



Module Two:

Role Model

Module 2 – Role Model

Suggested Time Frame – 1 hour of instruction

Goal Statement – The goal of this module is to introduce the participant to the attributes of a preceptor as a role model.

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

1. Define role modeling and specific attributes for modeling professional attitudes and behaviors.
2. Demonstrates role model activities.
3. Identify aspects of effective communication.

2003 Resources:

Bidwell , A. S. & Brasler, M. L. (1989) Role modeling vs mentoring in nursing education. *Image: Journal of Nursing Scholarship*, 21(1), 23-25.

Developing Preceptor Expertise in the Clinical Setting. A workshop presented by Cerritos Community College, East Los Angeles College, Glendale Community College, and Mount San Antonio Community College. 5/30-31/02, Palm Springs, California.

Myrick, F & Younge, O. (2002) "Preceptor behaviors integral to the promotion of student critical thinking." *Journal of Nurses in Staff Development*. 18:3, May/June, 2002.

PowerPoint presentation preceptor program

2015 Updated Resources

Anderson, M., LeFlore, J. L., & Anderson, J. M. (2013). Evaluating Videotaped Role-Modeling to Teach Crisis Resource Management Principles. *Clinical Simulation in Nursing*, 9(9), e343-e354.

Aronson, B., Glynn, B., & Squires, T. (2013). Effectiveness of a role-modeling intervention on student nurse simulation competency. *Clinical Simulation in Nursing*, 9(4), e121-e126.

Black, B., Marcoux, B. C., Stiller, C., Qu, X., & Gellish, R. (2012). Personal health behaviors and role-modeling attitudes of physical therapists and physical therapist students: A cross-sectional study. *Physical therapy*, 92(11), 1419-1436.

Johnson, E. A., Lasater, K., Hodson-Carlton, K., Siktberg, L., Sideras, S., & Dillard, N. (2012). Geriatrics in simulation: Role modeling and clinical judgment effect. *Nursing education perspectives*, 33(3), 176-180.

Perry, B. (2009). Role modeling excellence in clinical nursing practice. *Nurse education in practice*, 9(1), 36-44.

Yancey, A. K., Grant, D., Kurosky, S., Kravitz-Wirtz, N., & Mistry, R. (2011). Role modeling, risk, and resilience in California adolescents. *Journal of adolescent health*, 48(1), 36-43.

There is a PowerPoint presentation that corresponds to each of the objectives and lecture/discussion, and suggested learning activities.

Content Outline	Suggested Learning Activities
<p>Objective 1. Define role modeling and specific attributes for modeling professional attitudes and behaviors.</p> <p>A. Define role modeling</p> <p>B. Role model attributes (from Bidwell and Brasler- see References)</p> <ol style="list-style-type: none"> 1. Clarity <ol style="list-style-type: none"> a. Role model knows their role b. Imitator receives clear and dependable message regarding their progress 2. Consistency <ol style="list-style-type: none"> a. Unvarying responses and behaviors (no Jekyll-Hyde) b. Fosters stability, security, and confidence c. Imitator learns what to expect in various situations 3. Openness <ol style="list-style-type: none"> a. Realness-reveals self as a person b. Admits doesn't know it all c. Honest, authentic d. Others come for advice 	<p>A. Lecture/Discussion Role Modeling definition</p> <p>B. Lecture /Discussion</p> <ol style="list-style-type: none"> 1. Provide detail for Instructor course and summarize for staff courses 2. Handout 2.1 Role Model Attributes

<p>4. Communicativeness</p> <ul style="list-style-type: none"> a. Involves active listening b. Validation of verbal and non-verbal cues c. Assertive communication <p>5. Specificity</p> <ul style="list-style-type: none"> a. Easy for imitator to understand and emulate b. Behaviors explicit, no “decoding” needed c. Role explains contextual meaning of situations d. Imitator can see/feel behaviors and attitudes “rubbing off” <p>6. Accessibility</p> <ul style="list-style-type: none"> a. Does not threaten or intimidate b. Diffuses threatening situations for imitator c. Let’s info and experience come a little at a time so as not to overwhelm imitator <p>C. Role Model Activities</p> <ul style="list-style-type: none"> 1. Provides competent patient care 2. Maintain current practice 3. Participate in Unit Governance 4. Serve as resource person 5. Demonstrate time management and organizational skills 	<p>C. Lecture/Discussion Handout 2.2 Role Model Activities.</p> <ul style="list-style-type: none"> 1. Ask participants to give examples of behaviors that a new person would be able to identify if the preceptor was a role model in the areas listed. 2. Ask if participants have Worksheets as examples of organizing work. Include in handouts if available. 3. Use the Communication activities below to emphasize the importance of listening and speaking skills when giving directions. <p>D. Lecture/Discussion Handout 2.3 a-c</p> <ul style="list-style-type: none"> 1. Critical Care 2. Respiratory 3. Radiology <p>E. Drawing Activities</p> <p>Use one or more activities depending on time</p> <ul style="list-style-type: none"> 1. House Drawing Activity Instructions <p>I will say each direction once, so listen carefully to the instructions. You may use the entire sheet of paper to draw the figure which I describe.</p> <ul style="list-style-type: none"> - Draw two parallel horizontal lines - Draw one vertical line on each end of
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<p>6. Promote effective communication</p> <p>D. Examples of Worksheets</p> <ol style="list-style-type: none"> 1. Critical Care Nursing 2. Respiratory 3. Radiology <p>E. Communication Activities</p> <ol style="list-style-type: none"> 1. House Drawing 2. Paired Drawing Activity 3. Paper Tearing Activity 	<p>the parallel horizontal lines.</p> <ul style="list-style-type: none"> - On the top of the upper horizontal line, draw an inverted "V". - On the down slope of the inverted "V", draw two parallel vertical lines with the tops level. - Draw a horizontal line over the top of the parallel vertical lines just drawn. - Have students compare drawings and discuss communication when giving directions <p>2. Paired drawing Activity (Exercise 2.1)</p> <p>Instructions:</p> <ul style="list-style-type: none"> -Do not place images on screen until participants in position. -Divide into pairs with one person facing screen and other facing away. -Person facing screen gives directions to partner to draw objects on screen. -Discuss experience and ways to improve. -Repeat switching places. -Debrief <p>3. Paper Tearing Exercise</p> <ol style="list-style-type: none"> a. Distribute one sheet of 8 ½" x 11" paper to each person. b. Three rules- eyes closed, follow verbal instructions and can't ask questions c. Give the following instructions: <ul style="list-style-type: none"> -Fold paper in half -Tear off upper right corner -Fold paper in half again -Tear off lower left corner -Fold paper in half again -Tear off lower right corner d. Before they open their eyes, say "Raise your hand if you did not understand the directions"...a few will raise their hands, but you say "Good most everyone got it" e. Have them open their eyes and compare papers. f. Debrief. Why don't they all look the same if we were given the same instructions? What was missing in the communication? What would happen if a preceptor gave this kind of general instruction? What have you learned from this exercise that you can apply in your life? g. Have students compare drawings and
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	discuss other ways of improving communication when giving directions
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Method of Evaluation – Active participation in discussion and completion of exercises