

Facilitating Role Development of Novice Clinical Instructors in Dedicated Education Units Through Mentoring

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Introduction

The implementation of the dedicated education unit model for clinical education is an innovative approach to address the nursing faculty shortage and education-practice gap. This quality improvement project leverages training and mentoring for clinical instructors to determine whether the support increases attitudes, beliefs, and commitment to role development.

Specific Aim: To evaluate baseline attitudes, beliefs, and commitment to role development among novice CIs and to examine changes from baseline after participating in a formal orientation program and two additional mentoring sessions offered during the first semester of teaching.

Background

Collaborative academic-practice partnerships are essential to the development and implementation of a DEU. This partnership requires a commitment to a shared vision, and are based upon a set of assumptions that identify a shared set of beliefs, expectations, agreements, and tasks (Moscato et al., 2013). Prior to the implementation of the DEU model, an intensive planning period is needed between the academic institution and the clinical practice partner. As part of the initial preparation of the staff nurses for their new role, CIs are required to attend a comprehensive orientation workshop provided by the partnering school of nursing. This formal orientation workshop enables the CIs to become familiarized with the academic partner's mission, philosophy, program outcomes, and curriculum, as well as the DEU mission, purpose, and model, and the roles of the CI and clinical faculty member. The CIs are also provided with the course syllabi, a resource manual, and contact information for clinical faculty (Glynn et al., 2017; Smyer, Tejada, & Tan, 2015; Moscato et al., 2013). The provision of ongoing mentoring by the academic partner to the CIs following the orientation workshop has not been widely discussed in the literature. Smyer et al. (2015) indicated that continuing education sessions on pertinent topics were provided to the CIs in the middle and at the end of the semester, in the form of a Lunch and Learn session. Outcomes associated with the DEU model include a strengthened academic practice partnership, improved clinical experience for the students and supported professional development of the CIs (Glynn et al., 2017). New CIs have reported feelings of uncertainty about evaluating performance and critical thinking and requested validation and further development in these areas by expert faculty members (Moscato et al., 2007). Glynn et al. (2017) identified that the CIs indicated that a structured orientation to the role of the CI would be beneficial, as well as the development of clear clinical outcomes from the academic practice partner. Opportunities to incorporate additional mentoring beyond what is currently provided to the CIs were identified through a needs assessment. Although the DEU model has been widely implemented across the United States, a gap has been identified regarding the mentorship provided to the CIs following the structured orientation program. Currently, there are no standards for ongoing mentoring of CIs post-orientation.

Theoretical Framework

In the DEU model, the CIs perceptions of the academic practice partnership can impact their empowerment to develop in their new role and foster student learning. Kanter's Model of Structural Determinants of Behavior in Organizations is a validated methodology used to analyze the impact of employees' perceptions of power and opportunity on commitment to an organization (Wiens, Babenko-Mould, & Iwasiw, 2014). Within this model, power refers to the access to support, information, supplies, and aptitude to activate resources to achieve organizational goals, whereas opportunity signifies possibilities for advancement, the option to enhance skills and competencies, and rewards and acknowledgement of skills (Wiens et al., 2014). This model is applicable to the DEU setting as CIs in the role of the instructor have access to power and opportunity to influence learning in potential future nursing peers. The influence of power and opportunity will support commitment to the CI role. In addition, CIs in the DEU model are positioned to advance, enhance skills and competencies, and receive rewards and acknowledgement of skills.

Methods

Study Setting and Participants:

- University of Cincinnati, College of Nursing
- Undergraduate program
- Students in the junior-level medical-surgical nursing course
 - 218 students participated in faculty-led clinical groups
 - 78 students participated in DEU clinical experience, with 64 students assigned to existing DEU clinical sites within the Academic Medical Center and 14 students were placed at two newly-selected, private, non-profit community-based hospitals within the same healthcare system
- DEU CI Orientation workshop was expanded to provide a more comprehensive approach to training.
 - Additional topic areas included mentoring, curriculum development, functioning as a change agent and leader, and scholarship.

3 Phases of QI Project

Phase I

- All new CIs attended the CI orientation program
- After informed consent was obtained, all CIs completed the Preceptor Questionnaire (Dibert & Goldenberg, 1995) using SurveyGizmo ©.

Phase II

- Lead study designer provided mentoring and support to CIs on two occasions. Mentoring topics included CI role development and clinical instruction techniques.

Phase III

- All CIs completed the Preceptor Questionnaire using SurveyGizmo ©

Results

Statistical Analysis

- Paired t-test performed to determine if differences between the pre-experience and post-experience results were statistically significant.
- Thirteen CIs completed the pre- and post-experience Preceptor Questionnaire with data recorded for nine CIs.
- Demographic data presented in Table 2.

Part I: Preceptor's Perception of Benefits and Rewards Scale (PPBR)

- 14 questions that address the participant's perception of opportunities for growth within the nursing profession
- Statistical significance not obtained on any items in this part of the questionnaire.

Part II: Preceptor's Perception of Support Scale (PPSS)

- 14 questions that address the preceptors' perceived support from co-workers, faculty, coordinators, in addition to the adequacy of preparation, definition of goals, and professional role development. Statistical significance obtained on four questions in this part of the survey, and the overall *p*-value was 0.06.

Part III: Commitment to the Preceptor Role Scale (CPR)

- 10 questions that address preceptor commitment. Statistical significance obtained on two questions in this part of the survey, with an overall *p*-value of 0.179.



Table 1: Pre- and Post-experience Preceptor Questionnaire Results

Part of Questionnaire	Pre-experience average	Post-experience average	Difference	<i>p</i> -value
Part I: Preceptor's Perception of Benefits and Rewards Scale (PPBR)	5.67	5.78	0.11	0.451
Part II: Preceptor's Perception of Support Scale (PPSS)	4.09	4.48	0.39	0.006
Part III: Commitment to the Preceptor Role Scale (CPR)	4.41	4.59	0.18	0.179
Preceptor Questionnaire Results				0.441
Total:				

Table 2: Clinical Instructor Demographic Data (N = 9)

Demographics	Number	Percent
		<i>t</i>
Gender		
Female	8	88.9
Male	1	11.1
Age Range		
21-29 years	3	33.3
30-39 years	5	55.6
40-49 years	1	11.1
Highest Level of Education		
Bachelor's Degree in Nursing	7	77.8
Master's Degree in Nursing	2	22.2
Years of Nursing Experience:		
1-5	55.6	
6-10	22.2	
11-15	22.2	
Years of Experience as a Preceptor:		
1-5	88.9	
6-10	11.1	
Total Number of preceptor experiences:		
1-5	44.4	
6-10	44.4	
12	11.1	
Have you attended any Clinical Instructor (CI) or Preceptor Training workshops in the past?		
Yes	3	33.3
No	6	66.7
Using the following scale, please rate the adequacy of your preparation for the CI role.		
Excellent		
Good	4	44.4
Fair	4	44.4
Poor	1	11.1
	0	

Discussion

All CIs completed a formal orientation workshop and received the CI resource manual. Development of this CI orientation workshop and provision of the additional mentoring support facilitated improvement in CI role development and enhanced student learning experiences. Approximately 93% of questions demonstrated an increase in scores from pre-experience to post-experience, signifying the project was successful. In addition, statistical significance was obtained for six questions, including four questions in the PPSS and two questions in the CPR, indicating this project positively affected specific aspects of the preceptor's perception of support and commitment to the preceptor role. These results are promising as mentoring is crucial when the CI is confronted with unfamiliar or challenging experiences (Smyer et al., 2015). According to Glynn (2017), the preparation of CIs must continually be reviewed to ensure the process is sufficient to meet the needs of the CIs. Smyer et al. (2015) reported that the introduction of concepts at a preceptor workshop and ongoing mentoring has been successful in contributing to CI role development. The majority of CIs (66.7%) had not attended any CI or preceptor training workshops prior to the CI orientation session for this project, however, among the 13 CIs, all have precepted both new nurses and nursing students in the past. Because the CIs had prior experience in precepting nursing students and new nurses, they were building on previously learned knowledge. The least significant results were found in the PPBR. As it was identified that the vast majority (88.9%) of CIs were selected by the unit educator or nurse manager to serve in the role, this could have negatively impacted their perception of benefits and rewards, as well as commitment to preceptorship. Improvement in the quality of the CI orientation workshop and the additional mentoring support provided to the CIs through the implementation of this project are likely to have positively contributed to obtaining statistical significance in the PPSS. Positive themes reported during the mentoring sessions included enhanced communication with the nursing student, increased confidence in functioning in the role of the CI, and enhanced role development as a CI. Smyer et al. (2015) noted the significance of mentoring for CIs during the first semester of the DEU, as the need for additional support in the role of educator was recognized. Smyer et al. (2015) also identified that when the faculty from the nursing program developed a mentoring relationship with the CIs, this relationship enriched the DEU experience for both the CIs and nursing faculty member. The findings obtained from this project support Kanter's theory that opportunity and power will increase commitment to the CI role. In the context of this project, opportunity signifies role development as a CI and power signifies the mentoring and support provided by faculty (Wiens et al., 2014).

Limitations & Conclusion

Limitations

- Small sample size of CIs
- Technical limitations with SurveyGizmo©
- Results not generalizable as project completed at two facilities within the same hospital system
- CIs primarily selected for the role by nurse managers rather than volunteering to serve

Conclusion

It is imperative that the current practice for preparation of CIs must continue to be explored to ensure that the processes are sufficiently meeting the needs of CIs. The restructuring of the CI orientation program and implementation of additional mentoring support has generated sustainable learning opportunities for both CIs and undergraduate nursing students. Overall improvement in quality of CI role development will serve to enhance the student clinical experience and intended patient outcomes. Further study is warranted as expansion of this project to all new clinical practice sites will provide additional insight to the impact of mentoring on role development of novice CIs.