**AIP OR Preceptorship Survey Results**

**9/29/15-10/31/15**

**N=69 of 155**

1. In your own words, how would you define the role of preceptorship in the AIP Operating Room?

Trending Responses:

* (to) challenge
* (to) critically think
* (to) demonstrate/show
* *(to) educate/teach*
* (to) enable
* (to) encourage
* (to) facilitate
* *(to) guide*
* (to) help
* (to) instruct
* *(to) lead*
* *(to) mentor*
* *(to) share knowledge*
* (to) support
* (to) train
* (to be a) resource
* (to be a) role model
* *Please see free text comment responses document for frequency of complete list of preceptor role definitions*

Results Analysis: The most trending responses concerning preceptor definition include to educate/teach, to mentor, to guide, to lead and to share knowledge.

1. In your own words, what are some characteristics of a preceptor in the AIP Operating Room?

Trending Responses:

* Advocate
* Assertive
* Communicator
* Compassionate
* Confident
* Effective
* Encouraging
* Engaged
* *Experienced*
* Flexible
* Friendly
* *Knowledgeable*
* Leader
* Motivated
* Organized
* *Patient*
* Personable
* Receptive
* Safe
* Understanding
* Welcoming
* *Willing to teach*
* *Please see free text comment responses document for frequency of complete list of preceptor characteristics*

Results Analysis: The most trending responses to preceptor characteristics include patient, knowledgeable, experienced and willing to teach.

1. How many shifts per week do you work as a preceptor?

Result Analysis: More than half the staff act in the preceptor role it least 1-2 days/week. For those who are scheduled for three shifts/week, this means that they are acting as a preceptor up to 75% of their shifts, for those working four shifts/week act as a preceptor up to 50% of their shifts.

1. Please answer the following statement: Preceptorship in the AIP Operating Room is a formal and clearly defined role with organized professional practice guidelines, achievable goals and supports clinical efficiency on the unit.

Results Analysis: Majority of the responders disagree and do not feel that the AIP OR Preceptor is formally supported, lacks defined roles, practice support and goals as well as efficiency. This statistic relates to the general discourse and negative feedback from staff and physicians related to the missing accountability and presence of competent preceptors.

1. Please answer the following statement: The AIP Operating Room would benefit from the development of a preceptor program curriculum that includes a clear set of criteria and goals for precepting alongside a defined role description and clinical experience qualifications.

Results Analysis: More than half of the responders strongly agree that the AIP OR staff would benefit from an OR Specific Preceptor Course that identifies a curriculum that is pertinent the specialty care area and recognizes a defined role description with professional goals and clinical experience qualifications to support responsibility and accountability within the preceptor role.

1. Please rank the rewards associated with preceptorship in the AIP Operating Room, according to importance. (1 is the most important reward related to precepting and 5 being the least important reward related to precepting).

Results Analysis: The greatest incentive related to precepting in the AIP OR is financial incentive. Currently preceptors are benefited 4-6% base pay to act in the preceptor role. The second most incentivizing component to preceptorship is increased level of job satisfaction. This incentive is also frequently support in the literature. Assuming a leadership role, utilizing the role for continuing education and finally management/co-worker recognition are the bottom three ranking incentive for preceptors in the AIP OR.

1. Have you attended the University of Colorado’s Hospital Basic Preceptor Course?

Results Analysis: More than half the responders have not enrolled or completed the University of Colorado Hospital’s Basic Preceptor Course. This statistic contradicts question #3 in that majority of responders act within the preceptor at least one shift/week, if not more. This practice does not coincide with the current UCH Preceptor Policy’s criteria for preceptor selection.

1. If you answered yes to the previous question, what was most helpful and what was least helpful about the Basic Preceptor Course?

Trending Responses:

* *Not OR Focused/Not Applicable*
* Learning Styles of Adults
* Target Floor Nursing
* Too Long Ago
* *“I don’t remember…”*
* *Please see free text comment responses document for complete list of preceptor role definitions*

Results Analysis: The most trending responses of the reviewers include not remembering the content and addressing that it was not OR specific and therefore not applicable to their specialized practices.

1. Please select your primary role as an AIP OR staff member.

Results Analysis: Majority of the responders are Clinical Nurses (RN’s). This supports our current staffing structure with majority of our staff numbers being fulfilled by RN’s. The second most popular job description of the responder’s is Surgical Technologist (ST’s).

1. Please share any additional comments and/or concerns with preceptorship in the AIP Operating Room here.

Trending Responses:

* Frustrated in the orientation process
* Very unorganized
* Don’t feel prepared
* No consistency
* Dedicated preceptors
* OR seems very open to teach
* Need clear, concise, and consistent way of teaching to facilitate learning
* Expectations undefined
* Better if all took preceptor class before being expected to precept
* Consistent team of preceptors
* Blind is leading the blind
* Clearly defined concrete goals
* Standardize/suggest responses in various situations
* Preceptors need more formal support/recognition/guidance
* *Please see free text comment responses document for full text list of OR preceptorship practice and preparation.*

Results Analysis: The free text comments address significant concerns and positive suggestions to support development of an OR Specific Basic Preceptor course curriculum with the purpose to confront and correct these preceptorship practice concerns.