

and collaboration are needed in order to create awareness of this issue.

Change or Moving to a New Level

By implementing change strategies we are making an effort to change and improve the model of learning for future nursing students. These strategies will be made and implemented in collaboration with all individuals affected by this issue. Encouraging the use of a new and improved preceptorship model through the suggested strategies

Refreezing

Re-evaluation of the new proposed preceptorship model through questionnaires, evaluations, etc. will be vital in the refreezing stage. These evaluations will be from all parties involved in order to provide a holistic view.

Strategies for Change...



- Two preceptors could have one student in one rotation
- Nurses should be taught on how to preceptor a nursing student when they orient to a new nursing job
- When the nurse has a preceptor student they should either get a

premium on their pay, or make it count for continuing education hours

- Nurses being preceptors needs to be part of the job description and stop being an option

References

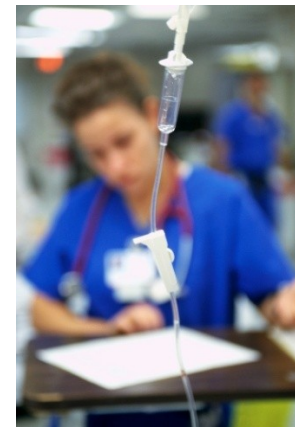
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Clinical Teaching Units

VS.

Individual Preceptorships

By Christy VanRookhuyzen and Deanna Grant





Here's the Issue...

The change from individual preceptors to CTU's is one that came about due to a need from the nursing community. Some of the main issues that brought this change about were;

- The current nursing shortage in British Columbia
- Increase in patient acuity
- Increase in nurses burning out
- Clinical placement coordinators finding it hard to place student's.

"In the current nursing shortage where nurses are already overextended it is difficult to find qualified preceptors who are willing to take on the additional responsibility of working with a student," (Seldomridge & Walsh, 2006, p.172).

Without nurses willing to preceptor, this model cannot continue to exist. The preceptor model needs to undergo changes in order to facilitate students learning needs. The CTU is a new idea where a group of students are placed on predetermined units and have no instructor or assigned preceptor, instead the unit acts as a preceptor. The problems with CTU's are that they are in the initial stages of development and have many flaws. Staff are

confused about their roles, and the students are forced to clarify their learning goals repeatedly. Also, CTU's are diminishing the choices that nursing students have in terms of clinical placements. This is a huge issue to those students interested in experiencing any specialty areas. By keeping the preceptor model we could keep the variety in placements and students would continue to benefit from the one on one guidance from experienced nurses.



Driving & Restraining Forces

Driving forces are those forces affecting a situation that are pushing in a particular direction; they tend to initiate a change and keep it going. Restraining forces are forces acting to restrain or decrease the driving forces.

Driving Forces

- Students should be placed in an area where they want to be
- The one on one guidance from a preceptor experience is very unique and individual
- The CTU's are currently disorganized and rely on students too much
- The nurse's code of ethics includes the responsibility to teach new nurses

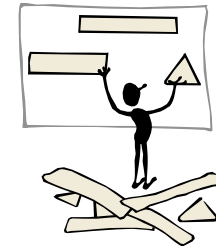
Restraining Forces

- Nursing school staff stating it is too hard to find placements

- Nurses getting burnt out with the preceptor program as only some nurses accepted students
- No benefit/incentive for the nurse to take a student
- allowing nurses to decline students every time and not informing them that this is a nursing duty



Lewin's Change Theory



When initiating and attempting any sort of change, an appropriate, reliable change theory is needed. Lewin's Change theory models the "processes that occur in a planned change" (Nursing Informatics, 2008). Lewin's theory consists of three stages: unfreezing, change or moving to a new level, and refreezing.

Unfreezing

Nurses, students, faculty members, health authorities etc. all have to realize the need for further investigation, research and evaluation of both methods of clinical teaching. Opportunities for questionnaires, discussions