Preceptorship in Critical Care: Facilitating Growth, Empowering Potential

Dynamics in Critical Care: Our Kaleidoscope
October 16, 2011

Colleen Collier Breen, RN, BScN, MScN(c), CNCCP(C)
Karen Laidlaw RN, BScN, MN, CNCCP(C)
Objectives

- To define preceptorship
- Describe a model for preceptorship development
- Identify key factors in developing preceptorship relationships
- Describe a preceptorship experience
- Outline communication tools for preceptorship
Preceptorship: Our Experience

- Based on clinical course for BScN
- Expert PCCU nurse as student doing preceptorship for clinical course with preceptor, clinical educator
- Expert PCCU nurse working with a fourth year nursing student, incorporating the development of a comprehensive communication tool for feedback
- Reviewed literature on preceptorships, matching of partners, structure of experience, and communication
Our Rationale

- Shortage of experienced paediatric critical care nurses
- No formal preceptor program in PCCU

*We identified that this project had the potential to provide structure for future preceptors*
Preceptorship

- Structured relationship between an experienced nurse and a novice nurse
- Short term
- Can evolve into a mentor relationship
- Enhance the socialization of student nurses

(Carlson, Pilhammar, & Wann-Hansson, 2010)
Mentorships

- Exist between professionals
- Mutually beneficial
- Long term and supportive
- Results in positive professional outcome
Key Roles of Preceptors

- **Medical-technical**
  - Competence to perform skills
  - Taught in ways that cannot be learned from books
- **Administrative**
  - Reporting and documentation is complex and best taught by a role model
  - Cannot be learned in a classroom
- **Caring**
  - Learning about competence in the unique care of patients through assessment, communication, and care planning;
  - Links theory to practice
  
  (Carlson et al., 2010, p. 766)
Key Components

From the literature…

*a successful preceptorship includes planning and preparation, advocacy, communication, socialization, and feedback*

*(Collier Breen, 2011)*
Benner’s Theory

Benner categorizes knowledge and skill development in five progressive stages:

- novice
- advanced beginner
- competent
- proficient
- expert
Why Benner?

- Preceptorship provides experiential learning, facilitating knowledge transfer from an expert to a novice.

- Benner’s Model emphasizes clinical nursing care, learning by observing, and using preceptors.

- Development of the expert takes place over time.
Benner’s Theory

- Levels are based on changes in three areas:
  - reliance on abstract principles to reliance on experience
  - development from segmental to holistic assessments
  - progression from observer to engaged care provider

Learning occurs differently and tasks are carried out differently at each level (Benner, 1982)
It is essential and important for novices to “know how”

“A new nurse begins with theory as a guide; an expert nurse refines theory through practice and proceeds to use past concrete experience as paradigms”

(Benner & Wrubel, 1982, p. 13)
It is only through experience that a nurse can move from one stage to the next.

Benner recognized a difference between the ideas of "knowing that" and "knowing how".

"know how" can exist without "knowing that"
Growth from novice to expert does not always occur; not all nurses will become expert

(Altmann 2007)

“Experience is not the mere passage of time or longevity; it is the refinement of preconceived notions and theory”  

(Benner, 1982, p. 407)
Thoughts on Preceptors

- As preceptors:
  - expert nurses role model the integration of individualized patient assessments into a meaningful story, using technical and critical thinking skills (Dracup & Bryan-Brown, 2004).

- In preparation for preceptorship:
  - experienced nurses reflect on their experiences as novices, noting the stress that preceptees may experience (Dracup & Bryan-Brown, 2004).
Thoughts on Preceptors

- Must learn about the preceptee’s unique qualities and goals before they can effectively teach skills, facilitate learning opportunities, and increase socialization

  (Dracup & Bryan-Brown, 2004, p. 450)

- Must have vision, a positive attitude, and excellent communication skills to facilitate preceptee confidence, accountability, and critical thinking

  (Dracup & Bryan-Brown, 2004)
Baby Boomers

- Competitive, very dedicated and driven
- Value life long learning and see education as a means to further success
- “What” and “how” come before “why”
- Demand respect for their experience and believe that they know what they need to learn
Generation X

- Want to be successful, but want balance
- Recognize the need for continuous learning
- Comfortable with technology
- Want a casual, fun learning environment that focuses on skill development
- Learn by doing, need to see progress
- Willing to work hard, but time off is time off
Millennials (Gen Y)

- Deal in reality
- Technology-focused and view advances as commonplace
- Collaborators, rely on networking, often have contingency plans
- View job training and education as currency for their current and future jobs
- Free thinkers with strong views
- Multitaskers
- Desire respect
- Enjoy immediate and constant feedback
Intergenerational Challenges in Preceptorships

- Generations don’t understand one another or respect what each has to offer and are reluctant to learn from one another.
- Millennials are perceived as lazy, having a sense of entitlement and having no idea what they don’t know.
- Gen X is perceived as being hard workers and dependable, but not willing to put in extra time.
- Boomers are perceived as being intolerant of the younger generations and those who don’t pull their weight.

*Lack of understanding creates tension as people feel undervalued or motives are misunderstood.*
Considerations for Preceptors

- Each group brings different experiences, values, and work ethic to the team
- Important to establish a collaborative relationship, to learn about individual values, goals, and experiences and to integrate diversity into the experience
- Novice nurses experience considerable stress, including generational stress, during preceptorship
- There is a need for research to understand the impact of generational diversity on preceptorships, recruitment, and retention (Earle et al., 2008, p. 266)
Remember…

“No one is a permanent expert”. Professional development requires us to be novices at certain stages in our careers. “It is possible to become an expert at being novice”. A true expert is expert at being novice.  
(Volpe Horii, 2007, p. 372)
Preceptorship: Our Experience

- Based on 4 month preceptorship
- Matching of preceptors and preceptees
- Shared goals
- Learning plan development
Matching of Partners

- Based on geographic location of both preceptor/student for pre-grad student
  - Less focus on her interests, personality, level of knowledge for ICU
- Preceptor chosen by experienced pre-grad post RN student based on personal areas needed for growth
Cheerleaders, Mentors, Stakeholders

- Coordinator, charge nurses, colleagues notified from beginning
- Solicited their support
- Shared goals of experience
Preceptors Crossing Generations

Three generations involved in this project:

- Baby Boomer (preceptor/student)
- Generation X (preceptor)
- Millennial or Generation Y (student)
Generational Factors

Preceptor (Clinical Educator) → Gen X
- Want to be successful, but want balance
- Need for continuous learning—just finished MSN
- Comfortable with technology
- Willing to work hard

Preceptor/Post RN Student → Baby Boomer
- Strong work ethic
- Committed to learning—just finished BScN
- Outgoing and resilient
- Experienced
- Both finishing same degree

Nursing Student → Generation Y
- Novice
- Quiet, successful in school
- Lived at home
- Experienced with technology
- Liked work challenges

(Earle et al., 2008)
Communication

- Influences the development of the relationship
- Impacts the quality of learning
- Enhances socialization of the student
- Promotes self awareness and professional development
- Promotes self confidence
Preceptorship Model

Benners Model

- Developed the for learning in an ICU
- Gave experience structure
- Familiar to all of partners
- Incorporated various learning styles
- Focused on various levels of expertise
Preceptorship Goals

1. To learn to care for children from NB to 18 yr
2. To enhance assessment, care planning, advocacy, and documentation
3. To implement philosophy of family centered care
4. To experience multiple ways of knowing
5. To provide opportunities for socialization of student
#1. Patient Experiences

- Tools to learn
- Advocate for a variety of assignments
- Based on the learning needs of the student
- Needed to focus on less complex assignments
#2. Assessment, Planning, Advocacy, Documentation

- Flexibility to progress at her own pace
- Focused on patients who were stable with life limiting conditions
- No patients who were unstable due to lack of experience
- Wanted her to progress in independence
#3. Family Centered Care (fcc)

- Opportunity to family interaction and advocacy
- Modeled therapeutic relationships and fcc
- Gave her time to be with patients/families herself
#4. Multiple Ways of Knowing

- Empirical, esthetic, ethical, personal knowledge (Draycup & Bryan-Brown, 2004)
  - Attended a professional workshop together
  - Observation days in ER, NICU, PMDU
  - Family meetings
  - Memorial
  - End of life decisions and memory box
#5. Socialization

- Individuals gain skills needed to become member of group (Carlson, Pilhammar, & Wann-Hansson, 2009)
  - Tour of unit and hospital to meet team
  - Introduced on rounds and shift change
  - Social functions
  - Afternoon tea at end of the rotation
Focus on Communication

Communication Challenges

- Challenges of giving mutual feedback
- Busy ICU with high acuity patients-minimal time for feedback
- Parents often present with children
- Shift to shift report already time consuming
- Several days off in a row
Communication Strategies

- In the moment feedback
- End of shift review
- Website
- Formal evaluations
In the Moment Feedback

- Feedback provided at the point of care during the experience
- Immediate, timely, brief
- Just the facts
Examples

- Hanging an IV bag
- Doing assessments
- Giving medications

Preceptee:
“I appreciated how my preceptor would explain what to do but would still be there if I needed help. This helped build my self confidence…”
End of Shift Summary

- Provide a brief overview of the shift in 5 minutes or less
  a) Describe the shift in one word
  b) What went well?
  c) What didn’t go well?
  d) Identify one goal for next shift.
After a very busy shift with a little baby with a genetic condition who was ventilated and unstable. Had a family meeting regarding end of life decisions during the day.

End of shift summary:
- Preceptor: Chaotic
- Preceptee: Busy
- What went well? Discussions with family
- What didn’t go well? Not a lot for student to do.
- Goal for next shift: Give student more independence to complete tasks
Website

- No confidential information or identifiers
- Only used by student and preceptor
- Content
  a) An introduction page with information and goals
  b) Discussion page for feedback
  c) Calendar for assignments and evaluations
Preceptor:

“The last shift was a good opportunity to organize care in a stable patient. Vital sign routines and medications and enteral feedings were done every 4 hours. More assignments like this would be helpful. Keep working on initiative to start routine care early, plan and organize what needs to be done and how to best complete all care. This will save you time and stress.

How was your NICU shift?”
Preceptee:

“I had my buddy day at NICU. I have never taken care of children that tiny before: it was a bit scary! This baby is 24 weeks gestation and his skin bruised so easily that both the nurse and I wanted to minimize the amount of touching. The nurse explained how infants tend to rebound from dips in their oxygen saturations so the nurses on that floor are not that easily alarmed when their machines start to beep.”
Formal Evaluation

- Standardized by university
- Identify goals and examples of completion
- Used communication tools, especially website for examples
- Ongoing evaluation
- No surprises
- Reciprocal feedback promoted
Examples

Preceptee:
“I learned about the complex history of a patient, did the assessment, and then worked with the child and family. By watching my preceptor, I learned about interactions to gain trust.”

Preceptor:
“By the end of the shift, she was laughing and playing with him. The preceptee noted that these are the kinds of experiences that you can’t learn from a book.”
Summary

- Successful preceptorship experience
- Excellent clinical course experience
- Good relationship
- Excellent communication
- Triage of preceptee could have been better
- Good relationships with clinical advisor and clinical educator to support relationship
- Reinforced the need for flexible goals
- Anticipation of progress of student through Benner’s stages over-estimated
Conclusions

- Learning plan development
- Multiple strategies
- Reciprocal feedback increased when communication was identified in advance
- Research, based on these communication tools, may be useful
- Preceptor recruitment and partner matching is crucial to successful preceptorships
“Every interaction is an opportunity to build confidence and competence.”
References


Your Experiences
Questions
Contacts

Colleen Collier Breen
colleen.collier@lhsc.on.ca

Karen Laidlaw
karen.laidlaw@lhsc.on.ca