

Essentials for Transition to Practice - Developing Preceptors, Competency & Critical Thinking

Susan A. Boyer, M.Ed., RN
Director, VT Nurses In Partnership
www.vnip.org vt-nurses@earthlink.net

© 2007 Vermont Nurses In Partnership (VNIP)
All rights reserved. vt-nurses@earthlink.net
www.vnip.org

1

Outcomes

- Develop tools and framework that support preceptor and intern development in the 21st Century workplace.

© 2007 Vermont Nurses In Partnership (VNIP) All rights reserved. vt-nurses@earthlink.net www.vnip.org

2

Vermont Nurse Internship Project (VNIP)

- History, background, evidence collection and outcomes.
- Unique features of VNIP
- Target audience

- How does this relate to participants?

© 2007 Vermont Nurses In Partnership (VNIP) All rights reserved. vt-nurses@earthlink.net www.vnip.org

3

History, background, evidence collection & outcomes

- Initial pilot in 2000
- Revisions based on work with 54 new graduate nurses
- Over 90 new graduates impacted
- Pilot of standardized model in 2001

© 2007 Vermont Nurses In Partnership (VNIP) All rights reserved. vt-nurses@earthlink.net www.vnip.org

4

Target Audience

COPA model & Preceptor Development is applicable across the continuum and across all specialties

- Interns
 - New grads, new to specialty, re-entry
 - RN, LPN, other allied health
- Preceptor

© 2007 Vermont Nurses In Partnership (VNIP) All rights reserved. vt-nurses@earthlink.net www.vnip.org

5

Unique Aspects of VNIP Model

- Collaborative effort inclusive of Education, Regulation & Practice (all HC settings)
- Framework/tools developed for use in multiple agencies across the continuum
- Competency development/assessment considers critical thinking, human caring, leadership and management skills as equally import as the tasks & procedures
 - (based on the COPA model)

© 2007 Vermont Nurses In Partnership (VNIP) All rights reserved. vt-nurses@earthlink.net www.vnip.org

6

Other unique aspects

- Promotes a "Concept based" approach rather than a "case-based" orientation process
- Focus on preceptor development
 - Research and theory based
 - Mixed audience inclusive of allied health team
 - Teaching preceptors to foster C.T. skill development & evaluate performance outcomes
- Statewide standardization of preceptor and intern development framework and curriculum (including competence assessment)

© 2007 Vermont Nurses In Partnership (VNIPI) All rights reserved. vt-nurses@earthlink.net www.vnip.org 7

What we had

- A competency based orientation framework that provides:
 - Intensive internship with new graduates
 - Routine orientation of experienced hires
 - Competency assessment for travelers
 - Clearly defined expectations that were **performance-based!**
 - Inadequately prepared preceptors

© 2007 Vermont Nurses In Partnership (VNIPI) All rights reserved. vt-nurses@earthlink.net www.vnip.org 8

What we have learned



© 2007 Vermont Nurses In Partnership (VNIPI) All rights reserved. vt-nurses@earthlink.net www.vnip.org 9



© 2007 Vermont Nurses In Partnership (VNIPI) All rights reserved. vt-nurses@earthlink.net www.vnip.org

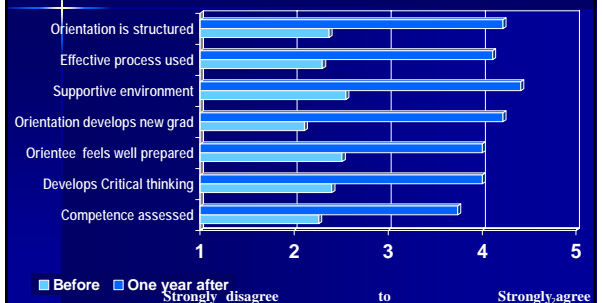
Data, Outcomes, and implications of the pilot

- 48% of Interns recruited from out of state schools and/or residence
- Retention – FAHC tracking
 - 1999 Pre-Internship rate was 75%
 - With the internship, the rate rose to 93% of new grads that completed

© 2007 Vermont Nurses In Partnership (VNIPI) All rights reserved. vt-nurses@earthlink.net www.vnip.org

Outcomes - Transition to Practice survey results:

Survey of managers, educators, preceptors



© 2007 Vermont Nurses In Partnership (VNIPI) All rights reserved. vt-nurses@earthlink.net www.vnip.org

Outcomes

- Position Vacancy rate
 - Consistently 20% & higher prior – currently 0%
 - No recruitment or advertising costs
 - Nursing students – asking for positions after program completion

Outcomes

- “Nursing literature reports that the inability to handle the intense working environment, advanced medical technology, and high patient acuity results in new grad turnover rates of 35% to 60% within the first year of employment.”
 - (Beecraft, Kunzman, & Krozek, 2001)
- VNIP turnover rate – less than 10% for new graduates completing the internship

Outcomes- Qualitative

Preceptors –

“great program, I hope to see this continue”

“great to watch her grow each day”

Interns –

“ Thank you ! ”

“ Won’t take position unless Internship offered

Activity 1 - Planning for program evidence & research foundation

- Start with the end
 - What are your goals ?
 - Why change ?
 - How will you determine success?
 - What data will you collect?
 - How to measure it?
 - Tools, process, outcomes

Research/Evidence-based?

Evidenced based practice

- Research/publication
- Studies revealing “best practice”
- Current studies & data collection
- Literature search
- Consults/queries to the ‘experts’
 - Academia
 - Regulation
 - Diverse practice settings

Research and theory base

- Dreyfus model of 'skills acquisition
 - Benner's application to nursing
- Teaching/Learning Theories
 - Retention of learning, learning styles, teaching theory, etc
- COPA model -
 - Performance outcomes vs. learning objectives
- Grif Alspach – preceptor program/instr.
- Critical Thinking & skill development, Group dynamics, Communication, leadership, team building, training & development

19

© 2007 Vermont Nurses In Partnership (VNIP) All rights reserved. vt-nurses@earthlink.net www.vnip.org

Research, theory & law

- Nurse practice act
- Boards of Nursing
- Standards of Practice for specialty
- Accreditation organizations
 - JCAHO
 - State surveyors
 - NLNAC

20

© 2007 Vermont Nurses In Partnership (VNIP) All rights reserved. vt-nurses@earthlink.net www.vnip.org

Framework comprised of:

- Orientation competence checklist – outlines clearly defined expectations
 - Novice vs. Expert expectations
 - Use of SAMPLING for orientation
- Universal Competency tool
 - With additional unit specific criteria
- Goal/Competency Based
 - Rather than time oriented

© 2007 Vermont Nurses In Partnership (VNIP) All rights reserved. vt-nurses@earthlink.net www.vnip.org 21

Framework Requires:

- Preceptor education and support
- Protocols for preceptor and competency development programs
- "Time to teach" factor
- Didactic instruction integrated with "hands-on" practice (experiential learning fostered by preceptor)
- Concrete critical thinking development

© 2007 Vermont Nurses In Partnership (VNIP) All rights reserved. vt-nurses@earthlink.net www.vnip.org 22

Preceptor Development and Support

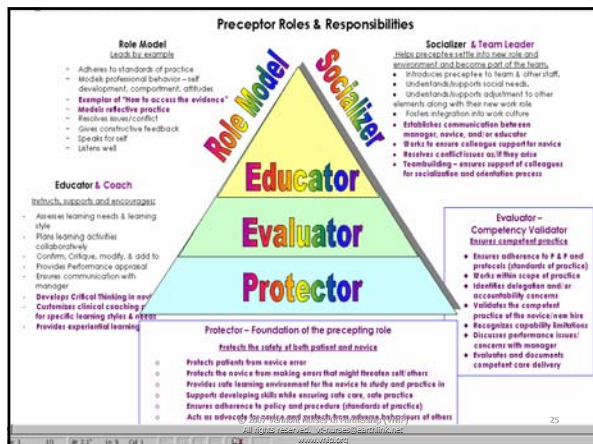
- Requires protocols, theory-based instruction, practical application & ongoing dialogue
- Includes tools and components found with the Internship model/resources
- Integrated with competencies – clearly defined expectations.

© 2007 Vermont Nurses In Partnership (VNIP) All rights reserved. vt-nurses@earthlink.net www.vnip.org 23

Preceptor Development

- Teaching
 - How to teach
 - How to develop critical thinking skills
- Protector Role
- Evaluator – competency validation

© 2007 Vermont Nurses In Partnership (VNIP) All rights reserved. vt-nurses@earthlink.net www.vnip.org 24



Preceptor Development

- Research and theory based instruction
- New roles and responsibilities
- 'time to teach'
- Ongoing support for preceptors
- Clinical Coaching plans

© 2007 Vermont Nurses In Partnership (VNIPI) All rights reserved. vt-nurses@earthlink.net www.vnip.org 26

Once roles are defined

- instructional needs are identified

- Topic areas = performance goals
- Determine instructional strategies that might prepare them
- Rank order strategies according to:
 - Novice to expert
 - Simple to complex
 - Planning for success
- Build a 'teaching plan'

© 2007 Vermont Nurses In Partnership (VNIPI) All rights reserved. vt-nurses@earthlink.net www.vnip.org 27

Preceptor Preparation

1. Role & Responsibilities
2. Novice to Expert
3. Adult Learning & Teaching/Learning Theory
4. Delegation/Liability/Accountability
5. Team building, relationships, group dynamics
6. Preceptor Toolkit
7. Competency development/assessment
8. Individual Styles - Personality, conflict, generational, culture, ethnic, religious, etc.
9. Communication Skills & Giving Feedback
10. Critical thinking & how to fostering it in others
11. Preceptor Experiences & Ongoing Preceptor Development and Support

© 2007 Vermont Nurses In Partnership (VNIPI) All rights reserved. vt-nurses@earthlink.net www.vnip.org 28

Activity 2

- Are these necessary?
- What content?
- What priorities?
- How much time to invest?

© 2007 Vermont Nurses In Partnership (VNIPI) All rights reserved. vt-nurses@earthlink.net www.vnip.org 29

Do your orientation tools specify measurable criteria ?

For assessment of:

- Procedures and tasks
- Documentation
- Communication skills
- Interpersonal relationship skills
- Critical thinking
- Leadership
- Management

© 2007 Vermont Nurses In Partnership (VNIPI) All rights reserved. vt-nurses@earthlink.net www.vnip.org 30

Criteria for intern development - based in COPA model

- COPA model
 - Competency Outcomes & Performance Assessment
 - Dr. Carrie Lenburg

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

Clearly Defined Expectations

- For both intern and preceptor
- COPA model
 - http://nursingworld.org/ojin/topic10/tpc10_2.htm
 - Eight essential duties
 - Defined in specific measurable terms
 - Consider critical thinking skills
 - “What does a nurse do?”

Clinical Coaching Plan

- Teaching plan &/or action plan
- Principles of teaching and learning
 - Adult learning and personal learning styles
 - **Experiential learning – action based**
- Specific measurable outcomes (COPA)
- Specific instructional strategies
- Concrete C.T. development tool

Clinical Coaching Plan

- 4 columns
- Labels
 - Instructional strategies
 - Performance outcomes
 - Met?
 - Comments
- Reflections on practice/learning

Teaching how to:

- Foster critical thinking skills
- Provide experiential learning
- Protect safety

Teaching with:

- Clinical coaching plans
- Standardized curriculum
- Essential forms and process

Clinical Coaching Plans

Instructional Strategies	Performance Expectations	Met?	Comments

Reflection on practice/learning
(concrete C.T. development)

Clinical Coaching Plans

- A roadmap for the learning process
- A plan for competency assessment
- A documentation tool

Reflection on practice

- How to integrate critical thinking development, SBAR, Relationship-based care, population diversity within the instruction?

Activity:

- A clearly defined expectation for critical thinking in a novice.
- Instructional strategy for fostering this

Core concepts

- Start with the end in mind
 - Keep returning to that balancing point
 - ROI - Return on investment
- Data collection – What is the evidence ?
- Preceptor development & support
- Clearly defined expectations
- Clinical Coaching Plans

Internship vs. Orientation

- The same framework and tools are applicable for ALL orientation and competency assessment of staff.
- The same competency assessment tools used for new graduates as for agency or traveling staff
- Theory-based frameworks that fit for all healthcare providers and departments

VT Nurse Internship Project

- The Internship is a formal, post-licensure educational program designed to extend the basic nurse education preparation, proficiency, and/or skills of new graduate and transitioning nurses.
- Target audience - Interns are:
 - LPN and RN new graduates
 - Nurses in re-entry programs
 - & those transitioning to a new specialty.

Internship Framework

- 10 weeks of experiential learning
 - Starts after agency orientation
- 5 or less interns in a cohort (on one unit)
- Intern does not count in staffing mix
- 40 hours of didactic instruction provided
- 200 hours of clinical educator time
- Protocols and resources for intern & preceptor
 - Preceptor development & identified time for teaching
 - Clearly defined expectations (COPA model based)
 - Clinical coaching plans (unit based teaching/learning plans)

Success equals:

- Completion
- Early identification that the person does not belong in the specialty
- Protection of client and staff member

Evidence Collection and research plan

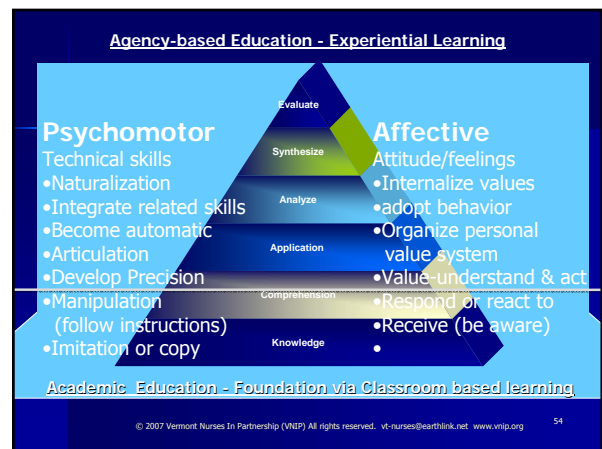
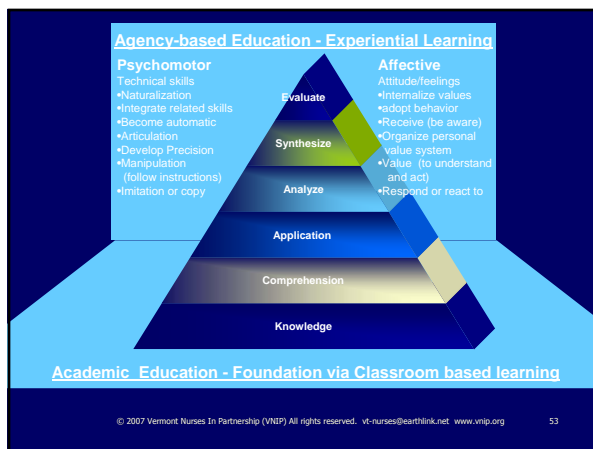
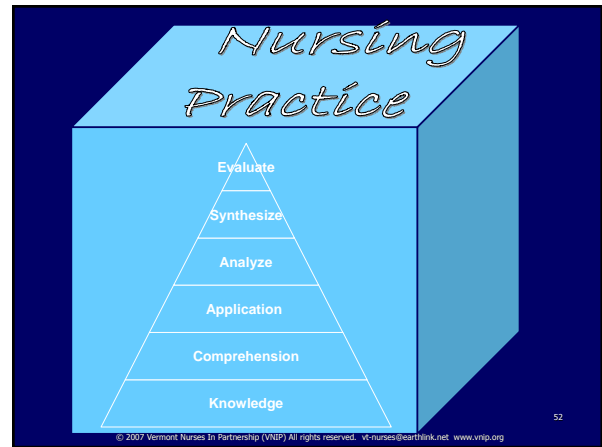
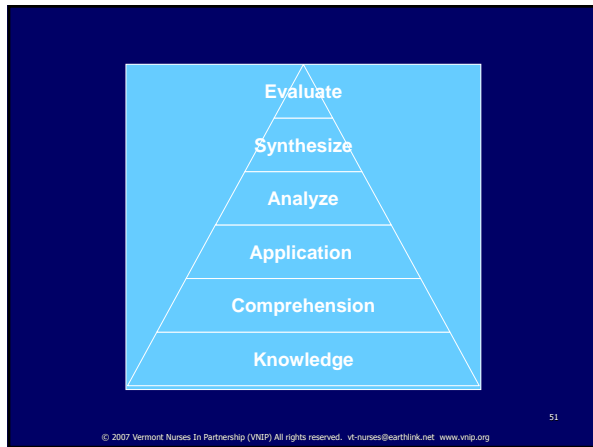
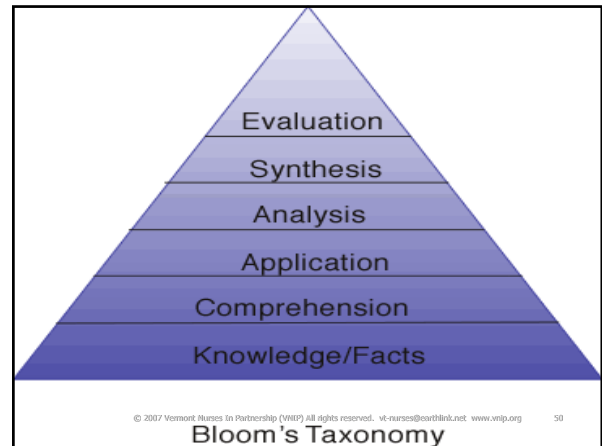
- Evaluation and survey tools
- Data collection process
- **Start with the end in mind!**

Return on Investment

- Precepting is a task
- Each task requires time for completion
- Quantifying time for precepting is required

Workplace Culture

- Support and nurture
- Value learning
- Value individual
- Time for questions, learning, teaching
- vs.
- Insanity



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

Solutions for the 21st Century

- Clearly defined expectations
 - Clear expectations for novice & preceptor
 - Includes program protocols & time to teach
- Preceptor development/support
 - Delineate **Protector and Evaluator** roles
 - Teach to foster C.T. skill development
- Provide clinical coaching plans
 - Care plan for the novice
 - Game plan for the preceptor
- Collaborative approach adds strength & quality

“Systems” for finding time

- Reduce assignment by . . .
- Add clinical educator to unit for temporary assignment
- Specify unit for orientation – with staffing to accommodate

Some key references:

- Alfaro-LeFevre, R. *Critical Thinking and Clinical Judgment: A Practical Approach*, 3rd Edition. © 2004 ISBN: 72169729
<http://www.alfaroteachsmart.com>
- Beecroft, P, Kunzman, L, Krozek, C. *RN Internship – Outcomes of a One-Year Pilot Program*; JONA; Vol 31, No.12, pp 575-582; December 2001
- Benner, P. (1984). *From Novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.
- Boyer, S. *Education -Practice Collaboration builds Internship and Preceptor Programs*, Nursing Education Perspectives, Vol 23, No 2. Mar/Apr 2002
- del Bueno, D. (2005) *A Crisis in Critical Thinking*. Nursing Education Perspectives, 26(5). 278-282.
- Lenburg, C. *The Framework, concepts and methods of the competency outcomes and performance assessment (COPA) model*. © 1999 Online Journal of Issues in Nursing, Sept. 30, 1999
http://nursingworld.org/ojin/topic10/tpc10_2.htm

A more extensive bibliography is available on the website:
www.vnip.org