

Bridging the Theory-to-Practice Gap: An Innovative Approach through Situated Thinking and Action

Garrett K. Chan, PhD, APRN, FAEN, FPCN, FNAP, FAAN

Erin H. McCalley, MS, RN, CNS, CCRN-K, CCNS

Jane DeLancey, MSN, RN, ACCNS-AG

Edward M. Burns Jr., MSN, RN, PCCN-K

Gisso Oreo, MSN, RN-BC

Center for Education and Professional Development

Stanford Health Care, Palo Alto, CA, USA

DISCLOSURES

Presenters:

Garrett Chan, PhD, APRN, FAEN, FPCN, FNAP, FAAN

Erin H. McCalley, MS, RN, CNS, CCRN-K, CCNS

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Edward M. Burns Jr., MSN, RN, PCCN-K

Gisso Oreo, MSN, RN-BC

Learning Outcomes:

1. To showcase an innovating training program aimed at improving situated learning and action competencies in clinical practice and supporting new graduate nurses transition to practice.
2. To examine how two interactive learner-centered pedagogies impact clinical reasoning and affective domain skills.
3. Highlight three main interventions that address the gap commonly seen in fragmented orientation programs to progress and support the nurse resident to obtain skill acquisition at the competency level.
4. Demonstrate modifications to teaching modalities incorporated into existing Preceptor Development Workshop to support FACC series using Benner's 3 apprenticeships in a Head(cognitive)-hands (practical)-Heart (ethical) model.

Disclosures: No presence of conflict of interest, commercial support, sponsorship

Purpose

- ▶ Historically, our transition-to-practice and training programs have focused on the tasks of nursing rather than the professional practice of nursing.
- ▶ Re-designed our programs to focus on nursing development according to Benner's 3 Professional Apprenticeships:
 - Nursing knowledge
 - ▶ Science, theory, principles required for practice
 - Practice
 - ▶ Clinical reasoning, practice know-how, situated knowledge use
 - Ethical comportment and formation
 - ▶ Moral imagination and formation of professional values and identity

Bridging the Theory-to-Practice Gap: An Innovative Program: Elevating Competency in Clinical Practice

Erin H. McCalley MS, RN, CNS, CCRN-K, CCNS
Nursing Professional Development Specialist
Center for Education and Professional Development
Stanford Health Care, Palo Alto, CA, USA

Purpose

- ▶ To create a framework for all training program at Stanford Health Care that focus on the development of the professional nurse in skill acquisition and competence.
- ▶ To showcase an innovating training program aimed at improving situated learning and action competencies in clinical practice and supporting new graduate nurses transition to practice.

Who We Are

► Stanford Health Care:

– Not-for-profit Academic Medical Center in Northern California



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Stanford
HEALTH CARE
STANFORD MEDICINE

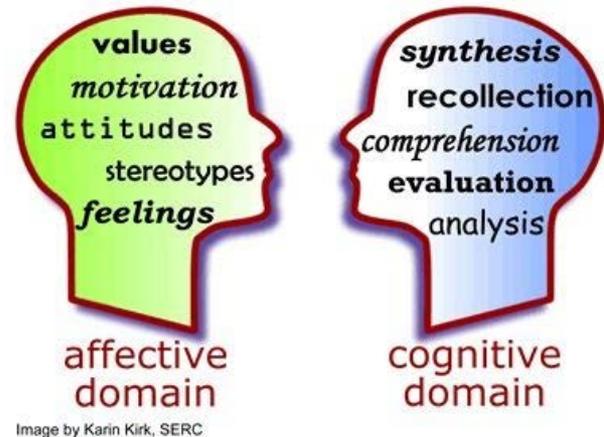


Background

- ▶ Adoption of a new model of patient care delivery, the Acuity Adaptable Unit (AAU) in combination with the support and guidance of a new Director of the Center for Education and Professional Development became the impetus for the design of a new education and training program.
- ▶ The AAU model of care combines the medical-surgical level of care and the intermediate intensive care (IIC) level of care within a single unit.
 - ▶ Allows for staffing ratios to flex in the response to the change in a patient's condition while maintaining the same care team and physical location
 - ▶ Requires all nurses to minimally have IIC level expertise

Planning a New Training Program

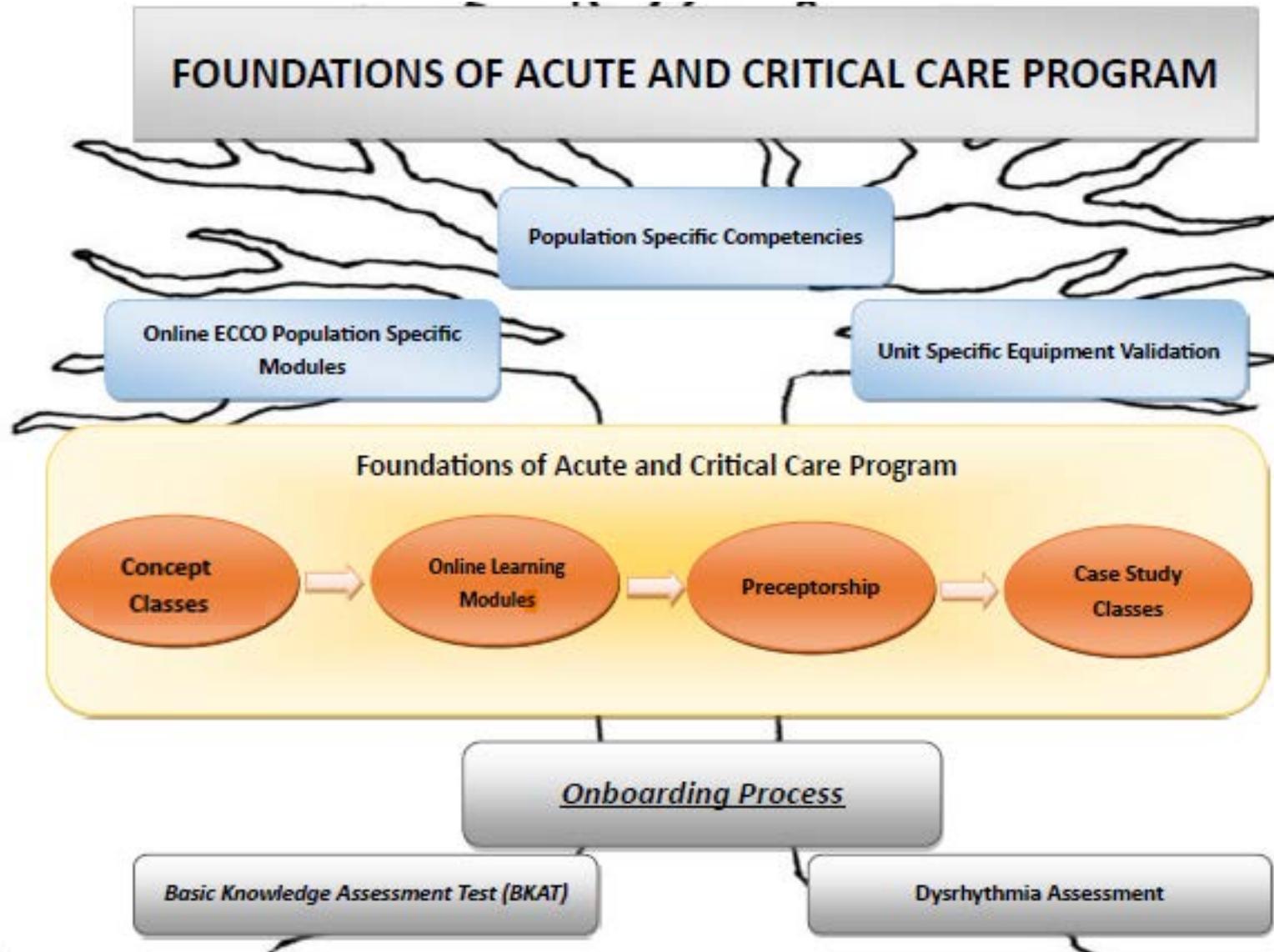
- ▶ Objective in creating a new training program:
 - Establish a framework for all training programs
 - Develop the professional nurse in skill acquisition to attain competency in Benner's seven practice domains and QSEN:
 - Therapeutic Relationship
 - Therapeutic Intervention
 - Patient Teaching
 - Diagnostic & Monitoring
 - Staff Teaching
 - Professional Accountability
 - Organizational & Work Role



SHC Traditional Training Programs

- ▶ Training Programs at SHC include:
 - New Hire Experienced RNs
 - New Specialty RNs (e.g. Critical Care Training Program)
 - New Graduate RNs (Nurse Residency Program)
- ▶ Foundations for Acute and Critical Care (FACC) Training Program was created

Conceptual Framework



FACC Timeline

	FACC 1	FACC 2	FACC 3	FACC 4
Concept Classes (didactic, flipped classroom, interactive lecture)	Oxygenation, Ventilation, Infection	Circulation, Perfusion, Shock	Brain, Behavior, Mobility, Sensation	Endocrine, Immunotherapy, Palliative Care
FACC Class (8 HRS)	Week 1	Week 4	Week 7	Week 10
Preceptor & ECCO (Variable)	Week 1—3	Week 4—6	Week 7—9	Week 10—12
Case Study (8 HRS)	Week 3	Week 6	Week 9	Week 12

Clinical Reasoning Cycle

- ▶ One of the major foci of the FACC program is to help nurses at all levels improve clinical reasoning
- ▶ Clinical Reasoning requires a critical thinking ‘disposition’ and is influenced by a person’s assumptions, perspectives, attitudes, and preconceptions

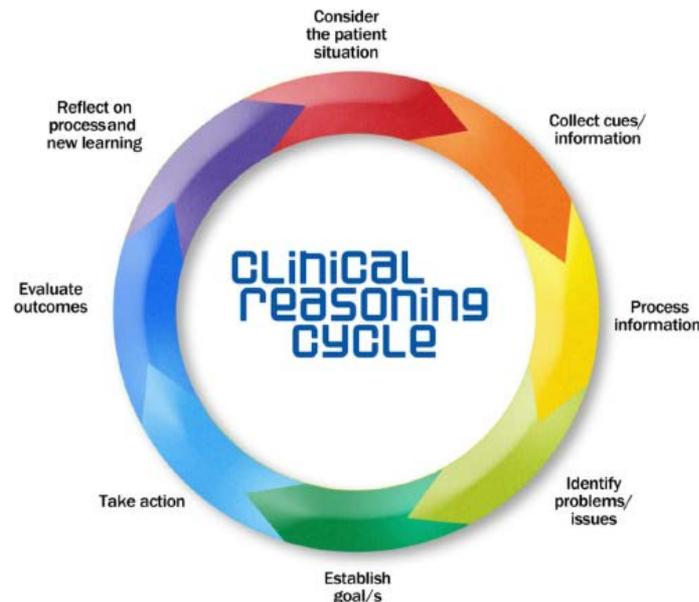


Figure 1: The clinical reasoning cycle



Why is Clinical Reasoning Important?

Failure-to-Rescue (FTR)

- ▶ FTR is a measure of the degree to which nurses respond to adverse occurrences and reflects the quality of monitoring, the effectiveness of actions taken once early complications are recognized, or both.
- ▶ Top 3 reasons for FTR according to Agency for Healthcare Research and Quality (<https://psnet.ahrq.gov/glossary/failuretorescue>)

FTR Causes	Breakdown of the Clinical Reasoning Cycle
Failure to properly diagnose	Patient situation, cues, process information
Failure to institute appropriate treatment	Patient situation, cues, process information, synthesize facts
Inappropriate management of complications	Patient situation, cues, process information, synthesize facts, establish goals, take action

Results – Onboarding Assessments

- ▶ First FACC cohort consisted of 19 nurse residents and 5 experienced nurse training to an Intensive Care Unit (ICU) and 4 students.

Dysrhythmia Assessment Average score Passing rate: 85%		Self-Confidence Mostly or Totally Confident %			
Pre	Post	NRP Pre	NRP Post	Student Pre	Student Post
0%	80%	54%	91%	65%	57%

Results – Evaluations of FACC Teaching Days

FACC Concept Days Agree or Strongly Agree %		FACC Case Study Days NRP and Students combined Agree or Strongly Agree %	
Therapeutic Intervention	78%	Therapeutic Intervention	100%
Human Caring & Relationship	72%	Therapeutic Relationship	100%
Diagnostic & Monitoring	82%	Diagnostic Monitoring	100%
Knowledge Integration	90%	Patient Teaching	100%

Results – Preceptorship Evaluation

- ▶ In the summative evaluations, learners rated clinical precepted time as either agree or strongly agree:

Preceptorship Evaluation			
Agree or Strongly Agree %			
Therapeutic Relationship	95%	Org & Work Role	94%
Therapeutic Intervention	89%	Professional Accountability	95%
Diagnostic & Monitoring	84%	Patient Teaching	95%
Human Caring & Relationship	100%	Knowledge Integration	95%

Results-BKAT

► Basic Knowledge Assessment Test (BKAT) Scores

BKAT Scores			
Passing score: 85%			
Nurse Residents Pre-FACC BKAT Avg. Score	68%	Nurse Residents Avg. Post-BKAT Avg. Score	75.1%

Summary

- ▶ In the first cohort of learners we found:
 - Increase in clinical reasoning from Novice to Advanced Beginner towards Competent through the NPLET evaluations by the FACC facilitators
 - FACC program evaluations by the learners were overwhelmingly positive as they rated all areas evaluated as either agree or strongly agree
 - All learners passed the dysrhythmia assessment
 - The FACC education program is fulfilling its aim of improving situated learning and action in clinical practice.

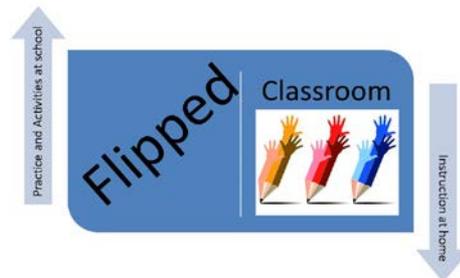
Bridging the Theory-to-Practice Gap: Innovative Teaching- Learning Methodologies

Jane DeLancey, MSN, RN, ACCNS-AG
Nursing Professional Development Specialist
Center for Education and Professional Development
Stanford Health Care, Palo Alto, CA, USA

Teaching-Learning Methods

Cadence of program educational instruction scaffolded with synchronous teaching-learning activities:

1. Interactive games
2. Lab & learn sessions
3. Group-based problem-solving strategies
4. Essentials of Critical Care Orientation 3.0 self-learning online modules
5. NovEx E-learning
6. Unit-based precepted instruction
7. Small group learner-focused unfolding case study/role play



Teaching-Learning Methods

The Adult Learning Theory provides the framework for evidence-based teaching and learning strategies

Experiential educational interventions of interactive unfolding case studies and role play:

1. Learner-Driven to develop situated thinking and action, reflection, and metacognitive knowledge
2. Facilitate skill acquisition from novice to expert with simulated complex, real world patient scenarios



Experiential Learning

- Learners have the opportunity to:
 - Study multiple aspects of a clinical situation
 - Learn to pay attention – listen to themselves
 - Come face to face with their assumptions
 - Notice patterns and changes in patient conditions
 - Change what they see and the way they see it



Case Development Process

- ▶ ***Simulated patient conditions*** align with physiologic and humanistic concepts:
 1. oxygenation, ventilation, and infection
 2. circulation and perfusion
 3. neuro and brain/behavior
 4. hormonal, immunotherapy, and palliative care

- ▶ ***Clinical Reasoning Cycle*** framework provides learners the opportunity to:
 1. Integrate experience and knowledge of the patient to acquire an initial grasp of the patient's condition
 2. Engage in situated-thinking to develop a sense of salience to make decisions
 3. Practice reflection and the process of building new knowledge and gaining insight into their ability

Case Development Process

▶ **Faculty facilitated instructional process:**

1. Stimulates discussion to encourage critical inquiry
2. Assesses learners ability to transfer knowledge from one context to another
3. Guides learners during the reflection stage to connect back to learning outcomes

▶ **Assessment of Learners:**

1. Formative and summative evaluation of skill acquisition
2. Nursing Process Learning Evaluation Tool
 - Benner's Stages of Clinical Competence
 - Benner's seven practice domains
 - University of Newcastle Clinical Reasoning Cycle

Clinical Reasoning and Learning

Stride of learning progresses as learners are guided through the case using the steps of the clinical reasoning cycle:

- ***Cyclic process*** as the scenario unfolds and evolves incrementally by incorporating additional information
- ***Critical decision-making points*** are highlighted to cultivate deeper comprehension of the clinical problem by interpreting information and exploring possibilities
- ***Probing questions*** are strategically placed to stimulate discussion to identify problems to create or re-create an action plan
- ***Communication and conflict resolution*** techniques are practiced, i.e., SBAR, CUS
- ***Reflection of learning*** from the case and other learners cultivates new knowledge

Unfolding Case Study

FACC #1 – Case 3 – Mrs. Reynolds

Mrs. Reynolds is a 72 y/o female, with a history of hypertension and asthma. She arrived to the Emergency Department with complaints of severe shortness of breath, malaise and fever. The work up in the ED was remarkable for acute respiratory failure with SpO₂ 82%, RR 30/minute, and use of accessory muscles of respiratory. She was intubated in the ED and transferred to the ICU. Her diagnosis was respiratory failure due to community acquired pneumonia superimposed on chronic asthma. Her initial course in the ICU was rocky due to hypoxemia and inability to wean from the ventilator. Five days ago, the doctors placed a tracheostomy with a #8 Shiley with a disposable inner cannula and a gastrostomy tube. Mrs. Reynolds was weaned off of the ventilator two days ago. She was transferred to your unit two hours ago to make room in the ICU for another patient.

As you make rounds on your patients, you hear the cardiac monitor alarm showing that Mrs. Reynolds's SpO₂ is 90% on FiO₂ 0.4 trach collar. You immediately go to assess her and she is complaining of shortness of breath. Her color appears pale and she is a bit diaphoretic and tachypneic. When you auscultate her lungs, you note coarse rhonchi, right > left and inspiratory & expiratory wheezes. She also has some cyanosis of her lips and nail beds.

VS: HR 88, RR 32, BP 158/82, SpO₂ 90% on FiO₂ 0.4, T 37°C

Questions to the Learners:

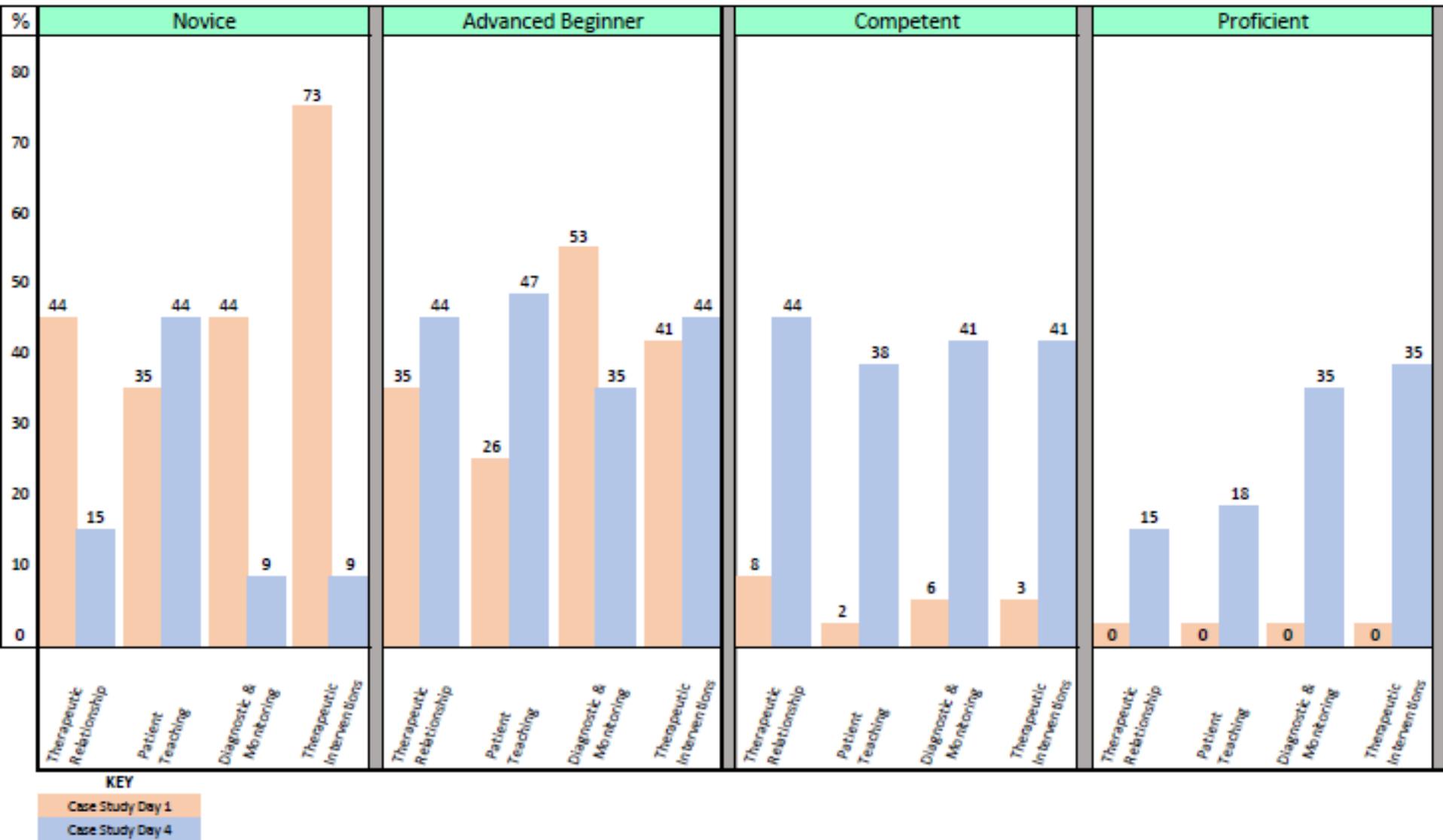
- 1. What is your initial impression of this patient?**
 - a. Triage: **Critically Ill**, Urgently Ill, Stable
 - b. Immediate Needs: (**Airway**, **Breathings**, **Circulation**)
- 2. (Consider the patient situation)** Review the pertinent history, symptoms, and signs of this situation.

Nursing Process Learning Evaluation Tool (NPLET)

Nursing Process Learning Evaluation Tool (NPLET) for FACC Case Study Days									
	Patient Situation	Collect cues/Info	Process Info	Identify Problems	Establish Goals	Take Action	Evaluate Outcomes	Reflection New Knowledge	
Name:	A	B	C	D	E	F	G	H	
	FACC #1								
	Case Study #1								Scoring Key
Therapeutic Relationship									1. Novice 2. Advanced Beginner 3. Competent 4. Proficient 5. Expert
Patient Teaching									
Diagnostic and Monitoring									
Therapeutic Intervention									
Staff Teaching									
Professional Accountability									
Organizational & Work Role									

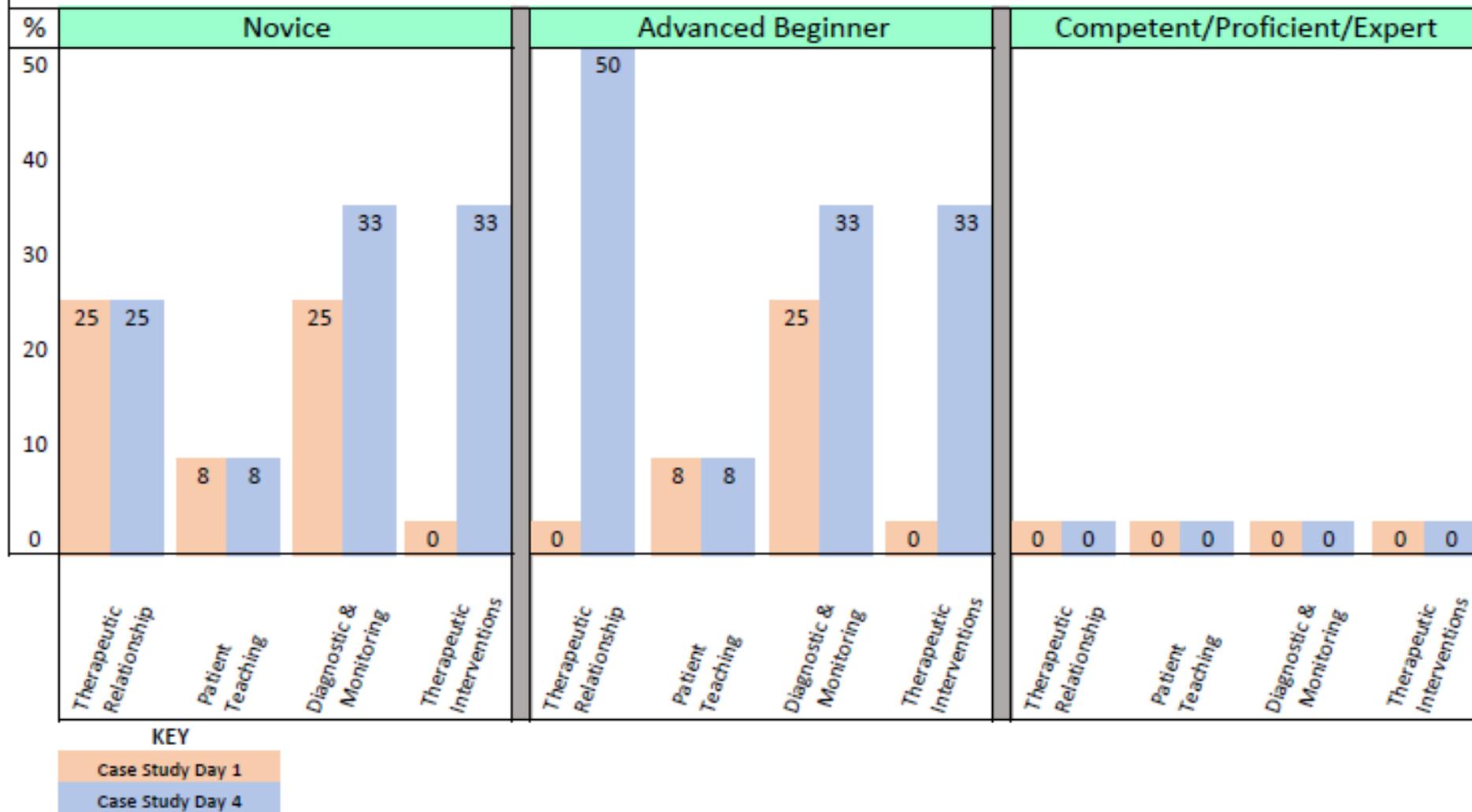
Case Study Outcomes

Figure 1: Series 2 Change from Case Study 1 to Case Study Day 4 for Collect Cues



Case Study Outcomes

Figure 1: Series 3 SJSU Percentage Change from Case Study 1 to Case Study Day 4 for Collect Cues



Semi-Structured Role Play

▶ **Framework:**

1. Principles of patient teaching
2. Theoretical principles of Human Caring Science by Watson

▶ **Learning Objectives:**

1. Practice communication skills
2. Demonstrate caring behaviors
3. Gaining insight into their feelings, ability to manage cases, and explore patient scenarios from a different perspective

Semi-Structured Role Play

▶ *Learning Process: Structured Triad*

1. Nurse
2. Patient/family member (usually faculty or patient/family volunteer portrays this role)
3. Observer

▶ *Evaluation of the Nurse Role: Affective Domain Evaluation Tool*

1. Patient/family member assess the nurses' role, guided by the question 'Did the nurse demonstrate caring behaviors?'
2. Observer assesses the nurses' role, guided by the question, 'Did the nurse display the principles of patient teaching?'

Compassionate Caring Example

- ▶ You are the nurse getting ready for Mrs. Atkins to be discharged tomorrow.
- ▶ Mrs. Atkins is a 74 y/o woman who was admitted for shortness of breath and pneumonia. This is Hospital Day #3. The providers say that she will be discharged tomorrow. She still has shortness of breath but it is improved from Hospital Day #1. She also has intermittent productive cough, fatigues easily, but no chills or fevers now. Her current vital signs are T = 100.4 F/ 38 C, HR = 78 and irregular, RR 22, BP 128/94, ambulatory SpO₂ = 84% on room air, but is 92% with 2L via nasal cannula. She will need to go home on home oxygen. A home care nurse has been arranged to visit the patient but cannot arrive until the day after discharge.
- ▶ In your nursing discharge care plan, you need to include the following topics:
 - ▶ Educate the patient on the following:
 - Why she is feeling fatigued when she exerts herself.
 - The importance of home oxygen.
 - ▶ Home safety

Affective Competency Evaluation Tool: Observer

Mrs. Guerrero, when last visited, had just suffered an acute hemorrhagic stroke. Now 2 days later, a family meeting is held and the team is discussing brain death testing and the family understands the plan. The team leaves the family meeting and you want to check into the emotional well-being of the family.

You are the family of Mrs. Guerrero. You need emotional support and reassurance. You may have some of these feelings (e.g., remorse, grief, guilt, confusion, anger, denial etc.).

Check One		Criteria	
No	Yes	Evaluation of the Advanced Clinical Nurse	
		Introduce self	
		Sat down	
		Assumed Comfortable Communication Distance	
		Adjusted Tone/Rate of Speech	
		Maintained Eye Contact	
		Maintained Open Posture	
		Provided complete and clear information	
		Addressed voiced questions/concerns	
		Provided appropriate response to alleviate patient anxiety	
		Utilized the 'Teach Back; method to confirm understanding	
		Provided instruction at a comfortable pace	
		Assessed patient's readiness to learn	
		Verified preferred learning style	
		Used elements of C-I-Care	
		Concluded session indicating any future steps	
<u>Global Assessment</u>		Needs further instruction prior to future patient teaching sessions	Able to demonstrate effective patient teaching independently
Check one		Needs to perform future patient teaching with preceptor present	

Patient Teaching Outcomes

Item	Description	Skill Demonstrated
1	Introduce self	24
2	Sat down	26
3	Assumed Comfortable Communication Distance	26
4	Adjusted Tone/Rate of Speech	25
5	Maintained Eye Contact	27
6	Maintained Open Posture	28
7	Provided complete and clear information	25
8	Addressed voiced questions/concerns	27
9	Provided appropriate response to alleviate patient anxiety	24
10	Utilized the 'Teach Back' method to confirm understanding	11
11	Provided instruction at a comfortable pace	26
12	Assessed patient's readiness to learn	17
13	Verified preferred learning style	11
14	Used elements of C-I-Care	27
15	Concluded session indicating any future steps	23
Global Assessment		
	Needs further instruction prior to future patient teaching sessions	23
	Needs to perform future patient teaching with preceptor present	5
	Able to demonstrate effective patient teaching independently	0



Affective Competency Evaluation Tool: Role Play

FACC #4 – Case 4 – Mrs. Guerrero & Family (Your name: _____)
 (RN name: _____)

Mrs. Guerrero, when last visited, had just suffered an acute hemorrhagic stroke. Now 2 days later, a family meeting is held and the team is discussing brain dead testing and the family understands the plan. The team leaves the family meeting and you want to check into the emotional well-being of the family.

You are the family of Mrs. Guerrero. You need emotional support and reassurance. You may have some of these feelings (e.g., remorse, grief, guilt, confusion, anger, denial etc.).

After the interaction, please rate the nurse on the following:

	0 Unsatisfactory	1 Below Average	2 Average	3 Above Average	4 Superior
Confident					
Comfortable					
Compassionate/Sensitive					
Respectful/Professional					
Informative					
Comforting					
Acknowledges struggles					
Encouraging					

Affective Domain Outcomes

Figure 2: Affective Domain Scores

Caring Behavior	Average Score (0=unsatisfactory, 1=below average, 2=average, 3=above average, 4=superior)	
	Case Study Day 1	Case Study Day 4
Confident	2.2	2.8
Comfortable	2	2.8
Compassionate/Sensitive	2.5	3.1
Respectful/Professional	2.7	3.3
Informative	2	2.8
Comforting	2.5	2.8
Acknowledges struggles	2	3
Encouraging	2.3	2.8



Summary

The use of learner-driven unfolding case studies and role play incorporating patient/family advisory council volunteers are effective teaching-learning methodologies that increase situated thinking and action, knowledge, and skills and lessen the effect of the theory-practice gap, ultimately having a potential reduction in failure-to-rescue events.

Bridging the Theory to Practice Gap: An Innovative Nurse Residency Program

Edward M. Burns Jr., MSN, RN, PCCN-K
Nursing Professional Development Specialist
Center for Education and Professional Development
Stanford Health Care, Palo Alto, CA, USA

Purpose

- ▶ The Nurse Residency Program (NRP) at Stanford Health Care (SHC) has many unique facets that transform how new nurse graduates are assimilated into professional nursing practice.
- ▶ This presentation aims to highlight three main interventions that address the gap commonly seen in fragmented orientation programs to progress and support the nurse resident to obtain skill acquisition at the competency level.
 - Clinical learning “debrief” sessions
 - Unit rounding structure integration with Foundations for Acute and Critical Care (FACC)
 - Synergistic Vizient/AACN™ curriculum redesign process

SHC's Nurse Residency Program Background

- ▶ Guided by The Vizient/AACN Nurse Residency Program™
- ▶ Dedicated full-time NRP coordinator and (FACC) faculty
- ▶ Spring and fall cohort of nurse residents per fiscal year
- ▶ Residents are hired into (4) inpatient service lines in unit pairs
- ▶ Collaborative panel interview with unit based leadership team

Medicine

- Gen Medicine
- Cardiology

Surgery

- CV Surgery
- Thoracic
- Orthopedics
- ENT & Trauma
- Transplant

Oncology

- BMT
- Hematology
- Oncology

Psychiatry

- Acute Psych

Once hired into the Nurse Residency Program

- ▶ One year residency program commitment
- ▶ Successful completion of 240+ hour bedside clinical preceptorship
- ▶ Series of (12) Vizient driven nurse residency seminar sessions
- ▶ Attend and participate in the Foundations for Acute and Critical Care (FACC)
- ▶ Submission of Vizient required residency surveys
 - Casey Fink, progression survey, program evaluation survey
- ▶ Optional participation in the NovEx™ module research study
- ▶ Present evidence-based practice literature appraisal project

Clinical learning “debrief” sessions

- ▶ “Debrief” session guided by NRP coordinator allowing residents to:
 - **R**eveal opportunities for emotionally support of one another
 - **E**nvironment provides a safe space for discussion
 - **F**ormal integration of mentorship program
 - **L**earner driven discussion
 - **E**ngaging humanistic principles of caring science
 - **C**aritas principles of Jean Watson—Stanford’s Nursing Theorist
 - **T**eam-building communication exercises grounded in reflection

R.E.F.L.E.C.T™

Standardized unit rounding integrating FACC

- ▶ (3) required evaluative check-ins throughout initial 12-week Preceptorship
 - NRP coordinator driven rounding structure
 - Unit leadership support
 - Ongoing unit rounding throughout entire 12-month program
- ▶ FACC program integration
 - Intentional and purposeful rounding utilization principles of CICARE
 - (4) bedside NPLET evaluations fortifying corresponding classroom case studies
 - Ongoing support of FACC case study faculty as needed in real time
 - Synergistic support of NovEx™ with FACC and bedside practice

Synergistic Vizient/AACN™ curriculum redesign

- ▶ Vizient/AACN™ driven domains:
 - Leadership, Patient Outcomes. Professional Role
- ▶ The redesign of the curriculum works symbiotically with FACC and NovEx™
- ▶ (12) eight-hour seminar sessions throughout one-year residency program
- ▶ Expert facilitators are innovatively incorporated into the curriculum
- ▶ Engaging teaching methodologies are employed for adult learner resident
 - centered group activities, small group discussions, simulation, role play, and interactive games are utilized to stimulate learning



vizient.



Online Learning Platforms

6 Online Course

Essentials of Critical Care
Orientation (ECCO)



NovEx
Novice to Expert Learning™

- ▶ Knowledge-based education
- ▶ Experience-based, first person avatar
- ▶ Focus on clinical grasp



*Special Funding Thanks to The Stanford
Nurse Alumnae!!!*



NovEx Example 1 – No Assessment Process

Case ID -TestCaseID

Button	Identifier	Time(seconds)	
Vital Signs Monitor	s1vs_i	19	
Obtain Lactate	S1POC06_Obtain	15	
Epinephrine IV	S1MED0612A_b	26	
Obtain Lactate	S1POC06_Obtain	7	Interventions
Epinephrine IV	S1MED0612A_b	5	
Obtain Lactate	S1POC06_Obtain	4	
Medications	s1ehr07_b	7	
Demographics	s1ehr02_b	1	
Intake/Output	s1ehr05_b	1	
Finish Case	S1FINISH	1	

This click stream reveals having no real assessment process. The RN implements wild and repeated interventions with no evaluation of the patient's response in between. At the end, three assessments that would not hint at the patient's response to treatment are seen. This click stream reveals the clinician is clueless.

NovEx Example 2 – Clinical Reasoning

Note the systematic exam of the patient in this click stream

Course -Orientation		Septic Patient	
Case ID -TestCaseID		Button	Time(seconds)
		Patient Report/Chief Complaint	s1report_i 21
		Listen to Patient	s1lisp_i 4
		Vital Signs Monitor	s1vs_i 2
		Examine Patient	s1exm_i 2
		Clinical Notes	s1ehr01 3
		Intake/Output	s1ehr05 1
		Demographics	s1ehr02 2
		Blood Chemistry	s1ehr0602 3
		Hematology	s1ehr0606 1
		Diagnostics/Reports	s1ehr03 2
		Medications	s1ehr07 2
		HCP Orders	s1ehr04 3
		Medical History	s1ehr08 3
		Listen to Family	s1fam_i 5
		IV Infusion Pump	s1ivp_i 2
		Obtain Lactate	S1POC06_Obtain 5
		Lactated Ringers (Fluid) IV	S1MED0610A 9
		Listen to Patient	s1lisp_i 6
		Vital Signs Monitor	s1vs_i 3
		Examine Patient	s1exm_i 1
		Intake/Output	s1ehr05 5
		Blood Chemistry	s1ehr0602 4
		Normal Saline (Fluid) IV	S1MED0612A 11
		Listen to Patient	s1lisp_i 7
		Vital Signs Monitor	s1vs_i 2
		Examine Patient	s1exm_i 1
		Intake/Output	s1ehr05 6
		Hemodynamic Monitor	s1hm_i 7
		Oxygen Control	s1oxy_i 4
		Obtain Lactate	S1POC06_Obtain 13
		Assess for Pain	S1PI0202 21
		Discuss End of Life Decisions with Patient and Family	S1PI0207 7

On antibiotic

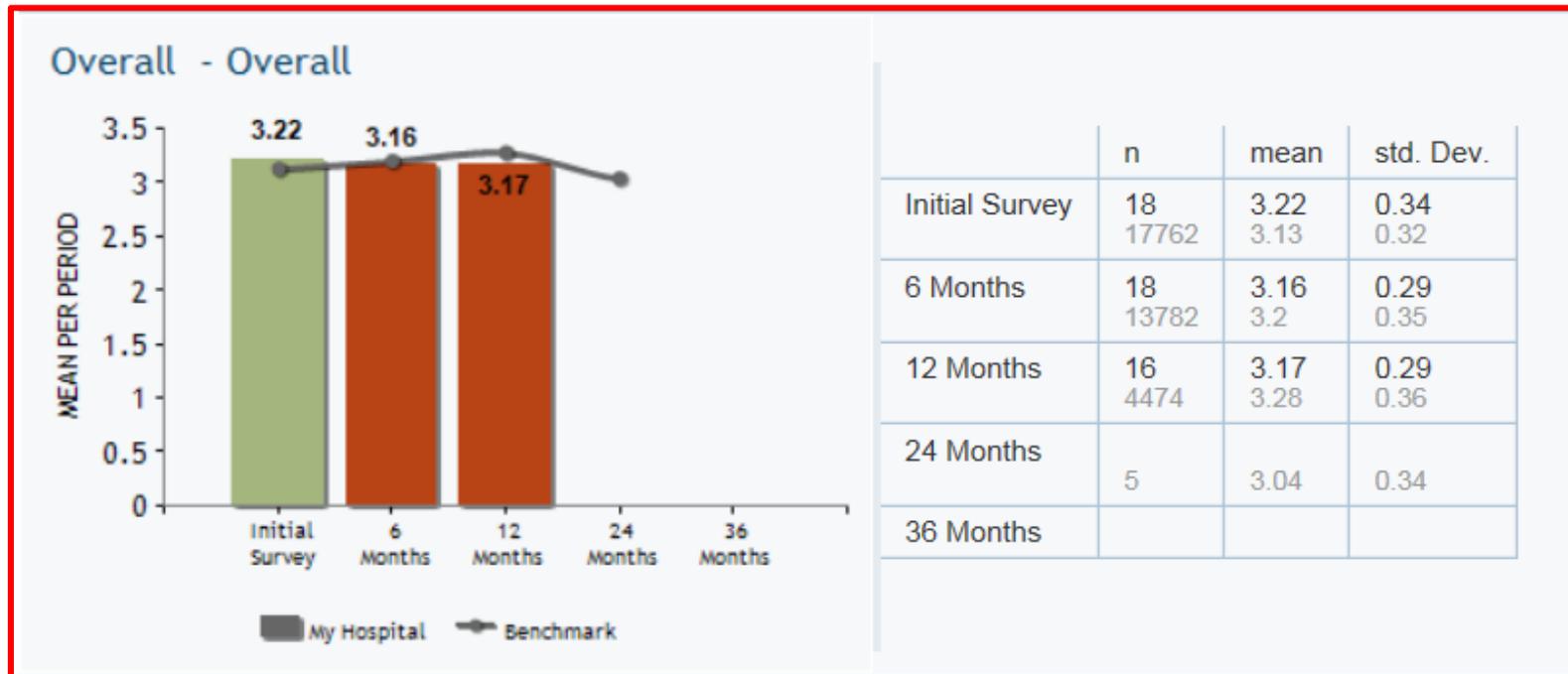
Interventions

Interventions



NRP Evaluation and retention

- ▶ Seminar evaluations for curriculum and overall program value
- ▶ Casey Fink overall evaluation cohort #26 (June 2017—June 2018)



- ▶ Retention rate Cohort #26 (n=18/19) at one year **95%**

Summary and opportunities for growth

- ▶ The multifaceted interventions implemented provided the structure, environment, and support the nurse residents need to accelerate a higher level of skills acquisition. The continued success of our nurse resident program is dependent on sustaining an enriching, up-to-date curriculum, providing a safe and structured learning environment, and dedicating sufficient faculty resources.





**Workshop to Workplace: Nursing Leadership in the
Preceptor Role by Engaging Head-Hands-Heart**
Gisso M. Oreo, MSN, RN-BC



Learning Outcomes

- ▶ Identify structured process for the Preceptor Development Workshop
- ▶ Demonstrate modifications to teaching modalities incorporated into existing Preceptor Development Workshop to support FACC series using Benner's 3 apprenticeships in a Head(cognitive)-hands (practical)-Heart (ethical) model



Preceptor Role Description and Competencies

A preceptor is an individual with a demonstrated competence in a specific area who serves as a teacher/coach, leader/influencer, facilitator, evaluator, socialization agent, protector, and role model to develop and validate the competencies of another individual.



ANA Scope and Standards & PPM relating to Preceptorship

▶ Standard 8: Cultural Congruent Practice

- Demonstrate respect, equity and empathy in all interactions

▶ Standard 11: Leadership

-Mentors colleagues:

-For the advancement of the profession & nursing practice

- To enhance safe, quality patient care

-In acquisition of clinical skill, abilities, judgment

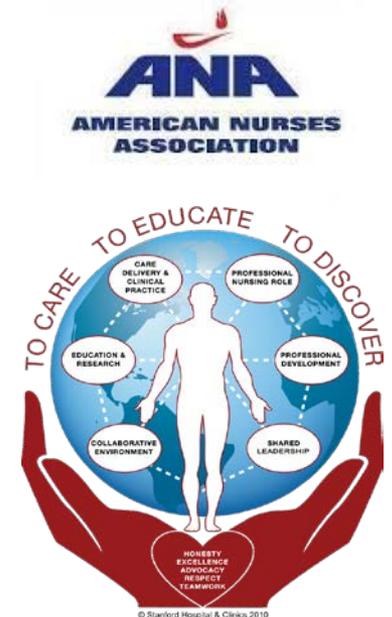
▶ Standard 12: Education

-Mentors new nurse to their role:

-To ensure successful enculturation, orientation, emotional support

-Share educational findings, experiences with peers

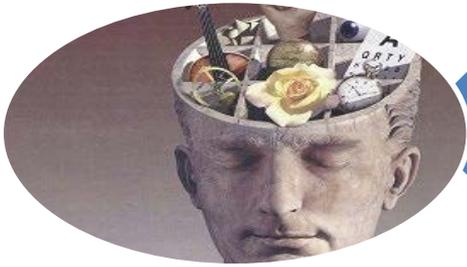
-Role modeling, encouraging, share information for optimal care delivery



American Academy for Preceptor Advancement (AAPA) Scope and Standards

AAPA Scope and Standards	Organizational Culture and Climate/System-based practice	Leadership	Coaching and Mentoring	Preceptoring: Knowledge and Skill Ability	Preceptoring: Clinical Educator
Workshop Content	<ul style="list-style-type: none"> -Professional Practice Model discussion -Align with Mission, Vision, Values -Culture of Safety (Just Culture) 	<ul style="list-style-type: none"> -Professional role as related to Preceptor and PPM -Nurse Theorist: Jean Watson Caring Science as preceptor -Human Flourishing; intention 	<ul style="list-style-type: none"> -Strategies for precepting challenging behaviors -Giving and Receiving Feedback -Managing Transitions: socialization of preceptee -feedback scenarios 	<ul style="list-style-type: none"> -Adult Learning Theories Social Learning Theories -Benner: Novice to Expert -Learning Styles -Preceptor Role: teacher, motivator, assessor, communicator 	<ul style="list-style-type: none"> -Teaching strategies -Learner populations -Preceptor models -precepting scenarios; group activities

Moving from Theory to Practice: Benner's 3 Professional Apprenticeships



COGNITIVE: Knowledge, science, theory, principles required for practice



PRACTICE: Clinical Reasoning; practice know-how; situated knowledge use



FORMATION & ETHICAL COMPONENT: learn to embody & enact notions of good internal to the practice



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Head-Hands-Heart Experiential Learning R/T Benner



HEAD

- SHC Professional Practice Model Integration
- Mission/Vision/Values of SHC
- Model of Professional Role
- Preceptor Role: 'Many Hats' group activity



HANDS

- Learning Styles: Self-Evaluation
- Feedback Techniques; Role play using WMM
- Preceptor Scenarios; break-out groups
- Content Integration: 'See one, do one, be one' group exercise

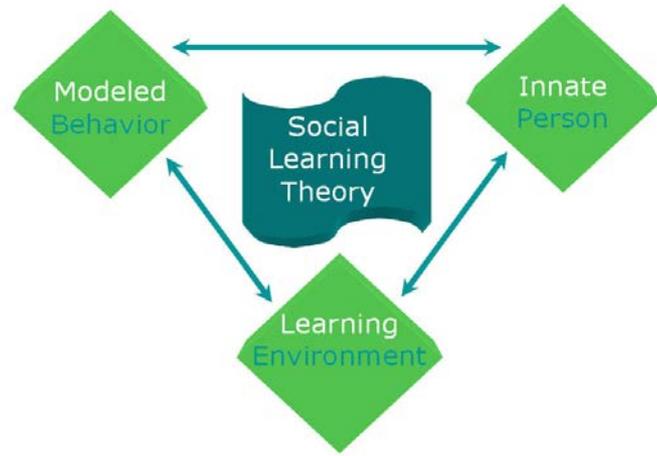


HEART

- Self-Reflection: shared experiences as preceptee
- Human Flourishing; intent and virtues of precepting
- Self-Care for preceptors



Learning Theories



Clinical Teaching Strategies

Five-minute Preceptor— Measure Success...

GET A COMMITMENT

- Ask: "What do you think is going on [with the patient]?"
- Provides assessment of student's knowledge/skill, teaches interpretation of data

PROBE FOR SUPPORTING EVIDENCE

- Ask: "What led you to this conclusion?" or "What else did you consider?"
- Reveals student's thought process and identifies knowledge gaps

TEACH GENERAL RULES

- Say: "When you see this, always consider..."
- Offers 'pearls' which can be remembered

REINFORCE WHAT WAS DONE RIGHT

- Say: "You did an excellent job of..."
- Offer positive reinforcement

CORRECT MISTAKES

- Say: "Next time, try to consider this..."
- Comment on omissions and misunderstandings to correct errors in judgment or action.



Clinical Reasoning Cycle



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Future direction for the Preceptor Program

- ▶ Incorporate case study from the FACC program and use the same clinical reasoning process to work through the case- *now incorporated into teaching methodologies*
- ▶ Revision of the Preceptor Role Description and competency-*pending final approval stage*
- ▶ Evaluation of outcomes: Using Kirkpatrick's Model:
 - *Reaction*: Learner satisfaction- Class Evaluation
 - *Learning*: change in knowledge or skill-Survey at 3 & 6 months
 - *Behavior*: change in behavior-unit rounding on Preceptor/Preceptee; using NPLET & 5 Minute Preceptor
 - *Results*: impact on organization-Unit level Evaluation by Preceptor/Preceptee, Staff Retention



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Preceptor Competency Tool (revised)

Preceptor Competencies

Preceptor Name	
Date	

Self-Evaluation Evaluation by Preceptee Manager Evaluation (Can be completed by PCM, APCM, CNS or NPDS)

Competency Statements based on the AAPA *Scope and Standards of Practice for Preceptor Advancement* and ~~Blegen~~ *Benner and Spector's Evaluation of Preceptor Experience*

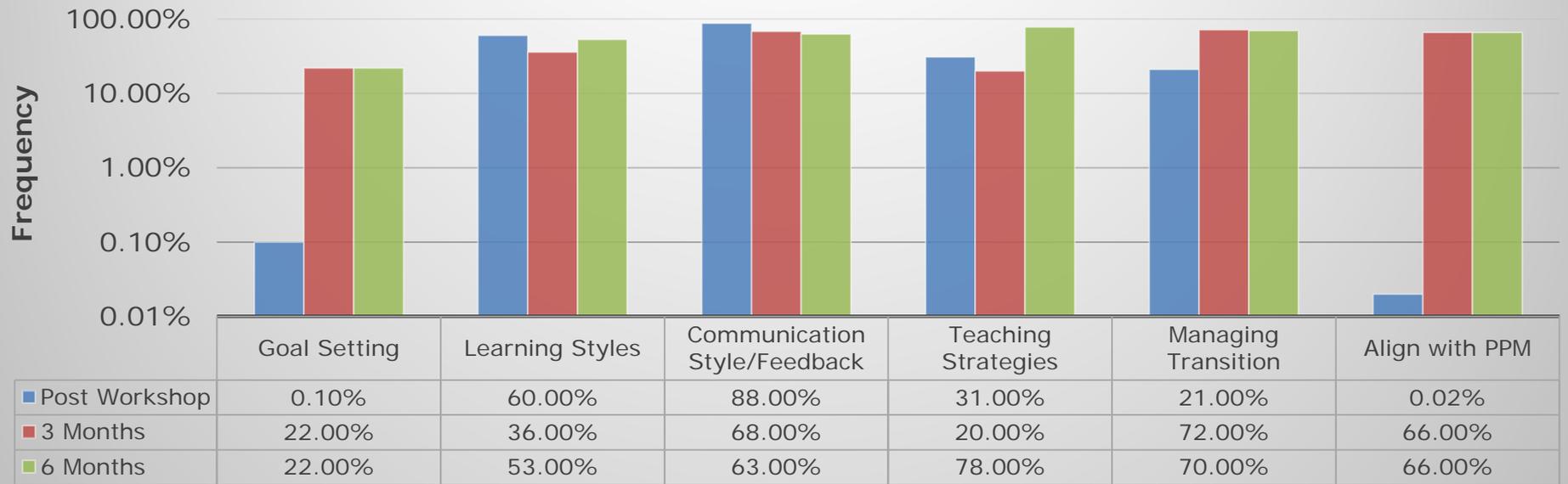
COMPETENCY: Scope and Standard Statement	PERFORMANCE CRITERIA The following statements all begin with 'My Preceptor...'	COMPLETION				
Organizational Culture and Climate Incorporates the Professional Practice Model		Strongly Disagree				Strongly Agree
	1. Explains and reviews institutional policies with preceptee	1	2	3	4	5
	2. Explains roles of people who work on the unit	1	2	3	4	5
	3. Explains roles of inter-professional team	1	2	3	4	5
Change Agent		Strongly Disagree				Strongly Agree
	1. Encourages preceptee to use evidence-based practice	1	2	3	4	5
	2. Identifies resources to introduce EBP	1	2	3	4	5
Transition to Preceptor (Novice to Expert)- Development of Preceptor: Leadership Utilizes understanding of Benner Domains and levels of skill acquisition		Strongly Disagree				Strongly Agree
	1. Helps preceptee establish relationships with members of inter-professional team	1	2	3	4	5
	2. Helps preceptee learn from potential errors, errors, and near misses	1	2	3	4	5
	3. Keeps others aware of preceptee's progress, pending tasks, procedures, types of patients, etc.	1	2	3	4	5

Preceptor Competency Tool (Cont.)

<p>Transition to Preceptor (Novice to Expert)- Development of Preceptor:</p> <p>Coaching and Mentoring</p> <p>Utilizes: Daily Preceptor Guide (Five Minute Preceptor) Caring Science concepts</p>	<ol style="list-style-type: none"> 1. Encourages preceptee to engage in self-reflection 2. Allows for opportunities to promote independence 3. Demonstrates ways to help patients become partners in their care 4. Celebrates successes of preceptee 5. Ensures continuity of learning experience even when not with my primary preceptor 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Strongly Disagree</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">Strongly Agree</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> </table>	Strongly Disagree					Strongly Agree	1	2	3	4		5	1	2	3	4		5	1	2	3	4		5	1	2	3	4		5																								
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<p>Transitioning Preceptor to Clinical Educator: Preceptoring: Knowledge, Skill and Ability</p> <p>Utilizes: Clinical Reasoning Cycle</p>	<ol style="list-style-type: none"> 1. Considers learning style (preference for learning) 2. Helps preceptee interpret clinical situations 3. Provides ongoing feedback about strengths 4. Provides information needed to care for patients by identifying available resources 5. Helps determine appropriate priorities 6. Teaches/encourages preceptee to ask questions (i. e. What if I? What could these symptoms mean) to develop my clinical reasoning 7. Provides ongoing feedback about areas of improvement 8. Provides ample time to discuss expectations 9. Patient assignments adjusted to give us time to work together during the shift 10. Preceptor created opportunities for goal setting, objectives, expectations and evaluating progress 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Strongly Disagree</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">Strongly Agree</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> </table>	Strongly Disagree					Strongly Agree	1	2	3	4		5	1	2	3	4		5	1	2	3	4		5	1	2	3	4		5	1	2	3	4		5	1	2	3	4		5	1	2	3	4		5	1	2	3	4		5
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<p>Transitioning Preceptor to Clinical Educator: System-based practice</p>	<ol style="list-style-type: none"> 1. Teaches preceptee how to use information technology for patient care 2. Demonstrates how to problem solve ethical concerns 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Strongly Disagree</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">Strongly Agree</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">5</td> </tr> </table>	Strongly Disagree					Strongly Agree	1	2	3	4		5	1	2	3	4		5																																				
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Findings

Question: Since the completion of the Preceptor Workshop April-December 2016, which of the following have you incorporated or have helped guide your role as preceptor? (Reporting Always/Almost Always) Kirkpatrick Level 1 & 2 Evaluation



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The Nurse Residency Program:

-Preceptor Recognition Cohort 23

-Nomination

-Recognition during graduation

- Evaluation criteria included:
 - Acts as a staff nurse role model
 - Helps facilitate resident's social entry into the work environment and profession
 - Serves as an educator/coach
 - Gives resident feedback on his or her progress
 - Facilitates clinical reasoning and evidenced-based learning



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Contact information

Jane DeLancey: idelancey@stanfordhealthcare.org



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Acknowledgments

The Stanford Nurse Alumnae have generously supported our SJSU-SHC/FACC-FLOW group.



References

- ▶ American Nurses Association. (2015). *Nursing Scope and Standards of Practice* (3rd ed.) (pp. 4-5). Silver Spring, MD: ANA.
- ▶ Bavelas, J. B., & Chovil, N. (2006). Hand gestures and facial displays as part of language use in face-to-face dialogue. *Handbook of nonverbal communication*, 97-99. Thousand Oaks, Ca: Sage.
- ▶ Benner, P (2009). *Expertise in Nursing Practice: Caring, Clinical Judgment, and Ethics*. New York, NY: Springer Publishing Company
- ▶ Benner, P et al (2007). *Educating Nurses for Tomorrow's Health Care Needs*. Carnegie Foundation National Nursing Education Study, AACN
- ▶ Modic, M. B. (2016). Human Flourishing: Precepting with Purpose. *Journal for Nurses in Professional Development*, Sept/Oct 2016, 271-273.
- ▶ O'Rourke, M. W., & White, A. (2011). Professional role clarity and competency in health care staffing--the missing pieces. *Nursing Economic*, 29(4), 183
- ▶ Roth, J.W., & Figueroa, S., (2014). *Scope and standards of practice for preceptor advancement*. Lexington, Ky.
- ▶ Ulrich, B., & Mancini, M. (2012). *Mastering Precepting: A Nurse's Handbook for Success*. Sigma Theta Tau Publishing
- ▶ Watson, J. (2008). *The philosophy and science of caring*. Boulder, Co: University Press of Colorado
- ▶ Zupanc, T. (2016). Development of an outcome measurement plan for an accredited continuing nursing education provider. *The Journal of Continuing Nursing Education*, 47(2), 89-96.

http://web.uvic.ca/psyc/bavelas/Integrated_Model.html

References

- ▶ American Association of Critical Care Nurses (2016, March). Essentials of Critical Care Orientation. Retrieved from <https://www.aacn.org/education/online-courses/essentials-of-critical-care-orientation>.
- ▶ Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice*. New Jersey: Prentice Hall.
- ▶ Benner, P. (2015). Curricular and Pedagogical Implications for the Carnegie Study, Educating Nurses: A Call for Radical Transformation. *Asian Nursing Research*, 9(1), 1-6. doi:10.1016/j.anr.2015.02.001
- ▶ Billings, D. M., & Halstead, J. A., (2016). *Teaching in nursing: A guide for faculty*. St. Louis: Elsevier Saunders.
- ▶ Kaylor, S. K., & Strickland, H. P. (2015). Unfolding Case Studies as a Formative Teaching Methodology for Novice Nursing Students. *Journal of Nursing Education*. doi:10.3928/01484834-20150120-06
- ▶ Lenburg, C. (1999). The framework, concepts and methods of the Competency Outcomes and Performance Assessment (COPA) Model. Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume41999/No2Sep1999/COPAModel.aspx>
- ▶ Levett-Jones, T. (2018). *Clinical reasoning: Learning to think like a nurse*. Melbourne, Victoria: Pearson Australia.
- ▶ Malik, G., McKenna, L., & Griffiths, D. (2016). Using pedagogical approaches to influence evidence-based practice integration - processes and recommendations: findings from a grounded theory study. *Journal of Advanced Nursing*, 73(4), 883-893. doi:10.1111/jan.13175

References

- ▶ Peisachovich, A. (2016). The Application of Reflection Beyond Action in Nursing Education a Modified Version of Tanner's Clinical Judgment Model - Virginia Henderson International Nursing e-Repository. Retrieved from <http://www.nursinglibrary.org/vhl/handle/10755/601839>
- ▶ Quest, T. E., Ander, D. S., & Ratcliff, J. J. (2006). The Validity and Reliability of the Affective Competency Score to Evaluate Death Disclosure Using Standardized Patients. *Journal of Palliative Medicine*, 9(2), 361-370. doi:10.1089/jpm.2006.9.361
- ▶ Schuelke, S., & Barnason, S. (2017). Interventions Used by Nurse Preceptors to Develop Critical Thinking of New Graduate Nurses. *Journal for Nurses in Professional Development*, 31(1), E1-E7. doi:10.1097/nnd.0000000000000318
- ▶ Tanner, C. A., (2006). Thinking like a nurse: a research-based model of clinical judgment in nursing. - PubMed - NCBI. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16780008>
- ▶ University of Newcastle. (2009). Clinical Reasoning Instructor Resources. Retrieved from https://www.newcastle.edu.au/__data/assets/pdf_file/0010/86536/Clinical-Reasoning-Instructor-Resources.pdf
- ▶ Watson, J. (2008). *Nursing: The philosophy and science of caring*. Boulder, CO: University Press of Colorado.
- ▶ White, K. A., (n.d.). The development and validation of a tool to measure self-confidence and anxiety in nursing students while making clinical decisions. Retrieved from <https://digitalscholarship.unlv.edu/thesesdissertations/1384/>