

INTERDISCIPLINARY PRECEPTOR TEAMS TO IMPROVE THE CLINICAL NURSE LEADER STUDENT EXPERIENCE

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The Clinical Nurse Leader (CNL) role was introduced by the American Association of Colleges of Nursing (AACN) in 2003 (AACN, 2003). There are now over 2,500 certified CNLs in the United States. Still some areas of the country have no CNLs in practice; this was true of north central Texas until May 2010 when Texas Christian University (TCU) had its first graduating class. Lack of CNLs to serve as preceptors for the practicum courses in the CNL program was one concern, although AACN does offer options when CNLs are not available. TCU's CNL teaching team developed the interdisciplinary preceptor team (IPT) model to strengthen the practicum component of CNL education at TCU. One advantage of the IPT model is the match it provides with several CNL competencies: lateral integration of care via interdisciplinary teams, member and leader of health care teams, skillful communication within teams, and implementation of an interdisciplinary approach to safe, quality, patient care. Components of the IPT model are discussed with specific information about preceptor selection, team development, and examples of feedback from preceptors and students. (Index words: Interdisciplinary; Clinical nurse leader; Preceptor) *J Prof Nurs 30:190–195, 2014. © 2014 Elsevier Inc. All rights reserved.*

THE AMERICAN ASSOCIATION of Colleges of Nursing (AACN) introduced the clinical nurse leader (CNL) role in 2003 (AACN, 2003). The CNL role is the first new nursing role in over 40 years. The CNL role is designed as a master's-prepared advanced

generalist, practicing at the microsystem (point-of-care) level. Lateral integration of client-centered care is one component of the CNL role, which focuses on collaboration with other health care disciplines. Establishing partnerships between education and practice is a vital element to successful preparation and implementation of the CNL program (Harris, Stanley, & Rosseter, 2011). These partnerships result in empowerment, quality enhancement, shared resources, integrated services, and improved outcomes (Walters & Brown, 2010). Texas Christian University (TCU) initially collaborated with the system chief nursing officer of Texas Health Resources to form a practice partnership. This nursing leader was instrumental in establishing the CNL role through her implementation of the “12-bed hospital” as a new model of patient care delivery (Clark, 2004; Sherman, Clark, & Maloney, 2008). Developing and implementing the CNL program has been interesting.

Educators have known that preceptors are pivotal in serving as role models in clinical and educational experience (Hickey, 2009; Moore & Spence-Cagle, 2012;

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Walters & Brown, 2010). One challenge is the lack of CNLs to serve as preceptors. AACN offers options for preceptors such as a master's-prepared nurse in a different capacity who understands and is supportive of the CNL role. The TCU CNL teaching team decided to develop a new model for preceptors: interdisciplinary preceptor teams (IPTs). IPTs consist of several health care professionals from different disciplines who come together to provide a preceptored experience for CNL students under the direction of a TCU faculty member.

Background and Literature Review

The term *preceptorship* is defined as a period of practical training for a student (usually medicine or nursing) that is supervised by an experienced member of that profession (American heritage medical dictionary, 2007). The preceptor/preceptee relationship is a formal arrangement with specific goals, and the relationship exists for an established time period (Walters & Brown, 2010).

An abundance of literature exists that describes the use of preceptors to enhance the clinical experience of undergraduate nursing students. The preceptor model originated in the era of Florence Nightingale and consists of one student precepted by one nurse. An example of this model is the senior nursing students' role immersion where one nurse-preceptor is responsible for clinical teaching of one student, and a faculty member is responsible for supervising the overall clinical experience (Brathwaite & Lemonde, 2011).

Several educators have developed models to expand the preceptor's role. Phillips and Kaempher (1987) developed the clinical teaching associate model in which one preceptor directs clinical teaching of several students. This model achieved favorable results for students, including increased confidence and enhanced clinical experiences. Brathwaite and Lemonde (2011) developed the team preceptorship model that involves a team of preceptors (all nurses) working with a group of undergraduate nursing students in

the clinical setting. Evaluation of this model reveals that preceptors feel supported and appreciate collaboration with colleagues. Students appreciate accessibility and expertise of preceptors. Brathwaite and Lemonde (2011) recognize benefits of the team approach, which allows for collaboration and shared responsibility.

A search of the literature yields no preceptor model reflecting the IPT approach. The IPT model fills the identified gap. The IPT model integrates components from the literature with new elements that incorporate CNL competencies related to working with interdisciplinary teams to produce safe, quality, cost effective care.

CNL Competencies Supported by the IPT Model

Communication

Communication is a core competency established for CNL nursing education (AACN, 2007). AACN provides a list of course objectives and clinical experiences associated with communication. These objectives lead students to establish and maintain effective working relationships, especially within interdisciplinary teams. Professional communication with diverse groups and individuals, in collegial and subordinate positions, is a component of the IPT model (AACN, 2007; Table 1).

Communication skills facilitate lateral integration of care; this requires collegial discussions with various members of the health care team (Begun & Tomabeni, 2006; Bender, Connelly, & Brown, 2013, Spitzer, 2010). An example of how this skill is incorporated into the IPT model is the informal e-mails students send to all preceptor team members and the faculty member each week. In these e-mails, students discuss and evaluate objectives met the previous week. They include goals for the upcoming week. This weekly communication keeps the preceptor team informed and engaged and provides

Table 1. CNL Role Components Facilitated by IPT Model

Competency	Rationale	Origin
AACN White Paper Communication	The CNL student is the leader of a diverse interdisciplinary team. The team meets regularly. The students' communication skills are assessed by the members of the preceptor team and the faculty member from the university. Written communication in the form of e-mail updates are shared weekly and also evaluated.	AACN, 2007
<ul style="list-style-type: none"> • Establish and maintain effective working relationships within an interdisciplinary team • Communicate confidently and effectively with other health care workers • Appropriately, accurately, and effectively communicate with diverse groups and disciplines • Manage group processes to meet health care team responsibilities 		
AACN White Paper Designer/Manager/Coordinator of care	Within the IPT, students develop, implement, and evaluate EBP projects.	AACN, 2007
AACN master's essentials in nursing education actively communicate, collaborate, and consult with other health professionals	Students (with input from the faculty member) recruit additional team members as their projects develop and other professional expertise is needed.	AACN, 2011
IOM Core Competencies	The CNL student is at the bedside 5 days a week to provide continuity of care. By working in the IPT model, he or she is aware of the various components all the different disciplines are also bringing to the bedside and can reinforce the total care experience.	IOM, 2003
<ul style="list-style-type: none"> • Work in interdisciplinary teams • Ensure continuity of care • Facilitate lateral integration of care 		

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