

Vermont Internship Project: Evidence Based Preceptor Development

Susan A. Boyer, MEd, RN, FAHCEP

Executive Director, VT Nurses In Partnership, Inc

www.vnip.org sboyer@vnip.org vt-nurses@earthlink.net

Objectives:

- Discuss the components & process of preceptor development from the VT Internship Project
- Relate preceptor preparation and role development to new nurse performance outcomes.

Start with end in mind

- accomplishments

- Standardized resources & curriculum
 - Initial preceptor development
 - Target audience, statewide, full continuum of care
 - Intern competence assessment
 - One model for all – orientee thru traveler
 - Framework fit for allied health colleagues
- Support for process/time within system
- Ongoing data collection, networking, resource development

What it looks like:

- VNIP Framework

What it looks like:

- Core Concepts
 - Support for the full transition continuum
 - Preceptor D & S, critical thinking development, clinical coaching plans
 - Data collection
 - Clearly defined expectations
 - Use of sampling concepts
 - Concept focused rather than case-based

What we have learned

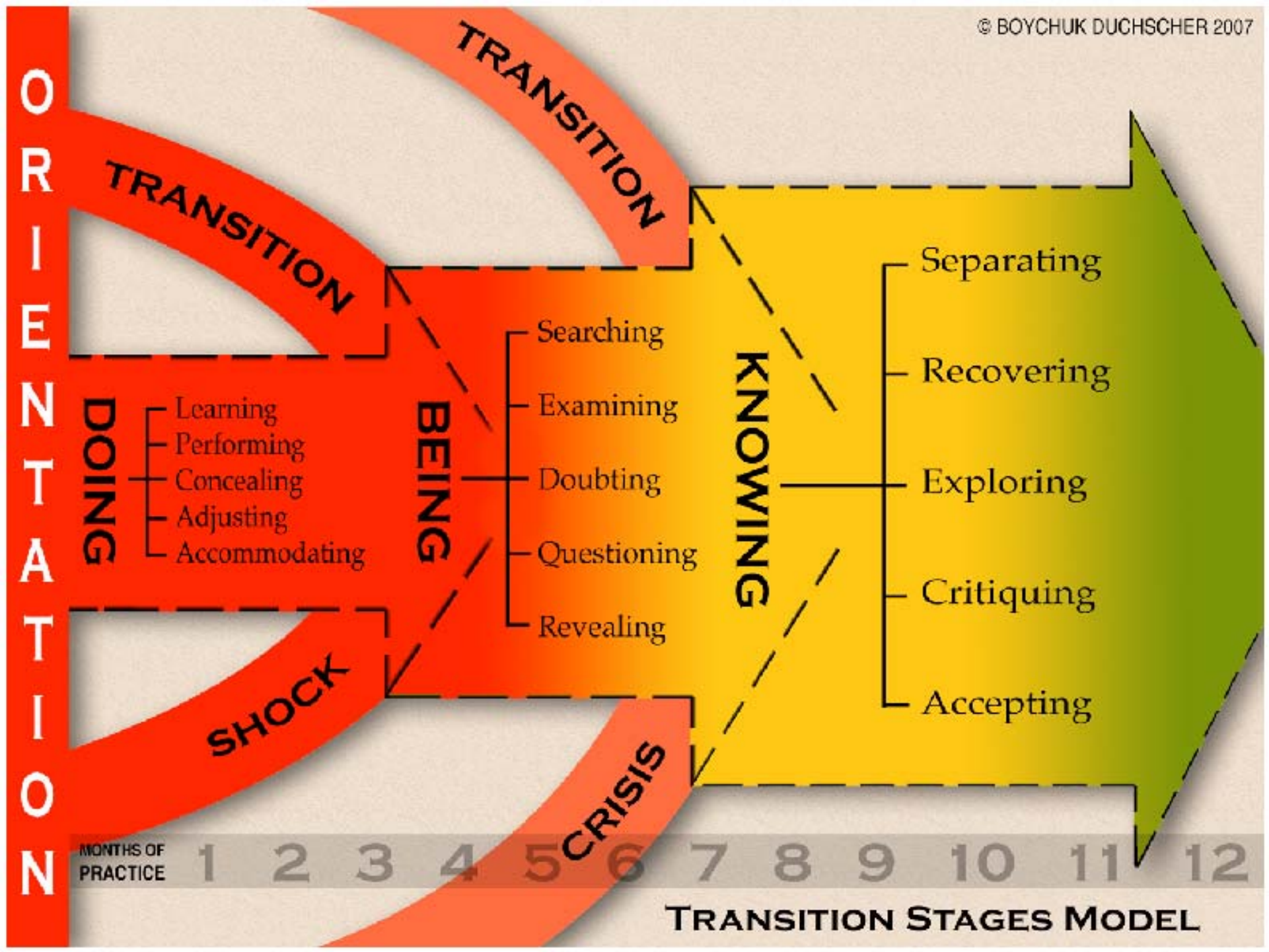


Learnings from others . . .

- “Patient safety may be compromised if a nurse cannot provide clinically competent care. Assessments . . . can provide information about learning needs and facilitate individualized orientation targeted to increase performance level”
 - Critical thinking ability of new graduate and experienced nurses.
Fero, et al. (2009)

. . . . and others learned

- “The quality of the new nurse/preceptor partnership had a direct relationship with how competent a new RN felt about his/her nursing practice. Of equal importance was the finding that a higher competency score reported by a new RN correlated with fewer practice errors at both four and six months.”
 - Foundation for Nursing Excellence, 2009



TRANSITION STAGES MODEL

- “Newly graduated nurses . . . **have neither the practice expertise nor the confidence to navigate** what has become a highly dynamic and intense clinical environment burdened by escalating levels of patient acuity and nursing workload. . . . **theory of transition** presented in this article incorporates a journey of becoming where graduates **progressed through the stages of doing, being, and knowing.** . . . The intense and dynamic transition experience for these newly graduated nurses should inspire educational and service **institutions to provide preparatory education on transition as well as extended, sequential, and structured orientation and mentoring programs that bridge senior students’ expectations of professional work life with the reality of employment.**”
- *Boychuk (2008) J Contin Educ Nurs. 39(10):441-450.*

Intern & Orienteer Development

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graph BT; A[Preceptor Instruction / Support] --> C([Intern & Orienteer Development]); B[Clearly Defined Roles] --> C; D[Protocols & Data Collection] --> C;
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Preceptor
Instruction
/ Support

Clearly
Defined
Roles

Protocols &
Data
Collection

Protocols & Data Collection

- Evidence-based
- Evaluation (data collection)
- Support Systems for Intern
- Policies – orient, preceptor, competency

Clearly Defined Expectations

- Performance Expectations
- Competency assessment
- Coaching Plans
- Instructional strategies

Preceptor Support

- Basic instruction
- Tools & resources to support function
- Ongoing skill development
- Teaching Critical Thinking & Work org.

Focus on preceptor preparation and support

. . . why?

- Consider our preparation for nursing practice
- Consider our scope of practice

Nursing Practice

Psychomotor

Technical skills

- Naturalization
- Integrate related skills
- Become automatic
- Articulation
- Develop Precision
- Manipulation
(follow instructions)
- Imitation or copy

Evaluate

Synthesize

Analyze

Application

Comprehension

Knowledge

Affective

Attitude/feelings

- Internalize values
- adopt behavior
- Organize personal value system
- Value-understand & act
- Respond or react to
- Receive (be aware)

Preceptor development / support

- Discuss the components and process of preceptor preparation in the VIP project.
 - VNIP project background info
 - Preceptor preparation
 - Role development

Protector & Evaluator roles

Preceptor Roles & Responsibilities

Role Model

Leads by example

- ~ Adheres to standards of practice
- ~ Models professional behavior – self development, comportment, attitudes
- ~ **Exemplar of “How to access the evidence”**
- ~ **Models reflective practice**
- ~ Resolves issues/conflict
- ~ Gives constructive feedback
- ~ Speaks for self
- ~ Listens well

Educator & Coach

Instructs, supports and encourages:

- Assess learning needs & learning style
- Plan learning activities collaboratively
- Confirm, Critique, modify, & add to
- Provide Performance appraisal
- Ensures communication with manager
- Develop Critical Thinking in novice**
- Customizes clinical coaching plan for specific learning styles & needs**
- Facilitate experiential learning**
- Evaluate progress

Role Model

Socializer

Educator

Evaluator

Protector

Protector – Foundation of the precepting role

Protects the safety of both patient and novice

- Protects patients from novice error
- Protects the novice from making errors that might threaten self/others
- Provides safe learning environment for the novice to study and practice in
- Supports developing skills while ensuring safe care, safe practice
- Ensures adherence to policy and procedure (standards of practice)
- Acts as advocate for novice and protects from adverse behaviours of others

Socializer & Team Leader

Helps preceptee settle into new role and environment and become part of the team.

- Introduces preceptee to team & other staff.
- Understands/supports social needs.
- Understands/supports adjustment to other elements along with their new work role
- Fosters integration into work culture
- **Establishes communication between manager, novice, and/or educator**
- **Works to ensure colleague support for novice**
- **Resolves conflict issues as/if they arise**
- **Teambuilding – ensures support of colleagues for socialization and orientation process**

Evaluator – Competency Validator

Ensures competent practice

- ◆ Ensures adherence to P & P and protocols (standards of practice)
- ◆ Validates the competent practice of the novice/new hire
- ◆ Works within scope of practice
- ◆ Identifies delegation and/or accountability concerns
- ◆ Recognizes capability limitations
- ◆ Discusses performance issues/ concerns with manager
- ◆ Evaluates and documents competent care delivery

Data collection:

- Retention - reasons for leaving
- Transition to practice
- NCSBN grant project
 - Focus groups, data analysis

Data related to teaching preceptors

- Building “Best Practice” approach to preceptor development
- Assessment of expectations
- Gaps in knowledge/capability determine content for curriculum
- Determine instructional strategies

Assessment of expectations

- Consider each bulleted item
 - Is this expected within the role?
 - Should we add items?
 - Should we delete any?

Teaching plan and methodologies

- to prepare & evaluate preceptor performance

Any fool can make things bigger, more complex, and
more violent.

It takes a touch of genius,
and a lot of courage,
to move in the opposite direction.

- *Albert Einstein*

VNIP program development

◎ Internship – Intern focused

 Preceptor Development

◎ Competency - develop/validate

 Prioritize Critical Thinking

COPA Model

- ⊙ Structural foundation
- ⊙ Prioritizes concepts over cases
- ⊙ Look beyond the tasks & procedures
- ⊙ Performance outcomes for validation
- ⊙ Considers C.T., teaching, leadership, human caring, etc.
- ⊙ **Clearly defines expectations for clinical performance**

Analyze – Evaluate - Synthesize

Psychomotor

- Technical skills
- Naturalization
- Integrate related skills
- Become automatic
- Articulation
- Develop Precision
- Manipulation
- Follow instructions
- Imitation or copy

Affective

- Attitude/feelings
- Internalize values
- Adopt behavior
- Organize personal
- Develop value system
- Value (to understand/act)
- Respond or react to
- Receive
- Be aware

Critical thinking model

- Concept mapping
 - Mind mapping
- Reflective learning
- Reflective practice

Preceptor Development

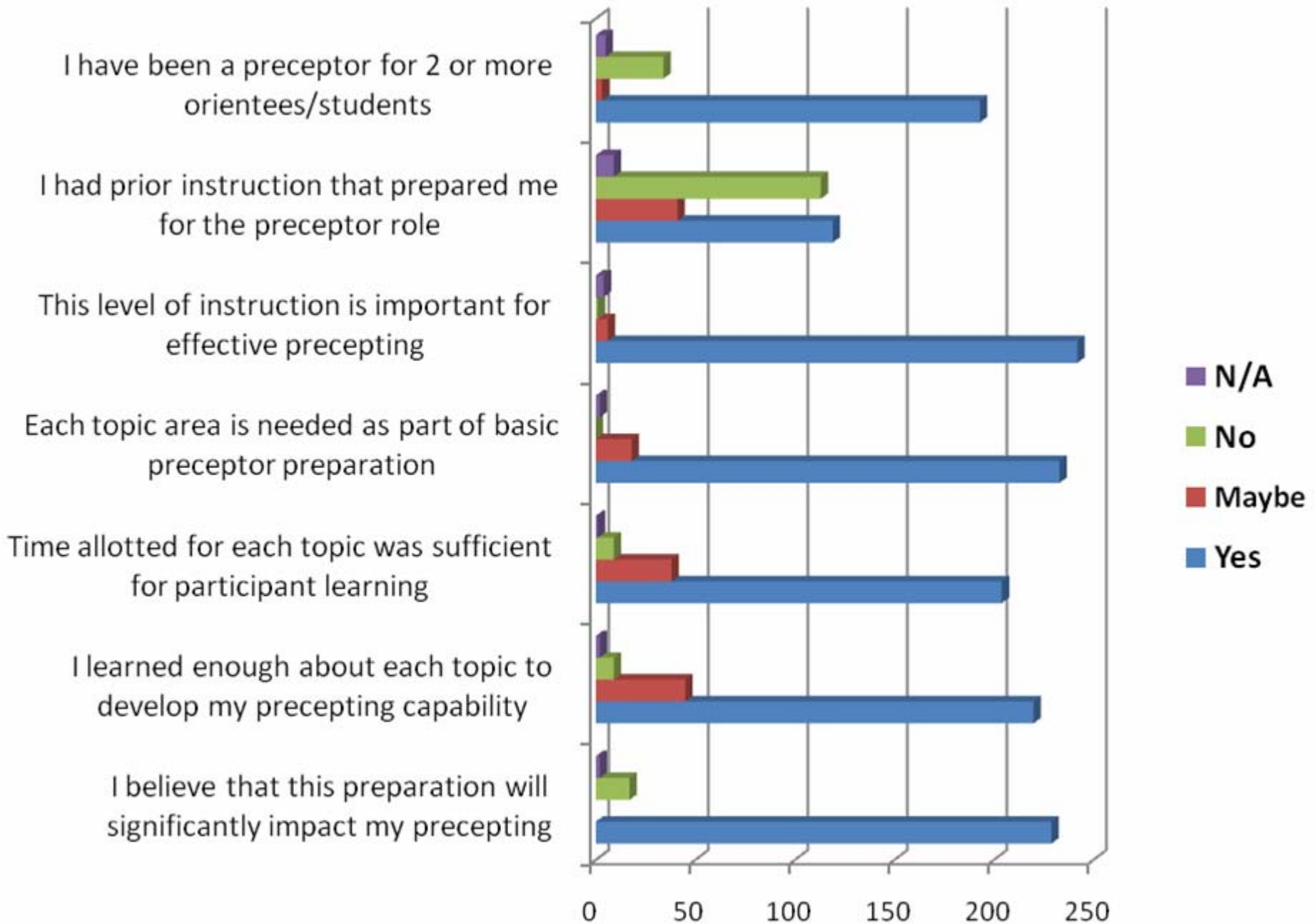
- Teaching
 - how to teach
 - how to foster critical thinking in others
- Protector role
- Evaluator
 - competency validation
- Program foundation
 - “buddy system” or precepting ?

Preceptor Preparation

1. Role & Responsibilities – includes self-care
2. Novice to Expert- competence vs. competence
3. Principles of Teaching/Learning – learning styles
4. Delegation/Liability – accountability
5. Team Building and Group Dynamics - in precepting?
6. Preceptor Toolkit – what do you need?
7. Competence development/assessment
8. Various Styles – barriers/issues in communication
9. Communication – the core of interpersonal issues
10. Critical Thinking – how to develop it in the Novice
11. Experiences of Precepting – ongoing support

Assessment Survey – Course Content

- convenience sample
- Responses from three hundred-sixty-three (363) workshop attendees.
- educator/manager groups comprised two hundred sixty nine (269) or 74% of the responses
- remaining ninety-four (94), or 26% of respondents, were clinical staff cohorts
- responses were part of the evaluation of the same two-day preceptor course, as outlined



Preceptor Preparation

- Evidence-based instruction leads to evidence-based practice
- Consider the past practice and theory
- Apply Critical Thinking strategies to planning for preceptor development
- Consider the 21st Century Healthcare environment

Preceptor Program

– Core components

- *Collaboration between Ed / Practice*
- *Policy / Procedure*
- *TIME to precept*
- *Ongoing support*
- *Change the culture of the workplace*

Preceptor & Competency Development

– Preceptor support

- Self-care, team leading, learning styles
- Protector role
- Evaluation of competence
- How to teach -
 - Critical Thinking – prioritization, analysis, evaluation, selection, organization
 - Questioning, case scenarios, “what ifs”, etc
 - Work organization skills

Preceptor & Competency Development

– Intern support

- **Preceptor Development**
- Preceptor Support
 - Workplace culture
 - Team process
 - Protocols
- **Clearly defined expectations**
- **Clinical Coaching plans**

Clinical Coaching Plan

- Teaching plan
- Action plan
- Principles of teaching and learning
 - Adult learning
 - Learning styles
 - Experiential learning
- Specific Measurable outcomes

Clearly Defined Expectations

- For both intern and preceptor
- COPA model
 - Consider critical thinking skills
 - Eight essential duties
 - Defined in specific measurable terms
 - “What does a nurse do?”

COPA model

Dr. Carrie Lenburg - OJIN

<http://www.nursingworld.org/ojin/topic10/tpc10toc.htm>

*“Competency Outcomes and Performance Assessment (COPA) Model provides a framework for assessing the full range of core competencies essential for nursing practice.”
(Lenburg, 1991).*

Competency

- Specific Criteria established
- Fit with job description and orientation
 - Same process for all new staff?
 - Competency based
 - Performance appraisal fit
- Development vs. Evaluation
- Defining “competence”

Successful program

- Protection of client and staff member
- Completion of orientation – achievement of competency expectations
- Early ID that doesn't belong in setting
- Early ID that threat to patient safety

Outcomes

- Visualize the link between preceptor and competence development
- Develop and support preceptors so they are able to effectively:
 - Establish a workplace culture of support, nurture, learning and safety
 - **Cultivate Critical Thinking Skills in the novices with whom they work!**

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