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

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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

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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
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

Foundations of Acute and Critical Care Program

- Concept Classes
- Online Learning Modules
- Preceptorship
- Case Study Classes

Onboarding Process

Basic Knowledge Assessment Test (BKAT)

Dysrhythmia Assessment
<table>
<thead>
<tr>
<th></th>
<th>FACC 1</th>
<th>FACC 2</th>
<th>FACC 3</th>
<th>FACC 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concept Classes (didactic, flipped classroom, interactive lecture)</td>
<td>Oxygenation, Ventilation, Infection</td>
<td>Circulation, Perfusion, Shock</td>
<td>Brain, Behavior, Mobility, Sensation</td>
<td>Endocrine, Immunotherapy, Palliative Care</td>
</tr>
<tr>
<td>FACC Class (8 HRS)</td>
<td>Week 1</td>
<td>Week 4</td>
<td>Week 7</td>
<td>Week 10</td>
</tr>
<tr>
<td>Preceptor &amp; ECCO (Variable)</td>
<td>Week 1–3</td>
<td>Week 4–6</td>
<td>Week 7–9</td>
<td>Week 10–12</td>
</tr>
<tr>
<td>Case Study (8 HRS)</td>
<td>Week 3</td>
<td>Week 6</td>
<td>Week 9</td>
<td>Week 12</td>
</tr>
</tbody>
</table>
FACC Competencies

1. IICU level of care competencies/clinical competencies
   o Basic Knowledge Assessment Test (BKAT)
   o Dysrhythmia Assessment

2. Clinical Reasoning Cycle / Failure-to-Rescue
   o Self-Confidence Scale
   o Nursing Process Learning Evaluation Tool (NPLET)

3. Communication
   o Affective Competency Evaluation Tool

4. Compassionate Caring
   o Affective Competency Evaluation Tool
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)

<table>
<thead>
<tr>
<th>FTR Causes</th>
<th>Breakdown of the Clinical Reasoning Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to properly diagnose</td>
<td>Patient situation, cues, process information</td>
</tr>
<tr>
<td>Failure to institute appropriate treatment</td>
<td>Patient situation, cues, process information, synthesize facts</td>
</tr>
<tr>
<td>Inappropriate management of complications</td>
<td>Patient situation, cues, process information, synthesize facts, establish goals, take action</td>
</tr>
</tbody>
</table>
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%

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
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<tbody>
<tr>
<td>0%</td>
<td>80%</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>NRP Pre</th>
<th>NRP Post</th>
<th>Student Pre</th>
<th>Student Post</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>54%</td>
<td>91%</td>
<td>65%</td>
<td>57%</td>
</tr>
</tbody>
</table>

### Self-Confidence

- Mostly or Totally Confident %

- Pre NRP
- Post NRP
- Student Pre
- Student Post

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[Stanford Health Care Logo]
<table>
<thead>
<tr>
<th></th>
<th>FACC Concept Days</th>
<th>FACC Case Study Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agree or Strongly Agree %</td>
<td>NRP and Students combined Agree or Strongly Agree %</td>
</tr>
<tr>
<td>Therapeutic Intervention</td>
<td>78%</td>
<td>Therapeutic Intervention</td>
</tr>
<tr>
<td>Human Caring &amp; Relationship</td>
<td>72%</td>
<td>Therapeutic Relationship</td>
</tr>
<tr>
<td>Diagnostic &amp; Monitoring</td>
<td>82%</td>
<td>Diagnostic Monitoring</td>
</tr>
<tr>
<td>Knowledge Integration</td>
<td>90%</td>
<td>Patient Teaching</td>
</tr>
</tbody>
</table>
Results – Preceptorship Evaluation

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

<table>
<thead>
<tr>
<th>Preceptorship Evaluation</th>
<th>Agree or Strongly Agree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Relationship</td>
<td>95%</td>
</tr>
<tr>
<td>Org &amp; Work Role</td>
<td>94%</td>
</tr>
<tr>
<td>Therapeutic Intervention</td>
<td>89%</td>
</tr>
<tr>
<td>Professional Accountability</td>
<td>95%</td>
</tr>
<tr>
<td>Diagnostic &amp; Monitoring</td>
<td>84%</td>
</tr>
<tr>
<td>Patient Teaching</td>
<td>95%</td>
</tr>
<tr>
<td>Human Caring &amp; Relationship</td>
<td>100%</td>
</tr>
<tr>
<td>Knowledge Integration</td>
<td>95%</td>
</tr>
</tbody>
</table>
Basic Knowledge Assessment Test (BKAT) Scores

<table>
<thead>
<tr>
<th></th>
<th>Pre-FACC BKAT</th>
<th>68%</th>
<th>Post-BKAT Avg. Score</th>
<th>75.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Residents</td>
<td>Avg. Score</td>
<td></td>
<td></td>
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</table>

Passing score: 85%
In the first cohort of learners we found:

- Increase in clinical reasoning from Novice to Advanced Beginner towards Competent through the NPLETE 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

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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 respiration. 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)

<table>
<thead>
<tr>
<th>Name:</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
</tr>
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<tbody>
<tr>
<td>FACC #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Study #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Therapeutic Relationship**
- **Patient Teaching**
- **Diagnostic and Monitoring**
- **Therapeutic Intervention**
- **Staff Teaching**
- **Professional Accountability**
- **Organizational & Work Role**

**Scoring Key**
1. Novice
2. Advanced Beginner
3. Competent
4. Proficient
5. Expert
Case Study Outcomes

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

<table>
<thead>
<tr>
<th>%</th>
<th>Novice</th>
<th>Advanced Beginner</th>
<th>Competent</th>
<th>Proficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Relationship</td>
<td>44</td>
<td>47</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>Patient Teaching</td>
<td>35</td>
<td>38</td>
<td>44</td>
<td>35</td>
</tr>
<tr>
<td>Diagnostic &amp; Monitoring</td>
<td>73</td>
<td>53</td>
<td>41</td>
<td>35</td>
</tr>
<tr>
<td>Therapeutic Invention</td>
<td>9</td>
<td>6</td>
<td>41</td>
<td>18</td>
</tr>
<tr>
<td>KEY</td>
<td>Case Study Day 1</td>
<td>Case Study Day 4</td>
<td>Case Study Day 4</td>
<td>Case Study Day 4</td>
</tr>
</tbody>
</table>
## Case Study Outcomes

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

<table>
<thead>
<tr>
<th>%</th>
<th>Novice</th>
<th>Advanced Beginner</th>
<th>Competent/Proficient/Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Relationship</td>
<td>25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Patient Teaching</td>
<td>8</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Diagnostic &amp; Monitoring</td>
<td>25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Therapeutic Interventions</td>
<td>33</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**KEY**
- Case Study Day 1
- Case Study Day 4
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
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.).**

<table>
<thead>
<tr>
<th>Check One</th>
<th>Criteria</th>
<th>Evaluation of the Advanced Clinical Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Introduce self</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Sat down</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Assumed Comfortable Communication Distance</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Adjusted Tone/Rate of Speech</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Maintained Eye Contact</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Maintained Open Posture</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Provided complete and clear information</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Addressed voiced questions/concerns</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Provided appropriate response to alleviate patient anxiety</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Utilized the 'Teach Back; method to confirm understanding</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Provided instruction at a comfortable pace</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Assessed patient's readiness to learn</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Verified preferred learning style</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Used elements of C-I-Care</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Concluded session indicating any future steps</td>
<td></td>
</tr>
</tbody>
</table>

**Global Assessment**

- Needs further instruction prior to future patient teaching sessions
- Needs to perform future patient teaching with preceptor present
- Able to demonstrate effective patient teaching independently

Check one
## Patient Teaching Outcomes

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Skill Demonstrated</th>
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<tbody>
<tr>
<td>1</td>
<td>Introduce self</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Sat down</td>
<td>26</td>
</tr>
<tr>
<td>3</td>
<td>Assumed Comfortable Communication Distance</td>
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</tr>
<tr>
<td>4</td>
<td>Adjusted Tone/Rate of Speech</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>Maintained Eye Contact</td>
<td>27</td>
</tr>
<tr>
<td>6</td>
<td>Maintained Open Posture</td>
<td>28</td>
</tr>
<tr>
<td>7</td>
<td>Provided complete and clear information</td>
<td>25</td>
</tr>
<tr>
<td>8</td>
<td>Addressed voiced questions/concerns</td>
<td>27</td>
</tr>
<tr>
<td>9</td>
<td>Provided appropriate response to alleviate patient anxiety</td>
<td>24</td>
</tr>
<tr>
<td>10</td>
<td>Utilized the 'Teach Back;' method to confirm understanding</td>
<td>11</td>
</tr>
<tr>
<td>11</td>
<td>Provided instruction at a comfortable pace</td>
<td>26</td>
</tr>
<tr>
<td>12</td>
<td>Assessed patient's readiness to learn</td>
<td>17</td>
</tr>
<tr>
<td>13</td>
<td>Verified preferred learning style</td>
<td>11</td>
</tr>
<tr>
<td>14</td>
<td>Used elements of C-I-Care</td>
<td>27</td>
</tr>
<tr>
<td>15</td>
<td>Concluded session indicating any future steps</td>
<td>23</td>
</tr>
</tbody>
</table>

- **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:

<table>
<thead>
<tr>
<th></th>
<th>0 Unsatisfactory</th>
<th>1 Below Average</th>
<th>2 Average</th>
<th>3 Above Average</th>
<th>4 Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comfortable</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Compassionate/Sensitive</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Respectful/Professional</td>
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<tr>
<td>Informative</td>
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<tr>
<td>Comforting</td>
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</tr>
<tr>
<td>Acknowledges struggles</td>
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<td></td>
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## Affective Domain Outcomes

<table>
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<tr>
<th>Caring Behavior</th>
<th>Case Study Day 1</th>
<th>Case Study Day 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confident</td>
<td>2.2</td>
<td>2.8</td>
</tr>
<tr>
<td>Comfortable</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Compassionate/Sensitive</td>
<td>2.5</td>
<td>3.1</td>
</tr>
<tr>
<td>Respectful/Professional</td>
<td>2.7</td>
<td>3.3</td>
</tr>
<tr>
<td>Informative</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Comforting</td>
<td>2.5</td>
<td>2.8</td>
</tr>
<tr>
<td>Acknowledges struggles</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Encouraging</td>
<td>2.3</td>
<td>2.8</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Surgery</th>
<th>Oncology</th>
<th>Psychiatry</th>
</tr>
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<tbody>
<tr>
<td>Gen Medicine</td>
<td>CV Surgery</td>
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<td>Thoracic</td>
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<td>Orthopedics</td>
<td>Oncology</td>
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<td></td>
<td>ENT &amp; Trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transplant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Stanford Health Care

Magnet Recognized

American Nurses Credentialing Center
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:

- Reveal opportunities for emotionally support of one another
- Environment provides a safe space for discussion
- Formal integration of mentorship program
- Learner driven discussion
- Engaging humanistic principles of caring science
- Caritas principles of Jean Watson—Stanford’s Nursing Theorist
- Team-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
Online Learning Platforms

- 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

<table>
<thead>
<tr>
<th>Button</th>
<th>Identifier</th>
<th>Time(seconds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital Signs Monitor</td>
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<tr>
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<td>15</td>
</tr>
<tr>
<td>Epinephrine IV</td>
<td>S1MED0612A_b</td>
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<tr>
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<td>S1POC06_Obtain</td>
<td>7</td>
</tr>
<tr>
<td>Epinephrine IV</td>
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<td>5</td>
</tr>
<tr>
<td>Obtain Lactate</td>
<td>S1POC06_Obtain</td>
<td>4</td>
</tr>
<tr>
<td>Medications</td>
<td>s1ehr07_b</td>
<td>7</td>
</tr>
<tr>
<td>Demographics</td>
<td>s1ehr02_b</td>
<td>1</td>
</tr>
<tr>
<td>Intake/Output</td>
<td>s1ehr05_b</td>
<td>1</td>
</tr>
<tr>
<td>Finish Case</td>
<td>S1FINISH</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Course Orientation</th>
<th>Septic Patient</th>
<th>Identifier</th>
<th>Time(seconds)</th>
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<tbody>
<tr>
<td>Patient Report/Chief Complaint</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Vital Signs Monitor</td>
<td>s1vs_i</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Examine Patient</td>
<td>s1exam_i</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Clinical Notes</td>
<td>s1ehr01</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Intake/Output</td>
<td>s1ehr05</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Demographics</td>
<td>s1ehr02</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Blood Chemistry</td>
<td>s1ehr0602</td>
<td>3</td>
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<tr>
<td>Hematology</td>
<td>s1ehr0606</td>
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<td></td>
</tr>
<tr>
<td>Diagnostics/Reports</td>
<td>s1ehr03</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td>s1ehr07</td>
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<td>HCP Orders</td>
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<td>Medical History</td>
<td>s1ehr08</td>
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<tr>
<td>Listen to Family</td>
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</tr>
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<td>IV Infusion Pump</td>
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<td></td>
</tr>
<tr>
<td>Obtain Lactate</td>
<td>S1POC06_Obtain</td>
<td>5</td>
<td></td>
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<tr>
<td>Lactated Ringers (Fluid) IV</td>
<td>S1MED0610A</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Listen to Patient</td>
<td>s1lisp_i</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Vital Signs Monitor</td>
<td>s1vs_i</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Examine Patient</td>
<td>s1exam_i</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Intake/Output</td>
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<td></td>
</tr>
<tr>
<td>Blood Chemistry</td>
<td>s1ehr0602</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Normal Saline (Fluid) IV</td>
<td>S1MED0612A</td>
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<tr>
<td>Listen to Patient</td>
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<tr>
<td>Vital Signs Monitor</td>
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<tr>
<td>Examine Patient</td>
<td>s1exam_i</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Intake/Output</td>
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<td>6</td>
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<tr>
<td>Hemodynamic Monitor</td>
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<tr>
<td>Oxygen Control</td>
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<tr>
<td>Obtain Lactate</td>
<td>S1POC06_Obtain</td>
<td>13</td>
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</tr>
<tr>
<td>Assess for Pain</td>
<td>S1PO202</td>
<td>21</td>
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</tr>
<tr>
<td>Discuss End of Life Decisions with Patient and Family</td>
<td>S1PO207</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

Note the systematic exam of the patient in this click stream.
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
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.

-Beth Ulrich 2012
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

<table>
<thead>
<tr>
<th>AAPA Scope and Standards</th>
<th>Organizational Culture and Climate/System-based practice</th>
<th>Leadership</th>
<th>Coaching and Mentoring</th>
<th>Preceptoring: Knowledge and Skill Ability</th>
<th>Preceptoring: Clinical Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop Content</td>
<td>-Professional Practice Model discussion</td>
<td>-Professional role as related to Preceptor and PPM</td>
<td>-Strategies for precepting challenging behaviors</td>
<td>-Adult Learning Theories</td>
<td>-Teaching strategies</td>
</tr>
<tr>
<td></td>
<td>-Align with Mission, Vision, Values</td>
<td>-Nurse Theorist: Jean Watson Caring Science as preceptor</td>
<td>-Giving and Receiving Feedback</td>
<td>-Social Learning Theories</td>
<td>-Learner populations</td>
</tr>
<tr>
<td></td>
<td>-Culture of Safety (Just Culture)</td>
<td>-Human Flourishing; intention</td>
<td>-Managing Transitions: socialization of preceptee</td>
<td>-Benner: Novice to Expert</td>
<td>-Preceptor models</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-feedback scenarios</td>
<td>-Learning Styles</td>
<td>-precepting scenarios; group activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Preceptor Role: teacher, motivator, assessor, communicator</td>
<td></td>
</tr>
</tbody>
</table>
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
Head-Hands-Heart Experiential Learning Activities

**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; breakout 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

- Orientation To Learning
- Self-Concept & Motivation To Learn
- Experience
- Readiness To Learn

CLINICAL CONTEXT
- Expert
- Proficient
- Competent
- Advanced Beginner
- Novice

- Modeled Behavior
- Social Learning Theory
- Innate Person

- Learning Environment

The 5 Generations
- Traditionalists
- Baby Boomers
- Generation X
- Millennials
- Generation Z

- Watson Caring Science
  - Compassion
  - Wisdom
  - Loving Kindness
  - Caring
Teaching Modalities

Communication & Feedback Techniques

Learning Styles

Gaming Technology

Self-Reflection

Group work, case scenarios

Flipped classroom
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. |
**Preceptee Assessment SBAR**

**Preceptee Name:**

**Unit:**

**Start Date:**

**Today’s Date:**

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>Handoff</th>
<th>Communication</th>
</tr>
</thead>
</table>
| **Situation** | **Safely manages care for:**
- □ 1 patient
- □ 2 patient
- □ 3 patient
- □ 4 patient
- □ 5 patient
- □ Stable
- □ Unstable
- □ AAU Medium acuity
- □ Tele
- □ IICU |
| **Experience in Nursing:**
- _New Nurse Resident_
- _Previous experience:__ years, type of setting_______
- _Week # ___ of orientation_
- _Expected orientation end date__________|
| **Clinical Reasoning Cycle:**
- □ Patient Situation _1_ _2_ _3_ _4_ _5_
- □ Collect cues/info _1_ _2_ _3_ _4_ _5_
- □ Process info _1_ _2_ _3_ _4_ _5_
- □ Identify problems _1_ _2_ _3_ _4_ _5_
- □ Establish Goals _1_ _2_ _3_ _4_ _5_
- □ Take Action _1_ _2_ _3_ _4_ _5_
- □ Evaluate Outcomes _1_ _2_ _3_ _4_ _5_
- □ Reflection/New knowledge _1_ _2_ _3_ _4_ _5_ |
| **Type of Handoff:**
- _Permanent Preceptor Change_
- _Temporary Preceptor coverage: duration______________|
| **Learning Preferences:**
- _Prefers observation first_
- _Prefers explanation first_
- _Prefers reading policy/protocol first_
- _Prefers trying first with help if requested_ |
| **Areas of Strength:** |
| **Areas of Improvement:** |
| **Recommendation**
**Skill acquisition priorities** (i.e. PICC dsg change, foley, etc):

**Other:**

**Areas of focus:**
- Increase patient assignment
- Increase patient acuity
- Documentation
- Discharge
- Admission
- Prioritization w/ changing condition
Clinical Reasoning Cycle

- Collect cues/information
- Process information
- Identify problems/issues
- Establish goal/s
- Take action
- Evaluate outcomes
- Reflect on process and new learning
- Consider the patient situation
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
## Preceptor Competencies

<table>
<thead>
<tr>
<th>COMPETENCY: Scope and Standard Statement</th>
<th>PERFORMANCE CRITERIA</th>
<th>COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Culture and Climate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Incorporates the Professional Practice Model | 1. Explains and reviews institutional policies with preceptee  
2. Explains roles of people who work on the unit  
3. Explains roles of inter-professional team | Strongly Disagree: 1 2 3 4 5  
Strongly Agree:                  |            |
| Change Agent                          | 1. Encourages preceptee to use evidence-based practice  
2. Identifies resources to introduce EBP | Strongly Disagree: 1 2 3 4 5  
Strongly Agree:                  |            |
| Transition to Preceptor (Novice to Expert)-Development of Preceptor: Leadership | 1. Helps preceptee establish relationships with members of inter-professional team  
2. Helps preceptee learn from potential errors, errors, and near misses  
3. Keeps others aware of preceptee’s progress, pending tasks, procedures, types of patients, etc. | Strongly Disagree: 1 2 3 4 5  
Strongly Agree:                  |            |
## Preceptor Competency Tool (Cont.)

<table>
<thead>
<tr>
<th>Transition to Preceptor (Novice to Expert): Development of Preceptor: Coaching and Mentoring Utilizes: Daily Preceptor Guide (Five Minute Preceptor) Caring Science concepts</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Encourages preceptee to engage in self-reflection</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Allows for opportunities to promote independence</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Demonstrates ways to help patients become partners in their care</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Celebrates successes of preceptee</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Ensures continuity of learning experience even when not with my primary preceptor</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transitioning Preceptor to Clinical Educator: Transitioning: Knowledge, Skill and Ability Utilizes: Clinical Reasoning Cycle</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Considers learning style (preference for learning)</td>
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<td>2</td>
</tr>
<tr>
<td>2. Helps preceptee interpret clinical situations</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Provides ongoing feedback about strengths</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Provides information needed to care for patients by identifying available resources</td>
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<td>2</td>
</tr>
<tr>
<td>5. Helps determine appropriate priorities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Teaches/encourages preceptee to ask questions (i.e. What if I? What could these symptoms mean) to develop my clinical reasoning</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. Provides ongoing feedback about areas of improvement</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. Provides ample time to discuss expectations</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. Patient assignments adjusted to give us time to work together during the shift</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. Preceptor created opportunities for goal setting, objectives, expectations and evaluating progress</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transitioning Preceptor to Clinical Educator: Transitioning: System-based practice</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teaches preceptee how to use information technology for patient care</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Demonstrates how to problem solve ethical concerns</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
</tr>
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<tbody>
<tr>
<td>Goal Setting</td>
<td>0.10%</td>
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<tr>
<td>Learning Styles</td>
<td>60.00%</td>
</tr>
<tr>
<td>Communication Style/Feedback</td>
<td>88.00%</td>
</tr>
<tr>
<td>Teaching Strategies</td>
<td>31.00%</td>
</tr>
<tr>
<td>Managing Transition</td>
<td>21.00%</td>
</tr>
<tr>
<td>Align with PPM</td>
<td>0.02%</td>
</tr>
</tbody>
</table>

- Post Workshop
- 3 Months
- 6 Months
Celebrating Successes!

preceptorworkshop@stanfordhealthcare.org

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
Q&A
You have Questions We have Answers

Contact information
Jane DeLancey: jdelancey@stanfordhealthcare.org
Acknowledgments

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References


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


References


