VNIP PRECEPTOR TRAINING WORKSHOP

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The Role of the preceptor defined by my agency policy?

A nurse preceptor who is training a new nurse can be viewed as a knowledge transfer expert. The nurse preceptor uses various methods to transfer knowledge to the new nurse. In the case of a brand new trainee nurse, the nurse preceptor might actually pretend to be a patient in a bed and let the trainee take the preceptor’s blood pressure and pulse to calm and ease the trainee into the new work environment.

Miskie (1996) says that communication must occur in the language that the student understands and in terms that make sense. This communication is often in the form of modeling behavior appropriate for patient care. By demonstrating appropriate behavior for someone, visual learning occurs. The student can then practice the behavior to internalize the learning. The student nurse thus receives information that is converted to knowledge. This is not instantaneous knowledge creation. The preceptor transfers knowledge with verbal communication by explaining why certain procedures are done. At that point auditory learning occurs. Written communication allows for knowledge transfer while teaching the documentation of patient care. Sometimes the nurse preceptor will attach sticky notes to paperwork to remind the trainee to complete certain parts of a form.

Practicing behaviors is a good way to transfer information into knowledge. Experiential learning through enacting a procedure ingrains the knowledge into the brain. Through different methods, the new nurse internalizes the concepts and information, and knowledge.

What other roles are outlined?

It is preferred that the preceptor have a master's degree in nursing, however, a BS degree in nursing is acceptable and other qualifications such as serving as a preceptor for students or specialty certification will be considered. As an expert in nursing, the preceptor serves as a role model for the student in the clinical setting. The preceptor presents the student with clinical experiences in order to meet the objectives of the student's contract. The preceptor acts as a resource person, consultant, and teacher to the student. Each student has outlined in the contract the support desired from the preceptor during the semester.

What are the guidelines/ requirements for orientation that might impact my specific role?

The preceptor role is a unique, intense relationship between an expert nurse and a novice nurse. Even though the relationship may last for only four to 20 weeks, it can have significant benefits for the preceptee. Nurses describe the best preceptors as patient, kind, clinically astute, excellent communicators and extraordinary role models who possess the qualities one aspires to as a developing professional. Nurse preceptors are called on to nurture and cultivate the development of another over time, a challenge in the fast-paced healthcare environment.7

Given national patient safety expectations, regulatory agencies require preceptors to add to their roles and responsibilities elements such as surveillance and protection of the patient during the preceptor process. One model of these changes emphasizes the critical role of the preceptor to ensure patient safety, describing how a statewide nursing development project on preceptors was updated to include the new patient safety emphasis in healthcare

 Many nurses become preceptors for the rewards of sharing expertise and knowledge, the personal growth gained from teaching others and the satisfaction of seeing nurses develop professionally.

There are two phases of the preceptorship experience. The first establishes the relationship between the preceptor and the preceptee. Establishing trust is critical and provides the foundation for the relationship as it matures. The preceptor helps establish trust by providing structure and consistency. During this phase, the preceptor helps the preceptee by clarifying roles and reviewing with the preceptee his or her experiences and learning needs. It is also the time to discuss agency policies and unit procedures.

 The working phase follows. Discussing patients, sharing observations, discussing strategies for optimal patient care and eliciting regular feedback from the preceptor helps develop the preceptee into a valuable team member for the unit.

 Finding enough clinical nurses who are patient and inspiring teachers and have the required competencies to be preceptors can be a challenge. Ideally, the preceptor should be motivated to support the novice nurse, be an expert clinician and be a role model for the clinical service and the profession.

 Healthcare facilities usually write out criteria for selecting preceptors, which may include a requirement of a certain number of years of employment in the clinical service and approval of the nurse manager. As many institutions experience nursing shortages, less stringent criteria have become more common. Some hospitals make serving as a preceptor part of nurses’ job descriptions, particularly if teaching is a part of the hospital’s mission.

 Today’s complex clinical staffing situations may make it challenging for facilities to meet the ideal criteria for preceptors. In a crisis, nurses who thought they did not want to be preceptors may be called into service and then find the role surprisingly rewarding, performing with skill despite earlier reservations.

Nurse Managers and clinical nurse educators face challenges in covering the needs of their preceptors. To maintain the integrity of the process and prevent preceptor burnout, institutions may use the strategy of matching the level of preceptor experience with that of the novice nurse. New preceptors may be matched with nursing students; experienced preceptors who do best with short preceptor assignments may be given the new experienced nurse in that specialty; and preceptors who enjoy the longer-term, more committed experiences may be assigned to graduate nurses. Whatever process an institution decides on for selection of preceptors, the effect of preceptors on the outcomes of nursing orientation, turnover and patient care must be carefully examined. This includes an opportunity for the preceptee to evaluate the preceptor, as the quality of a preceptor has a significant effect on a clinical setting and nurse performance and retention.

 The quality and safety of orienting nurses to new positions are also maintained through the support of the clinical nurse educator. This staff development specialist, who functions under specific standards, provides the educational and clinical expertise to oversee the precepting process and is a resource for both the preceptor and the preceptee. Although the role may vary from setting to setting, professional development specialists support both preceptors and new employees to ensure a successful orientation.

New Employee Recognition Communicate and reinforce the sense of importance of the arrival of your new employees. Supervisor and sponsor should contact welcome the new employee immediately after their acceptance of the job offer. Provide a Welcome letter from the Center Director. Have the gaining supervisor swear in the new employee in the presence of their co-workers introduce the new employee to their chain of management, key staff, and key service If available, have the new employee take a visitors tour of your facility along with regular visitors/ tourists. Functional Area Support of Orientation are there defined expectations and requirements for precepting healthcare and/or nursing students in my agency?

The nursing program is responsible to provide clinical teaching associates/preceptors with written expectations of the preceptor role, including information about the student’s specific clinical objectives. The nursing program is responsible to check and document the student’s enrollment status, licensure or certification, completion of required vaccines and any other legal requirements such as criminal background checks. The nursing program also signs and maintains records of clinic agreements with the site of the clinical practice which are reviewed and periodically updated. The nursing program may require individual contracts or agreements with clinical teaching associates/preceptors in addition to their site of practice .The nursing program provides faculty oversight for the student’s clinical experience. All clinical completed by

a. Based on this assessment tool, my dominant learning style is Active and reflective visual learner

b. Based on this exploration of information, when faced with conflict, I am

most apt to \_To listen and try to resolve it right away you have the time and want to work something out that satisfies all sides I care about the other person(s) and also feel strongly about the issue. I want to get thoughts and feelings out on the table and deal with them, so they don’t cause problems later.

c. Based on this assessment tool, my personality style is This I got after the online

 Introverted (I) 52.78% Extroverted (E) 47.22%

Sensing (S) 60% Intuitive (N) 40%

Feeling (F) 52.27% Thinking (T) 47.73%

Judging (J) 66.67% Perceiving (P) 33.33%

Your type is: ISFJ

ISFJ - "Conservator". Desires to be of service and to minister to individual needs - very loyal. 13.8% of total population. .Follows the rules, polite, fears drawing attention to self, dislikes competition, somewhat easily frightened, easily offended, timid, dutiful, private, lower energy, finisher, organized, socially uncomfortable, modest, not confrontational, easily hurt, observer, prone to crying, not spontaneous, does not appreciate strangeness - intolerant to differences, apprehensive, clean, planner, prone to confusion, afraid of many things, responsible, guarded, avoidant, anxious, cautious, suspicious, more interested in relationships and family than intellectual pursuits, not adventurous, fears doing the wrong thing, dislikes change

2. Pick an item from one column in each of the four boxes below or the other for each row, then count the number of items selected from each side. The higher number in a block tells you which aspect is dominant for you. After I did quiz online I did the column and miraculously they even out to be the same.

How you're ENERGIZED.

ð Tolerate noise and crowds.

ð Meet people readily – join in many activities

ð Hates to do nothing. Always on the go

ð Likes working or talking in groups.

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Extrovert ð Avoid crowds, seek peace and quiet.

ð Proceed cautiously in meeting people

ð Think carefully before speaking.

ð Time alone recharges batteries

ð Loves quiet time, reflective

ð Would prefer to socialize with 1-2 at a time

ð Content being on the sidelines.

Introvert

How you GATHER information...or what you pay attention to

ð Learn new things by imitation & observation

ð Give detailed descriptions.

ð Appreciate standard ways to solve problems.

Sensing

ð Focus on possibilities.

ð Use new and different ways to solve problems

ð Leap around in a roundabout way

ð Value imagination and innovation.

Intuition

 How we make decisions and reach conclusions...

ð Have truth as an objective.

ð Choose truthfulness over tactfulness

ð Note pros & cons of each option

ð

ð Tolerates occasional queries as to emotional state

Thinking .

ð Decide more with my heart.

ð Deal with people compassionately.

ð Note how an option has value - how it affects people

ð

Feeling

The LIFESTYLE you adopt.

ð Prefer knowing what they're getting into

ð

ð Take deadlines seriously.

ð Like checking off "to do" list.

ð Feel better with things planned.

Judging ð Seek to adapt my life and experience what comes along

ð Like adapting to new situations.

ð Enjoy starting things

ð Tentative. Flexible. Spontaneous.

Perceiving

d. Based on the self-assessment tool above, my personality style is Introvert\_ Intuition\_ Thinking \_ Judging

**The articles I choose are:**

1) Barriers to effective clinical decision making in nursing Phillipa O'Reilly

A. Many participants in the research mentioned, are competent, self-confident and are some of the most important personal factors that influenced nurses and their clinical decision. There are external factors like the access to supportive resources, organizational structure nursing education, and supportive resources have inhibiting or strengthening effects on nurses' decisions. Individual nurses, professional associations, schools of nursing, nurse educators, organizations that employ nurses and many government institutions all have great responsibility for developing and finding new strategies that facilitate nurses' effective clinical decision-making. They are responsible for identifying barriers and enhancing factors within the organizational structure that accommodate nurses' clinical decision-making.

B. As we look deeper, Clinical decision-making is an essential component of professional nursing care. However, nurses' ability to make effective clinical decisions is truly one of the most important factors affecting the quality of care. The nursing discipline's pursuit of professional recognition also relies heavily upon the ability of practicing nurses to correctly define and solve problems which are uniquely nursing in origin. In working effectively and communicating well one can work and try to remove the barriers to effective.

2. Critical thinking is more than problem solving:

A. Identify concept or key idea

 Many studies show that one of the most important factors that determine when something is learned is to initiate if it is believed. Critical thinking as it is pointed out may require that

Nurse’s develop’ character through the acquisition of knowledge and experience. It is often said that Principles relate to character and that values are taught. Theory experience and knowledge are best realized under guidance, and coaching of skilled, and knowledgeable teachers/preceptor. Critical thinking must first be initiated in basic education, and we must continue to find ways for growth to take place and competent work represent what has been modified. We must continue to encourage and give support to new nurses. In doing so they would grow in their skills of critical thinking. This will prevent many frustrations that may follow. Critical thinking helps us solve problems, a thought is initiated and we use our mind to resolve it. Critical thinking is the standard that will be set to prevent memorization of large information, and a solution can be met.

As one learns the skills, they can form relationships among things to problem solve, in other words one can think cognitively. Critical thinking is a form of problem solving that is much more than just gaining knowledge. Someone who has good critical thinking skills will look at both sides of an argument, and they will also look at evidence to support the two arguments. In addition to this, they will break down the arguments and looking at the implications which are connected to them. Once they've done this, they will look for contradictions. The side that has the least amount of contradictions will be supported, while the side that has the most contradictions will be discarded. In order for one to be a skill critical thinker, he/she must be able to overcome any obstacles or bias towards any problem that may need to be solved.

 A person should use critical thinking to solve a problem, only after they have reviewed the necessary information and only then analyze it.

B. How might this impact your practice of nursing or precepting?

 Many New nurses truly have a lot of stressors in their first year of on any unit. According to

Myers et al. (2006), these stressors include lack of confidence, concerns about

relationships with peers and preceptors, losing sight of the big picture, time constraints,

fear of causing patient harm, feeling incompetent, and lack of critical thinking and

clinical knowledge, dissatisfaction with work schedules, and inadequate staffing and

work conditions. Preceptors teaching may be effective the when they can remove the fears during the time the new role is implemented in a new nurse’s first year.

 Preceptors indeed, have more one on one contact with the new nurse’s than any other member of our health care team. They spend quality time and are recognized as the

 individual who follows up continuously in the duration of their orientation process. They may serve as a reference person after the process is completed. “Current research states that preceptor behaviors have an impact on the success or failure of a preceptor experience. Preceptor behaviors such as compatibility, role modeling, and feedback contribute to student learning and the success of the preceptorship (Myrick & Yonger,2004). Preceptors impact the behaviors of new nurse so profoundly in so many areas it may be profoundly, rational to say that they could have a significantly open up new nurse’s ability to think critically and can assist them to bridge the gap from theory into the use of critical thinking clinically into practice.

1. I understand something better after I

(a) try it out.

2. I would rather be considered

 (b) innovative.

3. When I think about what I did yesterday, I am most likely to get

(a) a picture.

4. I tend to

(a) understand details of a subject but may be fuzzy about its overall structure.

5. When I am learning something new, it helps me to

(a) talk about it.

6. If I were a teacher, I would rather teach a course

(a) that deals with facts and real life situations.

7. I prefer to get new information in

 (b) written directions or verbal information.

8. Once I understand

(a) all the parts, I understand the whole thing.

9. In a study group working on difficult material, I am more likely to

(a) jump in and contribute ideas.

10. I find it easier

 (b) to learn concepts.

11. In a book with lots of pictures and charts, I am likely to

(a) look over the pictures and charts carefully.

12. When I solve math problems

(a) I usually work my way to the solutions one step at a time.

get to them.

13. In classes I have taken

(a) I have usually gotten to know many of the students.

14. In reading nonfiction, I prefer

(a) something that teaches me new facts or tells me how to do something.

15. I like teachers

 (b) who spend a lot of time explaining.

16. When I'm analyzing a story or a novel

(a) I think of the incidents and try to put them together to figure out the themes.

17. When I start a homework problem, I am more likely to

(a) start working on the solution immediately.

(b) try to fully understand the problem first.

 (a) certainty.

19. I remember best

(a) what I see.

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20. It is more important to me that an instructor

(.

(b) give me an overall picture and relate the material to other subjects.

21. I prefer to study

(a) in a study group.

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22. I am more likely to be considered

(a) careful about the details of my work.

23. When I get directions to a new place, I prefer

 (b) written instructions.

24. I learn

(a) at a fairly regular pace. If I study hard, I'll "get it."

25. I would rather first

 (b) think about how I'm going to do it.

26. When I am reading for enjoyment, I like writers to

 (b) say things in creative, interesting ways.

27. When I see a diagram or sketch in class, I am most likely to remember

 (b) what the instructor said about it.

28. When considering a body of information, I am more likely to

(b) try to understand the big picture before getting into the details.

29. I more easily remember

(a) something I have done.

30. When I have to perform a task, I prefer to

 (b) come up with new ways of doing it.

31. When someone is showing me data, I prefer

(a) charts or graphs.

32. When writing a paper, I am more likely to

(a) work on (think about or write) the beginning of the paper and progress forward.

33. When I have to work on a group project, I first want to

 (b) brainstorm individually and then come together as a group to compare ideas.

34. I consider it higher praise to call someone

 (b) imaginative.

35. When I meet people at a party, I am more likely to remember

(a) what they looked like.

36. When I am learning a new subject, I prefer to

.

(b) try to make connections between that subject and related subjects.

37. I am more likely to be considered

 (b) reserved.

38. I prefer courses that emphasize

(a) concrete material (facts, data).

39. For entertainment, I would rather

 (b) read a book.

40. Some teachers start their lectures with an outline of what they will cover. Such

outlines are

(a) somewhat helpful to me.

41. The idea of doing homework in groups, with one grade for the entire group,

(a) appeals to me.

42. When I am doing long calculations,

(a) I tend to repeat all my steps and check my work carefully.