

IMPLEMENTATION OF AN EDUCATIONAL GUIDE UTILIZING THE TIERED SKILLS ACQUISITION MODEL (TSAM®) TO SUPPORT THE RN PRECEPTOR

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DNP ADVISORY TEAM

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Practice Site Mentor- Dr. Amanda Golino, DNP, APRN, CCRN, CCNS, PMGT-BC, TCRN

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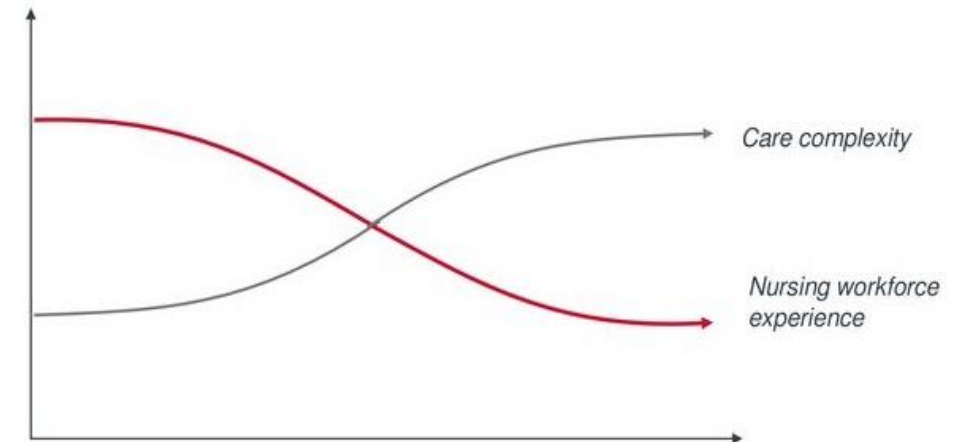
BACKGROUND AND SIGNIFICANCE

Growth of the nursing profession

Experience complexity gap

Academia and healthcare institutions
partnership

The “experience-complexity gap”



Nurse Executive Center, Advisory Board, 2019



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BACKGROUND AND SIGNIFICANCE

RN preceptors

Novice preceptors

Gap in guidelines and training requirements

Preceptor burnout



TIERED SKILLS ACQUISITION MODEL (TSAM®)

Tier 1

Assessments, Vital Signs,
Intake and Output, Hourly
Rounding

Tier 2

Medications, Orders,
Specimens, Unit Bundles,
Core Measures

Tier 3

Admissions, Discharges,
Transfers, Communication,
Multi-Disciplinary Rounding

Tier 4

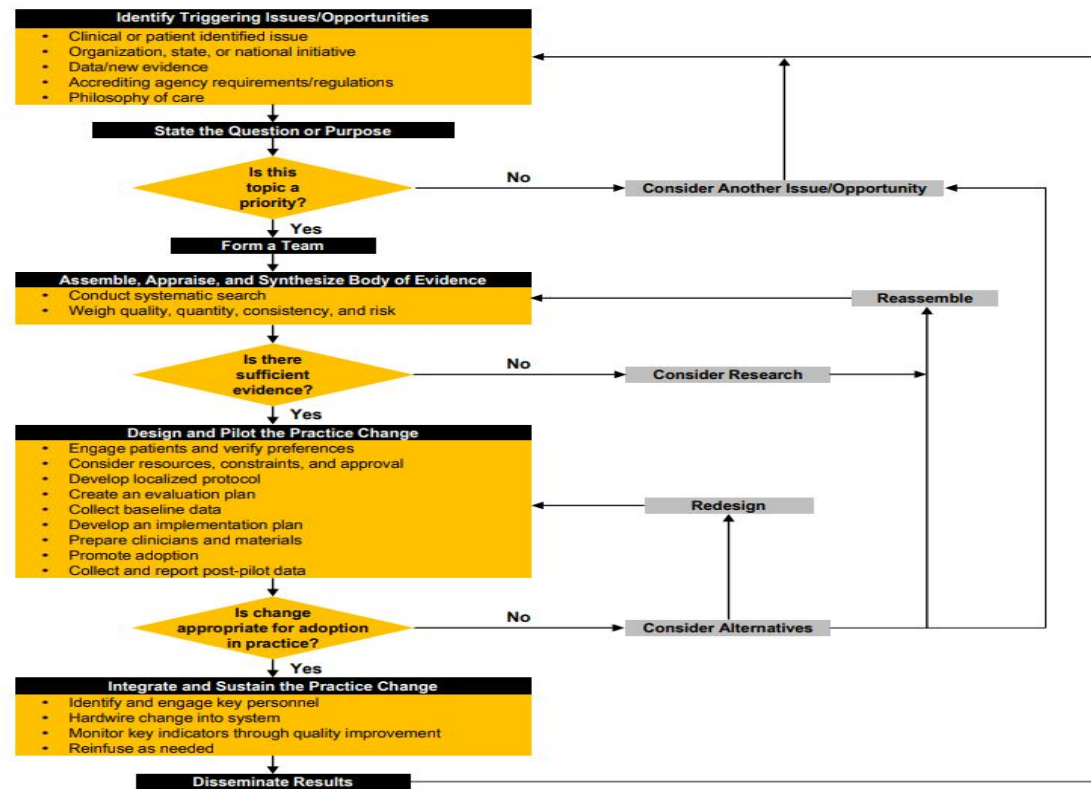
Complex Care Planning, High-
Risk Procedures,
Communication, Assess trends
and responds appropriately

Tier 5

Workload Management,
Provide care with minimal
preceptor promptings

EBP FRAMEWORK: IOWA MODEL

The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care



7-steps to Iowa Model

1. Identify Triggering Issues/Opportunities
2. State the Question or Purpose
3. Form a Team
4. Assemble, Appraise and Synthesize the Body of Evidence
5. Design and Pilot the Practice Change
6. Integrate and Sustain the Practice Change
7. Disseminate Results

STEP 1: IDENTIFY AN ISSUE

Identify Triggering Issues/Opportunities

- Clinical or patient identified issue
- Organization, state, or national initiative
- Data/new evidence
- Accrediting agency requirements/regulations
- Philosophy of care

State the Question or Purpose

Triggering Issues

- Gaps in existing guidelines and support

Opportunities

- Provide formal support and structure to benefit RN preceptor

PURPOSE STATEMENT

The purpose of the evidence-based practice project is to implement an educational guide utilizing the Tiered Skills Acquisition Model (TSAM®) for the RN Preceptor to use during the capstone clinical.



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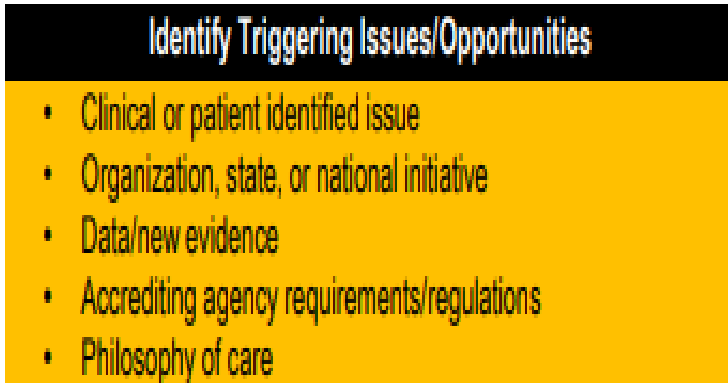
STEP 1 CONT.

Mission, Vision, Values, and Key Priorities

2024 Key Performance Indicator

- Direct Care RN Turnover Rate- 12.68%
- National RN Turnover Rate- 18.4%

(Nursing Solutions, INC., 2024)



State the Question or Purpose

CLINICAL SIGNIFICANCE

Year	Total # of Schools Requesting Capstones	Total # of Capstones offered	Total # of Preceptor Hours Provided
2022	15	314	44,796
2023	16	318	42,568
2024	17	330	52,994
Total		962	140,358

**140,358
Hours**

STEP 2 STATE THE QUESTION

Identify Triggering Issues/Opportunities

- Clinical or patient identified issue
- Organization, state, or national initiative
- Data/new evidence
- Accrediting agency requirements/regulations
- Philosophy of care

State the Question or Purpose

For preceptors who support senior capstone students, how does implementing an educational guide based on the Tiered Skills Acquisition Model (TSAM®) compared to no implementation effect retention and satisfaction of preceptors?

STEP 3: FORM A TEAM

Practice Setting- Community-based hospital; suburban setting, 12 different specialty units

Practice Site Mentor- Dr. Amanda Golino, DNP, APRN, CCRN, CCNS, PMGT-BC, TCRN

Nursing Research and EBP- Dr. Elyssa Woods, PhD, MPH, RN

Professional Practice Team- Elizabeth Blair, RN, BSN, PCCN, NP-D-BC, Aurora Braman, BSN, RN, RNC-MNN, NP-D-BC, and Jamie Ulrich, BSN, RN, NC-BC, NP-D-BC

Clinical Directors

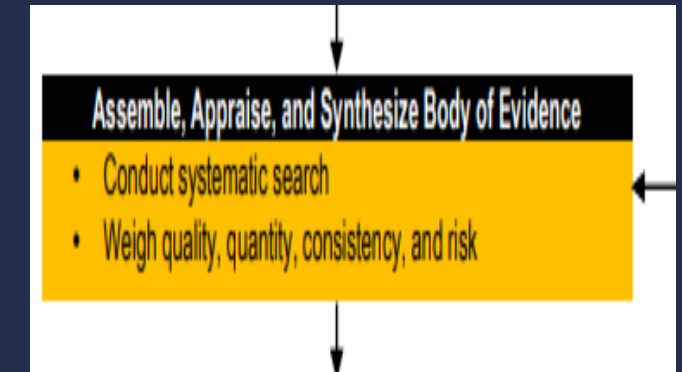
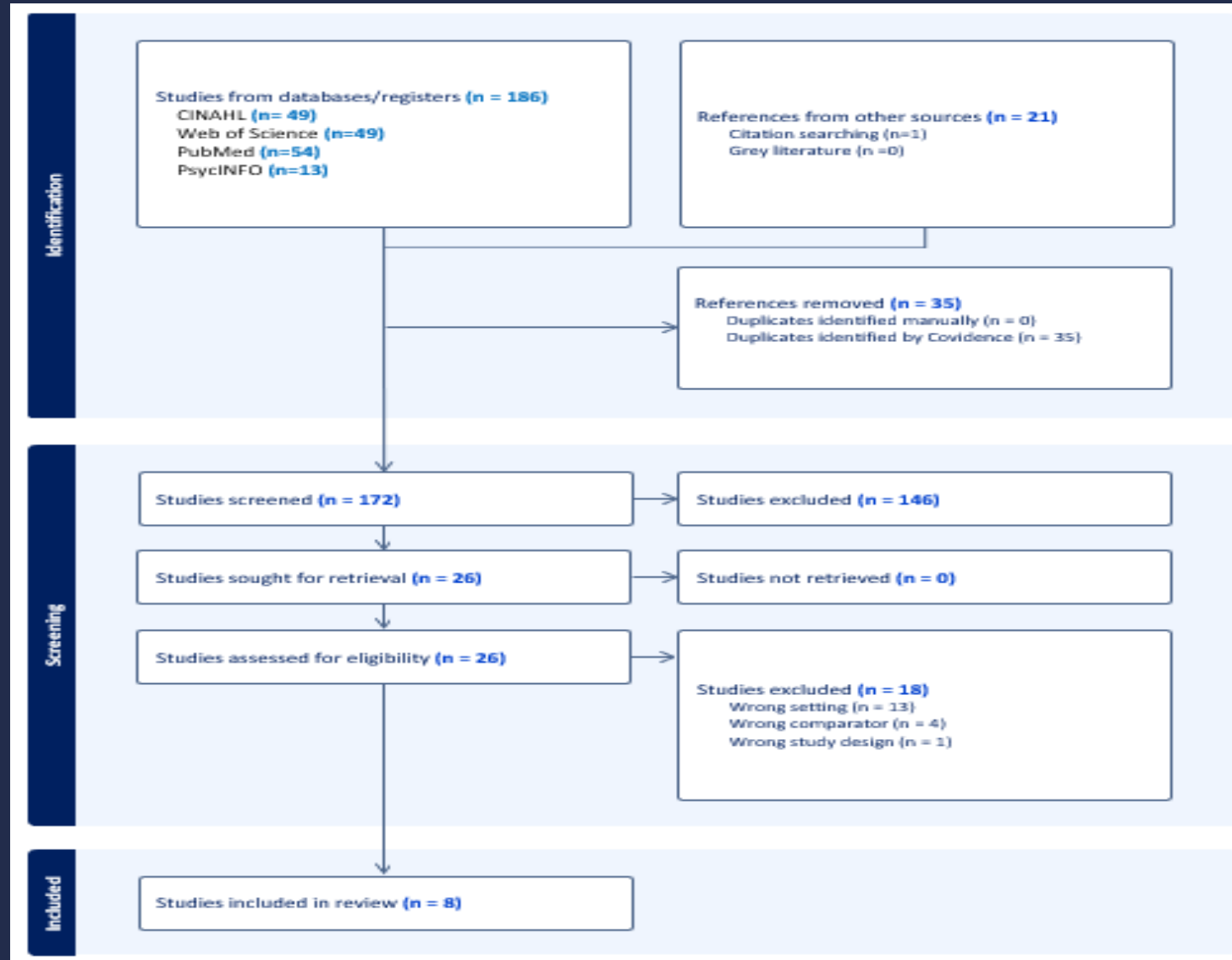
24 Preceptors



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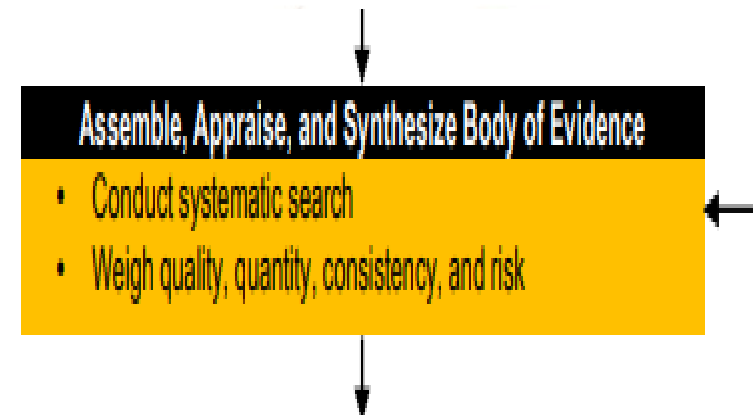
STEP 4: ASSEMBLE, APPRAISE, AND SYNTHESIZE THE BODY OF EVIDENCE



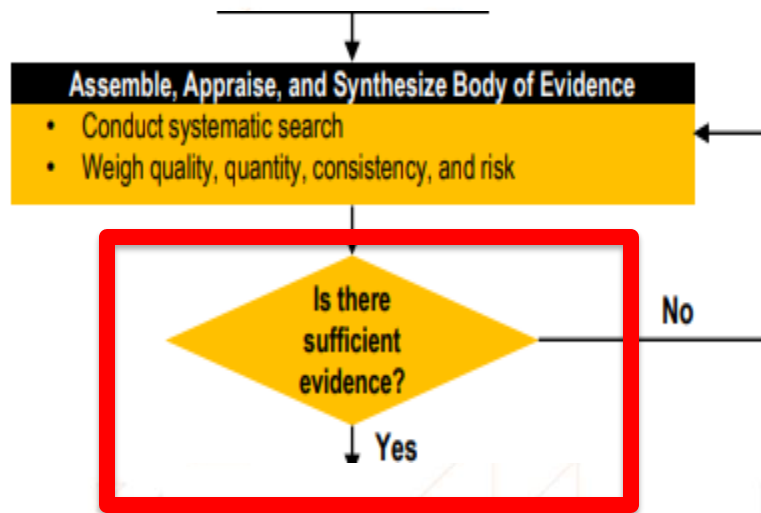
THEMES

Full text review identified four themes:

- Lack of formal training
- Novice practice
- Lack of standards
- Lack of structured support



IS THERE ENOUGH EVIDENCE?



There is evidence that demonstrates formal support is needed for the dyad between the RN preceptors and senior capstone student.

STEP 5: DESIGN AND PILOT THE PRACTICE CHANGE

Design and Pilot the Practice Change

- Engage patients and verify preferences
- Consider resources, constraints, and approval
- Develop localized protocol
- Create an evaluation plan
- Collect baseline data
- Develop an implementation plan
- Prepare clinicians and materials
- Promote adoption
- Collect and report post-pilot data

Approvals received:

July 2024

- UVA DNP Advisory Committee
- Practice Setting- Nursing, Research, and Evidence-Based Practice Council
- UVA and Practice Setting Institutional Review Board (IRB)

December 2024

- Data Use Agreement

LOCALIZED PROTOCOL

Design and Pilot the Practice Change

- Engage patients and verify preferences
- Consider resources, constraints, and approval
- Develop localized protocol
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- Collect baseline data
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June 24, UVA DNP
Proposal

June-July, UVA
IRB

July 1 Practice
Setting Nursing
&EBP Council

Aug 31-Dec 1
Implementation

Aug –15
TSAM® Guide and
Education Ready

July – UVA
Practice Setting
IRB

October-
December-Post-
survey
implemented

Dec-Jan
Data Collection
and Analysis

EVALUATION PLAN

Baseline Demographic Data

Outcome Measures:

- Satisfaction
- Retention

Design and Pilot the Practice Change

- Engage patients and verify preferences
- Consider resources, constraints, and approval
- Develop localized protocol
- Create an evaluation plan
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SPECIAL CONSIDERATIONS

Ethical Considerations

- All data will be deidentified
- Autonomy
- Beneficence

Diversity

- All RN preceptors included

Equity

- The same guide was utilized

Inclusion

- All were surveyed

PREPARATION FOR PRECEPTORS

Welcome letter and overview:

Educational Guide: Utilizing the Tiered Skills Acquisition Model (TSAM®) for the Nurse Preceptor/Senior Capstone Dyad

This educational guide will assist the Inova RN preceptor paired with a senior capstone student from an affiliated School of Nursing. A senior capstone student is a nursing student enrolled in their last semester of a nursing program. The student has successfully completed faculty lead clinicals prior to this experience and are paired 1:1 with a nurse preceptor. The preceptor's role is to assist with development of skills and clinical reasoning in collaboration with the school of nursing faculty, who is available as a resource.

Inova utilizes the Tiered Skills Acquisition Model (TSAM®) for orientation to practice based learning for all RNs regardless of experience level. The general concept of TSAM® entails gradual increase of responsibilities, advancing through tiers of skills from simple to complex (Joswiak, 2018). There is a continuous partnership between the preceptor and preceptee and allows for care of a full patient assignment on the first day unlike the traditional incremental model of precepting. The preceptee would be assigned an entire patient assignment and perform all skills assigned per tier.

This is a modified version of TSAM® that can be used as a guide for the preceptor/student dyad. The key difference between the experience with a student vs. licensed RN is the students are in the learning process; you are not evaluating them for competence or employment. This is not meant to be a grading tool, rather a tool to provide guidance on how to organize the approach to precepting a student from day one. Each School of Nursing has different requirements for hours required for the capstone, it can vary from 96-240 hours. The tiered timeframe is built on hours, not shifts.


This can be individualized to the learner; some students may take longer to meet the desired tiers. For example, students are often delayed with receiving access to Epic, this is a system issue due to the IT requirements at Inova. This may lead to a delay in Tier One skill of documenting as they may not have received access.


Each student has an assigned clinical faculty that should provide you an email or phone number to contact for any student related issues that may arise throughout their time with you. In addition, there is an Inova policy titled Nursing Students, Undergraduate that has an addendum of authorized skills that may be performed during the student experience. The student should not work independently, all patient interactions including medication administration, authorized skills, assessments, and documentation require RN oversight and supervision.

Day one:


- Welcome student to nursing unit, share your schedule and contact information.
- Provide orientation to layout of unit and emergency equipment. Introduce student to team members.
- Review student curriculum and objectives provided by the School of Nursing.
- Review Inova Policy, Nursing Students, Undergraduate, Addendum A, Authorized Skills Lists and EHR Documentation for Nursing Students (copy of addendum provide on last page).
- Asks for clinical faculty cell number and email to contact if needed during student experience.
- Ask the student their preferred method of learning (hands-on, demonstration, discussion, etc.)
- Communicate any student concerns to the student and faculty in timely fashion.
- Obtain schedule of touchpoints and evaluations by clinical faculty.

Tier 1, (First 36 hours of student rotation) Vital signs, Assessment, Doing and Documenting

 Preceptor Tip- Maintain honest, open, and frequent communication with student and clinical faculty. You must validate student assessment findings.		
Preceptor Responsibilities	Student Performance	Preceptor Initials/Date
<ul style="list-style-type: none"> Provide opportunities for the student to perform assessments and documentation. Model best practices and intentional caring behaviors. Demonstrate time management and prioritization. Narrate care to student for all patient encounters. 	Skills: Perform and document vital signs (compare to last entry) Knowledge/Skills: Accurately assesses patients and documents assessments in flowsheets (time goal within first 5 hours of shift). <i>Documentation focus for Tier 1 is selected flowsheets – VS, Assessment, IV Assessment, Daily Care/Safety, Early warning signs and risk assessments (for example, MEWS/SIRS/PEWS); others as needed.</i>	
	Knowledge/Skills/Attitudes: Prevents harm to a patient through falls bundle application, skin assessment/documentation, seizure precautions, aspiration precautions, bleeding precautions, etc.	
	Knowledge/Skills/Attitudes: Perform hourly rounding and update the whiteboard with accurate, appropriate information.	

 Verify access to EPIC, student can escalate to clinical faculty if access is not available. <ul style="list-style-type: none"> Debrief at end of shift. 	Knowledge/Skills: Demonstrate evaluation of MEWs score and SIRS screening and knowing how/when to escalate.	
	Interpersonal: Connect with patients by learning two things about each patient that you cannot find in the chart; review and document "What matters most" in EPIC.	
	Additional experiences/comments:	

Tier 2, (36-60 hours of student rotation), Medications and Orders

 Preceptor Tips - Continue to allow the student to perform all tier one skills and add tier two skills as the student continues to progress. The student may administer high-risk medication with oversight from the preceptor, but they cannot perform the second nurse verified, independent double check as they are a student, not a licensed RN.		
Preceptor Responsibilities	Student Performance	Preceptor Initials/Date
<ul style="list-style-type: none"> Demonstrate and observe student utilizing medication safety and using 5 R's. Demonstrate use of Krames and Micromedex to student. Observe student's ability to educate patient and family/significant other for plan of care or discharge. Observe student's ability to identify the 	Knowledge/Skills/Attitudes: Safely passes medications, documents, and reassesses all patients in assignment. <ul style="list-style-type: none"> Pain medication reassessments, BP assessment/reassessment <i>Documentation focus – MAR, flowsheets</i>	
	Knowledge: Provides patient education related to medication and perform/document patient/family response to education. Teach-Back, find, and utilize Krames and Micromedex as resources.	
	Knowledge/Skill: Perform and document intake/output (flowsheet); including IV medication/continuous fluids/IV Piggyback medications.	
	Knowledge/Skill: Interprets lab results in relation to patient assessments and prioritization of patient needs. Knowledge: Demonstrates knowledge, documentation, and application of device bundles: CAUTI bundle, CLABSI Bundle	



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COMMUNICATION WITH PRECEPTORS

- Individualized initial contact with preceptors
- Printed and electronic tools including TSAM[®] Educational Guide, welcome letter, and educational module



YEARS OF EXPERIENCE

Survey results, (n=19, 79% response rate)



36% (n=7) of preceptors had < 2 years of experience

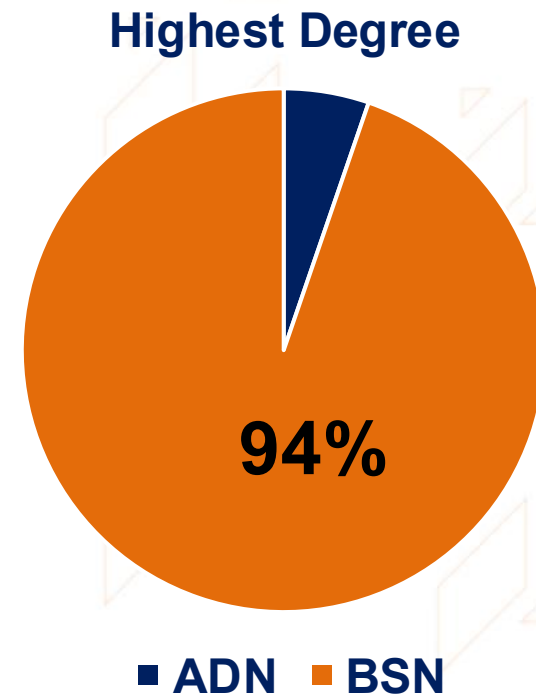
EDUCATION

Bachelors

- n=18 or 94%

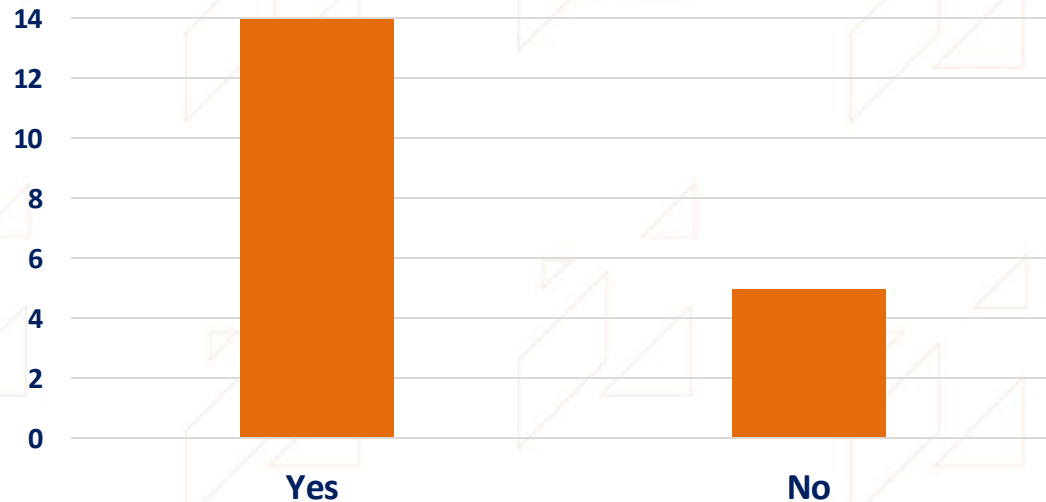
Associates

- n=1 or 6%



PRECEPTOR TRAINING

Previously attended a formal preceptor training program



74% (n=14) had formal training

26% (n=5) did not have formal training

- These were all RNs with **<2 years** experience
- This finding correlates with what is in the literature

PREVIOUS PRECEPTING EXPERIENCE

Previous Preceptor Experience

63% (n=12)

Never precepted a senior capstone student

47% (n=9)

Never precepted an RN

100% (n=7) of RN Preceptors with <2 years of experience have never performed the role of preceptor for either RN or student

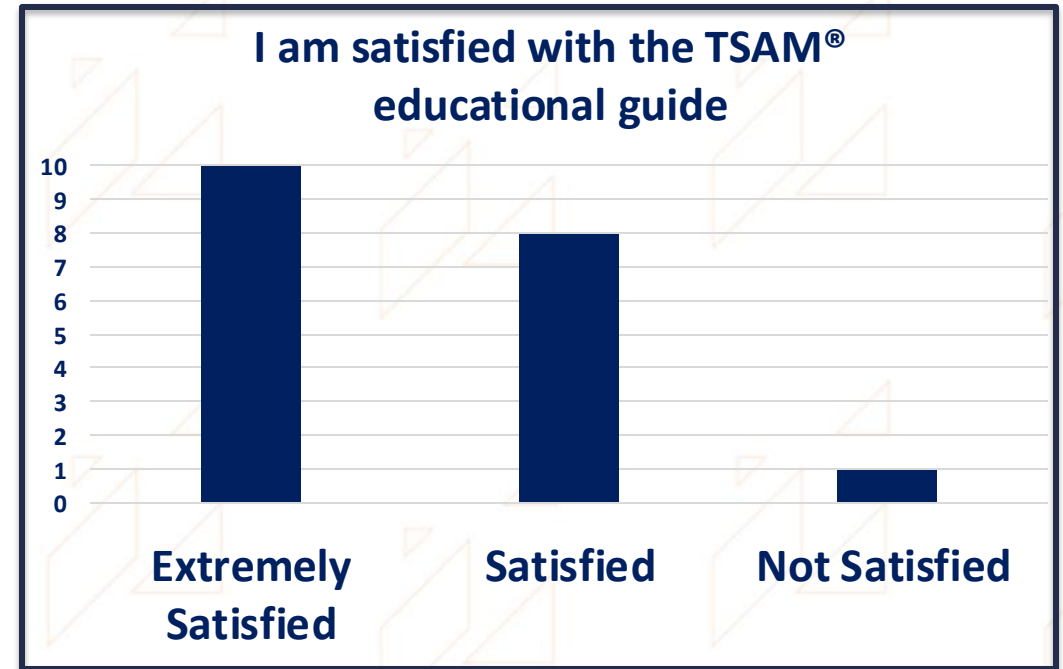
OUTCOMES

Retention/Intent to Precept Again

100% ✓

TSAM® Satisfaction

94% were extremely satisfied or satisfied



THEMES FROM SURVEY

Operational

- EHR

Communication

- Off shifts
- Handoff tool

Positive Impact to Experience

- Ease of use
- Influenced student hesitation

QUOTES FROM RN PRECEPTORS

*“The TSAM guide was **helpful** when my **student was hesitant** to take on more responsibilities. Having the **guide in front of us as a physical tool** helped her see why it was important to **keep progressing** and gave her the **confidence** she needed.”*

*“The guide has helped give an outline for how to be **more organized in precepting** and gives good advice on **how to handle different situations** and how to best create a **supportive learning environment** for students/new employees. My preceptor class is not until November, so I was very **nervous precepting with no prior training or real direction**. Reading over the guide helped a lot to **calm my anxieties and made me feel more prepared and better organized**. I feel that the guide will be a great tool for preceptors.”*

CLINICAL AND ECONOMICAL SIGNIFICANCE

National RN turnover rate for 2023 = 18.4%

The average cost of turnover for a clinical RN = \$56,300

Average hospital loses between \$3.9m – \$5.8m annually due to turnover

Each percent change in RN turnover will cost/save the average hospital an additional \$262,500/year

(Nursing Solutions, INC. 2024)



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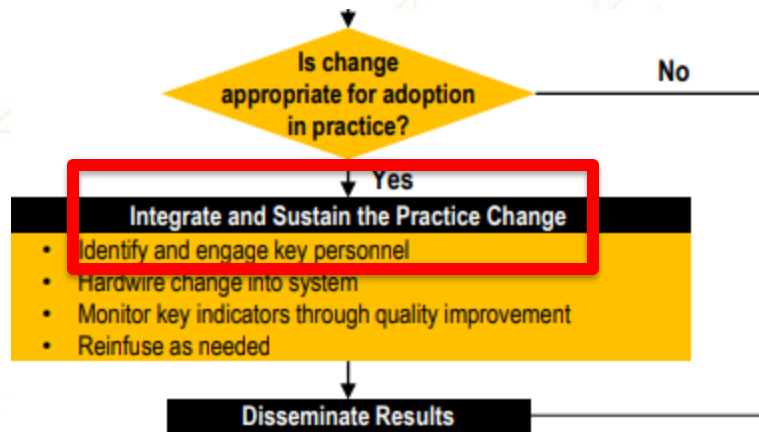
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FINANCIAL ANALYSIS

DNP Student Average Hr. Rate (+ 35% for Benefits)	Hrs. for Project	Total Cost of Project
60 x 35%= \$81.00	8 hours/RN (n24)= 192 hours	81 x 192= Total= \$15,552

Cost Avoidance	\$ 197,050
Cost of Project	-\$15,552
Estimated Net Cost Avoidance	\$181,498

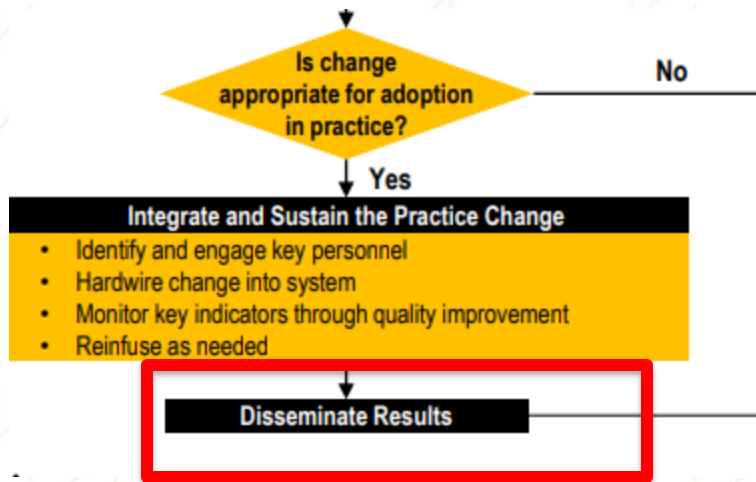
STEP 6: INTEGRATE AND SUSTAIN PRACTICE CHANGE



Nursing Practice Implications

- Increase preceptor resources
 - Include in the database of system preceptor tools
 - Preceptor Course
- Increase preparation of the nursing workforce
- Satisfy VA BON requirements

STEP 7. DISSEMINATION



- DNP Project Final Presentation
- UVA LIBRA
- Greater Pittsburgh Chapter of the Association of Nursing Professional Development (ANPD)
- VNA/VNF Spring Virtual Symposium
- George Mason University Student Conference
- Journal for Nurses in Professional Development

CONCLUSIONS

- ✓ Novice and experienced preceptors benefited from the guide.
- ✓ The experience complexity gap will continue to widen.
- ✓ Retention of all levels of nursing is critical.
- ✓ Preceptors need to be provided with structure and support so they can be effective in their roles.
- ✓ The role of the preceptor is a necessary component contributing to the growth and development of the nursing workforce.

“Preceptors are the lifeblood of the School and are critical to why students at all levels emerge into the nursing workforce as confident, competent, and skilled as they do.”



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THANK YOU
QUESTIONS?