
PROGRAM MANAGEMENT ISSUES

DEVELOPMENT OF A PRECEPTOR CERTIFICATION PROGRAM TO EFFECTIVELY PREPARE PRECEPTORS FOR FUTURE HEALTH AND AGING SERVICE ADMINISTRATORS

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INTRODUCTION

Like many health professions, with the aging of our population, experienced long-term care administrators are reaching retirement age just as we are seeing a rise in the numbers of recipients needing healthcare services. With more people exiting than entering the profession, the field is experiencing an employment cliff. Since 1998, the number of examinations administered to candidates seeking initial licensure as nursing home administrators has declined by more than 40% with only a slight increase in recent years (Lindner, 2007). At the same time, the field is experiencing approximately the same 40% level of turnover, as reported in numerous studies (Angelelli, Gifford, Shah & Mor, 2001; Castle, 2008), and there is concern that this crisis has the potential to negatively impact care and services to our senior population (Institute of Medicine, 2001; Tellis-Nayak; 2007; Castle 2001; Singh, Amidon, Shi & Samuels, 1996).

To fill this anticipated need, recruitment of interested individuals to serve as long-term care administrators will need to occur. It is imperative that new administrators are adequately educated and trained to ensure they will possess the management and leadership skills necessary for success in leading

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organizations that provide high-quality care in this rapidly changing field. Enhanced educational field experiences will ultimately increase the likelihood that students will remain in the field, as research suggests the practicum/Administrator-in-Training (AIT) experience has a strong influence on future success. In a recent study (Siegel, 2009), the preliminary evidence suggests that AIT experience is critical to the effective development of healthcare administration competencies. In a 2007 white paper commissioned by the American College of Health Care Administrators (ACHCA) and the Foundation of the National Association of Long Term Care Administrator Boards (NAB), Dana and Olson discussed the importance and uniqueness of the field experience in long-term care, and it is clear that the practicum/AIT is an essential educational component critical to both the short- and long-term success of potential administrators. In a 2012 white paper based on a research project commissioned by the Commonwealth Fund and the NAB Foundation, Johs-Artisensi and Olson concluded that several factors contribute to the quality of a trainee's practicum experience, including certain characteristics of the preceptor as well as the broader culture of learning within the training organization.

Currently, state licensing boards differ greatly in their requirements for practicum training sites, programs, and preceptors. For example, only about half of states specify content for the practicum/AIT, and specifications vary widely among those that do. Salsberg, Langelier, and Wing, as part of a 2004 Commonwealth study, reported there is a great deal of variability across state licensure requirements, especially as it relates to parameters of the required field experience. A majority of state licensing boards provide no guidelines in terms of the size or scope of service of training sites, and those that do have minimum size requirements vary from 25 to 75 Skilled Nursing Facility (SNF) beds. Many also require preceptors be approved, but only some specify standards for approval. The most common preceptor requirement addresses years of experience, but even those vary greatly. Some boards may provide training and certification for preceptors, but they differ in detail (Johs-Artisensi & Olson, 2012). As indicated in the chart in Appendix A, the standards for preceptor selection and the type of preceptor training available or required is also extremely variable.

Yonge, Myrick, Billay, and Luhanga (2007) define a "preceptorship" as a professional relationship between a student and practitioner for a limited period of time in which the practitioner and the student work together in a clinical setting to achieve the student's course goals and objectives. Preceptorships in undergraduate long-term care administration practicums are designed to provide students with an effective long-term care experience, help senior-level students transition into the professional role, and provide

opportunities to hone management and leadership competencies by working directly with residents, families, staff, managers, and the executive director (Crawford, Dresen, & Tschikota, 2000; Wieland, Altmiller, Dorr, & Wolf, 2007). These preceptors are usually volunteers who take on the added responsibility of a student while maintaining their own practice workload. Without proper support and training, this dual role can lead to burnout (Council of University Teaching Hospitals, 2001; Hautala, Saylor, & O'Leary-Kelley, 2007; Lambert & Glacken, 2005). Support is frequently requested, including more information about school or licensing board expectations of preceptors and students, more visits from liaison faculty, user-friendly documentation, and help with student motivation (Pulsford, Boit, & Owen, 2002). Similarly, Bourbonnais and Kerr (2007) also identified the importance of a preceptor training workshop.

Precepting exists in many of the health sciences, such as nursing, pharmacy, medical residencies, and more. However, literature studying the role and development of preceptors in long-term care administration is almost nonexistent. While standards and requirements for preceptors in the health disciplines may also be variable across states, there are several researchers who have documented critical components or developed preceptor training programs for their respective disciplines (DeWolfe, Laschinger, & Perkin, 2010; Schaubhut & Gentry, 2010; MAHEC, 2001; Kleffner, 2010). In 2012, Johs-Artisensi and Olson recommend that since preceptors have been shown to be one of the most significant factors influencing AIT success, that development of a preceptor training course using adult education techniques would enhance the success of student trainees, as would networking with other preceptors and gaining access to relevant contemporary resources from experts within the field. Such a course could help preceptors better understand the content areas their student should be exposed to, better mentor and develop their trainee, and help to develop a strong culture of learning within their organization.

Many characteristics are critical to a good preceptor and simply being a good administrator does not mean one will be a successful preceptor. Studies have shown that preceptors perform better in their role if they receive some type of formal preparation (Altmann, 2006; Burns, Beauchesne, Ryan-Krause, & Sawin, 2006). A preceptor should be engaged in their profession and be passionate about helping students prepare to join the industry (Johs-Artisensi & Olson, 2012). A good preceptor will have a solid understanding of adult learning principles and communication styles, and will be skilled in orienting, coaching, and eventually mentoring their trainee. In addition, they will cultivate a spirit of learning within their organization and among their leadership team. Department managers and front-line staff also play a critical role in helping the administrative trainee appreciate the team approach and the

cooperation and communication necessary across departments (Johs-Artisensi & Olson, 2012; Vrba, 1995). A skilled administrator will leverage the teaching skills of all the members of their care community in the development of their practicum student.

PROGRAM DEVELOPMENT

The main objective of developing this Preceptor Certification program was to support the learning outcomes of students by preparing and supporting preceptors for their roles. The resulting program is a teaching and learning process dedicated to student and preceptor achievement. Overall program goals were developed and coordinated as a result of a preceptor focus group comprised of approximately 20 active and experienced preceptors, including several corporate senior-care education directors; a comprehensive review of existing preceptor training requirements and training programs offered by long-term care administration academic programs and state licensing boards; and a review of the preceptor training literature both in healthcare administration as well as other health science-related disciplines such as nursing, pharmacy, and medical residencies. Goals, learning objectives, and key content areas emerged as a result of this process and were incorporated into four modules which comprise the certification program.

An online, asynchronous certification course was developed and delivered on the web-based Desire 2 Learn platform. Each hour-long equivalent module was developed first by establishing learning objectives. Each includes a written commentary with embedded web resources or recorded instruction as appropriate; an applied assignment to reinforce concepts; and a competency quiz which must be completed with a minimum 80% accuracy before the preceptor is allowed to access the next module. Modules were peer reviewed, as well as reviewed by several preceptors and senior-care corporate education directors.

MODULE ONE: PRACTICUM STRUCTURE AND THE ROLE OF THE PRECEPTOR

The first module establishes the need for and role of the preceptor, and includes three basic objectives: (a) explain the need for preceptors and AIT experiences; (b) describe the structure of the University of Wisconsin – Eau Claire Health Care Administration Practicum experience; and (c) identify different roles of preceptor, including facilitator and evaluator.

Preceptors facilitate the orientation, development, and growth of future administrators who will one day become their peers. A relationship where trust and responsibility grow gradually facilitates the students' professional development, and the important role the preceptor plays in this growth is

well-established (Johs-Artisensi & Olson, 2012; Barker & Pittman, 2010). The practicum or AIT experience is based on a strong preceptor relationship, where an inexperienced practicum student is assigned to a competent and experienced preceptor in a one-on-one teaching and learning relationship so the student can participate in day-to-day practice with a preceptor – a teacher, resource person, and role model immediately available within the practice setting (Kaviani & Stillwell, 2000). In the opening module, the value of the preceptor and the various roles they will play in the students' development are explained, and an overview of how the practicum program is structured is shared, as are the applied learning experiences and departmental rotations the practicum student is required to complete. A program with a less developed/structured practicum experience could use existing resources such as the NAB Domains of Practice (NAB, 2014), the NAB AIT Manual (Allen & Brown, 2007), or any relevant AIT training manual or requirements established by their respective state licensing boards.

In a review of several existing long-term care preceptor training programs offered by licensing boards or industry associations, the authors found that often preceptor training would be comprised entirely of the content espoused in this first module. Yet, it is critical to go beyond setting expectations for experiences and evaluation, and to arm preceptors with a greater understanding of the orientation and learning experience of the student, as well as contemporary best practices, which may be beyond the scope of entry-level licensing exams. This philosophy is what contributed to the development of the remaining three modules.

MODULE TWO: THE LEARNING ENVIRONMENT

The second module includes four objectives: (a) identify strategies for cultivating a welcoming learning environment for practicum students; (b) discuss principles of adult learning and the four major learning styles; (c) describe the role of the preceptor in orientation of the practicum student; and (d) explain strategies to support the four transitional phases a new trainee may progress through as they reconcile ideals learned in school with the practical reality of the healthcare environment.

In Johs-Artisensi and Olson's 2012 research on factors that contribute to a quality practicum experience, one of the major factors was ensconced in the "learning environment" factor. They discovered that tangible signs of welcome, such as office space with technology access and a company email account, both of which supported integration into the organization, set the tone for a positive experience. In addition, the role of department managers and staff also emerged as important, as lower turnover rates on the leader-

ship team seemed to support a better experience. It was recommended that preceptors be equipped with more knowledge about how students learn and how they could empower their leadership team to play a more active role in the learning experience of the student. This concept was first popularized in the business culture when Senge's "fifth discipline" concept (1990) emphasized the importance of a strong learning environment to organizational performance. In long-term care, the teaching nursing home model (Bronner, 2004; Mezey, Mitty, & Burger, 2007) advanced the importance of a climate of support and partnership with educational programs and so became the focus the second module. The intent is to arm preceptors with knowledge and skills they can employ to cultivate a culture of learning within their organization in an effort to facilitate the orientation and transition of the student into their new learning environment.

MODULE THREE: FROM NOVICE TO LEADER

The third module includes five objectives: (a) identify how preceptors help students develop professional skills and relationships; (b) explain the importance of verbal and nonverbal communication; discuss three communication patterns used by students and preceptors; (c) demonstrate guidelines for providing effective feedback; and (d) describe the transition from coaching to mentorship.

The primary focus of the third module is to move beyond the orientation and transition of the student from novice to leader. Content focuses around developing preceptor skills for facilitating learning and increasing knowledge and practice through open communication and regular interactions with their student. Strategies for building necessary self-efficacy to lead their own long-term care community one day are taught, alongside coaching techniques to ensure students will develop and integrate several important professional skills, including competencies related to the Domains of Practice (NAB, 2014), as well as broader leadership characteristics. Communication patterns are discussed and strategies for providing effective feedback are shared. In addition, as the students begin to develop and progress, preceptors are encouraged to evolve from coach to mentor (Bell, 2002), which may allow the relationship to prosper long after the practicum experience itself is complete (Olson, Lester, Eide, & Blasko, 2010). Finally, strategies for advancing critical thinking development, conflict management, and motivation of the student are introduced (Greene & Puetzer, 2002).

MODULE FOUR: CONTEMPORARY PRACTICES

The intent of the fourth module is to provide resources for preceptors that will enhance their own approaches for using current and new evidence-based, contemporary leadership and management practices. The objectives of the fourth module are: (a) identify resources to stay up to date on evidence-based and contemporary practices in long term care administration; (b) describe at least four recommended contemporary evidence-based practices beyond the skill sets expected of entry-level administrators; and (c) demonstrate critical-thinking and problem-solving behaviors and how you can develop these skills in your practicum student.

The goal is to leverage the important role of the preceptor in demonstrating skillful clinical and management practices (Irby, 1994). Ideally, preceptors will not only expose students to these concepts, but role model these practices for students and demonstrate how they can effectively use these resources and approaches to maximize the success of their organizations. New skill sets based on contemporary evidence-based practices include:

- embedding a broader organizational systems-oriented approach when evaluating the performance of their organization such as espoused by the National Baldrige Model (NIST, 2012);
- using proven quality improvement approaches and tools, such as root cause analysis and other resources available at a variety of reputable websites (ASQ, 2014; AHRQ, 2014);
- staying current with federal quality and performance initiatives, including programs like the Quality Assessment and Performance Initiative (QAPI) being advanced by the Center for Medicare and Medicaid (CMS, 2014; Kulus, 2012);
- the ability to use data to drive decision making across the organization and using effective benchmarking approaches, for example, the Advancing Excellence in America's Nursing Homes Campaign (Advancing Excellence, 2014);
- practicing effective change-management strategies using a variety of leadership resources (Kotter & Cohen, 2002; Dana & Olson, 2007) that would be effective in the health and aging service environment, and also including industry-specific, resident-centered care movements, such as the Pioneer Network (2014); and
- engagement with professional and trade organizations that represent the health and aging services profession, that have a wealth of resources available for their members.

The goal in the fourth module is not to explore these concepts in depth, but rather to highlight several best practices and provide resources where preceptors and their students could find more information. Although organizations have their own culture and administrators have their own leadership styles and practices, both preceptors and their protégés could use knowledge gained in this module to motivate them to stay abreast of current developments in the dynamic field of healthcare, to solve problems, and to create opportunities (Center for Creative Leadership, 2007). Ideally, some of these resources will be advanced in applied projects or initiatives within their organizations that could provide the practicum student a hands-on application and learning experience using these practices. This module especially requires ongoing review and dialogue with the field to stay current and credible, which will in turn make the use of such a preceptor certification program beneficial to all stakeholders including students/AITs, practitioners, and universities/licensing boards.

PRACTICAL APPLICATIONS

A preceptor certification program offers academic programs and state licensing boards a way to enable preceptors to enhance their knowledge base of teaching skills, communication techniques, and evaluation strategies, as well as expand their repertoire of contemporary best practices in health and aging services administration. The program outlined here was designed to meet the needs of both an academic program/state licensing board as well as preceptors in an efficient and flexible manner. That is why an asynchronous online format offered in four hour-long equivalent modules was originally utilized. However, the modules, learning objectives, and content suggestions developed for this program could easily be adapted to any type of delivery mode.

It is recommended that academic programs and state licensing boards apply for Continuing Education (CEU) approval from NAB for preceptor certification offerings, and offer such training and accompanying CEU's to prospective preceptors free of charge whenever possible in an effort to recruit more well-qualified preceptors. Administrators need CEU's to keep their licenses current and preceptors will be able to use the skill sets taught in the modules not only to maximize development of their future students but also in coaching and mentoring their own management talent. They are able to apply innovative and contemporary practices gleaned through their certification experience in their organizations. For these reasons, completing the certification will be viewed by them not as burdensome but as value-added.

CONCLUSION

Success of the preceptor-student experience impacts not only the student and the mentoring relationship that evolves between the pair, but also the future experiences of both participants and the students who will follow. Successful learning outcomes for the practicum student are highly dependent on the rapport and effectiveness of the precepting relationship. A preceptor certification program offers a convenient way to provide important professional development for preceptors and systematizing the preparation of preceptors within established program policies helps to ensure a more standardized experience for all participants.

The AIT experience is an essential educational component that serves as an important transition as students prepare for their inaugural leadership role; it is critical to both the short- and long-term success of potential administrators. As the need for health and aging service administrators continues to grow, it is essential that academic programs and state licensing boards work closely with administrative preceptors to prepare and support them in their roles, ensuring that the leaders of tomorrow are well prepared for the challenges they will face so they may ensure quality care for all recipients.

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APPENDIX A

Licensing Board Requirements for Nursing Home Administrator Preceptors by State

State	Preceptor Requirements	Preceptor Training Offered (Y/N)	Type of Training	Preceptor Training Required (Y/N)	CEUs included	Cost
Alabama	Must be of morale character, must not supervise training of his/her immediate family.	N	N/A	N	N/A	N/A
Alaska	Licensed in Alaska, employed at the practicum site, weekly supervisory conference with AIT	N/A	N/A	N/A	N/A	N/A
Arizona	Licensed in Arizona, completion of preceptor training	Y	6 hours	Y	6	Varies
Arkansas	Licensed in Arkansas, completion of preceptor training	Y	Offered by Office of Long Term Care	Y	N/A	N/A
California	Licensed in California, practiced for 2 years in CA or 4 years as assistant administrator	N/A	N/A	N/A	N/A	N/A
Colorado	Licensed in Colorado, practiced for 3 years in CO, only 1 student at a time	N/A	N/A	N/A	N/A	N/A
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A
Delaware	Licensed in Delaware, practiced for 2 years in Delaware	N/A	N/A	N/A	N/A	N/A
Florida	Licensed in Florida, practiced for 3 years in Florida, take a 6-hour course	Y	In-class	Y	6	Varies

Appendix A, *cont.*

Georgia	Licensed in Georgia, employed full-time at practicum site, practiced for 5 years as an administrator at an approved site	N	N/A	N	N/A	N/A
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A
Idaho	Licensed in Idaho, practiced 2 consecutive years, completed 6-hour preceptor coursed, recertified every 10 years	N/A	N/A	N/A	N/A	N/A
Illinois	N/A	N/A	N/A	N/A	N/A	N/A
Indiana	Licensed in Indiana, attended a preceptor program within 5 years, worked as an administrator 2 of the last 3 years, can only have 1 student at a time	Y	Online course through IHCA	N/A	N/A	N/A
Iowa	Licensed in Iowa, practiced for 2 years, present in facility at least 75% of the time, cannot be related to student	N/A	N/A	N/A	N/A	N/A
Kansas	Licensed in Kansas, practiced for 3 years or 5,000 hours of experience, full time at practicum site, limit 2 students at a time	N/A	N/A	N/A	N/A	N/A
Kentucky	N/A	N/A	N/A	N/A	N/A	N/A
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A
Maine	Licensed in Maine, 5 years of experience, completed preceptor training with last 3 years	N/A	N/A	N/A	N/A	N/A

Appendix A, *cont.*

Maryland	Licensed in Maryland for at least 1 year, employed full time 2 of the past 3 years, completion of preceptor certification course	Y	Certification course	Y	N/A	N/A
Massachusetts	Licensed in Massachusetts, practiced for 5 years immediately preceding, work full time in practicum site, meet with student at least weekly, submits reports to the licensing board	N/A	N/A	N/A	N/A	N/A
Michigan	N/A	N/A	N/A	N/A	N/A	N/A
Minnesota	Licensed in Minnesota, practiced for 2 years, cannot supervise a relative	N/A	N/A	N/A	N/A	N/A
Mississippi	Licensed in Mississippi, practiced for 3 years in Mississippi, preceptor must be certified, evaluate students at 3 and 6 months, can have 2 students, must work within 100 miles of practicum site	N/A	N/A	N/A	N/A	N/A
Missouri	Licensed in Missouri, practiced for 3 years, completion of a preceptor certification course	Y	In-class	Y	6 CEUs	\$350 (new) \$150 (returning)
Montana	Licensed in Montana	Y	N/A	N/A	N/A	N/A
Nebraska	Licensed in Nebraska, practiced for 2 years	Y	In-class	Y	Course must be at least 8 CEUs	Varies

Appendix A, *cont.*

Nevada	Licensed in Nevada, practiced for 2 years	N	N/A	N	N/A	N/A
New Hampshire	Licensed in New Hampshire, practiced for 5 years	N/A	N/A	N/A	N/A	N/A
New Jersey	Licensed in New Jersey, practiced for 2 years, completion of preceptor course	N/A	N/A	Y	N/A	N/A
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A
New York	Approved by Board	N/A	N/A	N/A	May earn CEUs for precepting	N/A
North Carolina	Licensed in North Carolina, 3 years of experience, preceptor orientation	N/A	N/A	N/A	N/A	N/A
North Dakota	Licensed in North Dakota, 1 year of experience in North Dakota and 3 years experience overall, completion of a preceptor training course, and at least 1 year as a North Dakota nursing home administrator	N/A	N/A	Y	N/A	N/A
Ohio	Licensed in Ohio, 2 years of experience in the last 5 years, completion of preceptor training course	Y	N/A	Y	N/A	N/A
Oklahoma	Licensed in Oklahoma, 2 years of experience, completion of preceptor training seminar, provide board notice of student's completion	N/A	N/A	Y	N/A	N/A

Appendix A, *cont.*

Oregon	Licensed in Oregon, 3 years of experience, completion of preceptor training within 3 years	Y	N/A	Y	N/A	N/A
Pennsylvania	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	N/A	N/A	N/A	N/A	N/A	N/A
South Carolina	Licensed in South Carolina, 3 years of experience, employed at practicum site, worked for 2 years in facility that accepts Medicare and Medicaid	Y	In-person training course required every 3 years	Preceptors may obtain CEU hours	Depends	Varies
South Dakota	Licensed in South Dakota for 4 years	N/A	N/A	N/A	N/A	N/A
Tennessee	Licensed in Tennessee for 3 years, completion of preceptor course	N/A	N/A	Y	N/A	N/A
Texas	Licensed in Texas for 2 years, 5 years of experience, completion of preceptor training, work full time at practicum site, meet with student regularly	N/A	N/A	Y	N/A	N/A
Utah	Licensed in Utah, 3 years of experience, work full time at the practicum site, no more than 2 students at a time	N/A	N/A	N/A	N/A	N/A
Vermont	Licensed in Vermont, 5 years experience	N/A	N/A	N/A	N/A	N/A
Virginia	Licensed in Virginia, employed in a training facility for 1 of the past 4 years	N	N/A	N	N/A	N/A

Appendix A, cont.

Washington	Licensed in Washington, full time at practicum site, complete preceptor training, weekly meetings, can supervise 2 students at a time	N/A	N/A	Y	N/A	N/A
West Virginia	Licensed in West Virginia for 3 years and practiced in West Virginia the preceding year, approved by board as preceptor	N	N/A	N	N/A	N/A
Wisconsin	N/A	N/A	N/A	N/A	N/A	N/A
Wyoming	Licensed in Wyoming	N	N/A	N/A	N/A	N/A