



PRECEPTOR SPECIALTY PRACTICE REVIEW  
**Quality Management in  
Preceptorships**

---

*by: Diana Swihart,  
PhD, DMin, MSN, APN CS, RN-BC, FAAN*



# Objectives

- **State** the differences between quality and performance and process improvement.
- **Describe** three sources of standards influencing the quality, process, and safety of patient care.
- **Discuss** structure, process, and outcomes related to safety and performance measures in preceptorship.
- **Describe** the role of quality management systems in preceptorships.

*It's the little things that make the big things possible. Only close attention to the fine details of any operation makes the operation first class.*

–J. Willard Marriott

# Role of Quality Management in Preceptoring

- Preceptoring is about raising the bar on service excellence
  - Preceptors engage in activities and crucial actions needed to shift organizational culture to excellence through relevant preceptorships
  - Excellence requires the right people, processes, and priorities in alignment with one another
  - Organizations define quality; employees live it

# Quality, Performance and Process Improvement

- Quality cannot be defined without context
  - Quality is determined by comparing a set of characteristics with a set of requirements; based on degree of compliance to the set of requirements (e.g., expectations or obligations)
  - Preceptors build relationships and create preceptorships to do the right thing at the right time in the right way for best possible outcomes



# Basic Principles of Quality Management

- Preceptors use **eight basic principles** of quality management to improve performance and process and manage quality through preceptoring
  1. **Customer focus:** needs, requirements, exceed expectations through assessments and competency verifications

**Source:** International Organization of Standards, [www.iso.org](http://www.iso.org)

# Basic Principles of Quality Management

2. **Leadership:** establish unity of purpose and direction of preceptorship; maintain internal environment to achieve organizational objectives during onboarding and competency processes in partnership with managers, supervisors, and human resources (HR)
3. **Involvement of people:** motivated, committed, engaged, empowered at all levels, e.g., HR, education, management, support staff

# Basic Principles of Quality Management

- 4. Process approach with process improvement:** a desired result achieved more efficiently when activities and related resources managed as a process, e.g., onboarding
- 5. System approach to preceptoring:** identifying, understanding, managing interrelated processes as a system; included in mission, vision, and strategic planning processes

# Basic Principles of Quality Management

6. **Continual improvement:** a permanent objective for preceptors and preceptorships
7. **Factual approach to decision-making:** based on analysis of data, evidence, and information
8. **Mutually beneficial interdisciplinary and interprofessional relationships:** interdependent and mutually beneficial relationships enhance ability to create and sustain value, resource utilization, and cross-functional learning and competency activities

# Role of Quality in Preceptorships

- Strategic planning for quality and performance improvement (objectives, priorities, expectations, deliverables, timelines)
- Preceptors work with leaders to manage resources (human, fiscal, material)
- Preceptors manage risks for safe, efficient, quality outcomes; integrate safety priorities
- Ensure interdisciplinary and interprofessional collaboration in quality activities

**Source:** Monson, G., & Hogue, H. (2015). Quality management and continual improvement. In *Charge Nurse Leader Program Builder* by D. Swihart and K. Gantt.

# Role of Quality

- Preceptees learn about quality and performance improvement related to evidence-based practice, practice-based evidence, research, and quality improvement activities (e.g., improving performance measures; engage in peer review activities, data collection, quality projects)
  - They participate in quality councils, risk management committees, evidence-based design, and journal clubs



# Standards Influencing Quality, Process, and Safety

- American Society for Quality (ASQ; [www.asq.org](http://www.asq.org))
- International Organization for Standardization ([www.iso.org](http://www.iso.org))
- Institute for Healthcare Improvement (IHI; <http://www.ihi.org/>)
- National Quality Forum (NQF; [www.qualityforum.org](http://www.qualityforum.org))
- National Quality Measures Clearinghouse ([www.qualitymeasures.ahrq.gov](http://www.qualitymeasures.ahrq.gov))
- National Committee for Quality Assurance (NCQA; [www.qualityforum.org](http://www.qualityforum.org); [www.ncqa.org](http://www.ncqa.org))

# Healthcare Quality (IOM/NAM)

- Institute of Medicine (now National Academy of Medicine) describes healthcare quality as the extent to which health services provided to individuals and patient populations improved desired health outcomes ... based on the strongest clinical evidence and provided in a technically and culturally competent manner with good communication and shared decision making

**Sources:** Institute of Medicine. (2001). *Crossing the quality chasm*; Institute of Medicine. (2006). *Performance measurement: Accelerating improvement*.

# Process Improvement

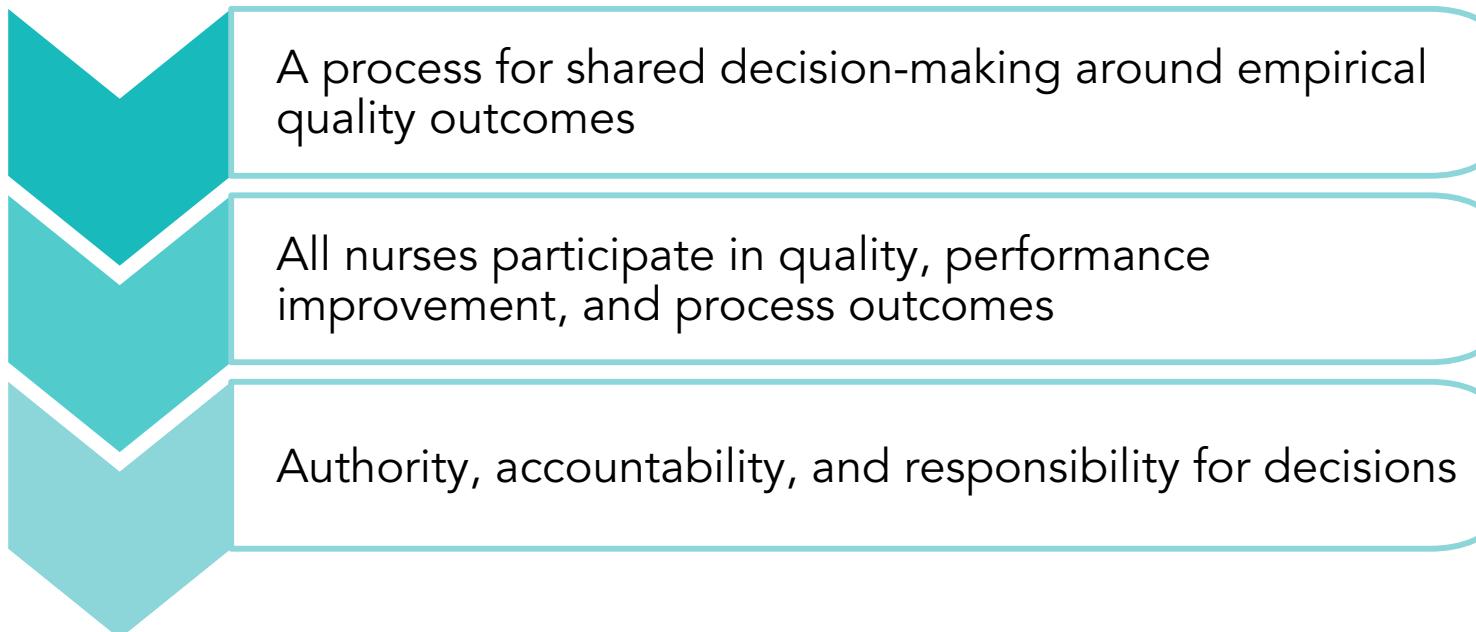
- Methods and approaches for quality and process improvement to integrate monitoring, evaluation, and improvement activities
- Process and performance improvement basics ([www.jointcommission.org/](http://www.jointcommission.org/))
  1. Data collection to measure performance, processes, and quality
  2. Assess current status
  3. Improve performance, process, quality

# Quality in Preceptorships

- Quality improvement activities lead to breakthroughs to greater levels of performance (e.g., Benner's novice-to-expert model)
  - Measure current levels of performance
  - Seek and implement better performance approaches and methods of providing care

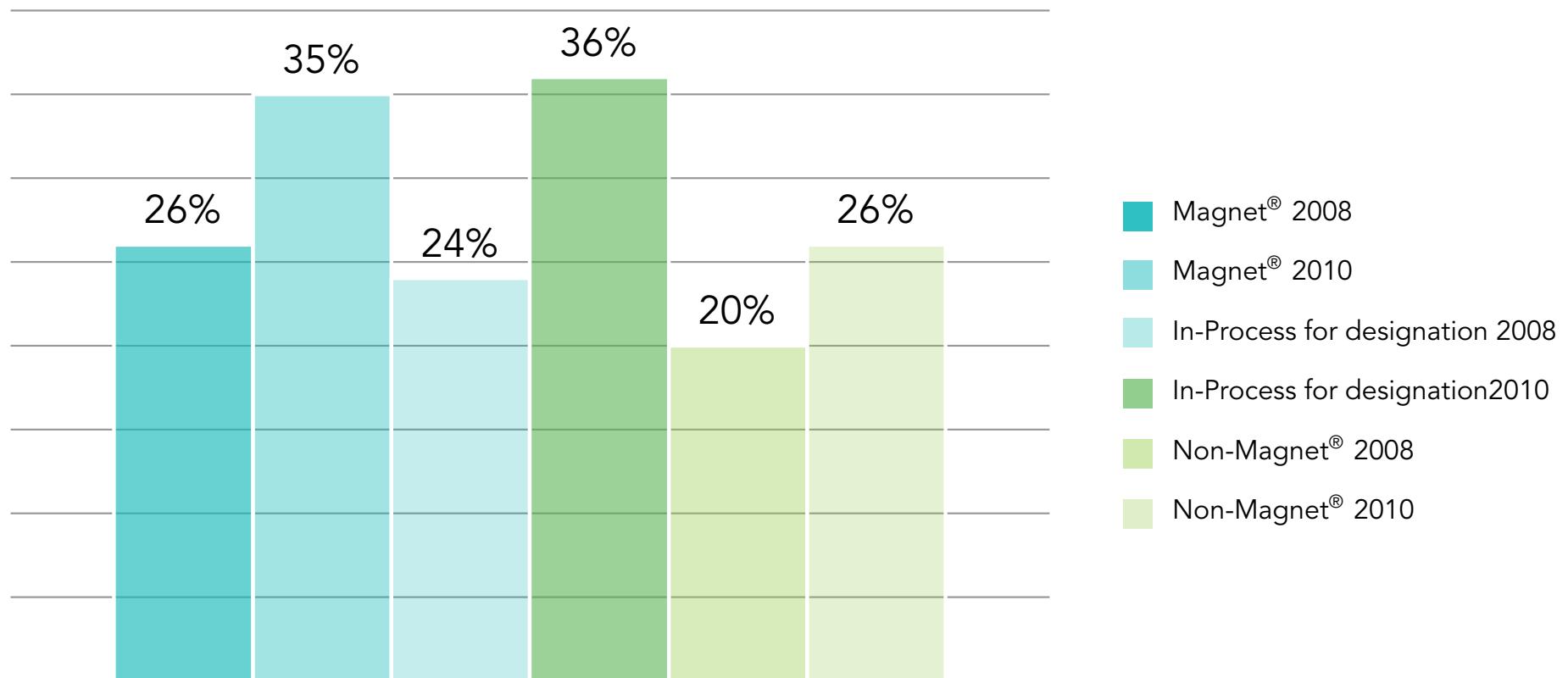
**Source:** Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Educating nurses: A call for radical transformation.*

# Quality in Preceptoring



**GOAL:** Engage preceptors and preceptees to develop a sense of ownership, responsibility, and accountability within the organization through empowerment

# Opportunities to Influence Decisions About Workplace Organization



Hess, R., DesRoches, C., Donelean, K., Norman, L., Buerhaus, P.I., (2011) . Perceptions of Nurses in Magnet® Hospitals, Non-Magnet Hospitals, and Hospitals Pursuing Magnet Status. *The Journal of Nursing Administration*, 41, 1-10.

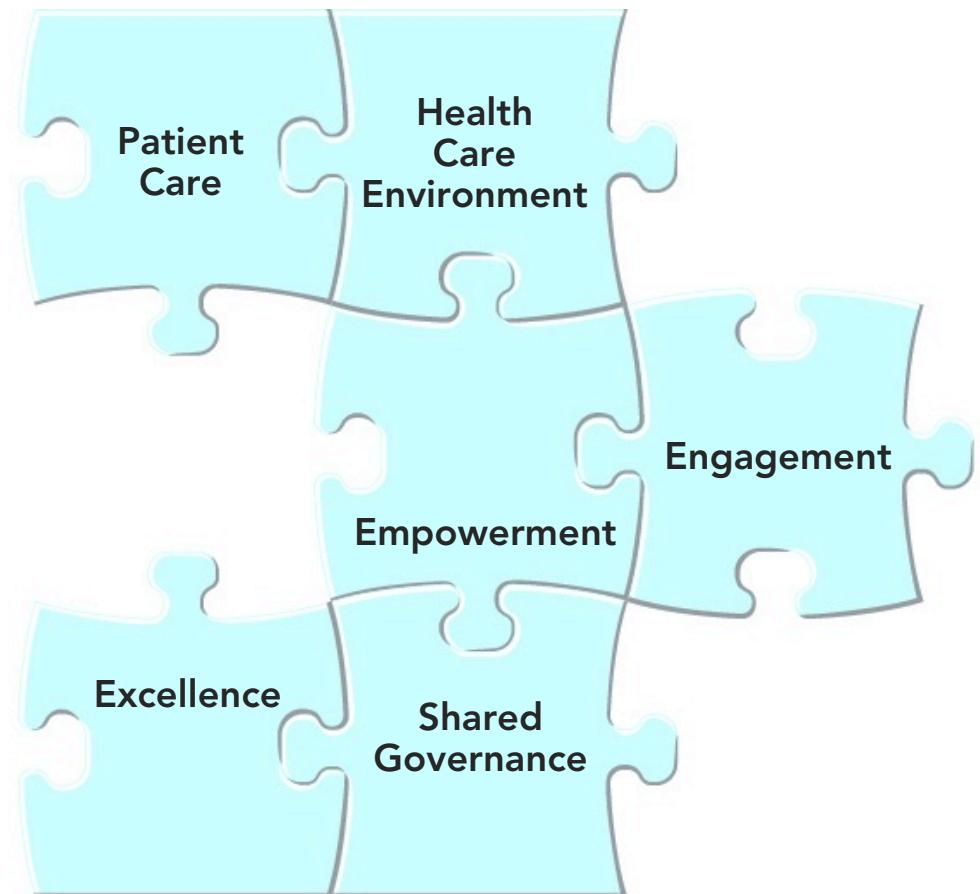
# Preceptors Build a Culture of Quality Improvement Across Disciplines

- Clinical performance
- Clinical leadership
- Clinical audit
- Clinical risk management
- Complaints
- Continuing health needs assessments
- Changing practice through evidence
- Continuing education
- Culture of excellence
- Clear accountability

**From:** 10 Cs of clinical governance. In Heard, S. R., Schiller, G., Aitken, M., Fergie, C., & McCready Hall, L. (2001). *Continuous quality improvement: educating towards a culture of clinical governance*.

# Quality Management and Performance Improvement Structures

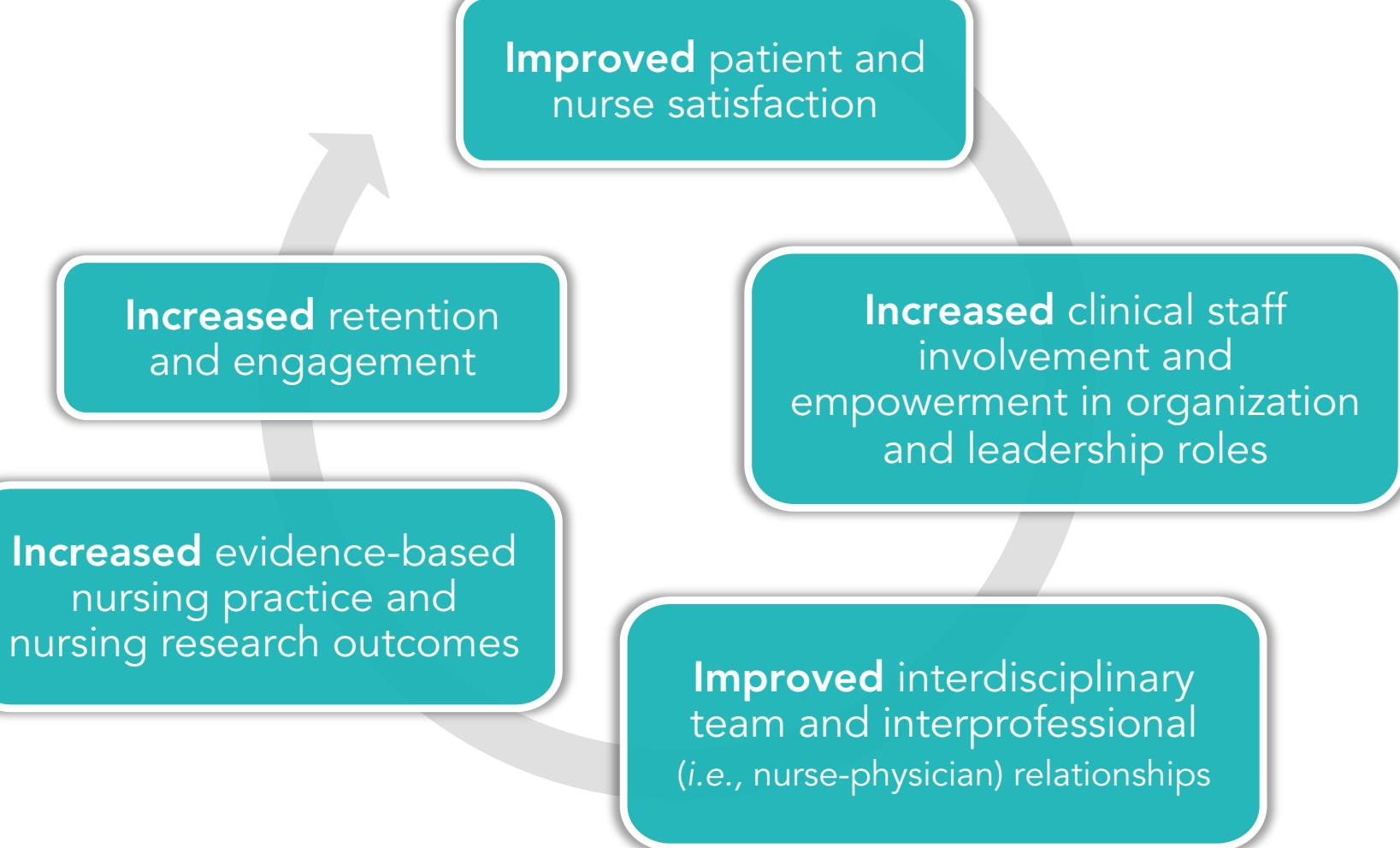
- Governing, or decision making bodies with oversight of quality management activities for the organization
  - Examples: Quality Systems, Quality Services, Performance Improvement (PI) Services, Quality and quality-related councils and committees (e.g., Nursing Quality Shared Governance Council, Quality, Risk Management Committee)



# Preceptoring in Care Delivery Systems

- ... for the provision of care; delineates nurses' authority and accountability for clinical decision-making and outcomes [quality and performance improvement] (ANCC 2008)
  - Integrate with practice model
  - Promote continuous, consistent, efficient, and accountable nursing care
  - Adapt to regulatory consideration
  - Describe context of care; how delivered; skills, knowledge, abilities needed; expected outcomes

# Outcomes



# Preceptor Quality Responsibilities

- Plan quality activities for preceptee (e.g., review and report on unit dashboard)
- Integrate safety priorities relevant to quality processes, functions, and services
- Involve preceptee in related shared governance activities
  - Examples: the Nursing Quality Council or committee, Patient Safety Committee, Risk Management teams

# Preceptor Quality Responsibilities

- Learn about quality, safety, and performance improvement at points of service
  - Research, EBP, and PBE (e.g., journal club)
  - Quality improvement activities
  - EBD (evidence based design, e.g., noise, light, equipment, patient rooms, safe environments)
- Assess complaints, concerns, compliments, and other comments (by staff and patients) for opportunities to improve

# Successful Change

## = Empowerment + Engagement

Preceptors succeed in helping lead culture change when they achieve specific outcomes

A culture in which preceptoring is simply “business as usual”, a part of the culture of the organization, with all that this implies in practice, quality, and competency

Staff-centered, patient-focused, patient-centered, relationship-based care is grounded in evidence-based nursing practice and nursing research

Nurse-physician relationships are in relationships that are interprofessional, collegial, collaborative, and mutually respectful

# Successful Change

## = Empowerment + Engagement

- Preceptors succeeded in helping lead culture change when they achieved specific outcomes:
  - A culture in which preceptoring is simply “business as usual” (an unchanging state despite chaos, difficulties, or disruptions)
    - Recruitment and retention of nurses
    - Appeal to physicians
    - Important to patients
    - Contribution to community

# Successful Change

## = Empowerment + Engagement

- A culture in which preceptoring is simply “business as usual”
  - Leadership in profession of nursing
  - Improved patient and staff satisfaction
  - Lower costs of care
  - Improved nurse-physician relationships
  - Improved morale > less injury

# Successful Change

## = Empowerment + Engagement

- There is a continuously positive effect on other healthcare disciplines (physicians, pharmacists, support personnel)
- A culture of excellence permeates the executive team and moves through entire organization with team outcomes

# Defining Performance Improvement

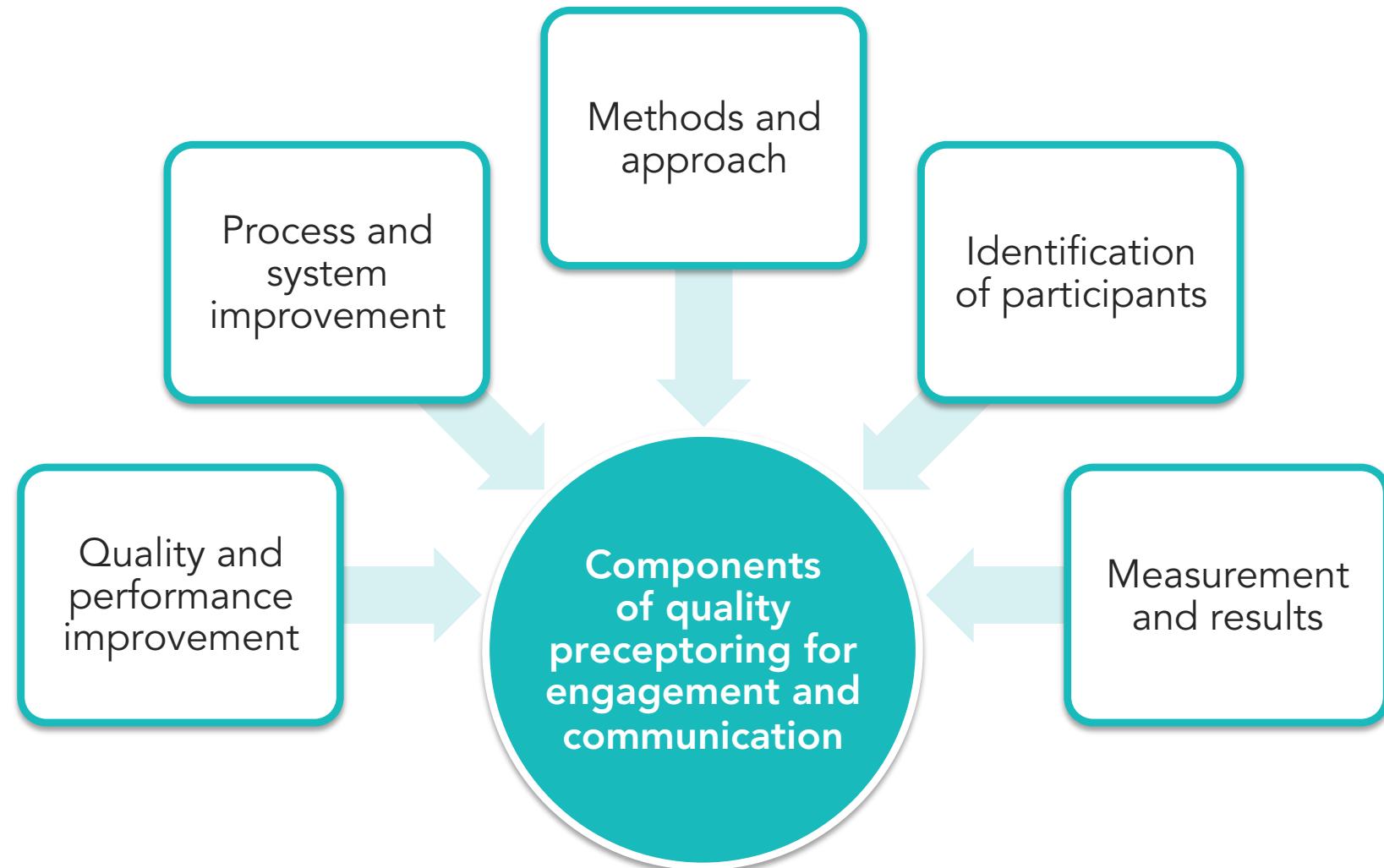
- Making things better and decreasing and/or eliminating the gaps, e.g., medication errors
  - Example: preceptees expect to be fully competent by end of preceptorships, even when learning new skills, e.g., critical care

**Source:** Monson, G., & Hogue, H. (2015). Quality management and continual improvement. In *Charge Nurse Leader Program Builder* by D. Swihart and K. Gantt.

# Performance Indicators: Measures to Monitor and Evaluate Key Processes

- Core measures
- Patient satisfaction
- Nurse satisfaction
- Retention
- Dashboards
- Report cards
- Performance evaluations
- Preceptor log
- Nurse sensitive indicators (National Database Nursing Quality Indicators, NDNQI)
- Preceptor, preceptee, and preceptorship evaluations

# Empirical Outcomes



# Preceptor Improve Safety and Quality in Diverse Practice Settings

- Preceptors have different competency needs and expectations based on practice settings
  - **Surgical units:** they manage postop pain
  - **Medical units:** they administer more meds
  - **Nursing homes:** they respond to patient needs for personal hygiene and normal activities of daily living (ADLs)
  - **Ambulatory care:** they manage access to clinic appointments, timely visits, and short clinic stays

# Structures for Quality, Process, and Performance Improvements

- Leadership
  - Strong preceptor support is important in all aspects of patient care and competency assessments for preceptees
  - Leadership support from the top is essential, combined with active participation by staff in reporting problems and opportunities for improvement

# Structure: Plan

- The preceptor helps determine how the preceptorship will contribute to the preceptee's quality and safety practices
  - Includes focus on the most important priorities for the assigned practice setting or unit; is flexible to address new problems as they arise
  - Assess, analyze, and evaluate processes and outcomes

# Structure: Preceptor Focus

- Satisfying customers should be foremost in the minds of every leader and preceptor
  - Preceptor focus means understanding what preceptors (and preceptees) need and expect from their perspective
  - Use satisfaction, dissatisfaction, and complaint data to provide a comprehensive picture of their experiences



# Measurement, Analysis, and Knowledge Management

- Uses quality tools and statistical techniques
- Structured problem solving process produces better results than an unstructured approach
- Changes in preceptoring should be based on data gathered through a formal approach
- Compare and benchmark performance

# Staff Focus

- Preceptoring involves all employees
- Preceptors are chosen from among the staff; the person doing the job is most knowledgeable about that job
- Everyone wants to do a good job
- Commitment from leadership and staff is vital
- Working together accomplishes more than individual contributions to successful preceptorships

# Process Management

- Focus on the **system** and the **process**
  - Performance improvement is a continuous process, e.g., nursing process, a series of linked steps to provide nursing care: assessment, diagnosis, identification of outcomes, planning, implementation, and evaluation
  - Elimination of waste, or non-value added activities, must be a priority

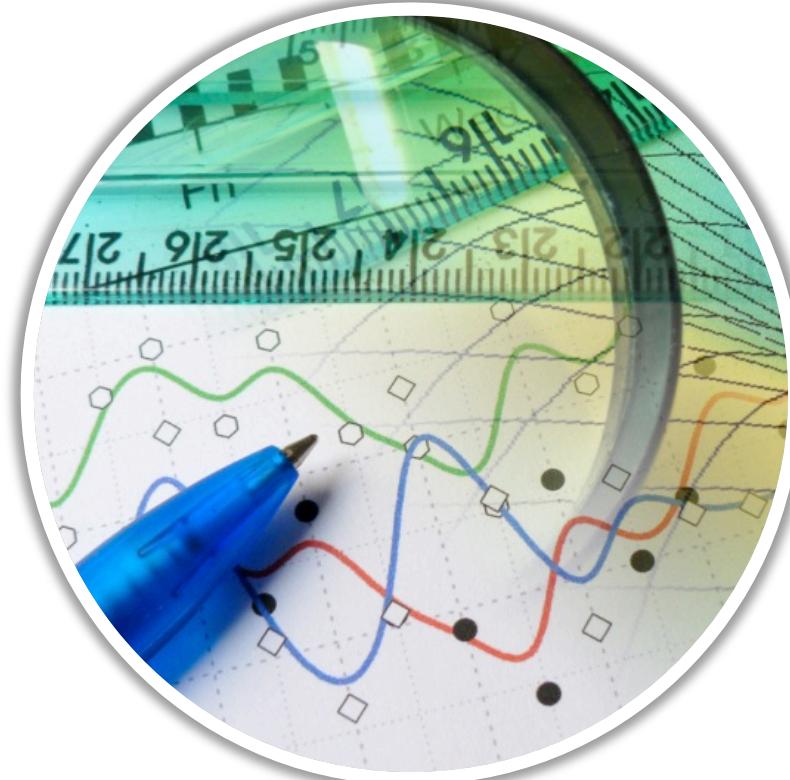
**Source:** Womack, J. P., & Jones, D. T. (2010). *Lean thinking: Banish waste and create wealth in your corporation*

# Challenges for Preceptors

- Limited knowledge, skills, and abilities in:
  1. Evidence-based practice (EBP)
  2. Practice-based evidence (PBE)
  3. Evidence-based design (EBD)
  4. Quality and performance improvement
  5. Process improvement
  6. Quality and risk management

# Performance Results

- Focus on results and outcomes
- Measure performance; aggregate measures over time reflect results
- Patterns and trends provide an indication of problems or successful practices
- Results are monitored on a regular basis in comparison to goals, targets, and benchmarks



# Some of the Agencies Involved in Quality and Safety in Healthcare

- Health care is regulated and/or monitored by many agencies
  - The Joint Commission (TJC)
  - International Organization of Standards (ISO)
  - American Nurses Credentialing Center (ANCC, Magnet® and Pathways Programs)
  - Occupational and Safety Health Administration (OSHA)
  - Institutes of Medicine (IOM)
  - American Society for Quality (ASQ)

# The Joint Commission

- **Mission:** to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations, and inspiring them to excel in providing safe and effective care of the highest quality and value



Source: [www.jointcommission.org/](http://www.jointcommission.org/)

# Institutes of Medicine/National Academy of Medicine (IOM/NAM)

- **Six domains** for quality care delivery
  1. **Safe** (avoid preventable injuries, reduce medical errors)
  2. **Effective** (EBP, clinical guidelines)
  3. **Efficient** (cost effective, waste removal)
  4. **Timely** (access to care, practice flow)
  5. **Patient-centered** (respectful, responsive)
  6. **Equitable** (equal and consistent care)

# Examples of Measuring Quality

- **Safety:** percent of patients receiving safe care
- **Effective:** how well EBPs are followed
- **Efficient:** analysis of costs of care
- **Timely:** waits and delays in service
- **Patient-centered:** respectful, responsive
- **Equitable:** equal and consistent responses to all preceptees and preceptors

# Patient Safety: Foundation for Quality Care and Performance Improvement

- Quality care has several dimensions, i.e., clinical, functional, perceptual/satisfaction, and financial
  - Apply safe practices in care
  - Ensure safe environments
  - Report events, near-misses, problems to ensure corrective actions
  - Analyze system and process root causes via teams to solve real problems
  - Change processes for improvement

# Risk Management

- **Risk assessment:** organization identifies safety risks inherent in its patient population ([www.jointcommission.org](http://www.jointcommission.org))
  - **Failure Mode Effect Analysis (FMEA)**
  - **Root cause analysis (RCA)**
  - **Occurrence/quality improvement reports:** patient safety reporting system (<http://psrs.arc.nasa.gov>), medical records, incident reports, failure to report policies

# Quality in the ANCC Magnet Recognition Program<sup>®</sup>

- Focus on structure and processes, assume good outcomes will follow
- Quantitative benchmark data and comparisons with best practices
- Outcomes categorized in terms of clinical outcomes related to: nursing, workforce outcomes, patient and consumer outcomes, and organizational outcomes
- Quality is driving force for nursing

# Components of Quality Preceptoring: Sources of Evidence from Magnet®



Exemplary  
Professional  
Practice

- Professional Practice Model
- Care Delivery System(s)
- Staffing, Scheduling, and Building Processes
- Interdisciplinary Care
- Accountability, Competence, and Autonomy
- Ethics, Privacy, Security, and Confidentiality
- Diversity and Workplace Advocacy
- Culture of Safety
- Quality Care Monitoring and Improvement

# Magnet® Quality Expectations

- Nurse leaders provide environment to positively influence patient outcomes
  - Structures and processes for measuring quality
  - Structures and processes for programs to improve quality (e.g., preceptorships)
  - Quality infrastructure has process to support care delivery
  - Systems promote, support, monitor, and improve patient and staff safety

# Magnet® Quality Expectations

- Nurses perceive they provide high quality care
- Ongoing monitoring, evaluation, and improvement of nurse-sensitive outcomes
- Benchmarking clinical and operational indicators
- Nurses involved at all levels of quality and performance improvement activities

# American Nurses Association (ANA) Standards Related to Quality for Preceptoring

- Measurement criteria:
  - Apply nursing process in a responsible, accountable, and ethical manner
  - Use creativity and innovation to improve quality of learning experiences
  - Use current best evidences
  - Ensure presence of mechanisms for developing, implementing, and evaluating practice

# Measurement Criteria

- Incorporate new knowledge and skills to initiate (and sustain) change
- Obtain or maintain professional certification
- Participate in quality performance improvement activities
- Participate in evaluation and regulation of individuals as appropriate through privileging, credentialing, or certification processes
- Document evaluations of preceptoring activities

Adapted from: NNSDO/ANPD and ANA, 2010

# American Society for Quality (ASQ)

- **Global Voice of Quality:** by making quality a global priority, an organizational imperative, and a personal ethic, the ASQ becomes the community for those seeking quality concepts, technology, and tools to improve themselves and their world

**Source:** <http://asq.org/index.aspx>

# International Organization for Standards (ISO): Quality Management

- Global focus on QM based on meeting customer's quality requirements and applicable regulations to healthcare
- **ISO 9001:2008 Standard** has broad quality purpose and scope with key concepts:
  1. Product and service conformity
  2. Customer satisfaction

# ISO Quality Management

- **ISO 9001:2008 Standard** has broad quality purpose and scope with key concepts:
  3. Continuous improvement
  4. A quality management system approach
  5. Monitoring and measuring
- **ISO 9001:2015 Standard** builds on the quality concepts with multiple improvements; recently released but not yet implemented in healthcare

# Integrating Quality and Performance Improvement into Preceptorships

- Use research, EBP, and best practices to guide nursing practice
- Network with other preceptors and educators through national organizations and associations, online and at conferences



**Source:** Chao, S., Anderson, K., & Hernandez, L. (2009). *IOM workshop report: Toward health equity and patient-centeredness integrating health literacy, disparities reduction and quality improvement*. Washington, DC: National Academy Press.

# Integrating Quality and Performance Improvement

- Identify and resolve system and process problems related to orientation and preceptoring
- Improve processes and performance at points of service; participate in nursing quality initiatives and committees

# Process Improvement Approaches

- **Six Sigma:** rigorous, quantitative, data-driven process to reduce variation and eliminate redundancies and defects
- **Lean:** systematic approach to eliminate waste
- **Constraints management:** method to focus efforts and manage a system's bottlenecks and other constraints (market, resource, material, supplier or vendor, financial, policy, knowledge/competence)

**Source:** Bahadir, I., Chauncey, D., & Kamataris, V. (2011). *Performance improvement for healthcare: Leading change with Lean, Six Sigma, and constraints management.*

# Plan-Do-Check/Study-Act (PDCA/PDSA)

- Most commonly used approach for rapid cycle improvement in healthcare
- Variations of PDCA model used by many organizations to meet ISO (PDCA) standards, LSS (Lean-Six Sigma), and TJC requirements for quality and process improvement
- FOCUS PDCA: Hospital Corporation of America (HCA) adapted Deming's PDCA and added the FOCUS portion specifically for hospitals

**Source:** Melvin, T. J., & Walker, A. (2015). Role of quality and continual improvement for charge nurse leaders. In *Charge Nurse Leader Program Builder* by D. Swihart and K. Gantt.

# FOCUS PDCA



- **FOCUS phase:** to narrow attention to a specific opportunity for improvement
  - Find a process needing improvement
  - Organize a team that knows the process
  - Clarify the process (as is and as it should be)
  - Understand causes of variations and redundancies
  - Select a potential process improvement based on documented evidence

**Source:** Melvin, T. J., & Walker, A. (2015). Role of quality and continual improvement for charge nurse leaders. In *Charge Nurse Leader Program Builder*.

# PDCA Phase: To Pursue Opportunities for Improvement and Review Outcomes

- Plan the process improvement; identify data to be collected
- Do the improvement, data collection, and analysis
- Check the findings for process improvement based on change(s) implemented
- Act to hold the gain, sustain the outcome, and continue improvements as needed

# Measurements to Evaluate Outcomes and Impact of Preceptors

- Quantitative tools (a number and a unit of measure) tied to a goal or objective; they help organizations understand, manage, and improve products, services, and processes:
  - How well they are doing
  - If they are meeting their goals
  - If leaders, staff, and preceptees are satisfied
  - If processes are in statistical control
  - If and where improvements are needed

**Sources:** Swihart, D., & Gantt, K. (2015). *Charge nurse leader program builder*; Roth, J., Figueroa, S., & Swihart, D. (2014). *Scope and standards of practice for preceptor advancement*.

# Measures

- General categories of measures: effectiveness, efficiency, quality, timeliness, productivity, and safety
  - Examples of measures: falls and falls with injury, pressure ulcers, restraint usage, medication errors, pain management, staffing effectiveness indicators, patient satisfaction, nurse satisfaction

**FALL RISK**

IV CONTRAST HISTORY

Have you ever been given IV contrast for an IVP, MRI, or CT Scan? If "yes", did you experience any type of reaction to the contrast? What type of reaction did you have?

If you had a reaction in the past, were you:

Oral/Rx

Medical Record  
Obtained from ordering physician

High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, controlled? <input type="checkbox"/> Yes
Allergy to iodine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Other Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, what type? _____
Asthma / COPD / Emphysema	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Heart Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, what type? _____
Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Multiple Myeloma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, what type? _____
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

# Important Attributes of Units of Measures for Preceptorships

- Reflect customer's needs and satisfactions (preceptor, precepee, staff, unit and organization); reflect assigned work
- Provide an agreed-upon basis for decision making, performance, measurement, and interpretation of results
- Understandable, economic, consistent, applied broadly, and interpreted uniformly
- Show progress towards achieving goals

# Preceptors Make Decisions Based on Asking Questions

- What is the real decision or outcome needing to be measured?
- What about it needs to be measured and by how much (*i.e.*, degree of accuracy and precision)?
  1. How to compute a ROI (*e.g.*, quality, learning, preceptoring)
  2. How to measure and manage risks
  3. How to calculate value of more or better preceptoring (*e.g.*, time, competencies)

# Document, Measure, Assess Outcomes

- Concepts critical to a good performance improvement (PI) plan:
  - Documentation

- **Provides** evidence for monitoring PI
- **Demonstrates** use of protocols and guidelines
- **Used** in audits, billing, performance measures



# Document, Measure, Assess Outcomes

- Concepts critical to good performance improvement plans:
  - Measurement
    1. Indicates performance level
    2. Level of goal achievement
  - Outcomes: Clinical results of care processes

# Rewarding Performance



**Good performance** is rewarded to recognize the work and achievements of teams in performance improvement and quality



**Positive rewards** are strong incentives to sustain good behaviors and need to be folded into preceptorships for preceptors, precepees, and staff team members

**Negative actions** are **not** incentives to change behavior positively

# How Quality and Process are Incorporated into Preceptoring

- Quality and performance improvement activities are everyone's responsibilities
- Preceptorships incorporate research and EBP into orientation and competency development
- Seek best practices and innovations
- Network with interprofessional partners
- Resolve problems to improve outcomes
- Improve processes and performance

# References

- Agency for Healthcare Quality and Research. (n.d.). *AHRQ at a glance*. Accessed at <http://www.ahrq.gov/about/ataglance.htm>
- American Society for Quality. (Nov 15, 2008). *American national standard: Quality management systems- requirements* (4th ed.). ANSI/ISO/ASQ(E) Q9001-2008. Milwaukee, WI: Quality Press. Website: <http://www.asq.org/quality-press>.
- American Nurses Credentialing Center. (ANCC, 2008). *The Magnet Recognition Program® - Recognizing nursing excellence*. Silver Spring, MD: Nursebooks.org.
- Bahadir, I., Chauncey, D., & Kamataris, V. (2011). *Performance improvement for healthcare: Leading change with Lean, Six Sigma, and constraints management*. Milwaukee, WI: Quality Press.

# References

- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Educating nurses: A call for radical transformation*. The Quality and Safety in Nursing Education project described in chapter 4. San Francisco, CA: Jossey-Bass/Carnegie Foundation for the Advancement of Teaching.
- Chao, S., Anderson, K., & Hernandez, L. (2009). *IOM workshop report: Toward health equity and patient-centeredness integrating health literacy, disparities reduction and quality improvement*. Washington, DC: National Academy Press.
- Heard, S. R., Schiller, G., Aitken, M., Fergie, C., & McCready Hall, L. (2001). Continuous quality improvement: educating towards a culture of clinical governance. *Quality in Health Care* 10(Suppl II), ii70-ii78; [http://qualitysafety.bmjjournals.com/content/10/suppl\\_2/ii70.full.pdf](http://qualitysafety.bmjjournals.com/content/10/suppl_2/ii70.full.pdf).

# References

- Institute for Healthcare Improvement (IHI): <http://www.ihi.org/>
- Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.
- Institute of Medicine. (2006). *Performance measurement: Accelerating improvement*. Washington, DC: National Academy Press.
- Roth, J. W. (Sr. Ed.). (2015). *Core curriculum for preceptor advancement*. Sponsored by the American Academy for Preceptor Advancement. eBookIt.com: Amazon Digital Services, Inc.

# References

- Roth, J., Figueroa, S., & Swihart, D. (2014). *Scope and standards of practice for preceptor advancement*. Sponsored by the American Academy for Preceptor Advancement. eBookIt.com: Amazon Digital Services, Inc.
- Swihart, D., & Figueroa, S. (2014). *Preceptor program builder: Tools for a successful preceptor program* (3rd ed.). Danvers, MA: HCPro.
- Swihart, D., & Gantt, K. (2015). *Charge nurse leader program builder*. Danvers, MA: HCPro, Inc.
- Womack, J. P., & Jones, D. T. (2010). *Lean thinking: Banish waste and create wealth in your corporation*. New York, NY: Simon & Schuster, Inc.