

# Training Clinicians to be Preceptors: An Application of Kolb's Theory

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## ABSTRACT

The use of adult learning theory can provide advanced practice registered nurses (APRNs) with concrete strategies for developing skills as preceptors in clinical settings. These same principles can also strengthen continuing education programs. We present ways in which the Clinical Training Center for Family Planning uses Kolb's Adult Learning Theory to structure a preceptor training curriculum and assist APRNs in precepting clinical settings.

**Keywords:** adult learning theory, continuing education, program evaluation, student precepting

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Experienced advanced practice registered nurses (APRNs) are called upon to work with students and new, less experienced clinicians. However, our education and practice have not prepared many of us to teach, and, unfortunately, being a great clinician does not necessarily translate into being a great preceptor. While some APRNs seem to be “natural” preceptors and trainers, most of us need a little help or structure to be able to work effectively with the wide variety of students or trainees and their different learning styles, as well as to be able to convey our enthusiasm for providing excellent care to our patients.

The Clinical Training Center for Family Planning (CTCFP), funded by the Department of Health and Human Services' Office of Population Affairs, was created in 2006 as a vehicle for increasing the number of licensed clinicians (APRNs, physicians, and physician assistants [PAs]) who could precept new and less experienced providers to work in family planning clinics with low-income women. Faculty wanted a teaching-learning framework that would allow for maximum engagement by learners, ensure the relevance of adult learning concepts, and promote application of those concepts in clinical practice with new and less experienced clinicians—the “preceptees.” Consider the following possible clinical training scenarios.

Debra Davis, a private practice physician, has current knowledge about clinical care but is starting a new

position in a public health clinic where 6 schools rotate for clinical experience, including medical, nurse practitioner (NP), PA, and midwifery students. She has not precepted anyone since residency and has had very little exposure to APRNs and PAs. Applying the CTCFP model to Davis' skills and background suggests that she would be excellent at teaching clinical skills, such as intrauterine device (IUD) insertion and microscopy. However, she would benefit from working with and receiving feedback from standardized patients and scripted preceptees.

Jennifer Jones is an adult NP who completed her master's degree 5 years ago, after working as a registered nurse for 25 years. She comes to reproductive health late in her career, after working part-time work as both an instructor at the local community college and in a private family medicine practice. She wants to increase her clinical practice and has accepted a position as an NP in a public family-planning clinic. She is not up to date on clinical guidelines and has not had an experienced APRN role model for family planning/reproductive health care. As a result of her experience at the community college, Jones has a good knowledge of adult learning theory and clinical teaching. Based on the CTCFP model, training would focus on her clinical skills, how to deliver evidence-based care, and appropriate expectations for her APRN role in reproductive health.

The CTCFP's competency-based training integrates a variety of teaching and learning strategies

to meet the needs of diverse learners such as Davis and Jones. The development of the program needed an organizing framework on which to build a curriculum that was both dynamic and structured to meet program goals and objectives. The purpose of this article is to describe the process of identifying a relevant framework on which to base the educational programs of the CTCFP, the rationale for the selection of Kolb's Experiential Learning Theory, and the application of the theory to teaching and learning activities.

### THEORIES THAT WERE CONSIDERED

The adult teaching-learning theories, including *self-regulated*, *constructivist*, *transformational*, and *experiential learning*, offered potential frameworks for directing the continuing education (CE) program. These theories all share an epistemological basis of 5 underlying assumptions about adult learning: the ability to direct their own learning, a wealth of life experience, learning needs influenced by social roles, internal motivation, and an interest in relevance, applicability, and problem-solving.<sup>1</sup>

*Self-regulated learning (SRL) theory* emphasizes the need for cognitive (critical thinking) and meta-cognitive (reflection) processing for applied learning.<sup>2</sup> Autonomy, strategic (focused) learning, and self-motivation are emphasized. This theory posits that teachers need to better understand the importance of contexts, social relationships, collaboration, and cooperation in order to design instructional activities.

In considering the application of SRL theory, positives were that the CTCFP integrated the cognitive and meta-cognitive aspects through semi-constructed scenarios by which clinician-learners progressed, based largely on their decision-making and self-assessments. Post-scenario video review and structured self-assessment served to integrate meta-cognitive reflection of the event and cognitive learning, a critical aspect of the process.

A drawback of SRL theory was the expectation of *uniform* progression for all clinician learners who presented with varying degrees of clinical experience.<sup>2</sup> A variety of skill levels was especially evident in the responses to complex scenarios that required considerable insight during the preceptor training. Therefore, program planners rejected the SRL theory

as the primary foundation for construction and evaluation.

The 5 attributes of *constructivist theory*—intentional, active, constructive, cooperative, and authentic learning—could provide an appropriate framework for competency-based preceptor training.<sup>3</sup> The primary focus for constructivist theory is teacher as guide; students construct their knowledge actively rather than just mechanically ingesting knowledge from the teacher or a book. Positives about constructivist theory were that CTCFP training is learner driven and enveloped in the authentic experiences of the practicing clinicians attending the course. Learners have the latitude to participate in the construction of their own educational experience and to actively explore complex events as role-plays, standardized patient encounters, and case studies unfolded.

For example, in 1 videotaped scenario, learners are asked to interact with a distressed woman who has an unexpected positive pregnancy test while simultaneously communicating with a learner who is responding to the situation in an inappropriate, nontherapeutic way. The scenario intentionally reflects the occasional chaos of clinical practice and drives learners to think critically and work actively to address the evolving situation.

Faculty found constructivist learning theory to be a potential guiding framework for presenting teaching and learning concepts to practicing APRNs; however, this theory seemed less useful for learners to “transport” to clinical practice situations because of the emphasis on more structured, didactic teaching and learning.

*Transformative learning* was another possible organizing framework for the curriculum. Described as “the process of using a prior interpretation to construe a new or revised interpretation of the meaning of one's experience to guide future action,” this theory has 4 critical elements: problem-solving, communication, reflective assessment, and prospective integration within the context of culture and values.<sup>4</sup> This theory offered a unique perspective for the integration of adult teaching-learning into the clinical arena through its emphases on active learning and the meaning of experience within the context of values and culture. Much emphasis is placed on

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