

Nursing Education Research Conference 2018 (NERC18)

A Collaboration Challenge: Improving Processes for Immersion Experiences in BSN Programs

Lisa E. Guthrie, MSN, RN-BC, CMSRN

Department of Education and Development, The University of Kansas Health System, Kansas City, KS, USA

The culmination of the BSN nursing student's clinical experience is the immersion experience. In a Midwestern region of the US, the numbers of student placements for immersion experiences has been growing to meet the demand for nurses. Each of these students requires a preceptor. An established cooperative group of nursing school and clinical site representatives determined to collaborate to find more preceptors. The group identified a task force of their peers with equal representation from schools and clinical sites. This Task Force developed ground rules of respect and transparency as they deliberated their purpose and plans.

Preliminary meetings were focused on identifying the barriers experienced by both the schools and the clinical sites in finding preceptors. Three areas were identified within the realm of influence of this group:

1. The scheduling process: coordinating the preceptor and student schedules
2. Faculty involvement
3. The evaluation tool for the immersion experience

The problems identified in these three areas are summarized below:

SCHEDULING: Issues with scheduling were separated into three groups: school issues, student issues, and preceptor/clinical site issues

The school determined the numbers of hours required, the timeframe within which the hours must be completed, and the scheduling of conflicting classes/events. Each of these impacted the scheduling process. The student issues included conflicts in their schedule from a variety of activities, anxiety related to communication, and the pressure of scheduling all their shifts. The clinical site and preceptors were required to work around the school's schedule, meeting the clinical hours required by each school. The preceptor was in high demand both for students and new hires. The preceptor work schedules were often created up to eight weeks before being contacted by the student.

FACULTY: Faculty involvement varied among the schools represented. There was not a standard of engagement or of numbers of site visits required during the immersion experience. The communication with the students and preceptors both in quality and quantity was also varied. Some schools provided very structured plans for faculty while others did not. The evaluation involvement by the faculty and preceptor was also not standardized among the schools.

EVALUATION: Each school provided their objectives and written instructions to the preceptor based upon their approved curriculum. Again, these were not standardized, having between 5 and 14 objectives which the preceptor and student were expected to meet. The instructions given the preceptors came from the faculty, the school, and/or the students.

The Task Force presented their recommendations in phases. Report out was given firstly to the larger collaborative group. Once approved, the recommendations were placed before the executive clinical leader group and the executive educational leader group for approval. Each of the recommendations were approved and were then implemented as a trial at a large academic medical center.

The recommendations included standardization in all three areas:

SCHEDULING: Once sites were approved, the student would contact the preceptor with the expectation of following the preceptor's schedule. Conflicts in the student's schedule were first reviewed by the school then if necessary, the school would request an additional preceptor. This eliminated students and faculty soliciting preceptors, and attempting to accommodate the student's schedule rather than the preceptor's schedule. If a conflict arose because of a preceptor absence, the clinical site would locate a substitute preceptor.

FACULTY: Faculty attended an orientation to the clinical setting, its policies and procedures related to student immersion experiences, and to the tools/ guidelines developed with associated expectations. Faculty contact information was collected and provided directly to the clinical site and the preceptor. Expectations to engage the preceptor, student, and preceptor-student dyad during rounds a minimum of 1-2 times/40-50 hours of clinical were made clear.

EVALUATION: An evaluation tool was created, based upon the BSN Essentials (2008) listing four goals with supporting competency statements. A Likert scale was developed using a DASI scale: Dependent-Assisted-Supervised-Independent.

These processes will be implemented city-wide this fall and evaluations collected from students, faculty and preceptors. Evaluations from the pilot are still being processed and will inform the work going forward, in a continuous improvement process.

Title:

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Keywords:

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References:

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Abstract Summary:

A collaboration of school and clinical site representatives developed recommendations, tools, and guidelines to improve the BSN immersion experience. The goal was to create an environment to support finding more preceptors for our ever-growing community of nursing students. This presentation will include the collaborative processes and tools developed.

Content Outline:

I. Background of Collaborative

A. Problem identified: We may not have enough preceptors for the growing numbers of students needing an immersion experience.

B. Purpose of task force

1. Identify the issues with immersion placements
2. Consider issues from all perspectives

C. Define Ground Rules

1. Respect
2. Transparency
3. Reporting/approval structure

II. Beginning Work

A. Identify barriers

B. Find themes within barriers

C. Choose those barriers within realm of influence

III. Issues consolidated into three main themes within realm of influence

A. The scheduling process: how students, schools and preceptors manage scheduling

B. Faculty involvement: identifying the lack of standardization for involvement, and hypothesizing that increased involvement by faculty will improve the immersion experience, eliminate many of the issues identified

C. The student evaluation process: support preceptors with a single tool to be used with evaluating every student regardless with which school they are affiliated

IV. Recommendations

A. The scheduling process

B. Faculty involvement

C. The student evaluation process

V. Summary of Successes

A. Approval by all parties

1. Area's collaborative committee
2. Area's clinical nurse executives
3. Area's collegiate nurse executives

B. Tools created for each recommendation

1. Student/preceptor scheduling standards
2. Faculty involvement standards
3. Standardized goals for evaluation of students

C. Tested in large academic medical center

D. Lessons learned/next steps

1. Unit Educators and managers continue to accommodate students rather than following the standards.
2. Change requires energy, time, and patience.
3. Educate/train Unit Educators/ Preceptors on processes
4. One school changed their class schedule as they were not getting the placements they need due to multiple conflicts.
5. Area nurse executives asked for data to quantify how well each clinical site was accommodating placements using the percentage of numbers of placements/Average Daily Census

First Primary Presenting Author

Primary Presenting Author

Lisa E. Guthrie, MSN, RN-BC, CMSRN
The University of Kansas Health System
Department of Education and Development
Education Specialist - Certified Professional Development Specialist
Kansas City KS
USA

Professional Experience: Education specialist 2008 to present Co-author of NLN Center of Excellence Award Application 2015 Student Placement Coordinator since 2008 to present Chair Capstone Task Force Member STTI 2009 to present Member. Past President AMSN Heart of America Chapter #313 since 2008 Member ANPD since 2010 Adjunct Faculty 3 years Penn Valley Community College Affiliate Professor 2.5 years University of Central Missouri

Author Summary: Graduated with her BSN in 1982 and worked as a Med/Surg/Orthopedics nurse for 25 years in the hospital and Office practice settings. Graduating with an MSN in Education in 2010, she moved to Education for almost 10 years. She has served in leadership positions nationally, regionally and

locally. Currently she is the student placement coordinator and was Chair of the Collaborative Task Force for Capstone students.