

Nursing and local preceptor assignment

[Education](#)



As one of a worker's ministry of health, I feel very proud become a nurse but sometimes it is also to challenges while on duty. I was working with ministry of health as a staff nurse 13 year ago. I have been working in paediatric ward, labour room and currently I am in maternity ward. In maternity ward, they is one nursing sister as a ward manager, 7 trained staff nurse with midwifery course, 7 other's trained staff nurse without midwifery course, and 14 other trained nurse.

As a team, we work together to deliver better nursing care to our client's. My working place is one of he practice areas for medical personal's and student's to do their practical in midwifery. My objective for this assignment is to explore whether the working environment at my unit is suitable for learning. To create a learning environment, ward should have a good staff as a friend attitude, approachable, willing to help, showing interest in teaching and self confidence at work.

In my ward we have very good relationship, where to give support to each other, not only in our profession as a nurse but also those in needs by giving moral support. So, the mentor and the mentee must get this opportunity to know each other. The close relationship will give benefit to the mentee to learn the skills of the clinical placement. Furthermore, the relationship will make the mentee start taking responsibility, become independent and needs help less. To support this, Brown (2002) defined communication as to impact share, conveys or exchanged information. English National Board and Department of health (ENB and DH) 2001 a, Andrew and Roberts 2003) suggested, to enhance the clinical experience, it is importance to provide students with appropriate support, guidance and supervision in the clinical

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area . Besides, working environment also play the important role. In my learning areas, the learner mostly felt uncomfortable due to noisy from client relatives, environment temperature high and congested will make learner sweating and workload always make them left behind their food.

As learning is a change in human, the learner needs a comfortable environment. To support, Maslow (1987 , 1943) theory or a hierarchy of human needs suggests that human psychological needs oxygen, food, water, homeostasis, and constant body temperature that must be fulfilled first in order for the human body to function well (Simons, Irwin, and Drinnien 1987). Blais et al. (2002) asserted that computer is a powerful tool to ake education, research, practice and administration becomes more efficient.

Therefore, the need of information technology into nursing education has been recognised where there are nursing Journal, articles, current research available in internet. My working area has one computer with internet access. We can use the computer to access the internet for study or work presentation. But it is limited because the computer is mainly for daily and monthly ward census. Most the time the computer is use by ward staff to type daily census and email it to related person in charge of each health care centre .

However, the nurses can learn more if the superior provide extra computer with internet access to facilitate nurses in searching variety of learning resources in order to enhance their knowledge and communication idea with other staffs through multiple communication channels. communication, clinical practice and relationship with patients. In my practice area, the

students are guided by local preceptor and the Junior staff guided by mentor. Cassidy (2009) stated that acting as a mentor requires a registered nurse to have clinical knowledge, experience and an informed appreciation of student assessment.

Although the local preceptor and mentor is a senior nurse, but there are lacks in knowledge and skills in teaching and assessing learner. Quinn and Hughes (2007) stated that course of preparation may take the form of recognized course such as teaching and assessing in clinical practice or a post graduate certificate in education course. In this case, the ward manager should send the local preceptor and mentor for proper training. So, the local preceptor and the mentor become more professional in teaching and assessing learners to gain knowledge.

Besides, local preceptor and mentor also have limited time and busy with ward outline and workload. The learner need to approach with promotes self directed on experience and involvement in planning, discussion and evaluation. In this situation, leaner have to be independent and responsible for they own learning. At my working area, we has received students nurse final year to do they practical in midwifery. As a local preceptor for the students, I need to guide them in clinical area and plan they roaster during attachment at my ward.

So, all the students' not missed importance procedure it was plan in their log book. For example, giving injection Bacille Calmette Guerin(BCG), Students need to observe first before giving the injection. After feel confidence student can try giving injection under supervision. Further, students also

need to practice more method in giving injection BCG via intradermal to make them perfect in this procedure. Student must have enough quality and quantity of experience to make accurate and safely Judgments (MacFarlane, et al. 2007).

So, they need to take the opportunities as a student to observe role models and practice more with what they have seen, heard, sensed and done. Gopee (2008), stated that mentor was a registrant who facilitated, and the assessor was registrant who assessed learners' competencies. As a local preceptor in a special field, I need to have clinical knowledge, skills and experiences compared to my students'. For example, to attach cardiocograf probe, need knowledge and skills . unfortunately, students mostly do the procedure without assessing because local preceptor busy with ward routine.

Hart and Rotem, (1995) suggested that peer support and Job satisfaction will influence professional development. In the future, I hope student will get one local preceptor full time with student in clinical area. Andrew and Wallis (1999) stated that a more formalized selection process is need whereby individuals are chosen against identified criteria. At the same time, junior nurse need a senior nurse to guide them in clinical area. So, our hospital alternative is mentorship programme. At the first week of attachment, ward orientation done by mentor.

For example, mentor responsible to introduce the leaner to the ward staff, bring them around the ward, brief them about the equipment and explain vision of our unit. So, this will help leaner to gain their commitment, help

them understand organisation expectation and able to express what are expected from the Job and organisation. McCabe (1985) describe, clinical learning experiences as the heart of professional education, as it provides students with an opportunity for professional value. For example, my hospital has mentor mentee programme in nursing documentation.

The mentor need to responsible to teach the mentee in proper nursing documentation. Unfortunately, the programme will end with no proper feedback. So, we not sure this programme either end positively or negatively. When it end negatively, the mentor and the student are left with are sense of emotional tension and general dissatisfaction. But, when the ending of programme is positive, a supportive friendly relationship develops. I suggest, person who responsible to this programme must get a feedback from mentor and mentee.

Besides, the ward manager also play an importance role include the management of ward, interpersonal relationship and leadership style. Fretwell in 1980 stated that: ' the [ward] sister is the key person who control the learning environment... (the ideal learning environment) is created by the [ward] sister and other trained nurse on the ward' (Forham, 2005). So, the ward sister play an important part in establishing and aintaining clinical setting as a learning environment. Learning is a lifelong activity. So in my practice area, learning can be acquired in the formal and informal structured teaching sessions.

In healthcare professions, learning is a lifelong process of skill and knowledge acquisition and updating them through planned participation in

focus reading and structured programmers study (Gopee, 2008). In my practice area, there are few formal learning opportunities, it is continue nursing education (CNE), continue medical education (CME), user training, courses, running assessment, morning meeting and etc. For example, continue medical education (CME) will present by doctor once are week. The doctor will present about the topic that is scheduled, example gestational diabetic mother.

Besides, our unit also conducting courses related to our unit. So, from this formal teaching can help other staff to enhance knowledge, skills and learn something new about the topic was (Chan, 2001) Nursing as a profession has involved in response to present. societal need for well prepared practitioners who provide quality care to the needed in episode of illness, and promote health among all age groups. So, continue nursing education also importance to prepare learner with working environment and enhance knowledge in nursing profession. For example, initiation of breast feeding within one hour of life new born baby.

The nurses should have knowledge about breast feeding. So, the nurses who attend to mother can approach and encourage mother for breast feeding with full of confidence. Informal learning also importance in learning process. Massarweh (1999) equates the clinical setting as the clinical classroom. For example, informal learning in my learning area is follow ward round with the doctor. The learner can enhance the knowledge during the doctor explain the diagnosis and plan of care to the patients. Besides, the learner also can learn from progress of the patient day by day during hand over.

So, it is importance for the learners to follow the ward round and pay attention during passing hand over duty by senior staff. As (Hand, 2006) cognitive theories consider as internal process that involves higher mental activities such as memory, perception, thinking, problem-solving, reasoning and concept formation. The learners observe the procedure as a critical incident and later they recall the incident, and describe it, efect on it and explore it in context with the existing professional and relevant doing cardiocography, the mentor demonstrates how to do the abdominal palpation before attaching the cardiocography probe.

In my practice area, I think the theory of andragogy is suitable for teaching. As Hand (2006) cite that andragogy learners self-concept is self direction, adults take responsibility for their own learning. In my practice area, learners learn more through the theory session when attending the continue medical education, continue nursing education, courses, and workshop. Haney and Mumford (1989) suggested that there are four different style and that it is important, where possible, to allow the student's style to influence your choice of teaching method.

They describe learners as activist, pragmatists, reflectors or theorists. For my practice area, the theorist style is practiced more than activist, pragmatist, and reflector. However, cognitive learning theory is the best to practice in my learning area. Cognitive theory refer to learning is an internal purpose concerned with thinking, perception, organization and insight (Gopee, 2008). As our mentor always busy with ward routine and burden with workload, learners must have to take responsibility for their own learning.

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According to Knowles (1990) pedagogy is teacher-centred model. The teacher predetermined the objective, control timing and as primary resources provided the material and idea for students. However, andragogy is a student-centred approach with promotes self directed reflects on experiences and involvement in planning, discussion and evaluation. As conclusion, the ward sister should have to assign and train a mentor to lead the learner. The mentor should be sent for a proper training to be qualified mentor.

At the same time, the ward sister should try to allocate more staff in our ward. So, the mentor able to supervise, share their knowledge and experiences with learner and the mentor should not be burdened with the ward routine. So, the mentor can concentrate on mentoring learners. The ward manager also should provide extra computer with internet access for learner to explore information and material for them to refer in order to form working arena that is better for teaching environment.