASED EDUCATION PROS AND CONS

- **Pros**
 - Move at their own speed
 - Could shorten residencies and fellowships
 - Content won't be redundant to those who had it previously
- **Cons**
 - Individualization can take longer; requires additional preceptor expertise
 - Coordination of events for all residents/fellows could be harder
 - May require development of a "challenge out" process

26



27



28



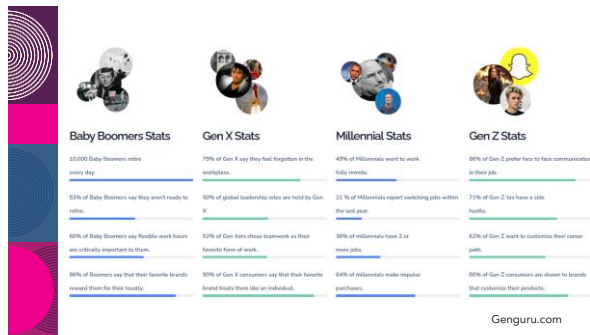
29



WHAT'S WRONG WITH THIS GENERATION?

- What's up with Gen X?
- What's up with the Millennials?
- What's up with Gen Z?

30



31



32



33



34

- ### MANAGER/DIRECTOR ROLE
- Program support – encouragement, how to get things done, staffing, fiscal support
 - Select preceptors
 - Provide development for preceptors
 - Provide support for preceptors
 - Recognize preceptors

35

- ### PRECEPTOR ROLE CLARIFICATION
- Expected Outcomes
 - At what level of practice do you expect the preceptee to be at the end of the preceptorship?
 - What specific competencies do you expect the preceptee to have at the end of the preceptorship?
 - Preceptor Role Requirements
 - What are your expectations of me in the preceptor role?
 - Are there classes I need to take?
 - Are there continuing education requirements?
 - Will I need to liaison with anyone (e.g., nursing school faculty for student nurses)? If yes, with whom?

36

PRECEPTOR ROLE CLARIFICATION

- Support Available for the Preceptor and Preceptee
 - What initial preparation will I get for the preceptor role?
 - Will additional education be available in the future? If so, what?
 - Who is available for me as resources? Will I have an experienced preceptor to precept me in my preceptor role?
 - What information resources are available to me and my preceptee?
- If the preceptee is a new graduate RN (NGRN), do we have a structured RN residency or transition to practice program in place? Will there be training for me on that program?

37

PRECEPTOR ROLE CLARIFICATION

- Time Dedicated to the Preceptor and Preceptee Roles
 - How much of my time will be dedicated to the preceptor role for each type of preceptee (e.g., NGRN, new hire experienced nurse, experienced nurse new to our specialty)?
 - How much preceptee time will be dedicated to the preceptee role for each type of preceptee (e.g., NGRN, new hire experienced nurse, experienced nurse new to our specialty)?
 - What part of my hours and my preceptee's hours will be counted in staffing?
- Priority of the Precepting Role With Other Duties
 - Except for emergencies, will I be pulled to staff other shifts or units when I am in my preceptor role? If yes, will someone take my place with my preceptee?

38

BECOMING BILINGUAL SPEAKING THE LANGUAGE OF NURSING AND BUSINESS

39

WHO DO YOU NEED TO SUCCEED???

WHO CAN SINK YOUR PROGRAM?

40

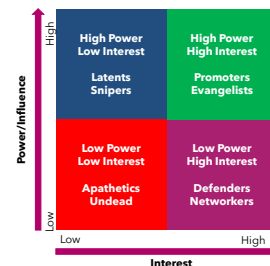
STAKEHOLDERS

- Individuals and groups who can influence the success of your residency or fellowship
- Anyone who can be impacted by the project
 - Those who know they can/will be impacted
 - Those who don't know they can/will be impacted

Source: McKeever

41

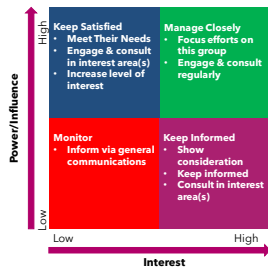
POWER/INFLUENCE AND INTEREST



42



STAKEHOLDER MANAGEMENT



43



MAKING THE BUSINESS CASE

44



MAKING THE BUSINESS CASE

- No mission – no margin; No margin – no mission
- Value proposition: A value proposition is a promise of value to be delivered, communicated, and acknowledged. It is a clear statement that explains how a product or service solves customers' problems or improves their situation, delivers specific benefits, and communicates why customers should choose it over similar offerings.
- ROI: Return on Investment – Not always in \$\$\$
- Cost-benefit analysis
- Opportunity cost – If I do A, then I can't do B

45



MAKING THE BUSINESS CASE

- Carman, M., Church, C.D., & Africa, L. (2021). Nurse residency programs: Building and communicating the business case. *Nurse Leader*, 19(3), 276-280. DOI: 10.1016/j.mnl.2021.03.005
- Concise and compelling
- Knighten, M.L. (2022). New nurse residency programs: Benefits and return on investment. *Nursing Administration Quarterly*, 46(2), 185-190.
- Cost of turnover

46



MAKING THE BUSINESS CASE

New Graduate Nurse Residency Program: A Cost-Benefit Analysis Based On Turnover and Contract Labor Usage

Executive Summary

The purpose of this study was to determine the cost-benefit analysis of a new graduate nurse residency program. The study was conducted in a large, urban, academic medical center. The study was a retrospective analysis of data from the program's inception in 2018 to 2021. The study was designed to evaluate the program's impact on turnover and contract labor usage. The study was conducted by a team of researchers from the program's leadership and a research team. The study was approved by the Institutional Review Board (IRB) of the medical center. The study was published in the *Journal of Nursing Administration* in 2022.

47



THE CHALLENGE:

WE'RE TALKING ABOUT INNOVATION ALL DAY TODAY.

BEFORE YOU LEAVE TODAY, WRITE DOWN ONE THING YOU COMMIT TO DO BY OCTOBER 1, 2025 TO INNOVATE AND ELEVATE YOUR TRANSITION PROGRAM OR PRECEPTOR DEVELOPMENT AND SUPPORT AND TELL A COLLEAGUE ABOUT YOUR COMMITMENT.

48



49