



## **Module Three:**

### **Educator**

### Module 3 – Educator Role

**Goal Statement** – The goal of this module is to introduce the participant to the educational process for assessment, planning and implementation of learning experiences.

**Behavioral Objectives** – At the completion of this area of content, the participant will be able to:

1. Describe the learning process.
2. Explore various learning styles and stages of learning.
3. Apply adult learning principles in teaching psychomotor skills.
4. Formulate a learning plan using a variety of educational experiences.
5. Establish performance goals/evaluation criteria including timelines.

#### 2003 Resources:

Alspach, J. (2000) *From Staff Nurse to Preceptor: A Preceptor Development Program*. 2<sup>nd</sup> edition. American Association of Critical-Care Nurses.

Benner, P. (1982) From novice to expert. *American Journal of Nursing*. 82:403-407

Benner, P. (1984) *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Addison-Wesley.

Bloom, B. (1956) *Taxonomy of educational objectives: Book 1: Cognitive Domain*. New York: Longman.

Caffarella, R.S. (1994) *Planning programs for adult learners*. San Francisco: Jossey-Bass

Conley, V.C. (1973) *Curriculum and instruction in nursing*. Little, Brown & Company, Inc.

Elias, J.L and Merriam, S. (1980) *Philosophical foundations of adult learning*. Florida: Krieger Publisher Co.

Gardner, H. (1993) *Multiple intelligences: The theory in practice*. New York: Basic Books

Kagan, S. and Kagan, M. (1998) *Multiple Intelligences*. Kagan Cooperative Learning.

Knowles, M.S. (1980) *The Modern Practice of Adult Education*. Cambridge.

Kolb, D.A. (1976) *Learning style inventory, technical manual*. Boston: McBer and Company

Magill, R A. (1989) *Motor Learning: Concepts and Applications*. 3rd Ed. Wm C Brown, Dubuque, Iowa,

McBeath, R.( 1992) *Instructing and Evaluating in Higher Education.*, Educational Technology Publications, Englewood Cliffs

McGee, C. (2001) "When the golden rule does not apply: starting nurses on the journey to cultural competence." *Journal of Nurses in Staff Development*. 17:3, May/June, 2001.

Potter, P. and Perry, A. (2001) *Fundamentals of Nursing*. Mosby.

“Preparing the Preceptor for the Educator Role” (2001) The Sixth Annual Health Occupations Education Institute, presented by the Regional Health Occupations Resource Center of Orange County.

Redman, B. (1997) *The Practice of Patient Education*. 8<sup>th</sup> edition. Mosby.

*Standards for Continuing Education in Nursing*. (1986) American Nurses Association.

St. Joseph Hospital, Clinical Education Department (2001) “Preceptorship: A creative approach to quality performance (Preceptor Handbook).” March, 2001. Orange, California.

PowerPoint presentation preceptor program

### **2015 Updated Resources**

D'Amore, A., James, S., & Mitchell, E. K. (2012). Learning styles of first-year undergraduate nursing and midwifery students: A cross-sectional survey utilising the Kolb Learning Style Inventory. *Nurse education today*, 32(5), 506-515.

Kolb, A. Y., & Kolb, D. A. (2005). Learning styles and learning spaces: Enhancing experiential learning in higher education. *Academy of management learning & education*, 4(2), 193-212.

Lalley, J., & Miller, R. (2007). The learning pyramid: Does it point teachers in the right direction. *Education*, 128(1), 16.

## **The Learning Process**

### A. Factors that influence the learning process

1. Environment
2. Culture
3. Intellectual ability
4. Primary language
5. Philosophy of education
  - Liberal
  - Progressive
  - Behaviorist
  - Humanistic
  - Radical

### B. Memory related to learning

1. Learning through association
2. Learning through contextualism

C. Factors that influence transfer of learning

1. Program participants
2. Program design and delivery
3. Program content
4. Changes required to apply learning (Exercise 3.1)
5. Organizational context
6. Community/Societal forces
7. Motivating Factors or Enhancers
8. Barriers

D. Categories of Learning

1. Knowledge
2. Attitudes
3. Skills

## Learning Styles

Assessment of the learner is the first step in the education process. A useful tool has been developed by Kolb - called the "Learning-Style Inventory." (Exercise 3.2) The Learning-Style Inventory describes the way a person learns and how they deal with ideas and day-to-day situations in their life.

The Learning-Style Inventory uses 12 sentences with a choice of endings. These endings are ranked according to how a person would go about learning something.

Following the completion of the inventory, the learner then inserts the rankings into a "Cycle of Learning" and a "Learning-Style Grid." The results are correlated to four points:

- Concrete Experience (**CE**). The number on this part of the continuum related to a person's strength of preference for learning things that have personal meaning in their life today. That is, **a person likes to learn things that are useable in current situations.** We all use CE at some level.
- Reflective Observation (**RO**). The number on this part of the continuum relates to a person's strength of preference for wanting some time to reflect and think about the things that they are learning. **This person likes to plan things out and take time to make sure that they have it correct.** We all use RO at some level.
- Abstract Conceptualizations (**AC**). The number on this part of the continuum relates to a person's strength of preference for learning lots of facts and figures. **This person likes to learn lots of new concepts and information on about any topic.** We all use AC at some level.
- Active Experimentation (**AE**). The number on this part of the continuum relates to a person's strength of preference for applying and practicing what has been learned. **This person enjoys hands-on activities.** We all use AE at some level.

The profile on the Cycle of Learning gives an indication as to a person's best part in the learning cycle. A discussion of the common profiles follows. Remember, a person is all four styles and operate in all four stages of quadrants. However, a person probably has a stage in which they do very well and a stage in which they do poorly. We need to learn to take advantage of the things we do well and increase in our abilities in the areas of concern.

Refer to the Kolb Learning Style Inventory Workbook for more information.

### **Assessing the Learning Profile**

#### **Profiles 1 and 2—The Reflector**

- Favor perceiving or learning new information through concrete experience (CE) and tend to process or internalize this new learning through reflective observation (RO).
- View situations from many different points of view.
- Skilled in situations that generate a variety of ideas and perspectives.
- Need to know why it is important to learn a new concept, strategy, idea, technique or method.
- Spend time observing others learning rather than taking action quickly.
- Need to have a plan before acting.
- Enjoy the personal connection of working together with other students.
- Enhance learning, by asking questions that help to understand why it is so important to learn a specific topic and where this new learning will be used.

#### **Profiles 3 and 4—The Theorist**

- Favor perceiving or learning new information through abstract conceptualization (AC) and tend to process or internalize this new learning through reflective observation (RO).
- Best at understanding a wide range of information and are able to put it into concise, logical form.
- Interested in abstract ideas and concepts and less focused on people.
- Prefer that a theory have logical soundness than practical value.
- Thorough, industrious, goal-oriented, and prefer principles and procedures to open-ended situations.
- Excel in traditional learning situations because the lecture and reading modes suit them.
- Enjoy solitary time, not fond of working in groups.
- Enhance learning by asking questions that help gather enough information to understand what you are being asked to learn.

#### **Profiles 5 and 6—The Pragmatist**

- Favor perception or learning new information through abstract conceptualization (AC) and tend to process or internalize this new learning through active experimentation (AE).
- Take information learned and try it out to see if it works.
- Want to know if what is learned makes sense and can use it to make life more effective, productive, and applicable.
- Best at finding practical uses for ideas and theories.
- Excel in problem-solving and decision-making based on finding solutions to questions.
- Prefer technical tasks to social or interpersonal issues.
- Good at working with their hands and at lab stations.
- Enjoy working mainly alone or with a small group.
- Need to know how things work.

- Enhance learning by using what is learned and asking questions that help to understand how something works.

### **Profiles 7 and 8—The Activist**

- Favor perception or learning new information through concrete experience (CE) and tend to process or internalize this new learning through active experimentation (AE).
- Interested in applying or using what they are learning in their everyday life.
- Learn best from “hands-on” experiences.
- Interested in knowing where else this newly learned information can be used.
- Take what was learned and find other uses for it.
- Enjoy carrying out plans and getting involved in new or challenging experiences.
- Risk takers and are at ease with new people and situations.
- Often use their intuition to reach conclusions to logical problems.
- Good at teaching others what they have learned and helping others see the importance of this new learning.
- Enjoy working with others and often have an expansive social circle.
- Enhance learning by asking questions that help determine where this information can be used.

### **Profile 9**

- This profile could be rotated around all for continuums. Each different profile simply represents a very strong preference for one pole of a continuum over another and a balance between the other poles on a continuum.

### **Profile 10**

- This profile is characterized by a learner who is focused primarily on gathering information. Lots of information! They are more interested in and spend more time gathering information than they need time to process or understand. They are always asking for more information from the instructor or where they can go to find additional information about the subject they are learning.

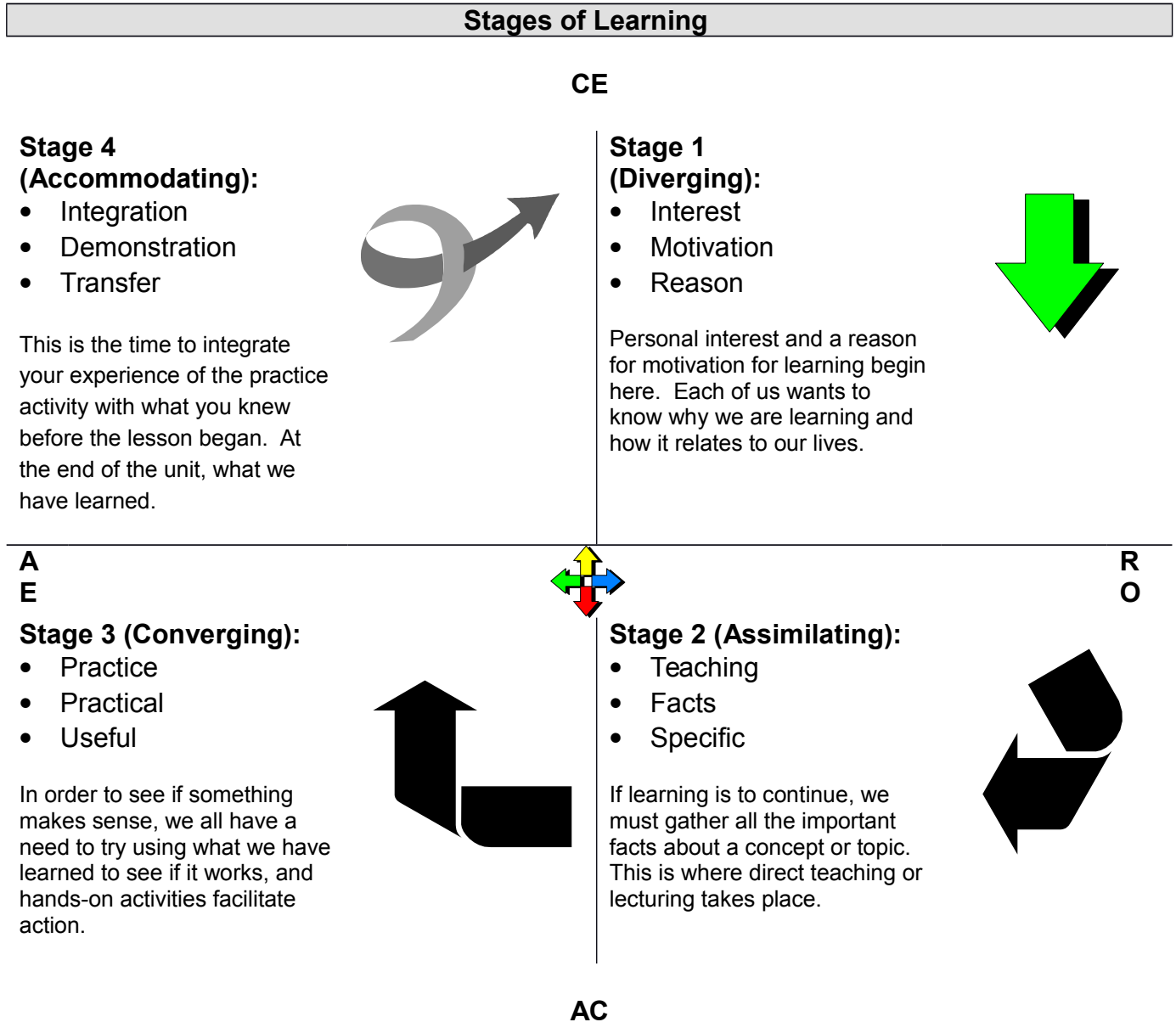
### **Profile 11**

- This profile is characterized by a learner who is focused more on having time to understand what they have learned and less focused on lots of information. In fact, they often like smaller chunks of information with plenty of time to understand it. Long lectures are extremely difficult for the learner with a profile like this.

### **Profile 12**

- This profile is a fairly well-balanced learner in the learning environment. It probably doesn't matter what the instructor does in the classroom, this learner is very adaptable. They generally enjoy school and do well with their work in school.





**Stage 1:**

Some people favor perceiving or learning new information through concrete experience and tend to process or internalize this new learning through reflective observation (RO).

- These individuals are best at viewing situations from many points of view.
- They approach events as an observer and would prefer to reflect on the situation rather than take action.
- They generally enjoy and are skilled in situations that ask them to generate a wide range of ideas.
- They are interested in harmony and create supportive cultures.
- They demonstrate concern for people and trust through personal interactions.
- They are interested in being involved in communal issues.
- They are usually asking: "Why do I need to learn this information, why should I stay awake in this class and/or why is it important to my life?"

**Stage 2:**

Some people favor perceiving or learning new information through abstract conceptualization and tend to process or internalize this new learning through reflective observation.

- These individuals are best at understanding a wide range of information and are able to put it into concise, logical form.
- They are more interested in abstract ideas and concepts and less focused on people.
- They would prefer that a theory have logical soundness than practical value.
- They are thorough, industrious, goal-oriented, and prefer principles and procedures to open-ended situations.
- They excel in traditional learning situations because the lecture and reading modes suit them.
- They excel at detail work.
- They are usually asking: "What do I need to learn from this class session and what facts do you want me to know?"

**Stage 3:**

Some people favor perception or learning new information through abstract conceptualization and tend to process or internalize this new learning through active experimentation:

- These individuals are best at finding practical uses for ideas and theories.
- They excel in problem-solving and decision-making based on finding solutions to questions.
- They prefer technical tasks to social or interpersonal issues.
- They experiment and tinker with things because they need to know how things work.
- They believe: "If it works, use it."
- Their goals are to make everything usable in their lives.
- They are usually asking: "How can I use what I'm learning to make my life more effective, productive, and applicable?"




**Stage 4:**



Some people favor perception or learning new information through concrete experience and tend to process or internalize this new learning through active experimentation.



- These individuals learn best from "hands-on" experiences.
- They usually enjoy carrying out plans and getting involved in new or challenging experiences.
- They may also tend to rely more heavily on "gut" feelings than on logical analysis.
- They are risk takers and are at ease with new people and situations.
- They encourage people to think for themselves.
- They often use their intuition to reach conclusions to logical problems.
- They are usually asking: "If all this information I'm learning is accurate, what else could it become or how else does it play a role in my world?"



## Multiple Intelligences - Howard Gardner









Additional Discussion of Learning Styles and Needs (examples)		
Logical/ Mathematical		<p>Often called scientific thinking. This learning style deals with deductive thinking/reasoning, numbers, and the recognition of abstract patterns.</p> <p>This person learns best when you've provided opportunities to classify, categorize, and work with abstractions and their relationship to one another.</p>
Verbal/Linguistic		<p>This learning style deals with words and language, both written and spoken. This teaching/learning style dominates most Western educational systems.</p> <p>An aural learner:</p> <ul style="list-style-type: none"> <li>• Tends to remember and repeat ideas that are verbally presented</li> <li>• Learns well through lectures</li> <li>• Is an excellent listener</li> <li>• Likes to talk</li> <li>• Enjoys plays, dialogues, dramas</li> </ul>
Intrapersonal		<p>This learning style deals with inner states of being, self-reflection, metacognition, and awareness of spiritual realities.</p> <p>This person really does better alone, pursuing self-defined interests. New information is absorbed best when the projects are individual-self-paced, and singularly oriented.</p>

Additional Discussion of Learning Styles and Needs (examples)		
Interpersonal		<p>This learning style operates primarily through person-to-person relationships and communication. It relies on all the other learning styles.</p> <p>An interactive learner:</p> <ul style="list-style-type: none"><li>• Learns best through verbalization</li><li>• Often hums and talks to self or others</li><li>• Usually is not quiet for great lengths of time</li><li>• Enjoys question/answer sessions</li><li>• Finds small group discussions stimulating and informative</li></ul> <p>Impart information to this person by giving opportunities to compare and contrast, interview others, sharing ideas, and cooperating to accomplish any given task.</p>
Visual/spatial		<p>This learning style deals with the sense of sight and being able to visualize an object and create internal mental images/pictures.</p> <p>The visual learner:</p> <ul style="list-style-type: none"><li>• Learns by seeing and watching demonstrations.</li><li>• Likes visual stimuli such as picture, slides, graphs</li><li>• Sees the image in the “mind’s eye”</li><li>• Often stares</li><li>• Needs something to watch</li><li>• Becomes impatient when extensive listening is required</li></ul>

Additional Discussion of Learning Styles and Needs (examples)		
Body/kinesthetic		<p>This learning style deals with physical movement and the knowings/wisdom of the body, including the brain's motor cortex, which controls bodily motion.</p> <p>The kinesthetic learner:</p> <ul style="list-style-type: none"><li>• Learns by doing, direct involvement</li><li>• Often fidgets or finds reasons to move</li><li>• Is not very attentive to visual or auditory presentation</li><li>• Tries things out</li><li>• Responds to music by physical movement</li><li>• Likes to move hands (doodling, tapping) while learning</li><li>• Uses movement to help concentrate</li></ul>
Musical/rhythmic		<p>This learning style deals with the recognition of tonal patterns, including various environmental sounds, and a sensitivity to rhythm and beats.</p> <p>This learner gets information via melodies, musical notation, or rhythm as a critical aspect of the delivery system.</p>

**Principles of Adult Learning—Malcolm Knowles**

1. After maturity is reached, learning ability remains practically constant. (Kolb - 4)
2. Learning results from stimulation through the senses. It is estimated that 75% of what is heard is forgotten after 2 days. It has been said that learners remember: (Kolb - 3)
  - 10% of what is read
  - 20% of what is heard
  - 30% of what is seen
  - 50% of what is heard and seen
  - 80% of what is heard, seen and done

Learning Retention Illustration			
<b>10%</b> of what is read			
<b>20%</b> of what is heard			
<b>30%</b> of what is seen			
<b>50%</b> of what is heard and seen			
<b>80%</b> of what is read, heard, and seen			

3. When we learn, connections are made to what we've learned before. (Kolb - 1)
4. Activity is needed when the adult learns. (Kolb - 3)



5. It is hard to learn when we're under stress. (Kolb - 1)



6. When we learn – we learn more than just what is presented. (Kolb - 2)
7. In order to have the learning be effective, the adult learner must be interested in the learning. (Kolb - 1)
8. It helps when the learner feels successful. (Kolb - 3)





9. Competitive activities may stimulate the adult to learn. (Kolb - 3)



10. Learning is enhanced when the problems are challenging. (Kolb - 3)

11. The adult learner likes to know the why, how and “what to do with it” of learning activities. (Kolb - 2)



12. Understanding the expected standards helps the learner to know the “why” of learning activities. (Kolb - 2)

13. The adult learner likes to know that they are succeeding. (Kolb - 4)

14. The adult learner is motivated by recognition and credit. (Kolb - 4)



15. Vivid and intense learning experiences increase the likelihood of remembering information. (Kolb - 2)



16. Adult learners like the learning to be reality-based; to be useful. (Kolb - 2)

17. Identifying logical relationships helps to make a more effective learning experience. (Kolb - 2)



18. Learning should be immediately followed by application. (Kolb - 3)

19. Skill repetition enhances skill development. (Kolb - 3)

20. Adult learners who feel responsible for learning will learn more. (Kolb - 3 and 4)

21. Each person's speed and ease of learning will be different. (Kolb - 1)

22. Grades are not the greatest motivator for the adult learner; guidance is of greater importance. (Kolb - 3 and 4)

23. A relaxed and informal atmosphere is the most conducive environment for adult learners. (Kolb - 2 and 3)

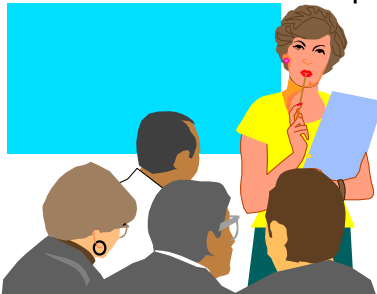


24. Small group interactions are enjoyed by adult learners. (Kolb - 2 and 3)



25. Adults do not like to have their time wasted. (Kolb - 4)

26. Lecture is not the preferred method of learning for all adults. (Kolb - 2)



27. Because of their years of experience, it is not always easy for the adult learner to change. (Kolb - 1)

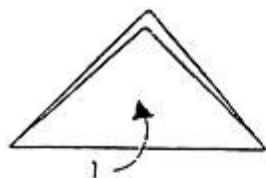
28. Food and drinks help to create a relaxed atmosphere and reflect consideration of the learner. (Kolb - 2)



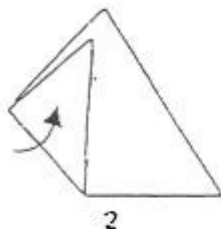
29. It is logical to move from “simple to complex” and “known to the unknown.” (Kolb - 2 and 3)
30. Trying out learning activities is helpful to the adult learner. (Kolb - 3)
31. The adult learner likes to be able to move the learning into principles and concepts. (Kolb 2 and 3)
32. The adult learner likes to see themselves as a self-directed; they like others to see them that way. (Kolb - 1)
34. For the adult, learning is a part of effective problem-solving. (Kolb - 1)
35. Goal achievement is important for the adult learner. (Kolb - 1)



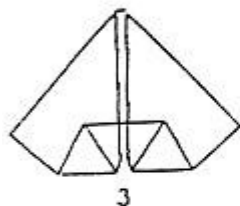
# How to Fold a Napkin—Fleur de lis



Fold napkin in half diagonally to form a triangle



Bring right and left points to the center point to form a diamond



Fold bottom points up to about one inch from top and fold it back on itself



Turn napkin over bringing corners together, one into the other



Turn napkin back over. Peel down the right and left side from the top center to make petals. Open base to stand.

## How To Teach Psychomotor Skills

### What Is Psychomotor Learning?

#### The Four-Step Job Training Method (Psychomotor Learning):

In preparing to use the four-step method you should:

- Have a time table
- Break down the job (task detailing)
- Rehearse the training session
- Have tools and materials ready
- Arrange the work/training place



#### STEP ONE: **PREPARE** (Promotes learner motivation)

- Put learner at ease
- Find out what the learner already knows and can do
- Arouse learner's interest in acquiring more knowledge and/or skill
- Place learner in the proper learning position and location

#### STEP TWO: **PRESENT** (Promotes learner understanding)

- Tell the learner what he/she is expected to do
- Show the learner each step of the task
- Explain how the learner is expected to do it
- Demonstrate the task, explaining what you are doing as you are doing it

#### STEP THREE: **TRY-OUT** (Provides learner participation)

- Have learner tell you what he/she is going to do to perform the task
- Have the learner perform, explaining how he/she is doing it
- Correct performance as needed
- Reinstruct if necessary

#### STEP FOUR: **FOLLOW-UP** (Allows learner to apply new knowledge)

- Have learner practice alone
- Encourage questions
- Model desired behavior
- Check frequently
- Taper off

### Step 1: Prepare

How do I prepare myself to give job instruction?

- 1). Do a training plan.
  - Who, what, when, where, how...
- 2). Do a job breakdown (e.g. DACUM).
  - Main steps
  - Task statements
  - Equipment and materials
  - Safety factors

How do I prepare for receiving job instruction?

- 1). How would I put them at ease?
  - Ask them something they feel positive about and give a positive response.
  - Don't overload/overwhelm them.
  - Let them know you understand a new task can be difficult.
  - Make eye contact.
- 2). Why give them the big picture?
  - People work more effectively and are more motivated when they know why things are done certain ways and where their work fits in the overall picture.
- 3). What kind of reactions do I look for?
  - Sudden changes in facial expression
  - Stiffing in posture
  - Attentiveness
  - Do they look at you when they talk?
  - Do they watch what you do?
  - Do they ask questions?

## **Step 2: Present**

- 1). Tell them about the job.
  - Give brief overview of entire job.
  - Start with "Main Steps" column of Job Breakdown.
  - Give trainee a copy of Job Breakdown.
- 2). Place them correctly.
  - In actual place of doing job.
  - In relationship to equipment/materials used.
- 3). Show them the job.
  - Run through the whole process before concentrating on components.
  - Keep details to a minimum.

- 4). Demonstrate how to do it.
  - One step at a time. If it's complex, repeat it a few times. (You might want to demonstrate incorrect method and discuss results/effects.)
- 5). Explain why it's done this way.
  - Connect proper methods to good results.
  - Focus on details.
  - Give it meaning.
- 6). Emphasize safe work methods.
  - Point out hazards- where they are, how they're dangerous.
  - What can happen if precautions aren't taken? What should be done if emergency occurs?
- 7). Summarize key points.
- 8). Ask for questions.
  - Let them know you'll be glad to answer any questions.
  - It's O.K. to have questions.

### **Step 3: Tryout**

- 1). Have them tell you the main steps.
  - Do they have the general picture?
  - Make corrections when necessary to avoid misunderstandings.
  - Ask questions.
- 2). Have them instruct you.
  - You follow the directions.
  - Are all the key steps correct?
- 3). Have them explain how each step is done.
  - Also, explain why it's done this way.
  - Check emergency procedure, if any.
  - Ask if they have any concerns.
- 4). Let them try.
  - Watch closely.
  - REINFORCE what's done correctly.
  - If they make mistakes, ask them to examine what they did and correct it themselves.

### **Step 4: Follow-up**

- 1). Check their familiarity with the area.



- Location of departments, materials, equipment, helpful co-workers.
- 2). Check their knowledge of key procedures.
    - Ask for review of main tasks.
  - 3). Let them know how to find you.
    - Encourage this when necessary.
  - 4). Encourage them to continue asking questions.
    - Provide answers, or refer them to written procedures.
  - 5). Model the desired behavior in daily practice.
    - Reinforce the proper techniques.
  - 6). Taper off your supervision.
    - Check frequently at first, then taper off.
    - As employee competence improves, direction from you can decrease.
  - 7). Always tell them how they are doing.
    - Reinforce desirable learning.
    - Correct undesirable performance.
  - 8). Watch on new assignments.
    - Show how it's done and ask how it differs from old.
    - Ask how employee would handle this new situation.

## **Summary**

### **How to be effective when teaching psychomotor skills**

1. Preparation
  - Adequate time
  - Materials
2. Motivation
  - Build on previous learning experiences that were successful.
  - Why?
3. Create a safe learning environment.
4. Develop a trusting relationship with the preceptee.



## **Determining Learning Needs**

**Definition:** A learning need is demonstrated when a person's performance does not achieve the desired level.

### **Step 1: Discover the learner's current level of performance.**

As a preceptor, you will need to do each of the following to determine the preceptee's learning needs:

1. Compare the preceptee's present knowledge, attitudes, and skills with the expected outcomes
2. for orientation
3. Record whether the preceptee currently meets each expectation
4. Focus the preceptorship on areas that have to be attained

### **Step 2: Identify what needs to be learned.**

True learning needs are based on the outcome expectations of the orientation program.

1. Learning interests are ideas or activities that the preceptee would like to learn about, but which are not included in the list of expected outcomes for the orientation program.
2. Non-learning needs exist when discrepancies between the present and desired performance are caused by something other than a need for instruction.

### **Step 3: Identify priority of learning needs with the preceptor**

Why might some learning needs take priority over others?

1. Preceptees will likely perceive some of their learning needs as more important than others.
2. Preceptors may view the importance of these needs differently from how preceptees view them.
3. To work together successfully, the preceptor and preceptee will need to reach a consensus on which needs will take priority over others.

### **Step 4: Learning needs are agreed-upon by both preceptor and preceptee:**

The learning needs assessment helps preceptors distinguish between orientation expectations that the preceptee already meets (no learning need exists) and those the preceptee has not yet achieved (learning needs still exist). The preceptorship will focus on helping the preceptee to meet those learning needs.

1. Because the entire list of learning needs cannot be attained simultaneously, it is necessary to begin dividing this list into smaller sets that can be achieved over a specified period of time.
2. Validation is needed in some areas of the self-assessment.

## Handout

**Orientation Competency Checklist**

Orientation Competency Checklist Medical-Surgical Skills Inventory											
Self Assessment			Competencies	Validator				Education Process			Competent
0	1	2		1	2	3	4	Date	Code	Initial	Y/N
			<b>Patient assessment/Care Planning</b>								
			Perform and document physical assessment findings for the following systems:								
			1. Neurological								
			2. Integumentary								
			3. Cardiovascular								
			4. Respiratory								
			5. Gastrointestinal								
			6. Musculoskeletal								
			Identify nursing care problems in the functional health patterns of:								
			1. Health perception/health management								
			2. Activity/exercise								
			3. Cognitive/perceptual								
			4. Pain								
			5. Nutritional/Metabolic								
			6. Elimination								
			7. Sleep/Rest								
			8. Coping/Stress								
			9. Sexuality								
			10. Values/Beliefs								
			11. Other								
			Develop and implement a plan of nursing care.								
			1. Document plan								
			2. Communicate plan								
			3. Revise plan according to patient needs								
			Delegate nursing activities to:								
			1. Licensed nursing personnel								
			2. Unlicensed nursing personnel								
<b>Self Assessment</b>			<b>Validator Assessment</b>				<b>Education Process</b>				
0 = no experience			1 = no skills				P & P = read policy/procedure				
1 = limited experience			2 = limited skills				E = attend class				
2 = experienced			3 = competent				V = video/self learning				
			4 = competent/able to teach				D = demo/discussion				

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## Orientation Competency Checklist—Page 2

Self Assessment			Competencies	Validator				Education Process			Competent
0	1	2		1	2	3	4	Date	Code	Initial	Y/N
			<b>Medication Administration</b>								
			Safely administer/perform:								
			1. Oral medications								
			2. Sublingual medications								
			3. Intramuscular injections								
			4. Subcutaneous injections								
			5. Eye medications								
			6. Genitourinary irrigants								
			7. Rectal medications								
			8. Mantoux testing								
			Evaluate medication action(s) for:								
			1. Effectiveness								
			2. Adverse effects								
			Provide patient teaching regarding								
			1. Expected effects								
			2. Side effects								
			3. Discharge instructions for medications								
			Manage care related to intravenous (IV) therapy:								
			1. Patient teaching regarding IV therapy								
			2. Start IV lines								
			3. Regulate Ivs								
			4. Maintain IV sites								
			5. Mix IV infusions using additives								
			6. Discontinue peripheral Ivs								
			7. Set up and use IV infusion devices								
			8. Insert/manage heparin/saline locks								
			9. Administer blood/blood products								
			10. Draw blood for lab studies								
			11. Administer piggyback medications								
			12. Manage ortho autotransfusion equipment								
<b>Self Assessment</b>				<b>Validator Assessment</b>				<b>Education Process</b>			
0 = no experience				1 = no skills				P & P = read policy/procedure			
1 = limited experience				2 = limited skills				E = attend class			
2 = experienced				3 = competent				V = video/self learning			
				4 = competent/able to teach				D = demo/discussion			

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## Orientation Competency Checklist—Page 3

Self Assessment			Competencies	Validator				Education Process			Competent
0	1	2		1	2	3	4	Date	Code	Initial	Y/N
			<b>Medication Administration</b>								
			13. Maintain central lines								
			14. Manage TPN/PPN								
			15. Administer/Manage chemotherapy agents								
			a. Provide patient education								
			b. Observe for side effects								
			c. Provide for patient and staff protection								
			<b>Airway Maintenance</b>								
			1. Provide airway maintenance/protection activities								
			a. Patient teaching								
			b. Cough and deep breathe								
			c. Pain Management								
			d. Position change								
			e. Elevation of head and chest								
			2. Set up and maintain suction equipment								
			3. Assess for correct placement of endotracheal tube								
			4. Monitor ventilator function								
			5. Suction trachea using aseptic technique								
			6. Suction mouth and nose								
			7. Set up and monitor pulse oximetry								
			8. Set up and maintain oxygen delivery equipment								
			9. Administer oxygen via:								
			a. Mask								
			b. Nasal cannula								
			c. Endotracheal tube								
			d. Tracheostomy								
			e. Bag/Valve/Mask device								
			<b>Collaboration</b>								
			1. Collaborate with health care team								
			2. Communication skills								
<b>Self Assessment</b>				<b>Validator Assessment</b>				<b>Education Process</b>			
0 = no experience				1 = no skills				P & P = read policy/procedure			
1 = limited experience				2 = limited skills				E = attend class			
2 = experienced				3 = competent				V = video/self learning			
				4 = competent/able to teach				D = demo/discussion			

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### **Levels of Competency**

To assess levels of competence, understanding a person's professional growth and development is critical. The Dreyfus Skill Acquisition Model applied to nursing practice describes a progression of skill acquisition. This model can be applied to any clinical practice.

- **A novice:**
  - A new graduate with no clinical experience
  - Requires close supervision, assistance and education
  - Needs rules (i.e. policies and procedures) to guide actions
- **Advanced beginner:**
  - Independent in some aspects of practice, yet not in all situations
  - Needs assistance in setting priorities
  - Needs frequent monitoring and education
- **Competent:**
  - Applies experience and judgment to new patient situations
  - Sets priorities to achieve long-term goals
  - Manages most complex situations
  - Decision-making is logical and deliberate
  - Requires ongoing education to remain current
- **Proficient:**
  - Clinical practice is efficient, flexible
  - Decision-making is less labored
  - Mentors other co-workers/colleagues
  - Manages all situations effectively
  - Requires ongoing education to remain current
- **Expert:**
  - Has intuitive grasp of patient care situations

- Masterful at problem-solving
- Anticipates complications
- Assists other co-workers/colleagues in becoming mentors
- Requires ongoing education to remain current

## Handout

### Application of Competency Levels

The following two tables illustrate three competency levels and their use in the areas of medication administration and coordination of patient care

Medication Administration			
Level	Technical Skills	Interpersonal Skills	Critical Thinking Skills
Novice Practitioner	<ul style="list-style-type: none"> <li>• Applies the rights:                             <ul style="list-style-type: none"> <li>○ right patient</li> <li>○ right drug, dose, route, time</li> <li>○ right documentation</li> <li>○ right education</li> <li>○ right assessment and evaluation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Identifies drug, if asked</li> <li>• Greets patient</li> <li>• Introduces self to patient</li> </ul>	<ul style="list-style-type: none"> <li>• Looks up drugs if unknown</li> <li>• Follows written parameters (e.g. BP, pulse, glucose)</li> <li>• Recognizes documented allergies</li> </ul>
Advanced Beginner	<ul style="list-style-type: none"> <li>• Organizes delivery to improve efficiency and minimizes interruptions (e.g. having the cart stocked, no need to run for supplies)</li> <li>• Knows adverse effects and contraindications</li> </ul>	<ul style="list-style-type: none"> <li>• Answers specific questions about medications (e.g. action, indication) to patient, family, MD, pharmacy and other nurses</li> </ul>	<ul style="list-style-type: none"> <li>• Seeks resource for direction to meet 5 rights, if necessary</li> <li>• Identifies situations requiring modification in medication administration</li> </ul>

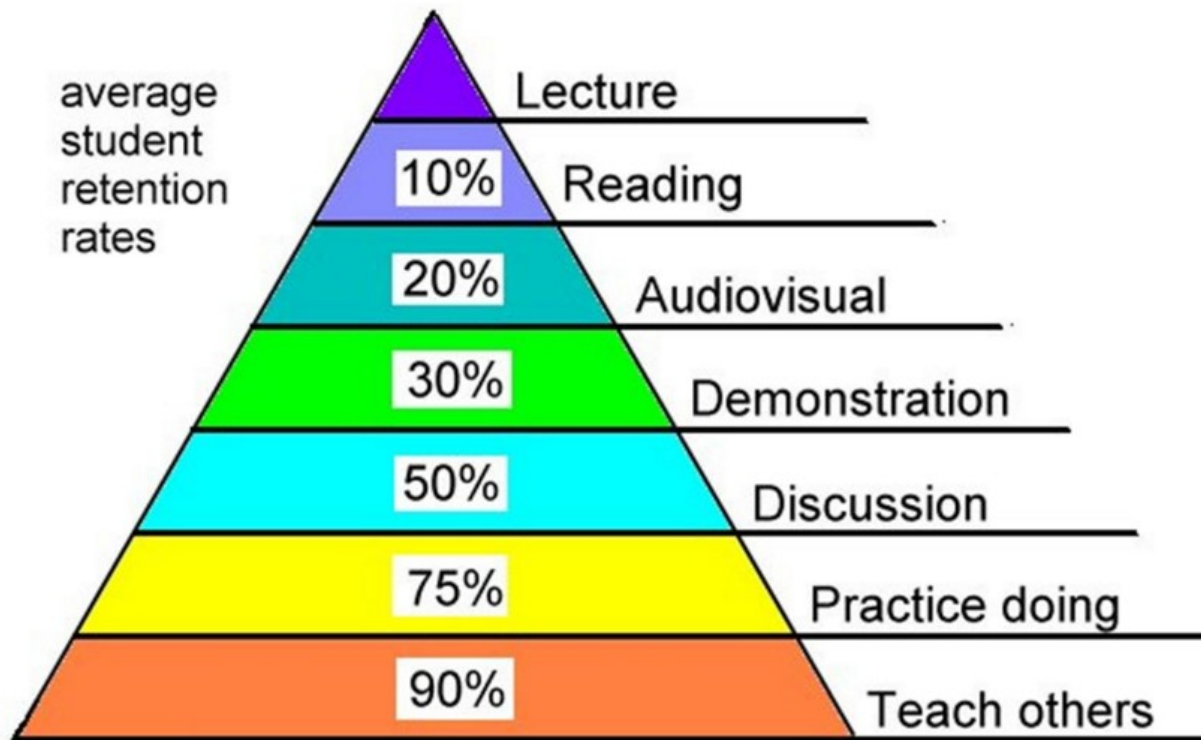


Competent Practitioner	<ul style="list-style-type: none"> <li>Prioritizes meds for a group of patients (e.g. pre-ops, insulin's, stats, prns)</li> <li>Knows implications (food-drug interactions, therapeutic drug levels, lab values)</li> <li>Delegates tasks to minimize distractions</li> </ul>	<ul style="list-style-type: none"> <li>Initiates patient/family teaching while administering meds (e.g. action, indications, side effects)</li> <li>Communicates assessments to appropriate people (e.g. labs, drug levels, adverse effects)</li> <li>Does discharge planning/teaching (e.g. IV antibiotics)</li> <li>Resource to novice and advanced beginner</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes adverse effects and contraindications</li> <li>Recognizes appropriate resources to resolve problems</li> <li>Independent problem solving</li> <li>Decision-making is logical deliberate</li> <li>Assesses/manages emergent situations</li> </ul>
Coordination of Patient Care			
Level	Technical Skills	Interpersonal Skills	Critical Thinking Skills
Novice Practitioner	<ul style="list-style-type: none"> <li>Assigns all patients and unit activities on a timely basis</li> <li>Enters orders into the appropriate document</li> <li>Sees that discharge summary/instructions are done for all potential discharges.</li> </ul>	<ul style="list-style-type: none"> <li>Communicates changes in orders</li> <li>Reports objective data to MD, other team members</li> </ul>	<ul style="list-style-type: none"> <li>Sees that all assignments are completed for shift</li> <li>Recognizes significant changes in patient status and seeks appropriate resources</li> </ul>

Advanced Beginner	<ul style="list-style-type: none"> <li>• Completes patient care assignment based on acuity of needs, job description and level of caregiver skill</li> <li>• Contacts MD for updates and orders as needed</li> <li>• Organizes work load to maximize efficiency</li> <li>• Participates in and follows up with established plan of care</li> </ul>	<ul style="list-style-type: none"> <li>• Initiates contacts with other departments to ensure that patient care needs are met</li> <li>• Communicates with MD and other team members, giving complete and accurate information regarding patient condition</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to evaluate quality of care delivered by others</li> <li>• Evaluates change in patient status and reports complete and accurate information to appropriate resources.</li> <li>• Delegates activities in routine situations and some urgent situations.</li> </ul>
Competent Practitioner	<ul style="list-style-type: none"> <li>• Accepts responsibility as dictated by unit needs</li> <li>• Plans for continuity in each patients' care over all shifts and over sustained periods of time</li> <li>• Facilitates resourceful use of organization's policies and procedures by all unit members</li> <li>• Adapts to changing workloads with flexibility, reprioritizing need and guiding other staff in adjusting workloads</li> </ul>	<ul style="list-style-type: none"> <li>• Actively initiates effective communication patterns among team members</li> <li>• Coordinates and cooperates with other care providers for productive problem-solving to meet patient needs</li> <li>• Resource for staff members; communicating appropriate knowledge, skills and conduct</li> <li>• Creates a practice environment that maximizes individual performance</li> </ul>	<ul style="list-style-type: none"> <li>• Aware of staff weakness and utilizes staff strengths in coordinating patient care</li> <li>• Uses sound clinical judgment when delegating responsibilities during emergency situations</li> <li>• Identifies conflicting medical/nursing orders and takes appropriate action</li> <li>• Recognizes opportunities to change patient care delivery or nursing care practices that will improve quality of patient care</li> </ul>



## Learning Pyramid



Source: National Training Laboratories, Bethel, Maine

### Selecting Teaching Methods

The **knowledge** component of competence may be taught using:

- Hospital, department, and unit policy/procedure manuals
- Books and journal articles
- Lectures, discussions, seminars
- Case presentations.

The **attitude** component of competence may be taught using the following approaches:

- Role-playing to distinguish effects of positive and negative work attitudes, including performing duties in a careless manner; providing incomplete, tardy, or otherwise marginal work quality; failing to tailor services to patient and family needs; or displaying disrespectful, judgment, or culturally insensitive behaviors.
- Written or videotaped scenarios that illustrate positive and negative work attitudes.
- Case presentations to actual job situations that illustrate effects of positive versus negative work attitudes.
- Role modeling or desired affective traits by preceptor.
- Values clarification exercises.

The **skills** component of competence may be taught using:

- Reading procedure manuals and manufacturers' instruction books.
- Viewing audiovisual media.
- Observation of skill demonstration with return demonstration.
- Practice with actual equipment.

Knowledge	Attitudes	Skills	Learning Activities
			Reading articles, books, or hospital procedures.
			Completing self-learning packages and modules
			Listening to audiotapes
			Using computer-assisted instruction
			Watching videotapes
			Practicing in a skills laboratory
			Completing worksheets
			Observing others perform a procedure
			Participating in role plays
			Practicing procedures with a preceptor
			Participating in rounds
			Return demonstration of a procedure or skill
			Listening to lectures
			Independently providing patient care services
			Participating in small-group discussions
			Asking questions
			Playing instructional videos
			Completing written exercises
			Participating in a patient care conference
			Practicing skills with teaching aids such as mannequins

## Exercise 3.4

**Selecting Teaching Methods**

Example for Selecting teaching methods (Do not include in Student Workbook)

Teaching student how to call physician to report patient status change

Which learning activities could be used to teach this skill?

Which learning activities are available at your facility?

All categories are subjective and may be viewed differently by instructor and participants.

There are no wrong answers.

Using this tool, shows that a variety of techniques are needed to learn the new skill and apply it in practice.

Review the following learning activities and check either knowledge, attitude, or skill – and indicate where each fits into Kolb's Learning Styles (Stages 1, 2, 3, 4).				
Knowledge	Attitudes	Skills	Kolb	Learning Activities
x			2	Reading articles, books, or hospital procedures.
x			2	Completing self-learning packages and modules
x	x	x	1,2	Listening to audiotapes
x	x	x	1,2	Using computer-assisted instruction
x	x	x	1,2	Watching videotapes
		x	3	Practicing in a skills laboratory
x			2	Completing worksheets
	x	x	1,2,3	Observing others perform a procedure
	x	x	1,2,3	Participating in role plays
	x	x	3, 4	Practicing procedures with a preceptor
	x	x	3,4	Participating in rounds
		x	3,4	Return demonstration of a procedure or skill
x			2	Listening to lectures
x	x	x	4	Independently providing patient care services
x	x	x	4	Participating in small-group discussions
x	x	x	3,4	Asking questions
x			2	Playing instructional videos
x			2,3	Completing written exercises
x	x	x	3,4	Participating in a patient care conference
		x	3,4	Practicing skills with teaching aids such as mannequins

### **Creating a Plan**

Ask yourself:

1. Who does your other tasks while you are performing your training role?
  - a. Discuss with your supervisor.
  - b. Can you delegate some tasks or adjust deadlines.
2. What will you cover?
  - a. Find out what they already know and what they still need to learn.
  - b. Collaborate to make plan
3. What do you expect of him/her?
  - a. Tell him/her your expectations and your measurement methods.
  - b. What tools are available?
4. What are the specific requirements?
  - a. Are requirements being met?
  - b. If not, what is not met, e.g. speed, accuracy, safety?
5. When will you train?
  - a. Full-time or sporadic
  - b. How will this effect learning?
6. Where will you train?
  - a. Noise level - will you be disturbing others/others disturbing you?
  - b. Can the employee learn the task correctly away from the work area?
7. How will you teach?
  - a. Locate available resources
  - b. Determine which learning activity is appropriate to the content
8. How will you determine how well he/she is doing?
  - a. Estimate satisfactory rate of progress to use as a measurement.
  - b. What tools are available?
9. Why is it important to perform this task this way?
  - a. Are there safety concerns, regulatory requirements, policies, etc
  - b. Are there other equally safe options?

Exercise 3.5

**Learning Plan Exercise**

1. Select one learning need from your area of practice that you would teach a new employee
2. Identify the knowledge, attitude, and skill components
3. Identify possible learning activities that you would have available to use
4. Outline your plan making sure to include the who, what, when, where, how, and why.



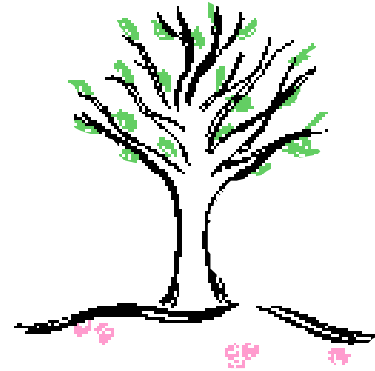
## Goal Setting

### A. Purpose

1. Growth
2. A way of accomplishing tasks
3. A means to an end

### B. Benefits of goal setting

1. Can improve self-esteem
2. Can see progress
3. Helps define strengths and areas of growth.
4. Helps find ways to improve in these areas and in turn make them strengths
5. Can give a person confidence
6. Can promote feelings of successes and satisfaction.
7. Makes life much more interesting....something to strive for
8. Frustration levels are lowered when doubt is replaced by structure and direction
9. Completed goals are success stories, stimulate achievement of future goals.
10. Written goals help them visualize, actionize and then actualize
11. Goal setting keeps them on track
12. Goal setting forces prioritization
13. Goal setting promotes accountability for completing the goals



### C. Barriers to Goal Setting

1. **Predictability** – People in general are threatened by change. Goal setting may be uncomfortable.
2. **Conditioning** – People are creatures of habit. It is very difficult to break old habits. Goals can be seen as a threat when it comes to breaking old habits.
3. **Miracles** – Some people wait for a miracle to happen, instead of taking the steps necessary to ensure that goals will be accomplished.
4. **Fear of losing** – None of us want to be a failure. Many people will not set goals because they are afraid of being unable to attain that goal.
5. **Fear of winning** – The irony of this is that some individuals will not set a goal because they are afraid of being able to attain that goal. How will they need to change?
6. **Over expectations** – Setting goals too high can reinforce the behavior of not being able to reach goals.

### **Goal Characteristics**

#### **A Model goal is:**

1. Mutually set.
2. Relevant- Recommendations from the program facilitator, nurse manager and preceptor.
3. Stated positively.
4. Realistic and obtainable.
5. Measurable.
6. Written.
7. Specific, including timeframes for achievement.

#### **Writing Goal Statements**

An example of a mutually set goal with the above characteristic might be:

“The preceptee will have successfully started three intravenous lines within the first week.”

#### **Exercise 3.6**

Write one goal you might set for your preceptee during the first week in your work setting. Remember to include the above characteristics.

## **Using Goals**

### **Using goals to improve the preceptoring experience.**

1. Meet with preceptee each week to set goals and review achievement from previous week.
2. Encourage preceptee to come prepared with a list and self-evaluation.
3. Determine number of goals depending upon length of orientation and limit to no more than two goals/week
4. Do not duplicate competency lists.
5. Share ideas regarding how goals can be met.
6. If a goal was not achieved, reevaluate to see why. Was the goal realistic? Relevant?.
7. Develop a remediation plan

### **Role model goal setting by setting goals for yourself as a preceptor.**

#### **Goal setting principles for long-term goals**

1. Each goal should describe a specific end result.
2. A goal should make you stretch but still be attainable.
3. Identify why you want to accomplish this goal.
4. Remember goals can be changed.
5. You create most of your obstacles.
6. Goals should require you to do more of something or do it better or differently.
7. If the goals are attainable, this reinforces self-esteem and keeps us motivated.
8. Visualize what you will be when you reach your goal



### LEARNING PROGRESS TRACKING TOOL

Preceptee: \_\_\_\_\_

Preceptor(s): \_\_\_\_\_

Date: \_\_\_\_\_ Week#: \_\_\_\_\_ Patient Load: \_\_\_\_\_

#### Preceptee's Goals for the Week:

Goal	Met	Not Met	Evaluation

Progress on competency/equipment checklist(s):

Learning needs identified:

Comments: