Skill Acquisition & Implications for Preceptors

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Objectives

- Describe the following clinical worlds
  - Novice
  - Advanced Beginner
  - Competent
  - Expert
  - Experienced, non expert

- Discuss strategies to facilitate clinical development

- Reflect on institutional and unit-based support to foster skill acquisition
UCSF Medical Center
About Us…

- Located in the heart of San Francisco, California, USA
- Quaternary Care Facility located on 3 campuses with patient care
  - 775+ beds
- Part of the University of California educational system (10 campuses, 5 have associated medical centers)
- UCSF is unique in that it is a health sciences campus only
Institute for Nursing Excellence

- Mission
  - To prepare, support, and sustain skill acquisition, lifelong learning, and clinical inquiry that promotes excellence in patient and family care
It Takes a Village…
UCSF School of Nursing

Patricia Benner, PhD, RN, FAAN, Professor Emerita at the University of California, San Francisco
Stages of Skill Acquisition

- This presentation is based on the following studies:
Study Samples

“Clinical Expertise” Study
- 130 nurses at different levels of skill acquisition from neonatal, pediatric, and adult critical care units
- 8 hospitals
- Subset of 48 nurses who had individual interviews & had their practice observed

Clinical Wisdom” Study
- Expanded the “Clinical Expertise” data
- Added 43 expert clinical nurses from specialty critical care areas (including pre-hospital, OR, PACU & home health)
- Added 32 CNSs
- Added 10 hospitals
- Added a subset of 20 nurses who had individual interviews & had their practice observed
- Interpretive account based on a total of 271 exemplars from acute & critical care
Methodology

Interpretive Phenomenology was the research method used to interpret nurses’ stories and observations of nursing practice.
What is a Story?

A narrative account about a concern—it is what matters in a situation
We All Have Stories…

- Different from lists
  - Today I went to the market
  - Then, I went to the park
- A story is a full narrative in your voice, showing your concerns and perspective
The Dreyfus Brothers
Dreyfus Model of Skill Acquisition

- As one gains expertise, there is a shift…
  - From reliance on abstract principles and rules to the use of past, concrete experiences
  - From reliance on analytic, rule-based thinking to intuition
  - From one in which the situation is seen as a compilation of equally relevant bits to a complex whole in which only certain parts are relevant
  - From being a detached observer to one who is involved and fully engaged in the situation
Clinical Worlds

Clinicians at different stages of skill acquisition literally live in different clinical worlds
This man is a very pleasant fellow, very bright, very alert and awake, and was unfortunately requiring tracheal suctioning approximately every hour to two hours for moderate amounts of tracheal secretions which were relatively tenacious in character, relatively white tannish in color. He unfortunately did not tolerate the suctioning extremely well. It was relatively uncomfortable for him, caused a moderate amount of cough and gag reflex, which in turn caused a transient increase in blood pressure.
Nurse Stories Con’t

Advanced Beginner

Following suctioning on one occasion, as I was replacing his tracheal mist mask, he began coughing up very amounts of bright red blood per mouth. I mildly panicked, called for help from the nurse next door, placed him in a moderate Trendelenburg position, opened his IV to a rapid rate, and continued to experience mild panic. Perhaps more like moderate panic.

– From P. Benner, From Novice to Expert
Nurse Stories

Expert

I had worked late and was just about ready to go home, when a nurse preceptor said to me, “Jolene, come here.” Her voice had urgency to it, but not Code Blue. I walked in and I looked at the patient and his heart rate was about 120…and I asked her, “What’s wrong?” There was a new graduate taking care of him. And he just pointed down to the patient who was lying in a pool of blood…This man’s diagnosis was mandibular cancer which had been resected, and about a week previous to that he had had a carotid bleed from the external carotid which had been ligated secondary to radiation erosion.
Nurse Stories Con’t

Expert

That wound had become septic and he had developed respiratory failure and he was in the ICU for that. So I looked at the dressing and it was dry, the blood was coming out of his mouth. The man had a tracheostomy because of the type of surgery that had been done. He also had an NG tube in for feedings, and I got to thinking that it might be the innominate or the carotid artery that had eroded. So we took him off the ventilator to see if anything was going to pump out of the trach.
Nurse Stories Con’t

There was a little blood, but it looked mostly like it had come down from the pharynx into the lungs. So we began hand ventilating him, trying to figure out what the devil was inside his mouth that was pumping out this tremendous amount of blood.

– From P. Benner, *From Novice to Expert*
Individual Clearings
“Clinical Expertise” Sampling Strategy

- Advanced beginners: 0-6 months
- Competent: 6 months-2 years
- Proficient: 2+ years
- Expert: > 5 years and considered expert by their peers
- Experienced, non-expert: > 5 years
Experience Requires Openness to Significance

When the word “experience” is used, it does not mean the mere passage of time—experience is about learning from practice.
But learning from practice or “experience” requires emotional availability.

This is what allows a nurse to be open to being turned around and to learn or experience something new.
Experience provides hard-won knowledge

Important Caveats
• Individual clinical learning ability
• Discrete patient populations
• Changing clinical skill sets, units, roles
• Local and specific know-how
• Assumes ongoing emotional availability to continue learning from practice
Novice

- Nurses with little or no experience
- Emphasis on content-free rules
  - Take the patient’s blood pressure before giving blood pressure medication
- Focus on objective attributes
  - Weight
  - Intake and output
- Leads to rule-governed behavior that is typically limited and inflexible
Implications

- Provide for the novice nurse:
  - Orientation to the unit(s)
  - Structured learning experiences that align with school learning
  - Adequate supervision and meaningful feedback
  - Exposure to a variety of role models and patient assignments
  - Adequate time for reflection and debriefing
Advanced Beginner

- Multiple and competing tasks
  - The role of documentation
- Working with limited clinical grasp
  - Delegating up
- Temporal focus
  - The immediate present
- Matching textbook knowledge to actual practice
- The role of the nurse
- The role of emotion and the cushion of inexperience
“I had learned so much. There are two clinical nurse specialists involved right now. There are CNIIIs and CNIIIs on the unit who are just really knowledgeable…All these people in pediatric surgery were really helpful and our attendings and fellows were…I mean, I just learned so much in the last 3 days, I couldn’t even tell you.”

-P. Benner, C. Tanner, & C. Chesla, *Expertise in Nursing Practice*
“(At the end of the day) I feel tired and I feel maybe a sense of worry or concern. Did I get everything, did I do everything I was supposed to do? Did I notice changes fast enough? So there’s this kind of checking and rechecking.”

-P. Benner, C. Tanner, & C. Chesla, *Expertise in Nursing Practice*
“The preceptors make a big difference. They have all been excellent nurses, but to be a nurse and an educator is a rare and effective combination and everyone has a different style. It takes time to build enough trust to work together well and sometimes there’s just too many other critical things going on…”

New Graduate Nurse, UCSF Medical Center
“What haven’t I learned this week??! My head is about to explode. The take home message though is self-care...I need to pace myself and I need to be patient. I’m not good at these particular skills.”

New Graduate Nurse, UCSF Medical Center
Implications

- Provide for the advanced beginner nurse:
  - Adequate staffing for beginners to “delegate up”
  - Heightened staff awareness about the need to be sensitive to their questions
  - Preceptors who can teach the rules
    - Nurses at the competent stage of skill acquisition are ideal for this role
  - Resources and references
  - Adequate time for debriefing and reflection
Competent

- Mastered the task world for familiar patient situations
- Gaining a sense of mastery through planning and predictability
  - Organizing work to limit the unexpected
  - Conscious deliberation
  - It is not accidental that this vision of performance is institutionally rewarded and encouraged as “standard”
Competent

- Broadened temporal focus to include experientially learned typical progression of illness and recovery
- Crisis in trust ↔ Choosing a perspective
- The role of emotion
  - The patient and family (and their suffering) show up for the nurse, as does the nurse’s own performance
  - Working on the skill of involvement is difficult, but is essential to move into proficient
  - Can lead to the process of disillusionment
“It kind of humbles you. At one point, I’m feeling like I have things straight now and I can handle the situations, and when something like this happens, I think, well, I still have a lot of learning to do. I can handle the situations that are status quo—it’s the unexpected that I have to learn to deal with now. But then I think back to situations when I was brand new. Things that are status quo now weren’t back then. Things that I can troubleshoot and solve now were much different back then. I usually needed help.”

-From P. Benner, C. Tanner, C. Chesla, *Expertise in Nursing Practice*
“I’m in my third year of critical care and that’s one reason why I’m thinking of getting out of it, because I’m not sure. I have backed away from taking the difficult patients, whereas once I liked to do that. And I’m not really sure why this is happening. There are other things in my life where I feel like I want to devote more energy, but it’s partly because I don’t know if I ever will become that nurse that I’d like to be, so it’s a little uncomfortable.”

-From P. Benner, C. Tanner, C. Chesla, Expertise in Nursing Practice
Implications

- Provide for the competent nurse:
  - Clinical challenges with an expert resource nurse
  - Involvement in unit and house wide activities
  - Opportunities to serve as a preceptor for advanced beginner nurses
  - Educational opportunities
  - Adequate time for reflection and debriefing
Proficient

- Budding expert—a transition to expertise
Expert

- Mastered the skill of involvement, leading to a response-based practice
  - Taking the patient and family’s lead
- Work is characterized as flow
- Recognizing changing clinical relevance
  - Pattern recognition
- Role of agency
  - Concern for revealing and responding to patients as persons
- New clinical knowledge development
“When we think we know what the course ought to be and the baby says, ‘No, we’re not going to do it that way. You know, I can only eat so much or I can only tolerate so much”, we find that out when we actually go with what the baby seems to want to do… I know that sounds strange, but letting them [babies] sort of guide their care a little bit more directly instead of forcing them into a mold that we think they ought to follow.”

-From P. Benner, C. Tanner, C. Chesla, Expertise in Nursing Practice
Implications

- Provide for the expert nurse:
  - Assistance in making expertise visible
    - Formal nurse consults
    - Storytelling at staff meetings, unit newsletters
    - Career ladders
  - Involvement in unit clinical decision making
    - Trials with new devices, workflows, patient populations or procedures
  - Opportunities to serve as a preceptor for competent nurses
  - Educational opportunities
  - Adequate time for reflection and debriefing
Experienced, Non Expert

- Not mastering the skill of involvement creates impediments to developing clinical knowledge
  - Inattention to detail
  - Do not see themselves as an agent
- Narratives reveal loss of story and/or stories of objectification and exclusion
“I was sort of overwhelmed when I first considered this [participating in the study]. I thought, great, I can volunteer. And then when I found out what I was supposed to do, I thought, ha! What difference do I make? I do the same thing every day.”

-From P. Benner, C. Tanner, C. Chesla, *Expertise in Nursing Practice*
“They were these Santa Cruzy earth people.... They were into holistic things....She was really pushing that [her twin neonates] needed to be extubated. She needed to be breastfeeding them. But their lung disease was such that they weren't even close to being extubated. And [the couple] just got to the point where they were being really irrational as far as their requests, and not listening to reasonable explanations.”

Implications

- Provide for the experienced, non-expert nurse:
  - Opportunities to connect with other nurses, patients, and families
  - Involvement in unit activities
  - Adequate time for debriefing and reflection
Summary

- All stages of skill acquisition are different from one another, and are all hard and amazing in their own way
  - Provide experiential access to some things and not others
- Clinicians at different stages of skill acquisition literally live in different clinical worlds
- Experience requires openness to significance
- Clinicians at all stages of skill acquisition have needs for ongoing growth and development, as well as support—but that may look different depending on where the nurse is on the trajectory
“We can never be beyond experience.”

Patricia Benner
Questions?

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