



I Need A Plan?

Learning Needs and Goal Setting

Objectives

- ❑ Describe the process to assess and meet the preceptee's learning needs
- ❑ Assess the preceptor and preceptee's level of nurse proficiency according to Benner's framework
- ❑ Identify strategies the preceptor can use to support the development of the preceptee's critical thinking skills

Learning Needs and Goal Setting

“Yes! You need a plan!”

Teaching Plan

What do you need to teach to facilitate your preceptee to become a team member?

How do you teach?

Learning Plan

What does your preceptee need to learn to become a team member?

How does your preceptee learn?

Getting Started

- ❑ If possible, get acquainted with your preceptees before the first working day.
- ❑ During hospital orientation arrange to meet her/him during lunch.
- ❑ Have lunch with her/him on one of your off days before you're scheduled to work together.

Teaching — Learning Partnership

- ❑ Get to know each other.
- ❑ Respect each other.
- ❑ Articulate mutual expectations.
 - Together, establish clearly defined goals and expected outcomes.
 - Communicate openly and honestly.
- ❑ Greet them warmly.
- ❑ Learn what they know and need to know.
- ❑ Set goals together.
- ❑ Facilitate their learning by developing an empowering relationship.

Identify Learning Needs

- ❑ What does the preceptee already know?
- ❑ What is the preceptee's preferred learning style?
- ❑ What are barriers to learning?
- ❑ What instructional methods are available?

Expected Outcomes

- ❑ What does the facility expect the nurse to learn?
- ❑ What does the unit manager/educator expect the nurse to learn?
- ❑ Together, you must have mutual expectations to establish achievable goals.

Expectations for New Staff: Variety of Institutional Forms (Alspach, 2000)

- ❑ Hospital policies and procedures
- ❑ Department or service policies and procedures
- ❑ Protocols
- ❑ Practice standards
- ❑ Performance standards related to specific positions
- ❑ General orientation objectives, outcomes, performance criteria, written tests and skills checklists
- ❑ Department or service orientation objectives, outcomes, performance criteria, written tests and skills checklists
- ❑ Unit-specific orientation objectives, outcomes, performance criteria, written tests and skills checklists
- ❑ Job- or position-specific orientation objectives, outcomes, performance criteria, written tests and skills checklists

Priorities (Alspach, 2000)

<p>Learning Needs</p> <p>Fatal Fundamental Frequent Fixed Facility</p>

<p>Learning Interests</p> <p>Are they priorities?</p>
--

Prioritizing Learning Needs

Fatal	Fundamental	Frequent	Fixed	Facility
Failure to meet this need could result in serious harm or loss of life to a patient or staff member.	A need that represents a fundamental or essential aspect of competent performance for a given position.	A need that reflects an area that must be performed frequently by an employee in a specific position.	A need that must be met within a specific time frame.	The health care facility mandates its inclusion in the orientation program.

Adapted from JoAnn G. Alspach (2000) "From Staff Nurse to Preceptor: A Preceptor Development Program" (2nd edition) Instructor Manual. American Association of Critical Care.

Benner's Stages of Nursing Proficiency

<p>I. Novice</p>	<p>Limited practical skills Relies on rules and expectations of others for direction</p>
<p>II. Advanced Beginner</p>	<p>Marginally competent skills Uses theory and principles Difficulty establishing priorities</p>
<p>III. Competent Practitioner</p>	<p>Feels competent, organized Plans and sets goals Thinks abstractly and analytically Coordinates several tasks simultaneously</p>
<p>IV. Proficient Practitioner</p>	<p>Views patients holistically, recognizes subtle changes Sets priorities with ease Focuses on long-term goals</p>
<p>V. Expert Practitioner</p>	<p>Performs fluidly Grasps patients' needs automatically Integrates responses Natural expertise</p>

(Benner, 1984)

Clinical Teaching (Burns et al., 2006)

- ❑ Learning is evolutionary.
- ❑ Participation, repetition and reinforcement strengthen and enhance learning.
- ❑ Variety in learning activities increases interest, and readiness to learn enhances retention.
- ❑ Immediate use of information and skills enhances retention.

Prioritize Together

- ❑ Negotiate back and forth to arrive at a mutually acceptable and numbered list of learning priorities.
- ❑ Record this list in writing; it becomes your contract.

Your Plan — The Learning Contract

- ❑ Document the mutual responsibilities of preceptors and preceptees in attaining the learning needs throughout a designated period of time.
- ❑ Clearly define responsibilities to evaluate achievement.

Goals — General Intent

- ❑
- ❑

Specific Outcomes

- ❑ Clear observable results
 - Nurse will initiate IV access correctly.

Nursing Process

- ❑ Assess
- ❑ Plan
- ❑ Implement
- ❑ Evaluate

There should be NO surprises!

Implementing the Learning Plan: What and How to Teach

- ❑ Competency component
 - Knowledge
 - Attitudes
 - Skills

Critical Thinking

Jack and Jill were found dead in a small puddle of water surrounded by pieces of broken glass. There was no blood. (Alfaro-Lefevre, 2009)

What happened?

Critical Thinking in Nursing

- Constantly striving to improve
 - What are the outcomes?
 - Study results
 - How can we achieve these outcomes more efficiently?
 - Study process
 - What was done to achieve outcomes?

Critical Thinking (Abel & Freeze, 2006)

- Entails purposeful, informed, outcome-focused (results-oriented) thinking that requires careful identification of problems, issues and risks involved
- Deliberate logical reasoning and linear and nonlinear thinking used to analyze, synthesize and evaluate relationships between components of the nursing process for the purpose of self-regulatory judgments and clinical decision making

Critical Thinking and Concept Mapping

Applied definition for critical thinking and clinical judgment in nursing. www.AlfaroTeachSmart.com

- There are various definitions of critical thinking. (Abel & Freeze, 2006)
 - Entails purposeful, informed, outcome-focused (results-oriented) thinking that requires careful identification of problems, issues and risks involved
 - Is driven by patient, family and community needs
 - Is based on principles of nursing process and scientific method (for example, making judgments based on evidence rather than guesswork)
 - Uses both logic and intuition based on knowledge, skills and experience
 - Is guided by professional standards and ethics codes
 - Calls for strategies that make the most of human potential (for example, using individual strengths) and compensate for problems created by human nature (for example, overcoming the powerful influence of personal views)
 - Is constantly re-evaluating, self-correcting and striving to improve
 - Deliberate logical reasoning and linear and nonlinear thinking used to analyze, synthesize and evaluate relationships between components of the nursing process for the purpose of self-regulatory judgments and clinical decision making
- Critical Thinking Indicators that reflect Critical Thinking Ability
 - Critical Thinking Indicators are behaviors that demonstrate critical thinking characteristics and attitudes, as well as knowledge and intellectual skills.
 - Critical Thinking Characteristics — Attitudes/Behaviors
 - Theoretical and Experiential Knowledge — Intellectual Skills/Competencies
 - Interpersonal Skills/Competencies
 - Technical Skills/Competencies
- Self-awareness is a constant voyage of discovery that is never complete. (Jack & Smith, 2007)
 - Self-awareness is necessary to become critical thinkers.
 - It is only when we know ourselves that we can be aware of what we will and will not accept from others in our lives. It helps us to relate to other people.
 - Knowledge of how certain situations can make us feel affords us the opportunity to plan ahead and prepare.
 - Develop appropriate coping skills

- Know our strengths and weaknesses.
 - We must know the limitations of our knowledge and skill level. How can we improve?
 - We must know our strengths. How can we use our strengths to help others develop theirs?
- Reflective practice helps us examine our thoughts and feelings. It not only includes our reactions to these but also the effect they may have on others.

Concept mapping enhances the ability to understand information and solve problems. (Abel & Freeze, 2006)

- Benefits — no right or wrong way to do it
 - Uses right side of brain; allows creativity; no wasted energy on structure, such as trying to create a formal outline
 - Quick to start
 - Highlights key ideas — What’s relevant?
 - Helps visualize large amount of information
 - Clarifies relationships — Example: We know that this intervention directly affects system A, but how does it affect system B? Then, how does the reaction from system B affect system C?
 - Promotes communication among a group
 - Facilitates problem solving
- Promotes critical thinking = promotes meaningful learning.
 - Allows us to easily assess if the preceptee is using the nursing process
 - Pushes us to use our right brain talents
 - Facilitates the *productive phase* of critical thinking
 - Gather relevant information
 - Identify relationships
 - Produce new ideas
 - Moves us to use our left brain talents
 - Facilitates the *judgment phase* of critical thinking
 - Evaluate what the mind has produced
 - Make judgments about accuracy and usefulness
 - Make refinements
- Central themes of concept maps
 - Can depict relationships among the following
 - Pathophysiological factors
 - Pharmacological factors
 - Therapeutic nursing interventions
 - Psycho-social factors
 - Other — needs of a preceptee?

The presentation was developed by Claudia Horton, PhD, MSN, RN

Questions to Evaluate Knowledge and Critical Thinking Skills

These are questions you may expect your preceptees to be able to answer. Use your own judgment to determine which questions to ask based on the knowledge you have of your preceptee. Some questions are appropriate for new graduates, and some are appropriate for experienced nurses.

When Administering Medications

1. Why is the medication needed? Side effects?
2. How will it affect THIS patient?
3. Are there labs or vital signs you want to check before/after you give the med?
4. If IV med, have you given an IV med before?
What is the technique for giving IV meds?
What is the recommended rate of administration?
What might happen if you give it too fast or slow?
5. Have preceptees write out drug calculations when necessary.

Consider asking these or similar questions during the preceptee's time with you. Let them impress you!

1. What do you know about this patient physiologically that explains this behavior and drives your interventions?
2. What can you do that will help this patient get through this situation?
3. How can you help as a patient advocate?
4. What's the next step in getting the patient home?
5. What changes would you make to solve . . . ?
6. What would happen if . . . ? Can you predict the outcome if . . . ?
What might you anticipate as a complication of this procedure?
7. Can you propose an alternative plan/treatment/med/method . . . ?
8. Would it be better if . . . ?

9. How could you determine . . . ?
10. How would you prioritize . . . ?
11. Based on what you know, how would you explain . . . ?
12. What data did you use to make the conclusion . . . ?
13. How would you compare this patient's situation with a previous patient or the textbook picture?
14. Explain why.
 - How do you know that?
 - What are other possible reasons for . . . ?
 - What would you do if . . . ?
 - What would you do if your patient's blood sugar was 50?
 - Why would you hold the insulin?
 - What is the physiology behind this decision?
15. We make decisions based on assumptions.
 - Are our assumptions correct?
 - On what data are you basing this assumption?
 - What assessment techniques were used to make this assumption?
 - "My patient has had a urine output of 200 mLs during the past 12 hours."
 - What conditions, disease states or medications could be causing this symptom?
 - What assessments would you complete on this patient?
16. What are other possibilities or alternatives?
 - How might the patient view this situation?
 - What are other ways of approaching this situation?
17. If this occurs, what would you expect to happen next? Why?
 - What would be the effect of your intervention for this patient?
18. Your patient is SOA (short of air). What further assessment and interventions should take place?

File: G-NPA Manual Tab 2 Learning Needs



