

A MULTIDISCIPLINARY PERSPECTIVE ON EDUCATING STUDENTS AND ENTRY-LEVEL STAFF IN CLINICAL SETTINGS

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ABSTRACT

As clinical staff participate in the role of preceptor to undergraduate students and entry-level employees, high levels of uncertainty and stress are often experienced. The curricula for health care provider programs usually do not include content on how to address the role of preceptor once in practice. The process of this DNP project was the introduction of an evidence-based framework, the One-Minute Preceptor (OMP) model, to a multidisciplinary population of patient-care staff and faculty with the intention of improving comfort and confidence in the role of teacher/preceptor when sharing care with students or entry-level employees. Inclusion criteria were any clinical staff working in the clinical setting while sharing care of patients with students, new employees, or new graduates. Following each training session, participants were asked to complete a 6-item questionnaire indicating gained comfort for future teaching/learning relationships and self-perceived value of the OMP model. Descriptive statistics for the categorical and continuous variables of the questionnaire were used to evaluate the perceived value of and comfort in applying OMP model by staff. Data did reveal that the OMP training sessions did result in the participants' recognition of the value of the OMP model as well as increased levels of comfort in future teaching/learning interactions while sharing patient care with students and entry-level employees.

METHODOLOGY

- 30-minute OMP Training Sessions for clinical staff participating in patient care at any level and health science faculty
- Elements of training
 - PowerPoint included instruction on elements of OMP Model
 - Video example of OMP model in practice
 - Participant pair-up and practice OMP application with provided scenarios
 - Pocket version of OMP model given to promote its use in practice
- Participants completed a survey self-reporting confidence and comfort in the teaching/learning relationship

RESULTS

- Participants included clinical staff from Obstetrics, Med./Surg., ICU, and Health Science faculty
- Areas of discipline represented by participants included EMS, Radiology, and Nursing,
- Survey data revealed all participants felt that the OMP Model was applicable to their area of practice.
- All participants reported that the OMP Model was useful to some extent in their clinical setting.
- 91.3% of the participants felt that the OMP training did increase their level of comfort in future teaching/learning relationships with students, new graduates, and/or new employees.

IMPLICATIONS TO HEALTH CARE

- The introduction of the OMP model to clinical staff as a basis for teaching/learning interactions with students, new employees, and new graduates can result in a positive effect in staff comfort and effectiveness in this role.
- The usefulness of the OMP model has been revealed in different disciplines in health care, thus presenting an opportunity for effective collaboration not only in nursing but in a multidisciplinary realm.
- A workshop format which includes a variety of learning methods aids in the presentation and adoption of a practice model such as the OMP model by clinical staff.

PROJECT LIMITATIONS

- Small number of participants (n=23)
- Time limitation for training sessions
- Data collection intervals may have limited the volume and quality of the data that was collected for the project. Pre- and post-intervention data collection as well as administering the questionnaire once again approximately six months following each training session may provide a more accurate representation.

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| Get a commitment. | Probe for supporting evidence. | Teach general rules. | Reinforce what was right. | Correct mistakes. |
| The staff teacher solicits a plan or conclusion related to aspects determined during an initial assessment. "What problems did you find and what is your plan?" | The staff teacher establishes learner's knowledge base for step 1. "Why did you choose this plan and what is your priority?" | The staff teacher briefly fills in the gaps or makes connections that were missed by the learner in the first two steps. Include a maximum of three key points or expectations for knowledge. | Positive feedback on specific actions or choices made by the learner. "You have demonstrated a solid understanding of..." | The staff teacher provides specific, constructive feedback to improve future choices and performance. Indicate necessary improvement and rationale |
| Purposely withhold input at this point and use generalized questions or comments to stimulate learner's thought process. Be careful about trying to solve the problem for the learner by asking data questions that would lead them through the teacher's thought process. | Allows for "thinking out loud" which provides evidence of critical thinking on the part of the learner. | Direct learner to location of resources for further information if needed. Avoid personal preferences and lengthy narratives. | This reinforces identifiable knowledge, skills, and/or attitudes on the part of the learner so they will be more apt to repeat them in the future. | Focus on how to prevent similar circumstances in the future. Ask learner to assess his/her performance first. Discuss what was wrong and consequences of wrong choices. |