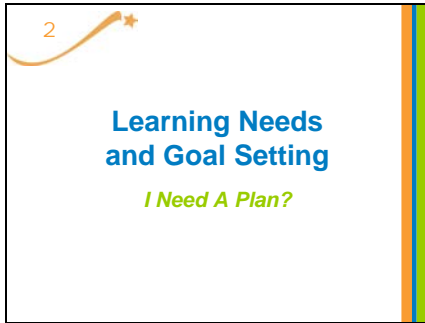


# Identifying Learning Needs and Developing Strategies

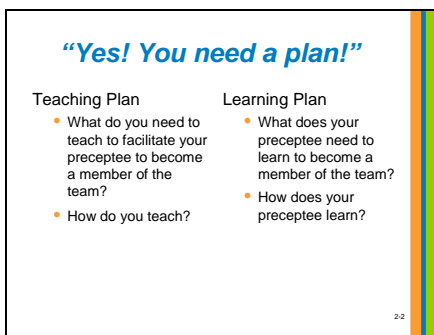
<b>Purpose</b>	This segment establishes the importance of developing a learning plan with the preceptee. Prioritizing learning needs, enhancing critical thinking and developing an empowering partnership are emphasized.
<b>Time</b>	45 minutes
<b>Objectives</b>	<ul style="list-style-type: none"><li>• Describe the process to assess and meet the preceptee's learning needs.</li><li>• Assess the preceptor and preceptee's level of nurse proficiency according to Benner's frame work.</li><li>• Identify strategies the preceptor can use to support the development of the preceptee's critical thinking skills.</li></ul>
<b>Outline</b>	You Need a Plan <ul style="list-style-type: none"><li>- Identify Learning Needs</li><li>- Prioritizing Together</li></ul> Benner's Stages of Nursing Proficiency The Learning Contract <ul style="list-style-type: none"><li>- Goals</li><li>- Outcomes</li><li>- Implementation</li></ul> Critical Thinking
<b>Materials Needed</b>	<ul style="list-style-type: none"><li>□ PowerPoint file NPA_2_LearningNeeds</li><li>□ Flip chart, white board or overhead projector for the critical thinking activity</li></ul>
<b>Activity</b>	A short critical thinking activity is included at the end of this presentation.



## Opening

### PPT 2-1

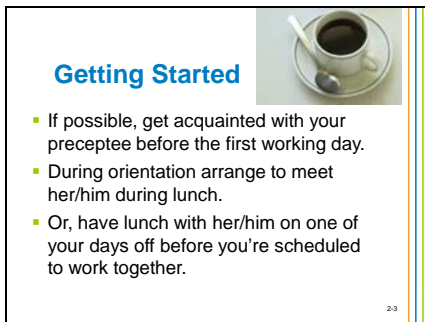
In this segment, we'll focus on developing a learning plan with the preceptee, prioritizing learning needs, enhancing critical thinking and developing an empowering partnership.



## Yes! You need a plan!

### PPT 2-2

Yes, you do need a plan. A plan will help guide both you and your preceptee as you move through the orientation experience. Think about what you need to teach your preceptee. What do they need to learn to become an integral member of your team? Think about how you teach; find out how your preceptee learns.



## Getting Started

### PPT 2-3

It's helpful if you can get acquainted with your preceptee before the first work day or early in orientation.

**Teaching - Learning Partnership**

- Get to know each other.
- Respect each other.
- Mutual expectations
  - Together, establish clearly defined goals and expected outcomes.
  - Communicate openly and honestly.

24

## Teaching – Learning Partnership PPT 2-4

Recap this framework for creating a teaching/learning partnership.

*Ask group what they do at their organizations to get to know their preceptee.*

Communicate openly and honestly.

For example:

“When you are frustrated and express your frustration in an angry or sarcastic tone, be sure to go back and discuss it with your preceptee. Tell him/her you were frustrated and why. I want to teach you, and when you ask me the same question several times, I realize that I’m not teaching you what you need to know. We may need to look at a different way to teach you about this particular concept, skill, and so on.”

Later today, we will discuss the importance of communication as part of our conflict resolution session.

**Teaching - Learning Partnership**


- Greet them warmly.
- Find out what they know and need to know.
- Set goals together.
- Facilitate their learning by developing an empowering relationship.

25

## Teaching – Learning Partnership PPT 2-5

It’s important to recognize that the new peer who you are precepting may eventually become your most respected colleague because of your influence.

**Identify Learning Needs**



- What does the preceptee already know?
- What is the preceptee's preferred learning style?
- What are barriers to learning?
- What instructional methods are available?

26

## Identify Learning Needs

### PPT 2-6

What do they know? What is their experience in your organization? What is their experience with this patient/client population? What do they think their strengths and weaknesses are? What did their instructors or previous preceptors tell them were their strengths/weaknesses?

How might they like to learn? Hands-on? Observe first? Manikins? Internet? PDA? Modules? Students are Internet savvy. They know how to look for information that might be helpful to them or their patients/clients. Many students have PDAs with a number of textbooks on them. They can access information about medications, disease processes, diagnostic procedures and lab results.

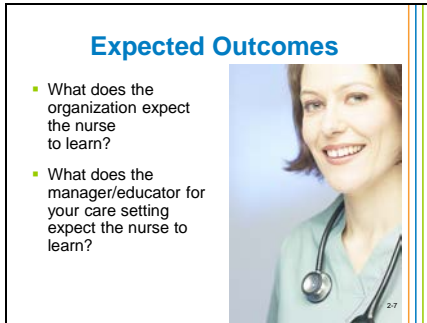
What are barriers to learning? Are they excited about being there? Are they eager to learn? Is there time to teach them? How does your workload facilitate or hinder learning?

What resources are available?

Books/computers/people/library?

How can you adjust your teaching strategies to best help them learn? Identify a time period for planning purposes — daily, weekly, etc. — to subdivide the list of learning needs into a smaller set. Set short-term, achievable goals. Meet frequently to discuss the needs/goals to see if the plan is appropriate. Use the nursing process as your framework. Set tentative dates for achievement.

Take advantage of opportunities to meet some needs that have not yet been scheduled.



**Expected Outcomes**

PPT 2-7

*Convey to the participants the complexity of expectations that the system demands.*

Use your organization’s orientation checklist.

Let your preceptee know your expectations. For example, the number of patients/clients they will have each week during orientation.



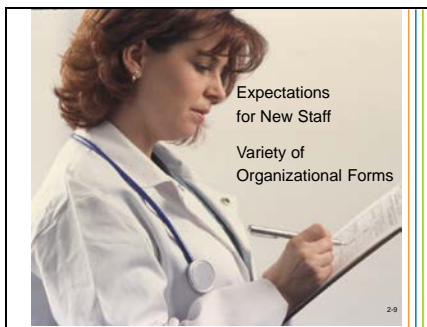
**Expected Outcomes**

PPT 2-8

You and your preceptee must share expectations and goals.

It is the preceptee’s job to become oriented.

It is the preceptee’s job to become a nurse and a good team member.



**Expectations for New Staff**

PPT 2-9

You can see that there are several demands on the new hire. You will have to help them prioritize where to start.

Are there various forms and lists that the new hire or you must complete?

*Point out the list of Expectations for New Staff: Variety of Organizational Forms on Page 2 in their notebook.*

Establish a time line for when certain expectations must be achieved.

When will a new hire be expected to take his or her own patients/clients; how many? When will the new hire be expected to take a full patient/client load?

You need to ensure that both of you have clear expectations of the process and the outcomes.

### Priorities

<p><b>Learning Needs</b></p> <ul style="list-style-type: none"> <li>• Fatal</li> <li>• Fundamental</li> <li>• Frequent</li> <li>• Fixed</li> <li>• Facility</li> </ul> <p style="text-align: right; font-size: small;">(Alspach, 2000)</p>	<p><b>Learning Interests</b></p> <ul style="list-style-type: none"> <li>• Are they priorities?</li> </ul>
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2-10

## Priorities

### PPT 2-10

Prioritize the learning needs of your organization. You might want to talk with other nurses in your patient/client care setting to list the procedures that are most important for the new hire to learn. For example, if you have a lot of code blues on your unit, then you might want the new hire to be familiar with the code blue cart right away or where other needed supplies are located so she/he can be the runner during an emergency. It will make them feel like they are helping.

*Refer to the handout on Page 3. If there is time, have the preceptors talk together in pairs to list needs in each column that are prevalent to their patient/client care setting.*

### Prioritizing Learning Needs

- Fatal — Failure to meet this need could result in serious harm or loss of life to a patient/client or staff member.
- Fundamental — Represents a fundamental or essential aspect of competent performance for a given position.

2-11

## Prioritizing Learning Needs

### PPT 2-11

Slides 2-11 and 2-12 refer to the handout on Page 3. If you assign a task to the preceptee, tell them why it is relevant. Help them realize what is relevant and why it is important.

### Prioritizing Learning Needs

- Frequent — Reflects a performance area that must be performed frequently by an employee in a specific position.
- Fixed — Must be met within a specific time frame.
- Facility — The health care organization mandates its inclusion in the orientation program.

2-12

## Prioritizing Learning Needs

### PPT 2-12

Ensure the new hire understands why you prioritize their learning activities for the good of the patients/clients and of the patient/client care setting.



## Benner's Stages of Nursing Proficiency

PPT 2-13

Slides 2-13 through 2-18 refer to the handout on Page 4.

There are various models that can be used to guide you through orienting new nurses. One of these is the Benner Skill Acquisition model. As a result of studying nurses in clinical practice, Patricia Benner identified stages that nurses move through as they learn and grow as practitioners. How many of you remember Benner's five stages?

Benner's stages of nursing proficiency are based on work by Dreyfus & Dreyfus (1980). They developed a skill acquisition model by studying chess players and airline pilots. They note that as students learn a new skill, they pass through five levels of proficiency. Benner applied this model to nursing and studied skill acquisition of nursing interventions and clinical judgment skills.

During skill acquisition, three things happen.

1. There is a movement from a reliance on ABSTRACT principles (things learned in nursing school) to the use of past concrete experience (experience gained from clinicals and work).
2. There is a change in the learner's **PERCEPTION** of learning. Situations are seen less as a compilation of equally relevant "bits" and more as a complete whole (start to see the whole picture).
3. There is a passage from detached observer to **INVOLVED** performer (becoming engaged/socialized).

\*\* Remember, this is a situational model. It has nothing to do with traits, intelligence or talent. It has to do with learning new skills in a new situation or environment. Implication: Don't judge a new orientee too harshly!

*Read the characteristics of the novice nurse and a few others on the list. Ask the preceptors if they remember when they were novices. Can they determine what stage they are in now? It is recommended that the presenter become familiar with Benner's framework to use it more effectively.*

*Have the preceptor group share stories about themselves or others.*

When working with a new preceptee, identify your preceptee's level. It will help you identify his or her needs and what you need to do to address them.

It also is beneficial to identify your own stage because it will help you identify what you need to do to be an effective preceptor. What additional resources will you need to facilitate your preceptee's learning?

If you are an expert practitioner, will you have the patience to work with a novice/advanced beginner?

How will you determine realistic expectations for your preceptee?

When you work in a different patient/client care setting, what are the things you want to know right away?

It is critical that once a minor or major event has occurred that you take time to process it with the preceptee (if novices or advanced beginners). What happened? Why did you handle it the way you did? They must learn from your experiences until they can create their own.



**Novice**

- Characteristics
  - Limited practical skills
  - Relies on rules and expectations of others for direction
- Implications for teaching/learning

2-14

## **Novice**

### **PPT 2-14**

Novice nurses are generally thought to be new graduates. However, any nurse transitioning to a new patient/client care setting may be considered a novice.

There is a difference between the level of skilled performance that can be achieved through principles and theory learned in a classroom and the skills that can be acquired only in a real-life situation.

For example, because novices have no experience of the situations they face, they are given rules to guide their performances. The rules include objective measures or parameters of a patient's condition (vital signs, weight, I & O, etc.).

However, rules don't always indicate the relevance of the tasks that are needed to perform in an actual situation.

Novices struggle to put a contextual meaning to previously learned textbook terms.

*Ask:* What are the implications for teaching/learning?

*Answers:*

Preceptors need to assess what the new orientee already knows (retention of knowledge about a skill/patient condition, as well as assessment of past work experience).

If you are taking a short cut, explain why to your preceptee. Many say that real nurses don't use nursing process, but they do. When a nurse walks into a room, they do it, just like that.

**Advanced Beginner**

- Characteristics
  - Marginally competent skills
  - Use theory and principles
  - Difficulty establishing priorities
- Implications for teaching/learning

2-15

## Advanced Beginner

### PPT 2-15

Some of your new grads may be almost an advanced beginner, depending on their capstone. Advanced beginners can demonstrate marginally acceptable performance. They have some experience and are beginning to recognize recurring patterns or aspects of a situation. These patterns or aspects are different than the rules (context-free objective attributes) and are recognized only by prior experience.

Novices and advanced beginners can take in little of new situations. They are still concentrating on remembering the rules that they have been taught.

*Ask the group: What are the implications for teaching/learning?*

*Answers:*

Provide guidelines for recognizing patterns or aspects of our skills/situations. Teach the orientee how to look for cues in situations. Experience is still needed before the nurse can apply the guidelines to individual patients/clients.

Start to help formulate principles that dictate actions in terms of attributes (objective rules) of a situation and the patterns or aspects of a situation. These principles are called guidelines. Although, guidelines integrate rules and patterns, they may not differentiate the importance of the two. All rules and patterns are treated as equally important in a guideline.

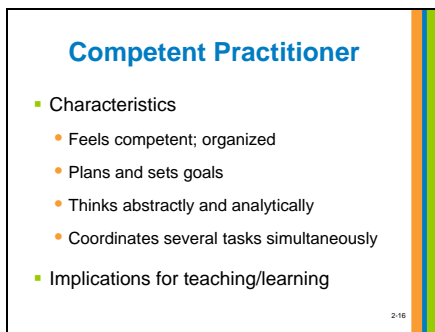
For example: When advanced beginners first get new patients/clients, a preceptor tells them to take vital signs, do physical exams, check the IV sites and check the ventilators, monitors and alarms. Advanced beginners will be able to do all these things but still won't be able to prioritize what could be left out, what needs to be done for the patient/client right away, what is the most important thing to do for the patient/client first and what can be done later. Maybe a lead is off, the vent setting is exactly as recorded, the IV dressing is coming off, the patient/client is indicating he is in pain and you

notice the ET tube tape needs to be replaced.

Preceptors need to spend a lot of time on pattern recognition. Do you have to work on helping the orientee recognize the difference between normoactive, hyperactive or missing bowel sounds, or can you move on to teaching the significance of the findings based on the patient's/client's condition?

Advanced beginners need support! They need help setting priorities.

**\*\*Remember, they still cannot sort out priorities. The preceptor must provide clinical support for the orientee and ensure that the patient's/client's important needs do not go unattended.**



**Competent Practitioner**

- Characteristics
  - Feels competent; organized
  - Plans and sets goals
  - Thinks abstractly and analytically
  - Coordinates several tasks simultaneously
- Implications for teaching/learning

2-16

## **Competent Practitioner**

### **PPT 2-16**

The nurse has been on the job in the same or similar situation for 2-3 years. Competence develops when the nurse consciously begins to see his or her actions in terms of long-range goals or plans. The plan will dictate which rules and patterns of a situation can be considered most important and which can be ignored.

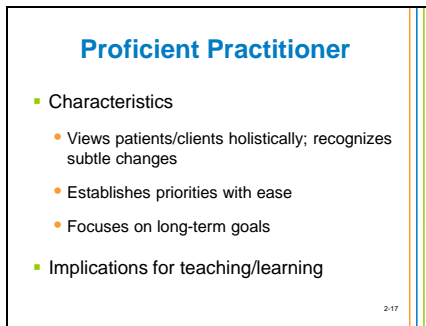
There is conscious and deliberate planning that helps achieve efficiency and organization. They feel more organized and are able to set priorities.

The competent nurse lacks the speed and flexibility of the proficient nurse. However, the competent nurse does have a feeling of mastery and the ability to cope with and manage contingencies as they arise in clinical nursing.

*Ask:* What are the implications for teaching/learning?

*Answers:*

The clinical world finally seems organized! Nurses at this stage may benefit from decision-making games and simulations. Simulations can give them practice in planning and coordinating multiple, complex patient/client care demands.



**Proficient Practitioner**

- Characteristics
  - Views patients/clients holistically; recognizes subtle changes
  - Establishes priorities with ease
  - Focuses on long-term goals
- Implications for teaching/learning

2-17

## **Proficient Practitioner**

PPT 2-17

The proficient practitioner is someone who has worked with a similar patient/client population for 3-5 years. They can recognize deterioration or patient/client problems before explicit changes in vital signs. Why?

A proficient practitioner can put all the pieces together and see the whole picture.

The perception of a situation is important in this stage. They are able to perceive the meaning of a situation based on their experiences but also because they can relate the meaning to a long-term plan or goal.

The proficient nurse learns from experience what to typically expect in a given situation and how to modify plans in response to these events. They can now recognize when the “expected normal picture” does not materialize. They can hone in on problems faster.

Decision making is improved because they now know which rules and patterns are the important ones.

“You have your groundwork from what you have done in the past, and you know when you are going to get into trouble.”

*Ask:* What are the implications for teaching/learning?

*Answers:*

Ensure the nurse is able to see the picture as a whole and not just a list of tasks to do.

We need to make sure they have a deep understanding of situations, to help predict trouble spots.

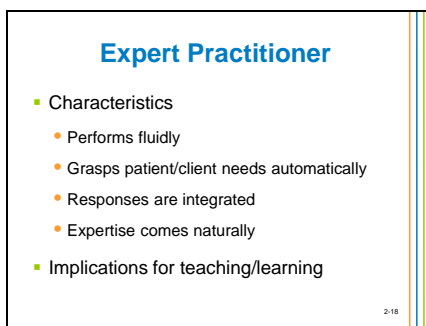
Case studies are great for proficient performers.

Proficiency is enhanced if the student is required to cite experience and examples for perspective.

When discussing rules and patterns, the proficient practitioner may get frustrated and start citing examples of situations where the principle or rule would be contradicted.

Caution: At this point, proficient practitioners may begin to question that the rules that they initially based their skills and practices on are useless and trapping. They may view the educator's techniques as hard or unnecessarily elaborate. They need to be reminded not to stray from basic practice — when the nurse strays from basics, mistakes can occur. Accuracy may be sacrificed.

Example: Literature cites many problems with expert practitioners in simple tasks like taking blood pressures. Challenge proficient practitioners to understand principles of evidenced-base practice. Proficient practitioner can be taught inductively.



**Expert Practitioner**

- Characteristics
  - Performs fluidly
  - Grasps patient/client needs automatically
  - Responses are integrated
  - Expertise comes naturally
- Implications for teaching/learning

2-18

## **Expert Practitioner**

PPT 2-18

An expert practitioner no longer relies on analytic principles (rules, patterns or guidelines) to connect situations to appropriate actions.

A great deal of time and experience allows experienced nurses to have an intuitive grasp on each situation, and they are able to zero in on a problem.

They have a deep understanding of a situation. They have perceptual acuity and certainty.

They may have a hard time putting their abilities into words. When asked to explain their reasoning for performing a certain task, they will say “It just felt right” or “I just knew.”

*Ask:* What are the implications for teaching/learning?

Experts have learning needs, too. Their expertise needs to be recognized and evaluated but is very hard to define.

*Answers:*

Experts need opportunities to be consultants. When experts can describe clinical situations in which their interventions make a difference, some of the knowledge embedded in their practice becomes visible. With visibility, enhancement and recognition or expertise becomes possible.

**Clinical Teaching**

- Learning is evolutionary.
- Participation, repetition and reinforcement strengthen and enhance learning.
- Variety in learning activities increases interest, and readiness to learn enhances retention.
- Immediate use of information and skills enhances retention.

(Burns et al., 2006)

2-19

## **Clinical Teaching**

PPT 2-19

We know that learning is evolutionary. As Benner indicates, we begin as novices and we move to expert through experience.

Learning evolves as the new hire experiences nursing in your patient/client care setting.

The more the preceptees are allowed to do and explain the reasons why they are doing it, the more quickly they will learn and act.

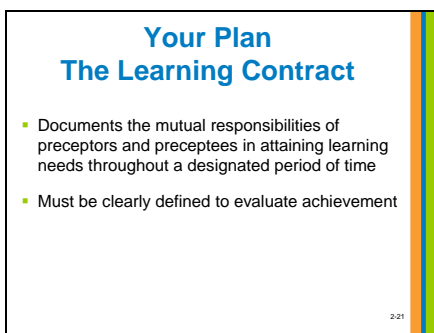
(Burns et al., 2006)



## Prioritize Together

PPT 2-20

*Encourage the preceptor/preceptee partners to write down the priorities or rank the items on the preprinted list of learning activities to help the new hire understand and focus on priorities.*



## Your Plan – The Learning Contract

PPT 2-21

*If time allows, use a flip chart to lead the preceptors through an exercise to develop a contract. Use these prompts*

- What would be on the contract?
- Dates
- Learning needs
- Teaching methods and activities the preceptor is responsible for providing
- Target dates for attaining each learning need
- Indication of whether learning needs were met
- Spaces for comments, progress reports and contract revisions
- Spaces for signatures
- Determine the total amount of time available for orientation

*Summarize:* You can use the preceptee's checklist as a contract, especially if you agree on and record dates that certain tasks must be achieved.

**Goals – General Intent**

1. \_\_\_\_\_

2. \_\_\_\_\_

2-22

## Goals – General Intent

PPT 2-22

What are the two components that must be present when setting a goal? Do you remember writing care plans? Do you set goals for your current patients/clients subconsciously? How do you know when your patient/client is improving based on the care/interventions they are receiving?

- A general or specific goal.
- Time frame
- Measurable
- The new nurse will become functional member of the nursing team by (date)

The next slide is an example of goal setting.

**Specific Outcomes**

Clearly observable results.

- Nurse will initiate IV access correctly.
- Nurse will perform subcutaneous injection correctly.

2-23

## Specific Outcomes

PPT 2-23

How would you measure this correctly?


How would you measure the following?  
 “The new hire followed policy and procedure.”

What are other outcomes you would expect of your preceptee?

The more clearly the outcomes are written, the more able you will be to evaluate and offer feedback.

**Nursing Process**

- Assess
- Plan
- Implement
- Evaluate



There should be NO surprises!

2-24

## Nursing Process

PPT 2-24

The Nursing Process can be used as a guideline for orientation.

Assessment — Assess the new nurses’ level of experience. Find out all you can about their previous experiences and responsibilities. Discuss learning styles. Do they need to observe some tasks first? Are they comfortable in the nursing tasks but need assistance with computerized documentation?

Plan — Orientation should be planned, NOT



spontaneous! Being prepared for the new orientees will demonstrate that they are important to the patient/client care setting. Planning should occur with their assistance and input. What do they perceive as their learning needs? What issues did you face when orienting? Do they apply? Use a calendar if possible, especially for visual learners.

Implement the orientation plan — use the documentation tools as a guide. Be sure they get experience outside the patient/client care setting, if appropriate (cath lab, GI lab etc.).

Evaluate their progress — daily, weekly and at the end of orientation. Establish a routine, such as a 10 minute meeting off the unit, with them weekly. Establish new goals, discuss the week's experiences. Keep your manager in the loop. There should be no surprises at the end of the orientation period!

**Implementing the Learning Plan:  
What and How to Teach**

- Competency component
  - Knowledge
  - Attitudes
  - Skills

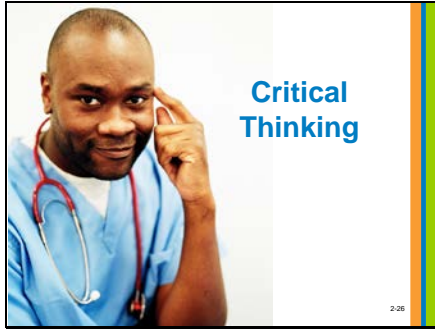
2-25

## **Implementing the Learning Plan**

PPT 2-25

Nurses need to have a strong knowledge base, attitudes and values that are conducive to a professional work environment and an appropriate skill level to provide quality care.

We must constantly evaluate our preceptees in all of these dimensions. There should be criteria on evaluation forms to reflect the measurement of these competencies.



## Critical Thinking

PPT 2-26

Refer to the list of Questions to Evaluate Knowledge and Critical Thinking Skills on Page 7 in Tab 2 of the notebook.

These questions will help you become comfortable in asking your preceptees what they know. It will help them understand your expectations, and it will help you learn what they know.

It is imperative that we assess critical thinking skills, but we must first understand what critical thinking is. How do you know it when you see it?

The next slide will make you think differently from ways familiar to you.

**Critical Thinking**

Jack and Jill were found dead in a small puddle of water surrounded by pieces of broken glass. There was no blood.

What happened?

(Alfaro-LeFevre, 2009)

2-27

## Critical Thinking

PPT 2-27

*Tell the audience they can only ask you yes/no questions. This is difficult for most nurses.*

*This critical thinking activity forces them to think differently. Give them time to think through the situation. Sometimes, a preceptor will come up with the answer. Other times, no one has the answer.*

*The answer is Jack and Jill are fish. Their fish bowl was knocked over and broke. They died.*

*After the answer is announce, discuss assumptions they made.*

*Ask: Why did you think this?*

*Usually, participants will think of Jack and Jill from the nursery rhyme.*

Critical thinking is thinking about how we think. How did you develop your way of thinking? We make assumptions out of habit. We need to question our assumptions to improve our critical thinking skills.

**Critical Thinking in Nursing**

- Constantly striving to improve
  - What are the outcomes?
    - study results
  - How can we achieve these outcomes more efficiently?
    - study process
      - What was done to achieve outcomes?

2-28

## Critical Thinking in Nursing

PPT 2-28

It is important to improve critical thinking skills either by studying the outcomes of a situation and/or by studying the process of achieving the outcomes.

With your preceptees, discuss an event in detail. Why did we do what we did? What decisions did we make and why? What decisions did you make and why? What could we have done differently? What would we do in the future in a similar situation?

**Critical Thinking**

- Entails purposeful, informed, outcome-focused (results-oriented) thinking that requires careful identification of problems, issues and risks involved.
- Deliberate logical reasoning and linear and nonlinear thinking used to analyze, synthesize and evaluate relationships between components of the nursing process for the purpose of self-regulatory judgments and clinical decision making.

(Abel & Freeze, 2006) 2-29

## Critical Thinking

PPT 2-29

When you tell a preceptee that he/she is not thinking critically, what do you mean? How can you help them think more critically?

How do we define critical thinking? How do we measure it?

Is your preceptee making connections? Do they know how problems in one system affect another? Can they explain it? Can they explain how a particular medication is going to affect the patient/client?

Are they using the nursing process? Are they assessing and diagnosing patient/client responses before they intervene? Are they evaluating their actions?

There are tools to help you assess critical thinking — we will use one of these after the break.

**Critical Thinking Indicators**

- CTIs – behaviors that demonstrate critical thinking characteristics and attitudes as well as knowledge and intellectual skills.
- [www.alfaroteachsmart.com/new200-8cti.pdf](http://www.alfaroteachsmart.com/new200-8cti.pdf)

2-30

## **Critical Thinking Indicators**

PPT 2-30

Critical Thinking Indicators reflect critical thinking ability.

Alfaro-LaFevre's Web site is a great resource for developing and assessing critical thinking skills in your preceptees.

We'll take a short break and then look at concept maps and care maps.

## Critical Thinking Activity

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**Purpose**

The purpose of this activity is to provide a tool the preceptor can use to evaluate the preceptee's ability to think critically.

**Time**

10 minutes

**Objectives**

Introduce concept maps as a critical thinking tool.

**Materials Needed**

- ❑ Flip chart, white board or overhead projector
- ❑ Critical Thinking and Concept Mapping materials on Pages 7-12 in the participant notebook. The same materials are also included on Pages 21-26 in this instructor guide.

**Instructions**

This activity follows the Learning Needs and Goals presentation. Take a brief break after the presentation and before this activity.

During break, draw the sample concept map B (Heart Failure) and C (Retain New Nurse) on a flip chart, white board or transparency for the overhead projector.

To begin the activity, refer to the handouts on Pages 7-12 in the participant notebook. Discuss how preceptors can use concept maps to encourage critical thinking. Use the two examples in the book that you have drawn on the board, flip chart or transparency. Have them help complete the two examples. Be quick and maintain control of this short but important activity.

## Critical Thinking and Concept Mapping

**Applied definition for critical thinking and clinical judgment in nursing.**  
*www.AlfaroTeachSmart.com*

- There are a various definitions of critical thinking. (Abel & Freeze, 2006)
  - Entails purposeful, informed, outcome-focused (results-oriented) thinking that requires careful identification of problems, issues and risks involved
  - Is driven by patient/client, family and community needs
  - Is based on principles of nursing process and scientific method (for example, making judgments based on evidence rather than guesswork)
  - Uses both logic and intuition based on knowledge, skills and experience
  - Is guided by professional standards and ethics codes
  - Calls for strategies that make the most of human potential (for example, using individual strengths) and compensate for problems created by human nature (for example, overcoming the powerful influence of personal views)
  - Is constantly re-evaluating, self-correcting and striving to improve
  - Deliberate logical reasoning and linear and nonlinear thinking used to analyze, synthesize and evaluate relationships between components of the nursing process for the purpose of self-regulatory judgments and clinical decision making
- Critical Thinking Indicators which reflect Critical Thinking Ability
  - Critical Thinking Indicators are behaviors that demonstrate critical thinking characteristics and attitudes, as well as knowledge and intellectual skills.
  - Critical Thinking Characteristics — Attitudes/Behaviors
  - Theoretical and Experiential Knowledge — Intellectual Skills/Competencies
  - Interpersonal Skills/Competencies
  - Technical Skills/Competencies
- Self-awareness is a constant voyage of discovery that is never complete. (Jack & Smith, 2007)
  - Self-awareness is necessary to become critical thinkers.
    - It is only when we know ourselves that we can be aware of what we will and will not accept from others in our lives. It helps us to relate to other people.
    - Knowledge of how certain situations can make us feel affords us the opportunity to plan ahead and prepare.
      - Develop appropriate coping skills.

- Know our strengths and weaknesses.
  - We must know our limitations of our knowledge and skill level. How can we improve?
  - We must know our strengths. How can we use our strengths to help others develop theirs?
- Reflective practice helps us examine our thoughts and feelings. It not only includes our reactions to these but also the effect they may have on others.

**Concept mapping enhances the ability to understand information and solve problems. (Abael & Freeze, 2006)**

- Benefits — no right or wrong way to do it
  - Uses right side of brain — allows creativity — no wasted energy on structure, such as trying to create a formal outline
  - Quick to start
  - Highlights key ideas — What’s relevant?
  - Helps visualize large amount of information
  - **Clarifies relationships** — We know that this intervention directly affects system A, but how does it affect system B? Then, how does the reaction from system B affect system C?
  - Promotes communication among a group
  - Facilitates problem solving
- Promotes critical thinking = promotes meaningful learning
  - Allow us to easily assess if the preceptee is using the nursing process
  - Pushes us to use our right brain talents
  - Facilitates the *productive phase* of critical thinking
    - Gather relevant information
    - Identify relationships
    - Produce new ideas
  - Moves us to use our left brain talents
  - Facilitates the *judgment phase* of critical thinking
    - Evaluate what the mind has produced
    - Make judgments about accuracy and usefulness
    - Make refinements
- Central themes of concept maps
  - Can depict relationships among
    - Pathophysiological factors
    - Pharmacological factors
    - Therapeutic nursing interventions
    - Psychosocial factors
    - Other — needs of a preceptee?

# Questions to Evaluate Knowledge and Critical Thinking Skills

**These are questions you may expect your preceptees to be able to answer. Use your own judgment to determine which questions to ask based on the knowledge you have of your preceptee. Some questions are appropriate for new graduates, and some are appropriate for experienced nurses.**

## **When administering medications:**

1. What is the medication needed? Side effects?
2. How will it affect THIS patient/client?
3. Are there labs, vital signs, or other information in the patient's/client's history you want to check before/after you give the med?
- 4a. If IV med, have you given an IV med before?  
What is the technique for giving IV meds?  
What is the recommended rate of administration?  
What might happen if you give it too fast or too slow?
- 4b. If it is an injection, have you given an injection before?  
What is the technique for giving this injection?  
What is the recommended location for the injection?  
What might happen if you give it in the wrong location?

## **Consider asking these or similar questions during the preceptee's time with you. Let them impress you!**

1. What do you know about this patient/client physiologically that explains this behavior and drives your interventions?
2. What can you do that will help this patient/client get through this situation?
3. How can you help as a patient/client advocate?
4. What's the next step in assisting the patient/client reach their optimum level of health?
5. What changes would you make to solve . . . ?



6. What would happen if . . . ? Can you predict the outcome if . . . ?  
What might you anticipate as a complication of this procedure?
7. Can you propose an alternative plan/treatment/med/method . . . ?
8. Would it be better if . . . ?
9. How could you determine . . . ?
10. How would you prioritize . . . ?
11. Based on what you know, how would you explain . . . ?
12. What data did you use to make the conclusion . . . ?
13. How would you compare this patient's/client's situation with a previous patient/client or the textbook picture?
14. Tell me why.  
How do you know that?  
What are other possible reasons for . . . ?  
What would you do if . . . ?  
What would you do if your patient's/client's blood sugar was 50?  
Why would you hold his insulin?  
Why would you review the patient's/client's insulin dose and schedule or diet?  
What is the physiology behind this decision?
15. We make decisions based on assumptions.  
Are our assumptions correct?  
On what data are you basing this assumption?  
What assessment techniques were used to make this assumption?  
"My patient has had a urine output of 200 mLs during the past 12 hours."  
"My client complains of not urinating for the past day."  
What conditions, disease states, medications could be causing this symptom?  
What assessments would you complete on this patient/client?
16. What are other possibilities or alternatives?  
How might the patient/client view this situation?  
What are other ways of approaching this situation?
17. If this occurs, what would you expect to happen next? Why?  
What would be the effect of your intervention for this patient/client?

18. Your patient/client is SOA (short of air). What further assessment and then what interventions should take place?

File: G-NPA Instructor Tab 2 Learning Needs

