



PCT PRECEPTOR TRAINING AT METHODIST HEALTH SYSTEM BUILDS SKILL & CONFIDENCE

Led by the United Way of Metropolitan Dallas, Pathways to Work is a cross-functional collaboration of funders, employers and training providers working to create innovative solutions for moving entry-level workers into good middle-skill jobs and ensure employers have a pipeline of skilled and ready-to-work employees. Pathways to Work is a local partner of the National Fund for Workforce Solutions and a member of its network of more than 30 regional collaboratives. The Dallas-Fort Worth Hospital Council Foundation is a critical partner of Pathways to Work and played a key role in implementing and supporting the activities outlined in this case study.

BACKGROUND

In 2017, a number of hospitals and healthcare systems in Dallas were experiencing difficulty recruiting and high turnover in their patient care technician (PCT)/patient care associate (PCA) positions. The Pathways to Work initiative, housed at the United Way of Metropolitan Dallas,

BETTER SKILLS, BETTER JOBS

Quality jobs support individuals and families, provide a good quality of life, and build thriving communities. A good job is also a competitive advantage. With support from the Prudential Foundation, National Fund for Workforce Solutions' regional collaboratives are working with local businesses to test strategies to design better jobs to help recruit, retain, and advance their workforce.

JOB DESIGN FRAMEWORK

Good jobs are about more than just wages. The National Fund's [Job Design Framework](#) offers a menu of elements that can comprise a quality job, including benefits, training, recognition and advancement. The framework supports businesses in consulting with frontline workers to choose the combination of options that best fit the needs of their business and their employees. In a tight labor market, the better the job, the more likely an employer will attract and retain the best workers.

This is one in a series of three case studies that profiles Dallas-area health systems and their investments in frontline worker job quality.

worked with the Dallas-Fort Worth Hospital Council Foundation to convene several meetings with the major healthcare institutions in the region to address these twin issues. Over the course of these meetings, three health systems—Parkland Hospital and Health System, Methodist Health System, and UT Southwestern Medical Center—agreed to allow Pathways to Work to conduct focus group with current PCTs and PCAs in the fall of 2017.

These focus groups revealed a few key themes related to PCT training at Methodist Health System:

- 1 PCTs are passionate and motivated to care for patients. They see themselves as a critical part of the care team, and they want to contribute to the health system's mission.
- 2 Experienced PCTs at Methodist were often asked to serve as preceptors—that is training and onboarding new hires. However, they did not always feel prepared to take on this role, nor was there any specialized preceptor training to help PCTs build these skills.
- 3 There was no formal organizational recognition of PCTs' willingness or ability to take on the additional responsibility of serving as preceptors.
- 4 This led to lack of consistency around new hire training as well as dissatisfaction among PCTs who were asked to serve informally as preceptors, leading to increased turnover.

In response to these findings, Methodist agreed that training for PCT preceptors should be a key component of Pathways to Work's application to the National Fund for Workforce Solutions' Better Skills, Better Jobs initiative. This case study focuses on the development and implementation of PCT preceptor training at Methodist Health System. Through this case study, we hope to inspire and inform future efforts to provide training, professional development and recognition to PCTs and other frontline healthcare workers.

PCT PRECEPTOR COURSE AGENDA

0800 – 1630

0800 – 0815 Introduction & Icebreaker

0815 – 1315 Setting the Foundation for Successful Learning

0815 – 0930 Adult Learning Styles

0930 – 1015 Personality Test
Emotional Intelligence &
Self Awareness

1015 – 1030 **Break**

1030 – 1100 Values & Beliefs
Negotiable/Preference &
Non-Negotiable

1100 – 1200 Bullying & Lateral Violence
Conflict Resolution

1200 – 1245 **Lunch**

1245 – 1315 Socialization

1315 – 1445 Preceptor Roles & Responsibilities

1315 – 1345 Teaching Psychomotor Skills

1345 – 1430 Prioritization

1430 – 1445 **Break**

1445 – 1545 Goal Setting & Feedback

1445 – 1515 Setting Goals & Expectations
Feedback

1515 – 1545 Reflection

1545 – 1630 Conclusion & Summary

1545 – 1630 Jeopardy
My 10 Commitments as a Preceptor
Evaluation

THE RESPONSE: PCT PRECEPTOR TRAINING

Methodist Health System (Methodist) employs more than 560 PCTs out of a total of 8,400 employees. Recognized as a CareerSTAT Frontline Healthcare Worker Champion in 2019, Methodist demonstrates a sustained commitment to invest in the skills and careers of its frontline workers.

Following the PCT focus group in fall 2017, Methodist leadership knew they needed to do something to meaningfully improve PCT training and onboarding. Winnie Neal and Lisa Cawthon, Directors of Nursing Education and Professional Development at the Methodist Dallas and Charlton campuses, respectively, realized that they were providing a similar nurse preceptor training already, so they worked with in-house staff to adapt the preceptor training for PCTs. The objectives were to provide the resources and information that would assist PCTs in becoming trained preceptors and to make a positive difference for the preceptee.

A team of nurse educators spent a day evaluating and adapting the present Nurse Preceptor course. They determined that the learning outcomes/objectives of the current RN preceptor course applied to the PCTs as well. However, the scenarios needed to be adapted to fit the PCT experience; additional interactive learning activities replaced some of the nursing-specific presentations; and due to the lack of exposure to the concept of precepting, the educators decided to remove some of the detailed parts of the RN Preceptor course and focus on the facilitating the PCTs learning and incorporation of the overall concepts of precepting. The educators worked to adapt their assigned portions of the curriculum, after which the course was approved by the Chief Nursing Officer and Directors of Nursing.

The resulting PCT preceptor course is 8 hours long and offered over the course of one day. The three primary program domains are: Setting the Foundations for Successful Learning; Preceptor Roles and Responsibilities; and Goal Setting and Feedback. See the PCT Preceptor Course Agenda (sidebar) for details. The first class was taught by the same instructor who taught the RN preceptor course. The other educators on the committee observed and assisted with the first class and have since begun teaching the class themselves.

The Methodist team developed a process with payroll to ensure that PCTs were paid for time spent in training. Initially, this release time was charged to grant funds, but it has since been absorbed into the organizational budget. Lunch is also provided. Following the training, all

Participating managers saw the benefit of the training and expressed willingness to pay for their staff to attend, using their training hours for it in the future.

participating PCTs receive a preceptor pin to recognize their accomplishment. The total cost of the training is about \$1,750 per cohort of 8-10 PCTs. This includes the cost of PCT release time, educator time for teaching, preceptor pins, and lunch.

RESULTS

As of May 2019, 41 PCTs completed preceptor training. This included 3 cohorts supported with grant funding and one cohort supported by the hospital. PCTs have provided overwhelmingly positive feedback about the training, describing it as “eye-opening,” “enlightening,” and “helpful.” In fact, nearly 100 percent of PCTs rated the trainings’ instructors, content and teaching methods as very effective in post training surveys. PCTs noted that they “should have done this before.” One even cited the PCT preceptor training on Glassdoor, an employer review website, as evidence that Methodist “works well with PCTs and like[s] for us to grow in our careers....” Participating managers saw the benefit of the training and expressed willingness to pay for their staff to attend, using their training hours for it in the future. Methodist has received more requests from managers for future preceptor training now that the first few cohorts were completed, and the hospital would like to continue and grow this program going forward.

In addition, Methodist has observed that PCTs feel an increased sense of value and autonomy in their roles and their skills in precepting and teaching have improved. There has also been an increased interest in PCT certification, and PCT turnover has decreased over the time period that the

preceptorship program was implemented from nearly 27% in 2018 to 8% YTD as of May 2019, which would equate to an annual turnover rate of 19%.

LESSONS AND OBSERVATIONS

Build on existing programs and partnerships.

The PCT preceptor program was built to resemble an existing nurse preceptor training program at Methodist, which immediately made it relatable for hospital leaders. Using the framework of the nurse preceptor training allowed staff to capitalize on existing knowledge of like programs and build support for and understanding of new program for PCTs.

Start small.

While Methodist would eventually like to provide PCT preceptor training to PCTs in every department, staff made the decision to start with a small cohort of 8-10 PCTs from selected units with high-performing PCTs and supportive managers. This gave Methodist time to test the program model, get feedback from PCTs and managers, make adjustments as needed, and build support with key champions.

Both grant funding & institutional support play important roles.

Grant funding from the National Fund and Pathways to Work was critical in getting the PCT preceptor training at Methodist off the ground. Parkland, Methodist and UTSW all reported that the impetus and requirements of external funding pushed them to take on initiatives that they knew needed to be done but hadn't had the "activation energy" or dedicated funding to tackle before. An external funding source with accountability requirements provided the attention needed to get the preceptor program started and to make initial investments in developing the curriculum. However, Methodist stepped up to consider long term costs to sustain the program, and in this case, it has already self-funded an additional cohort of PCTs to complete the preceptor program and is planning to sustain it going forward.

Design training to address employee and manager goals.

In designing the PCT preceptor program, Methodist sought feedback from nurse managers and other PCT supervisors to ensure that the training met unit manager needs and

goals. This was helpful in gaining support for the program across the organization as the managers saw the real value of the program in improving their team's skills and performance. Managers have since become advocates for sustaining the preceptor training over the long term.

Training is a good first step along a longer road.

Training addressed many of the concerns of PCTs who were asked to be preceptors. It increased their knowledge, skill and comfort in teaching skills to new hires and provided recognition for the extra responsibilities they were asked to take on. However, Methodist also knows that training by itself is not sufficient. The health system knows it still has work to do in terms of compensating PCTs who take on the preceptor role and explicitly tying in the preceptor training to internal career pathways and advancement opportunities.



PCT PROFILE – CHRIS TURMAN

Chris Turman is a PCT who works on the oncology unit. He has been at Methodist for four years and served as a preceptor prior to taking the preceptorship class. Asked how the preceptorship class helped him, Chris replied, "The preceptor class has benefited me in many ways. It has helped me to be more attentive. It helped me to learn how [students] learn, [which helps me] to best meet what they need. [For example, I know that] if they learn by being hands on, and I'm telling them how to do something verbally, they aren't going to get it. The class reminded me to find out what [a new PCT] knows first, and build from there. It taught me [to be] patient. It helped me with learning how

to TEACH the job, rather than just to DO the job. [I learned] how I can teach more effectively. My favorite part was being able to meet other preceptors from other units and hear their ideas and share stories.” The PCT preceptorship course not only helped Chris become a better PCT and instructor, but since completing the course, Chris has also gone on to complete a number of his pre-requisites for nursing.

NATIONAL FUND & CAREERSTAT

The National Fund for Workforce Solutions invests in a dynamic national network of 30+ communities taking a demand-driven, evidence-based approach to workforce development. At the local level, the National Fund’s partner organizations contribute resources, test ideas, collect data, and improve public policies and business practices that help all workers succeed and employers have the talent they need to compete. [CareerSTAT](#), an initiative of the National Fund, is a network of over 300 healthcare professionals who are committed to advancing healthcare’s frontline workers. Learn more at www.NationalFund.org.

