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Review

A systematic review of the literature to support an evidence-based Precepting Program

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ABSTRACT

Aim: To provide a systematic review of the literature regarding development of an evidence-based Precepting Program for nurses transitioning to burn specialty practice.

Background: Burned patients are admitted to specialty Burn Centers where highly complex nursing care is provided. Successful orientation and integration into such a specialized work environment is a fundamental component of a nurse's ability to provide safe and holistic patient care.

Design: A systematic review of the literature was performed for the period 1995–2011 using electronic databases within PUBMED and Ovid search engines.

Data sources: Databases included Medline, CINHAL, ProQuest for Dissertations and Thesis, and Cochran Collaboration using key search terms: preceptor, preceptee, preceptorship, precept*, nurs*, critical care, personality types, competency-based education, and learning styles.

Review methods: Nurses graded the level and quality of evidence of the included articles using a modified 7-level rating system and the Johns Hopkins Nursing Quality of Evidence Appraisal during journal-club meetings.

Results: A total of 43 articles related to competency ($n = 8$), knowledge acquisition and personality characteristics ($n = 8$), learning style ($n = 5$), preceptor development ($n = 7$), and Precepting Programs ($n = 14$).

Conclusions: A significant clinical gap existed between the scientific evidence and actual precepting practice of experienced nurses at the Burn Center. Based on this extensive review of the literature, it was determined that a sufficient evidence base existed for development of an evidence-based Precepting Program.

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1.   Introduction

All world-wide burned military casualties are transferred and admitted to the United States Army Institute of Surgical Research (USAISR), the regional verified Burn Center located at Fort Sam Houston, TX. The primary mission of the USAISR is to provide exceptional care to this unique patient population. Secondarily, pre-deployment burn and/trauma training across all branches of military service is provided. Successful orientation and integration into a new work environment is a fundamental component of a nurse's ability to provide safe and holistic patient care [1,2]. When introduction of new staff members into the clinically demanding and high stress Burn Center environment fails to ensure baseline competence of the nurse, patient care suffers and nurse retention is compromised [3,4]. Skilled preceptors who are capable of both orienting new staff members while offering meaningful training experiences for civilian and military trainees are critical skills for the assigned nurses. Competence is presumed upon initial nursing licensure and continues unless actions or behaviors suggest otherwise [5]. However, upon assumption of a new role or upon entering a new specialty practice area, competence as defined by Benner, is diminished [6–8]. *Guidelines for Transitioning of the Experienced Nurse into a New Practice Setting* provided by the Texas State Board of Nursing [9] recommends the establishment of specific policies and procedures for incorporating the transitioning nurse into an unfamiliar role, development of preceptors to coach the incoming nurse during their transition period, and ongoing evaluation of the new nurse's performance. Also, from a national perspective, the 2011 Institute of Medicine report concerning the future of nursing recommended that residency programs be implemented for nurses transitioning into new clinical areas [10]. They cite a need to further develop skills in collaboration, systems orientation, and problem solving. The divide between academic learning and its application in practice settings is recognized, particularly when considering the impact of nurse competence on patient safety and outcomes for critical skill areas such as acute burn care.

Establishment of an evidence-based nursing *Precepting Program* for skilled nurses who lack burn experience was deemed a priority for the Burn Center. The team actively participated in the initial steps of the Iowa Model of Evidence-Based Practice (EBP) to Promote Quality Care (Fig. 1) [11]. Selection of this model to facilitate the EBP project was based on several factors: (1) the concepts and organization of the model are concise; (2) rapid assimilation of concepts is facilitated with diagrammatic representation of concepts; (3) the model is comprehensive and easy to use; (4) and the model is general and easy to apply to typical practice issues [12]. Because of the general utility of the Iowa Model, it was chosen as the Burn Center EBP model for all projects, which increased staff and team member familiarity with the concepts and systematic approach to implementing EBP practice change. The driving factors identified included ''problem focused triggers'' such as internal process improvement data about military and civilian nurse turnover, and ''knowledge focused triggers'' such as standards provided by the Texas Board of Nursing for expectations for transitioning nurses, and the lack of evidence to support the extant Nurse Precepting Program.

Within the 40-bed Burn Center, leaders identified the need for a standardized method of selecting, training, and evaluating preceptors for new staff members to facilitate role transition. Additionally, no consistent method for orienting new civilian or military nurses assigned to the burn environment existed. With short dwell-times for military staff nurses, nursing turn-over is relatively frequent for a specialty area such as burn care. As the sole Department of Defense Burn Center, military nurses assigned to the USASIR are not expected to have neither prior burn experience nor deemed competent to provide the multi-faceted nursing support to arguably the most seriously injured of any patient population [13]. Progression from competency to proficiency in the Burn Center historically takes approximately 18–24 months for a nurse with an intensive care unit (ICU) background.

Nursing satisfaction was compromised by the lack of a comprehensive evidence-based Precepting Program, which led to a proposed EBP project to implement a Precepting Program within the Burn Center. The ultimate goal was to reduce the incidence of staff nurse turnover within a demanding healthcare environment. Within the Iowa Model for implementing EBP lies the critical step of systematically evaluating the evidence.

2.   The review

Aim. The purpose of this paper is to provide a systematic review of the literature regarding development of an EBP nursing Precepting Program for experienced nurses transitioning to burn specialty practice.

Design. A systematic review of the literature was performed using electronic databases within PUBMED and Ovid search engines.

Search methods. Databases searched included Medline, CINHAL, ProQuest for Dissertations and Theses, and Cochran