

# The Path to Stress-Free Nursing Professional Development

*50 No-Nonsense Solutions  
to Everyday Challenges*



**Adrienne E. Avillion, DEd, RN**

*with contributing author*

Barbara A. Brunt, MA, MN, RN-BC, NE-BC

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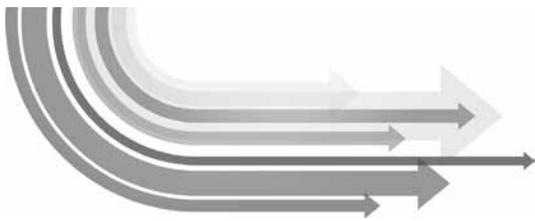
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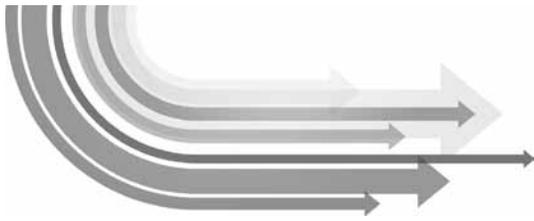
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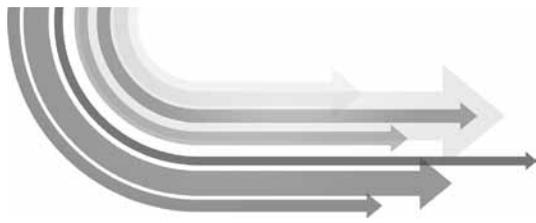
## About the Authors

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# Introduction

---

Nursing professional development (NPD) specialists occupy a unique position in the healthcare community. We are nurses, educators, change agents, and researchers. We are the “go-to” people when problems arise or encouragement is needed. But to whom do we go when we encounter problems or need encouragement? Most often, the answer is each other.

This book was written to offer NPD colleagues short, relevant bursts of information to help deal with common challenges we encounter in our professional practice. Also provided are a number of resources to consult for more detailed information.

The section on Education and Training provides the reader with tips to successfully cope with the day-to-day challenges of offering education and training to adult learners with a wide range of professional experience. The Communication section is designed to help the NPD specialist remove or reduce barriers to effective communication in healthcare organizations—especially important as research shows that poor communication has an adverse effect on most, if not all, aspects of organizational functioning.

The sections on Nurturing and Professional Growth of NPD Specialist and Administrative Issues are written from the personal perspective of an NPD specialist who wants to help peers design career advancement paths for our specialty as well as add to the unique body of knowledge that is NPD.

It is my hope that readers will use this book as a practical resource to not only effectively overcome common NPD challenges, but to promote the professional growth and development of those whose chosen specialty is nursing professional development.

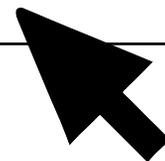
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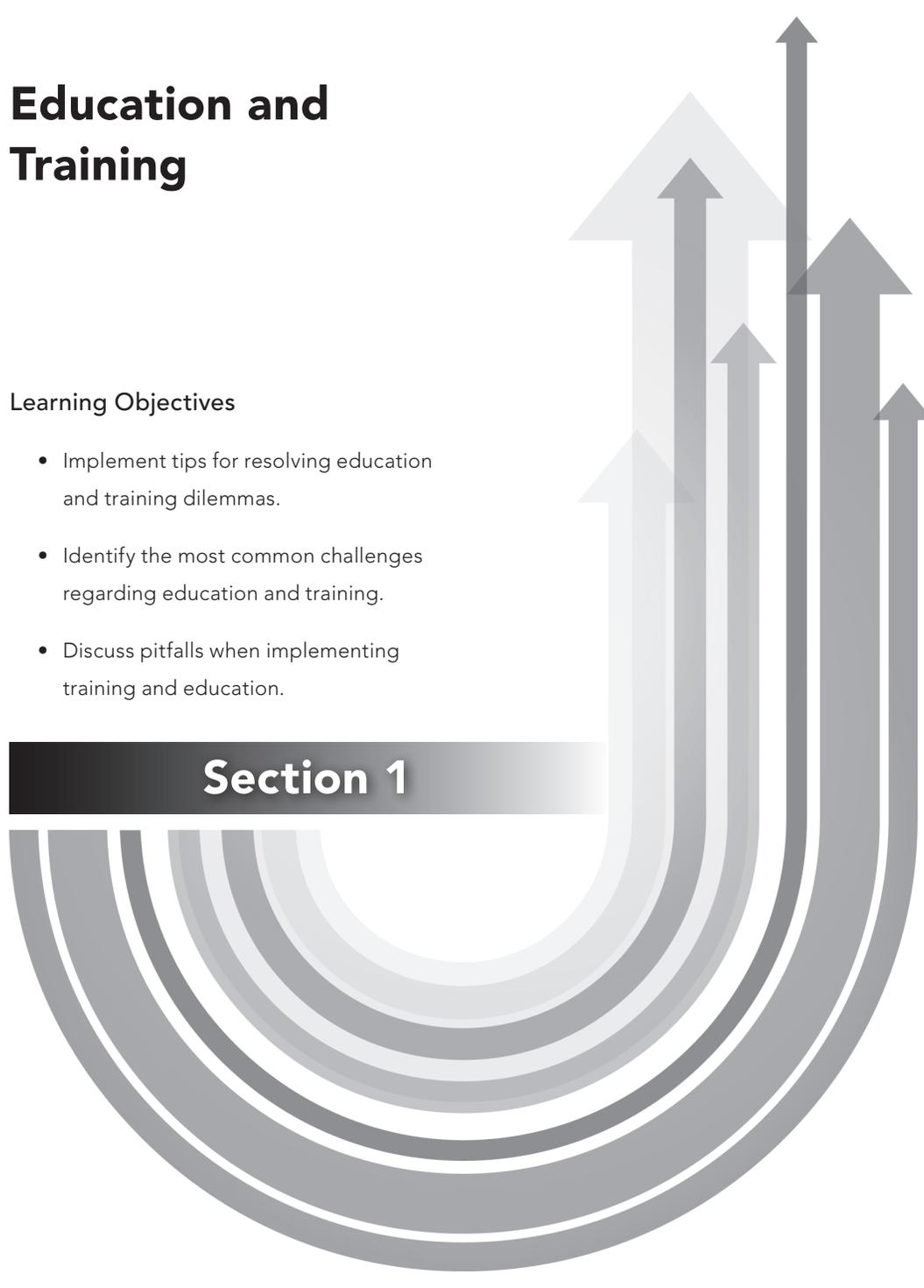
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# Education and Training

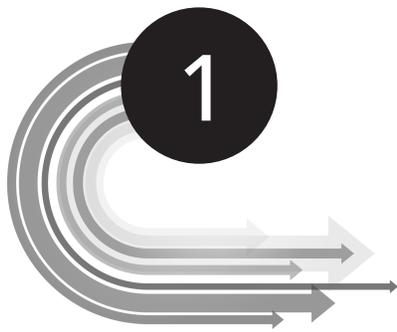
## Learning Objectives

- Implement tips for resolving education and training dilemmas.
- Identify the most common challenges regarding education and training.
- Discuss pitfalls when implementing training and education.

## Section 1

A decorative graphic on the right side of the page. It features several vertical arrows of varying heights and shades of gray, pointing upwards. At the bottom, a large, thick, U-shaped arrow curves from the left towards the right, with its ends pointing upwards. The arrows have a slight gradient and are set against a white background.





## In-service

It's 4:30 p.m. on a Friday afternoon. It's been a hectic week and you're looking forward to the weekend. Just as you begin to think about packing your briefcase and heading for home, your phone rings. It's the charge nurse on one of the oncology units. A patient is being transferred to her unit from another, smaller hospital. The patient has a rare form of cancer and is arriving with some new equipment necessary for treatment with which the staff is unfamiliar. Nor are they very familiar with the particular type of cancer affecting the patient. The charge nurse asks for help educating her staff. New equipment? Unfamiliar diagnosis? Training is needed now! How can we deal more effectively with the need for in-service and on-demand training without allowing this need to turn into another training crisis?

In-service education is often referred to as simple, short-term programming that meets an immediate need (Avillion, 2008). Also referred to as on-the-job or just-in-time training, in-service education often involves the need to master the operation of a new piece of equipment, provide nursing care to a patient with an unfamiliar diagnosis, or implement a new or updated policy or procedure quickly. In other words, in-service education is a rapid response to changes in your work environment (Avillion, 2008).

How can we make responding to the need for in-service education less of a crisis intervention and more of a learning experience? Let's start by dealing with the need to educate staff on new equipment. The first step is to know your vendors.

### Know Your Vendors

---

Maintain a current list of local equipment vendors and/or sales representatives. They are often willing to help with in-services as part of their job responsibilities and generally respond fairly quickly to requests for help. Although they may not be able to come personally, they may be able to transmit training videos online almost immediately. Unfortunately, these people seem to change jobs (and companies) quite often. Assign responsibility for maintaining an up-to-date list to your departmental secretary (if you're fortunate enough to have one) or another member of the department. Sometimes current information can be obtained from a company's website. If not, phone calls need to be made. Updating should be done every month or two but never less frequently than quarterly. If you don't think there is time for someone to do this remember that it takes a lot more time to function in a crisis mode trying to

## Section 1

locate your vendors and come up with an in-service on your own. Schedule this “updating” task as you would any other responsibility. In the long run, having a current list of vendors and sales representatives will save you time and energy.



Suppose you don't have a departmental secretary? In that case contact your director of volunteers. You may be able to acquire the services of a reliable volunteer on a monthly or quarterly basis.

Contact information for vendors should include:

- Company name and website address
- What types of equipment they supply
- Name of your vendors and/or sales representatives
- What help is available in an emergency situation after regular business hours
- Phone numbers (both office and mobile phones), e-mail, and preferred method of contact



Find out if the company's website lists the names of local vendors and sales representatives and their contact information. If this is the case, maintaining current information will be a swiftly accomplished task.

Woo your vendors and sales representatives. Include them on your holiday greeting card list. When they help you with in-service education, whether it be in person or by sending education resources, be sure to thank them profusely. Send a follow-up e-mail or text telling them how the education they facilitated helped you and the nursing staff. Offer them coffee when they drop by. Treat them as a friend, not an annoying interruption, no matter how inconvenient the timing. They will be more likely to help someone who treats them with courtesy.



Encourage nurse managers and clinicians to treat vendors with respect and a welcoming attitude.

Ask your vendors and sales representatives if they have training resources such as DVDs and online in-service videos that can be downloaded to computers, mobile devices, etc. Being able to download these types of teaching tools in a hurry is a big help for you and your learners. Also ask if staff members can access these tools during nonbusiness hours.

## Identify Nurses Who Can Help

---

The next step is to make sure you identify staff nurses who are willing and able to help with in-service. These nurses need to be nurtured and may, someday, be groomed to assume the role of a unit-based educator or nursing professional development (NPD) specialist.

If your organization has a career advancement/clinical ladder program that requires staff to participate in the education of their peers, you can use those requirements to encourage staff nurses to participate in in-service training. Nurses pursuing advancement may be especially willing to learn more about the educator role.

Work with nurse managers to identify nurses who show an interest in and an aptitude for helping to educate others. You are more likely to gain the cooperation of nurse managers by working together and explaining how having their staff nurses trained to help with in-service education is beneficial to all concerned. Don't let nurse managers get the impression that you are trying to take time from their staff members to do your job.



When working with others to identify staff nurses who are likely candidates to help with in-service, help them to understand that the best clinicians do not necessarily make the best educators. Look for nurses who go out of their way to help educate their colleagues.

If you are fortunate enough to have unit-based educators as part of the professional development department, one of their responsibilities should be to help identify and train staff nurses to help with in-service education. Identifying staff nurses who are interested in helping to educate their peers is one way to identify possible future candidates for the role of unit-based educator.

Offer a train-the-trainer course for identified staff nurses on a regular basis. This is not the same as the preceptor course, although some content may overlap. The train-the-trainer course should focus on in-service, including such issues as the principles of adult learning, dealing with disruptive learners, how to help colleagues who do not meet learning objectives, and resources available for in-service education. Identify staff nurses who are trained to help with in-service on all shifts.

## Facilitate a Knowledge Depository

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Facilitate a new knowledge “depository” for all units. Arguably, the quickest and easiest source is online. If your department has its own portion of the hospital’s intranet, you might develop such a resource. Some units prefer to

## Section 1

maintain their own depository, particularly specialty units that have knowledge needs unique to those specialties. The knowledge depository should include:

- Access to the organization's online library resources
- Software applications (apps)
- Other websites (including those of the vendors and sales representatives for critical equipment)
- Access to hard copies of relevant journals and books
- Contact information for key resources (e.g., vendors, NPD specialists, etc.)

You also need to consider how to document how learners achieve learning objectives. One way to facilitate documentation is to have a template that can be quickly filled out and printed from your computer or, in some documentation systems, complete the form directly on a PDA or other similar devices.

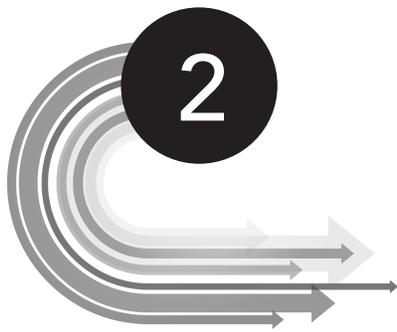
Figure 1.1 ([www.hcpro.com/downloads/10170](http://www.hcpro.com/downloads/10170)) is a sample template for something that requires a review or reading of a document such as a new or revised policy, Joint Commission alerts, etc. The document is something that could be posted either as a hard copy or sent via PDA. Adapt the wording of the template to meet your organization.

Figure 1.2 ([www.hcpro.com/downloads/10170](http://www.hcpro.com/downloads/10170)) is a template that is appropriate for use when a competency, such as safely mastering new equipment or a new procedure, must be demonstrated. Note that there is space for objectives and specific behaviors that must be demonstrated to achieve competency. There is also space to note whether or not competency was achieved and to document necessary remediation if competency is not achieved.

## Reference

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Avillion, A. E. (2008). *A Practical Guide to Staff Development: Evidence-based Tools and Techniques for Effective Education*. Danvers, MA: HCPro.



## Reviewing and Revising Your Orientation Program

Every nursing professional development (NPD) specialist deals with the ongoing dilemma of orientation. How long should it be? What is too long? What is too short? How can we reconcile learning needs with the needs of the nurse managers who want new nurses ready to assume a full patient assignment sooner rather than later?

Unfortunately there is no single right way to offer orientation. Orientation needs vary according to the size of the organization and the needs of the patient population. As with all NPD activities, any changes in orientation must be grounded in evidence. If your organization uses a shared governance model, you can rely on unit-based councils, leadership councils, quality councils, and the NPD council to work with you on orientation design and revision. If not, you still need to work with persons who would be part of such councils if they existed, such as nurse managers, staff nurses, human resources, quality improvement personnel, and NPD colleagues.

It is not possible to say what should or should not be part of orientation, nor is it possible to identify the correct length of orientation. What is possible is to give you some tips to evaluate and strengthen your orientation program:

- Consider forming a nursing orientation task force or have orientation addressed at least semiannually during unit-based and other councils as part of the shared governance model (if your organization espouses shared governance). The opportunity for members of the nursing staff to have input often helps to control some of the negativity sometimes associated with orientation. It also offers NPD specialists the opportunity to provide evidence (such as turnover rates, rates of competency achievement, etc.) regarding the effectiveness of orientation.



Never attend meetings at which orientation will be discussed without your objective evidence. Do not limit yourself to reaction data. You absolutely need to begin (if you haven't already done so) collecting data pertaining to retention and turnover, analyze it, and present your evidential findings. Only by using such evidence will you be able to gain support for orientation and any necessary revisions.

## Section 1

- Meet with preceptors at least semiannually. They are more likely to buy-in to the entire orientation process if they have the opportunity to provide regular input and hear, directly from NPD specialists, the evidence that is available regarding orientation success (or lack of success) and preceptor impact on retention and turnover.



Review the process of preceptor selection. Are all nurses expected to function as preceptors? Is assuming responsibility for preceptorship part of career advancement? Are preceptors compensated for assuming this type of responsibility? One of the major stumbling blocks to an effective preceptor program is to automatically mandate that all nurses function as preceptors. The role of preceptor should be part of a career advancement program and compensated monetarily. Ideally, the preceptor role should be considered both advantageous and prestigious and candidates should apply for the role.

- Implement, review, and revise orientation based on evidence, not complaints or even accolades.
- Orientation will always be a dynamic process, constantly undergoing evaluation and revision. Everyone involved needs to accept this fact. This acceptance makes it easier to accept the idea of frequent change regarding orientation.
- Unit-based orientation varies depending on the experience of the orientee and the rapidity with which she/he learns. Caution preceptors not to expect a newly licensed nurse to complete orientation at the same pace as a nurse with five years of experience. Part of preceptor training should be to never, ever compare new orientees to each other.



Caution preceptors not to assume that an experienced nurse will require less orientation than a newly licensed nurse. Everyone learns at a different pace. The experienced nurse may be entering a new specialty or perhaps has moved from a different geographic location. These types of issues will impact on her/his ability to learn.

- When altering the method of teaching (e.g., going from classroom to computer-based learning [CBL]), be sure to evaluate the change in terms of learning, behavior, and, whenever possible, results. Compare data prior to the change with data after change is implemented. Doing so allows you to objectively evaluate whether or not the change is beneficial.
- Include information about acquiring a mentor during orientation. Mentors, who do not have supervisory or authority over the orientee, function as part of a support system and career coach. Almost everyone needs a mentor! There are pros and cons to having an in-house mentor. Confidentiality is an important consideration; no new employee wants to discover that his or her concerns and discussions are made public by his or her mentor. It is suggested that mentors do not come from the same unit as the orientee. You may even

## Section 1

be able to organize a “mentor exchange” with other organizations and/or colleges and universities with which your organization has student affiliations.

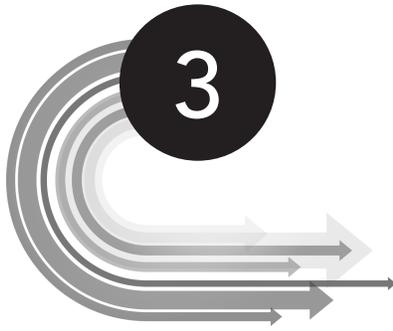
- Include information about bullying during orientation. This should include bullying from supervisory personnel, subordinates, and peers.



Include information about bullying, especially horizontal bullying (peer against peer), as part of preceptor training. Offer objective data regarding the effectiveness of bullying and that it is not going to be tolerated.

- Incorporate opportunities for orientation attendees to network after they have moved from general orientation to unit-specific orientation. Some organizations have organized times for orientees to gather periodically throughout their first year of employment. Nurse managers are mandated to release these employees for these meetings. It provides not only a support system but a chance to retrieve valuable data about the orientation process.

In summary, there is no magical solution to orientation because orientation is in a constant state of change. However, by reviewing these suggestions, you will hopefully find ways to deal more effectively with the challenges orientation provides.



## Enhancing Your Preceptor Program

Based on discussions with a number of nursing professional development (NPD) specialists, recurring themes have emerged regarding content and preceptor selection. It is the purpose of this chapter to help you identify some strategies for selecting preceptors and remind you of important content issues.

### Preceptor Selection

---

One of the biggest challenges of NPD is dealing with the way preceptors are identified and selected. In some organizations, although the number is decreasing, all nurses are expected to serve as preceptors. There is no monetary compensation for the extra time it takes to fill the role nor is it part of a career advancement plan (i.e., climbing the clinical ladder). This is *not* a good way to develop a preceptor program. If your organization is still mandating that all nurses serve as preceptors, gather data and provide evidence to prove that this policy should be changed! Most likely, evidence will show that nurses who are not interested in, or who do not have the aptitude for, serving as preceptors will be linked to increased turnover among those new nurses for whom they precept.

When selecting preceptors, keep the following considerations in mind:

- Filling the role of preceptor should be part of a career advancement path. It should not be the only option at a certain step in the path. There are other options for nurses who want to advance in the role of staff nurse (perhaps some have more of an interest in research or managerial duties). Options should and must exist.
- Compensation should be offered for those who serve as preceptors. This compensation may take several forms, such as monetary compensation in hourly wages for those hours they are precepting, additional time off with pay, etc.
- The role of preceptor should be one that is accompanied by prestige and respect. This can only be the case if preceptors earn both.
- Candidates for the role of preceptor should have to apply for the role. They need to be recommended by their nurse managers and possess clinical expertise and an aptitude for educating adults. NPD specialists should

## Section 1

also be involved in evaluating candidate applications. Part of the application process should include observing the potential preceptor as she/he provides education such as on-the-job training to peers.

- Implement a support network for preceptors. They need the opportunity to network with each other and with NPD specialists. Arrange for a regular periodic meeting of preceptors. Such meetings will also be a good source of data for NPD specialists and nurse managers as they evaluate the quality of the preceptor program.
- Performance as preceptors must be incorporated as part of their annual job performance evaluation. Evaluation of their effectiveness as preceptors should include objective data that relate to results like retention, turnover, and orientees' successful completion of orientation.

### Preceptor Program Content

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Some aspects of content will, of course, vary depending on the organization and the specialty of the units involved, but there are some general areas of content that should be included. Based on feedback from NPD colleagues, preceptors should:

- Assess their own learning styles and learn about the learning styles of others. They need to learn how to facilitate learning in preceptees whose learning style is different from their own.
- Perform a confidential self-analysis of their own strengths and weaknesses, such as patience, ability to offer and accept constructive criticism, clinical strengths and weaknesses, etc. They also need to examine their own beliefs and values and how to deal with orientees whose beliefs and values differ from their own.
- Learn principles of adult learning and how to apply them.
- Learn the ethics of functioning as preceptors, including confidentiality.
- Learn legal issues of precepting orientees.
- Recognize the effects of horizontal bullying, including how to recognize bullying behaviors in themselves.



Preceptors must also receive training in how to deal with orientees who are bullies. It is less common to have orientees behave in this manner, but it does happen.

- Document orientee performance.
- Identify learning objectives.

## Section 1

- Conduct an objective evaluation of orientees.
- Know how to conclude the preceptor/orientee relationship.

 <p><b>PROFESSIONAL DEVELOPMENT ALERT</b></p>	<p>Incorporate role play as part of the preceptor program. Use challenging simulated situations such as having to tell orientees that they have failed to meet learning objectives, dealing with orientees who are angry and upset, etc.</p>
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The preceding issues are guidelines for your own program. There will, of course, be additional content you will wish to provide. The issues described in this chapter are areas that some NPD colleagues have identified as critical to the success of their own preceptor programs.

# The Path to Stress-Free Nursing Professional Development

*50 No-Nonsense Solutions to Everyday Challenges*

Adrienne E. Avillion, DEd, RN

*with contributing author*

Barbara A. Brunt, MA, MN, RN-BC, NE-BC

*“How do I engage resistant learners?”*

*“How can I cover all the mandatory topics while getting orientation done faster?”*

*“How do I show that my education and training programs have a link to job performance and patient outcomes?”*

Sound familiar? These are some of the most ever-present challenges for staff development professionals and unit-based educators. ***The Path to Stress-Free Nursing Professional Development*** offers quick, practical advice from experts who have been there. Author and veteran nursing professional Adrienne Avillion and contributing author Barbara Brunt condense their years of knowledge and experience into easy-to-implement strategies that will guide you through your NPD efforts—no matter your background or experience—reducing your stress, saving time, and making your job easier.

Unlike anything else on the market, this book gives you instant solutions and quick tips to use immediately.

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