

Clinical Practicum Synthesis

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Abstract

On the road to becoming a nurse educator one of the final steps is to utilize and apply the accumulated knowledge and skills. To accomplish this, a practicum was created. The nurse educator for the intensive care and telemetry unit at Holland Hospital was contacted to act as the preceptor for this practicum. The total time commitment was 300 hours which were spread over many different projects and roles of the hospital based nurse educator. During the practicum several challenges were faced and each one was solved through a novel approach based on evidence, research, and theory. This paper examines the practicum as a whole, the challenges faced, the solutions utilized, and an overall evaluation.

Clinical Practicum Reflection

Throughout nursing education the practicum is used to train new and novice nurses to the profession. The many advanced specialty roles in nursing also require or encourage the novice to complete a practicum experience. The Master of Science of Nursing degree at Ferris State University requires students to complete a 300 hour clinical practicum in their chosen specialty area. This paper will be a synthesis of one such practicum for the nursing education specialty. Teaching has been described at both a science and an art form. A practicum experience gives the novice educator an opportunity to learn and practice the skills needed to be a competent educator (Tuli, & File, 2009). Also, the expertise of the educator is one of the best determinants of the success of the student (Tuli, & File, 2009).

To create a practicum setting that was conducive to achieving the goal of increasing personal experience and knowledge through the role of clinical nurse instructor with focus on National League of Nursing *The Scope of Practice for Academic Nurse Educators (2012)* Competency I: Facilitate Learning and Competency III: Use Assessment and Evaluation Strategies, the practicum was completed at a community hospital in the intensive care (ICU) and telemetry units. In order to have an adequate synthesis the purpose of this paper will be to: analyze the issues, concerns, and challenges during the practicum, discuss how these challenges were overcome, provide a description and analysis of the clinical project, and evaluation of the project.

Issues, Concerns, and Challenges

Practicum Setting Change

This practicum was met with challenges from the earliest planning stages. The original plan for this practicum was canceled at the last minute resulting in a rather hurried search for a new practicum. There was a good amount of concern and anxiety that a new practicum could not be located quickly. Fortunately, a new practicum was found but was not the first choice. The first concern about the new practicum was the seemingly unrelated experiences that were discussed during the planning phase. These experiences ran the length of responsibilities for a nursing professional development specialist (NPDS) such as: one on one education, small group education, handouts, new employee orientation, and assessment of new educational resources. The roles that an NPDS perform reach beyond education, as they often act as a facilitator, consultant, change agent, coach, and researcher (Swihart, 2009). With the quickly changing nature of healthcare it often falls to the NPDS to be the one who works to implement new evidence based practices.

Due to the many roles of that the NPDS performs this practicum experience was an excellent representation of what the day to day work schedule is like. Tartakovsky (2011) lists a broad practicum as an important part of training, especially for someone new to a profession. Having a broad range of experiences is important to the early attainment of skills. It exposes the novice to many aspects of the skills needed to be successful which allows for evaluation of strengths and weaknesses.

Meeting with Preceptor

Due to the broad nature of the practicum, several other challenges were encountered. The projects of this practicum needed frequent interaction and direction between the preceptor and the student. The preceptor acts as a leader and mentor for the practicum. Having a strong leader

is important to the success of a practicum and this is the role that both Kara and Carolyn fulfilled (Zilembo & Monterosso, 2008). Also a key measure of success during a practicum is having a strong support from a preceptor who is easily accessible (Haggerty, Holloway, & Wilson, 2012). Having this accessibility was a challenge because of the opposite work schedules of the preceptor and the student. In order to achieve the goals of this practicum the experience and guidance of the preceptor team would be needed. Without this guidance many of the projects would have not been completed and their resulting influence on the path to proficiency would not be realized.

The most convenient time to meet was in the morning after the student had worked a 12 hour night shift. Attempting to learn and have a productive meeting after working a 12 hour shift is not well advised. After 12 hours, the human mind has decreased attention span, lower ability to create new memories, and decreased cognitive abilities (Price, 2011). This resulted in less than optimum meetings between the student and preceptor. It was important for these meetings to occur during non-working hours for the student, because the aim of the practicum was for it to be completed when not distracted by work responsibilities.

Consistent Delivery of Information

Some of the projects during this practicum occurred over a span of time that was days or weeks apart. When these projects involved teaching staff it was found to be difficult to make sure that all learner groups were taught the same material. Each group or individual teaching occurred at different times during slow times in the learners work day. One example was the training of staff on the use of a new glucometer the hospital had purchased. Since this teaching was done when time permitted only a skills checklist was utilized as a teaching tool at first. This

author felt that the skills checklist would be enough of a prompt to adequately teach from. This was quickly discovered to not be the case and a solution had to be found.

To further complicate the issue the various groups or individuals would ask different questions which would result in the discovery of information that would be beneficial to all learners taught. To make the challenge even more pressing much of this education was following the “just in time” method of education. This method focuses on providing the needed education days to a few weeks before it will be needed (Baruah, 2013). In fact, the Northwest Center for Public Health Practice (2012) encourages the material being taught is applied within one week. Using this method is great for the type of education that was being done but it also meant that there was a short time to provide forgetting information.

Mixed Ability Adult Learners

One project was the teaching of intra-aortic balloon pumps (IABP) to the ICU staff nurses. The classes were made up of mixed ability adult learners. This posed a challenge in the creation of a presentation that would benefit all. Each of the nurses brought to the classroom their own level of experience and familiarity with IABP. Some of the nurses had years of experience and some had never touched an IABP. This meant that the presentation needed to be basic enough for the inexperienced nurses to understand but it also needed to have enough advanced knowledge to hold the interest of experienced nurses. Striking this balance was a challenge.

Teaching to experienced nurses was a further piece of this challenge especially when these nurses had more experience than the teacher. The challenge was getting over the feeling that one was not knowledgeable enough to teach these nurses. The experience level of the nurses

being taught ranged from a couple years to over 30 years of bedside experience. This resulted in feelings of doubt and increased fear of making a mistake. It added a new level of difficulty to the challenge of teaching.

Solutions to Challenges

Much like the challenges faced during this practicum, the solutions were equally varied and effective. The solutions were grounded in evidence and the effectiveness was usually adequate. Each challenge had its own unique solution.

Practicum Setting Change

When the first practicum choice was found to not be viable, a solution needed to be found. The first step was to brainstorm other locations where I could complete a practicum. During this brainstorm, the idea of switching from an academic based practicum to a hospital based practicum was considered. The rise of the NPDS role has been important to healthcare as they act as a bridge to taking evidence and implementing it into practice (National Nursing Staff Development Organization, 2008). It was felt that performing a practicum with an emphasis on the NPDS role would be beneficial to the goal of obtaining further knowledge and experience in the role of nurse educator.

After further thinking, the educator of the ICU and telemetry unit at Holland Hospital, Kara Heck BSN, RN, CCRN was contacted. Kara was happy to act as the primary preceptor for a practicum. Since Kara did not have her MSN, another master's prepared nurse needed to be located who would be willing to act as preceptor. After talking with Kara it was determined to approach Carolyn Schaefer RN, MS, NEA, BC to act as a second preceptor. Carolyn accepted the responsibility and completed the preceptor team for this practicum. It was important to

include a master's prepared nurse as they can offer the guidance and leadership needed to advance from the novice to proficient level (Giallonardo, 2011).

At first the broad nature of the practicum was intimidating. To relieve this, a plan was established with the assistance of Kara. Planning is an important step for any project and this one was no different. A well-established plan will create a framework that is easy to accomplish and flexible enough to accommodate changes (Urden, Lough, & Stacy, 2012). This was important when Kara added new projects to the practicum that were not originally discussed during the planning process. Having the plan in place allowed the broad and complex practicum to be fluid and able to adjust for these last minute changes. If a solid plan had not been established these changes could have resulted in increased anxiety and in possible failure to meet the objectives and goals set forth for this practicum (Urden, Lough, & Stacy, 2012).

Meeting with Preceptor

The challenge of working opposite schedules required some creative scheduling. Effective communication is important to the success of the preceptor and student relationship. Along with communication and effective preceptor is one who establishes clinical objectives, executes evaluation and feedback techniques, identifies role responsibilities, employs principles of adult education, and develops teaching/learning strategies (Horton, DePaoli, Hertach, & Bower, 2012).

To facilitate proper communication a discussion with Kara was convened. During this discussion several solutions to the possible problem of effective communication were decided upon. Kara was willing to compromise and offered to come in early occasionally so that a meeting could occur. At other times, it was necessary to meet during the day especially when

projects required large amounts of direct preceptor and student interaction. Also, email facilitated communication between preceptor and student. Often drafts of projects were completed at night and then emailed to Kara for her opinion. Kara was good about giving a quick turnaround so that projects were not delayed. If a more urgent matter came up, Kara did provide her cell phone number where she could be reached during the evenings and weekends. By utilizing all of these means of communication and compromises it was easy to have questions answered quickly and for collaboration during the practicum to easily occur.

Consistent Delivery of Information

In the early stages of this practicum an assumption was made that it would be easy to teach the same material to different groups of learners and be able to maintain quality. This was quickly found to not be the case as the information was being forgotten by the instructor and learners were missing out on information. To combat this lack of teaching a new method needed to be created.

In order to create a method that would work best, recent educational theory was investigated. After research, it was determined that learner centered theory would be a good framework for this challenge. Learner centered theory has many definitions but at the core this theory is about putting the student and the teacher on the same level of responsibility for the learning of the material. Colley (2012) identified five themes of learner centered theory. One of these themes was that students take over responsibility of their learning which in turn increases their desire to learn the material.

This was put into practice by having each student complete an online learning module that was produced by the manufacture of the glucometer. Prior to the face to face education each

student needed to hand in a certificate which demonstrated their taking ownership in their education. This increased the learner's wiliness to learn and also took some of the responsibility for the training away from instructor. The online module also provided a set training where everyone received a base line level of education.

To assist with the face to face training a method needed to be created that was of value to the instructor and one that was easy to use. Also the instructor's own personal learning style needed to be considered. Based on the learning styles of Grasha-Riechmann the instructor's style is participant (Baykul et. al, 2010). Using all of this information, it was determined that a checklist would be the best method to verify that all of the needed material was being taught. The checklist was created using the major points of the training material. Each checklist was created with the purpose of it being more of a reminder than a from to lecture off of.

Mixed Ability Adult Learners

Some of the education for this practicum occurred with mixed ability learners. Teaching to learners who have different levels of experience with the topic was a new challenge. To overcome this challenge, a literature search was performed to find information on strategies to be an effective teacher in this setting. The strategies found were: recognize that all students have different skills and interests, modify teaching using supplemental instruction or matching students up based on their skill levels, and assure the teacher has access to the resources necessary to effectively teach various students (Gamoran, 2010). These ideals were taken into account during the creation of a PowerPoint presentation. The presentation was made so that learners new to the concept would be able to learn the basics while the more experienced learners would be able to get a refresher and also pick up some advanced concepts.

The second part of this challenge was more personal in nature and as such the solution had to be equally personal. Even though the nurses being taught had more experience than the instructor, the level of preparation by the instructor would provide a good base for delivering the lecture. Even though there were nurses who had worked with IABP for many years it is something that is not often used at Holland Hospital. Acknowledging one's own knowledge level and understanding that you understand the material well enough to teach it was key to overcoming the concern when teaching experienced nurses (Gamoran, 2010).

Clinical Project

As part of this practicum, a clinical project with tangible results was completed. The goal of the clinical project was to have a portion of the practicum that was created with minimal assistance from the preceptor. The clinical project was the creation of a PowerPoint based lesson about IABP that would be delivered during 5 separate critical care education days. Each day the lesson would be planned to last 1.5 hours.

A PowerPoint was chosen for several reasons. PowerPoint presentations can; engaging multiple learning styles, increase visual impact, audience focus, and interactivity (University of Central Florida, 2012). With the mixed ability of the nurses being taught the material it was important to choose a method that would be most effective for as many learning styles as possible. Also some of the nurses who were attending the training did so after working so having a teaching method that helped to hold their focus was important.

The training of IABP was chosen because it provided the opportunity to practice many of the skills needed to be an effective nurse educator. Also this experience assisted in meeting the overall goal of this practicum of expanding the personal knowledge and skills in regards to role

of clinical nurse educator. In order to accomplish this, a process was followed. First the learning needs of the nurses needed to be assessed in order to determine what should be the focus of the lesson. A plan then had to be created to best provide the needed education. From this plan a presentation was created to deliver the information. Lastly, the information as presented during an hour long lecture at an education day for the nurses.

The project started by meeting with Kara to go over her vision of the lesson. During this meeting, the outline of the lesson was established and several potential resources were discussed. Planning is an important first step. It is during this stage that the essential elements of the final project are laid out and it also allows for future changes with minimal interruption to the overall project (Urden, Lough, & Stacey, 2012). It was also determined that a PowerPoint would be the best way to deliver the information. Along with discussing the project with Kara, several nurses who would be receiving the training were also asked about what parts of IABP they felt needed to be taught. This information was then used to determine what further research and education was needed.

Since the instructor was not an expert on IABP further knowledge was needed. Mintz (2009) discusses several strategies for someone who is not an expert in a topic in order to teach that topic. One of these strategies is to read available course materials and articles before the start of the class. Using this strategy, the instructor needed to complete a thorough refresher course on IABP. Fortunately, the manufacture of the hospital's IABP has an extensive online education center. The full training session was viewed along with the frequently asked questions and teaching points. This information was then taken and using the outline that was established during the meeting with Kara, a PowerPoint presentation was created (Appendix A). When creating the PowerPoint the learning styles of Grasha-Riechmann were considered. This was

important because different learning styles have specific ways to deliver content in order for it to be effective. In order to accommodate these needs different methods of delivering the information such as: lecture, handouts, questions, and fill in the blank were used.

Creating the PowerPoint for this project was a great opportunity to develop the skill of lesson planning and educational material creation. These are both key factors to the success of the nurse educator. However, the five in class lectures was of the greatest benefit. One of the leading challenges that new nurse educators face on the road to being effective is lack of experience prior to graduation (Giallonardo, 2011). Performing this project provided this much needed experience delivering a lecture.

Each time the presentation was delivered it became easier, but that first time was extremely nerve racking. The nurses being taught were a mix of experience levels which meant that some in the room had been working with IABP for many years while some were new to the therapy. To make sure that errors did not occur, the material was thoroughly committed to memory and the PowerPoint was read over several times for clarification. The first lecture was a little rocky with a few missteps but was well received and rated highly by the nurses. This made each presentation there after easier to deliver. By the time the last day of presentation came the anxiety was gone and it became almost second nature to give the presentation.

Evaluation

Due to the broad nature of this clinical, an evaluation form was created to take into account the many projects. This evaluation was built on the components that make up the National League for Nursing *The Scope of Practice for Academic Nurse Educators (2012)* Competency I: Facilitate Learning and Competency III: Use Assessment and Evaluation

Strategies. The evaluation form was completed by both the preceptor and the student. Copies of this evaluation form can be seen in appendix B (will replace with completed forms).

The overall evaluation of the practicum experience is positive. The experience provided a broad exposure to many aspects of the clinical nurse educator role. Many of the roles that a clinical nurse educator performs are hidden from the staff nurses. When some staff nurses found out about this practicum they would ask “what does the educator actually do all day”. Many of these nurses thought that the educator is there to only provide direct education to nurses but that is only one aspect of their responsibilities. When this was stated it would be pointed out that they do not see the hours of prep work and planning that go into a simple hour long presentation. By opening this dialogue the true nature of the hospital based educator could be discussed and a new found understanding could be created. There is so much more to the clinical nurse educator role that has been revealed during this practicum that it has created a new found respect for all of the work that they do for nursing.

Conclusion

The original plan for this practicum did not occur but an alternative that provided many excellent learning opportunities and was quickly found. This practicum provided an in-depth look at the role of the hospital based nurse educator. During this practicum several challenges were faced such as: change in setting, broad nature of the practicum, delivering consistent training, and teaching groups of mixed ability learners. Each of these issues challenged the author to create and discover effective approaches that utilized relevant evidence, research, and theory.

The activities that occurred during this practicum were varied and different opportunities arose throughout the practicum. Almost every aspect of the hospital based educator was explored during this practicum. This provided many great learn opportunities that might not have been evident at first. The experience and knowledge gained during this practicum will be invaluable during future endeavors into training and teaching nurses.

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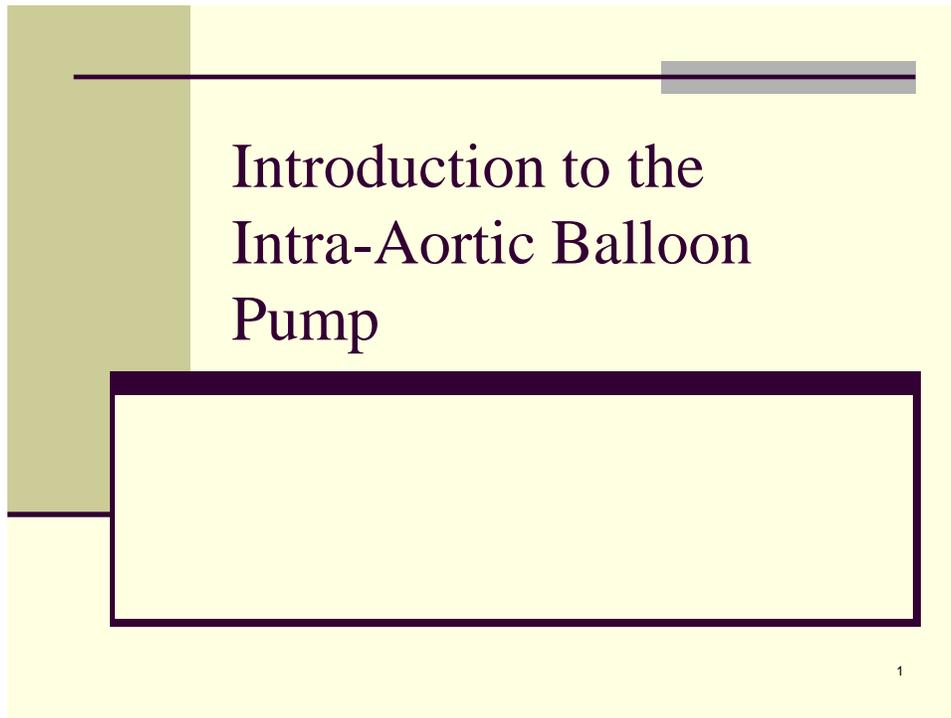
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Appendix A



Double Click above slide to view IABP PowerPoint

Appendix B

Nurse Educator Practicum Evaluation
 Please rate the attainment of each NLN competency
 1 = Needs Improvement
 2 = Meets Expectations
 3= Exceeds Expectations

Competency I: Facilitate Learning	Grade	Comments
Implements a variety of teaching strategies appropriate to learner needs, desired Learner outcomes, content, and context	3	Nathon has performed oral presentations, developed a paper reference on drains, has created a website for reference, provided one on one remediation and training with staff as needed.
Recognizes multicultural, gender, and experiential influences on teaching and learning	2	
Engages in self-reflection and continued learning to improve teaching practices that facilitate learning	3	Nathon has taken feedback very seriously and has modified as needed. He has welcomed all constructive criticisms.
Uses information technologies skillfully to support the teaching-learning process	3	As stated above, creating a website, using word to help create references as well as new hire calendars. Powerpoint for oral presentations. New equipment training on new ibeds.
Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts	3	As stated above.
Creates opportunities for learners to develop their critical thinking and critical reasoning skills	3	Nathon has worked with new RNs who need assistance in the area of critical thinking / reasoning. I have received positive comments from them on his teaching style/approach to help them develop this skill.
Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students	3	On Nathon's evals it was noted several times that he has a passion for teaching.
Demonstrates interest in and respect for learners	2	
Uses personal attributes to facilitate learning	2	

Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice	2	

Competency III: Use Assessment and Evaluation Strategies	Grade	Comments
Uses extant literature to develop evidence-based assessment and evaluation practices	2	
Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains	2	
Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals	3	Nathon has used appropriate teaching styles as well as evaluation techniques to gauge the responsiveness of his teaching for his students.
Uses assessment and evaluation data to enhance the teaching-learning process	3	As stated above, he has taken feedback on evaluations very seriously and has modified as needed.
Provides timely, constructive, and thoughtful feedback to learners	3	Nathon has been on time with all perspectives of his projects, especially with learner needs.
Demonstrates skill in the design and use of tools for assessing clinical practice.	3	He has a talent for being able to keep things simple yet potent. I appreciated his style.

Preceptor Signature: Kara Hester / Cecelyn Schaefer (K.H.)

Student Signature: [Handwritten Signature]

Appendix C

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