From Beginner to Expert: Development of Expertise in Clinical Practice

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Stages of Clinical Development: From Beginner to Expert

(based on the research of Benner, Tanner & Chesla, 2009, Expertise in Nursing Practice; Benner, Kyriakidis, Stannard (2011), Clinical Wisdom & Interventions in Acute and Critical Care; Kyriakidis with new grads, 2011

Benner's Research: Foundations for Education and Clinical Development

Narratives or clinical stories give us an insider's view of the challenges of practice.

* Expertise in one aspect of practice does NOT mean expertise in all areas
* Expertise is dynamic; develops unevenly.

[Key is the focus on skill development, not simply knowledge, for a practice discipline]

Teaching for &/or Learning in a practice discipline reflects four critical changes (Dreyfus):

For a better understanding of the changes, see Benner, P. (2000). From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Menlo-Park, CA: Addison Wesley, Chapter 2.

1) **Engagement**: from detached observer, standing outside the situation, to one of a position of involvement, fully engaged in the situation
2) **Grasp or Understanding**: change in the **perception of the situation**, from one in which it is viewed as a compilation of equally relevant bits to a **complex whole** in which **certain parts are relevant** - they differentiate relevant parts
3) **Thinking and Reasoning**: from reliance on analytic, rule-based thinking to intuition
4) **Performance/Interventions**: from a reliance on abstract principles and rules to past, concrete experience

Experienced, Non-Expert Nurses: Loss of Story or Stories of exclusion, objectification, or defense

NOVICE*

1. have no experience (e.g., nursing student)
2. practice is rule-governed: novices must learn by rules to guide their actions
3. behavior is limited & inflexible because they have no experience to draw on
4. for novices, following the rules & protocols **IS good practice**
5. most new graduates entering hospital practice are just beyond this stage

ADVANCED BEGINNERS*

1. Engagement: dominated by the task world – This understanding of responsibility for tasks governs the Beginners concerns, thinking & reasoning, judgment and preferred interventions
2. Feel they can rely on rules, protocols, guidelines & standards…. [Notice the target of practice!!! EBP guidelines]. Rules and protocols can improve patient safety with inexperienced clinicians, but they must eventually learn the limitations of protocols and how to individualize care
3. Feel secure with practice directed by orders, rules, generic nursing care plan, and procedures or "common practices".
4. Multiple & Competing Task show up as an overwhelming list of things that must be done. Patients may become a check list temporarily as beginners master the task world.
5. **Working with Limited Grasp/Understanding of the patient's situation: critical limitation that is overcome with experience** – most gained through dangerous trial & error learning
6. In rapidly changing situations, easily misses subtle cues of developing problems

7. Must work hard to Match Textbook descriptions with Actual Live Manifestations in the patient's condition - preoccupied with recognizing clinical conditions
8. Delegate-Up (recruit other experienced clinicians to help make judgments): delegate here means elect to defer to. Up means anyone who seems more experienced than the Beginner
9. Focus on what is to be done; on the immediate present
10. A Situation is a Test of Ability/Knowledge - Working on Edge of Safety/Knowledge
11. Constantly working at the **edge of their safety and knowledge** – makes them very anxious. Anxiety in the Beginner stage can hinder learning.
12. Excitement, enthusiasm, & thrill of learning!!

ADVANCED BEGINNERS Strategies for Development: (Benner, Tanner, Chesla, 2010) & (Kyriakidis, 2011; 2017-2020)

Overall Key Role of Educators & Preceptors: Teaching & Coaching HOW TO. How to: recognize what's relevant, think, problem-solve, use knowledge, interact with patients and others, accomplish tasks, organize, prioritize, be and think like a nurse, etc…..HOW TO

For Orientees

- Teach the rules but help them understand they will have to break them. Wisdom is knowing when.
- Educate Preceptors re: "Delegating Up" – point out peers with good judgment
- Assure Task Mastery as early as possible: enables Beginner to move into Competent stage
- Assist with the "Check lists" daily; ?Pre print? Help them learn to organize their check lists. Watch when they stop using it!!! Recognize the difference between supporting them temporarily to organize the task world vs. entrenching them in the task world or check list!
- Coach for Engagement, which is central for development, success, retention, and avoids disengagement. Help the beginner see when they make a difference.
- Teach by COACHING!!! Compels them to constantly think using Situated Coaching (share NovEx's "Guide for Preceptors Using NovEx…." The list of Coaching Questions inform how to do **Situated Coaching** (that is, how to ask questions that keeps the beginner IN THE SITUATION, while compelling them to constantly think and reason)
- Coach to constantly compel Clinical grasp, thinking, reasoning, & judgment – develop habits of practice – critical for safe practice and also for collaboration.
- Coach for recognition (clinical grasp) & making sense of what they see that seems clinically relevant. Ex: Talk about what you are noticing that concerns you? What do you make of what you are noticing? What do you anticipate needing to do? These questions, asked over and over, form habits of thinking.
- Coach for a focus on what is of highest priority or most urgent. Ask: What is the most important thing or things you need to do first?
- Coach for Habits of good thinking and practice by asking the same questions that focus directly on thinking/reasoning, concerns, patient as person, what they are learning, etc. (see Guidelines for Preceptors in Faculty Manual online in NovEx)
- Learning from their own practice is a core indicator of Engagement. Not learning is a hallmark of disengagement.
- Debrief often: inquire how their patient is doing; what are their concerns; prep to collaborate; how are they feeling about themselves
- Focus on same patient populations a week at a time to learn trajectories
- Set them up for collaborative relationships, particularly with MDs. Rehearse them for SBAR, important questions, etc. prior to rounds.
- Support/Prepare them for End-of-Life situations; help them learn to cope in sustaining ways. Teach them HOW TO support the patient and loved ones

- After they care for the same kind of patients repeatedly, start to teach trajectories of recovery
- Documentation teaches what is important!!! Make sure that what is important is what they must document!! (Major Disruptor)
- Be a sensitive, trustworthy, and safe person to ask questions
- Provide "Group Hugs" or confidential "Share Your Fears" sessions to
- Invite them to talk about their emotion in learning & coping
- Evaluate and Coach based on **Performance** outcomes – NovEx analytics can be a guide
- Narratives (provided in each NovEx module): Provide a vision of excellent practice, ethics, skillful involvement, etc
- Narrative Learning for engagement, memory, expedites development, skills improve

Preceptor Strategies

- Focus on what the nurse must learn first, urgency & highest priority
- Work through tasks/procedures- focus 1-2 weeks on **task mastery**
- Teach rules, procedures, protocols, guidelines; teach when to break them
- Validate their observations; urge them to articulate and problem-solve
- Assignments: focus on similar patients within a population (MIs & chest pain, heart failure, surgical patients, COPD). Try to situate the learners for focusing or else you retard their ability to learn
- Assign the same patients the next day (see trajectories); help set up expectations and can see failure to progress
- Help Preceptors learn Situated coaching by asking "how" and "what" questions
- Coach for "knowing the patient"; know all about them, their preferences, as a person. This requires interaction that can help the learner become more engaged
- Highlight salient/relevant findings of patient's presentation – focus on clinical grasp
- Provide "in the moment" teaching; before answering questions, first explore what the RN is thinking
- Review complexities/ambiguities as they arise
- Discuss the patient's history and clinical context and the relevance on the current problem
- Coach for learning typical trajectories of recovery; is the patient on track or off the expected trajectory
- Identify credible clinical resources (MDs, RNs, PCTs, etc) that are good
- Help develop interaction skills with other team members
- Provide emotional support; explore how they best cope
- Provide debriefing opportunities
- Explore how the learners feel about their role as a nurse; how's it going?
- Encourage exploration
- Coach for threatening MD or peer situations. Role play is excellent
- Share own stories to provide:
  * vision of clinical excellence
  * stir moral imagination about the kind of care that's possible (experienced RNs)
- Include stories in which:
  * Similar complex decisions were made
  * You learned when things did not go well & what you learned
  * You were a strong advocate on patient's behalf
  * Your involvement w/ patient made a difference
  * You learned to cope with heavy burdens
  * You worked well with difficult people

Organizational or Institutional Support

- Commit to consistent assignments
- Socially integrate new staff
- Need to be integrated into welcoming, supportive, & empowering culture
- Recruit experienced nurses for delegating up, who precept to teach and coach new nurses

- Maintaining a preceptor/mentor relationship beyond orientation, maybe 1 year
- After orientation, provide "Safety Nets" for delegating up, clinical problem-solving, judgment. Experienced nurse on each shift whose sole responsibility is to be a clinical bedside resource for new nurses; like clinical specialist. Not supervisor. Constantly rounds to know what is going on with patients → patient safety, spotting early warning, support; can cover multiple units
- Replace the Nursing Process. It was outdated prior to graduation, especially after NovEx. Residents have moved well beyond the restrictive, linear thinking. Adopt Tanner's Model for Clinical Thinking which supports CLINICAL thinking, nonlinear, flexible. If you force them to remain in the narrow linear model, you retard their development (Tanner reference at the end)
- CNO group debriefing sessions
- Help new nurses learn to cope with burdens, sadness, anger, and tragedy
- Identify structured or unstructured opportunities to discuss clinical situations
- Disruption: need to bring excellent nurses together to rethink what we are doing. Need to design education according to the Logic of Practice, not Theory. (ex: Discharge planning, when to assign charge duties)
- Before disruptions, Need to identify and carefully, intentionally preserve the best of what you have and have built
- **Look for and Celebrate "baby steps".** Be innovative. Be bold. Be positive.

COMPETENT*

1. Crisis in Trust/Confidence – Often, an error or misjudgment from trusting others leads the beginner to start questioning their trust in the thinking & judgments of others who "seem" more experienced and knowledgeable.
2. They learn that they are the ones, not others, to make clinical judgments and are responsible for the consequences
3. Feel a new level of obligation and accountability if they can't depend on others to be "right"
4. Excessive Sense of Responsibility – hyper-responsible (more responsibility than is possible)
5. Hypervigilance: Cope with the hyper-responsibility by increasing vigilance
6. Excessive Sense of Responsibility compels getting to "KNOW the Patient"
7. Engagement: Advances to Goals & Planning as a way of trying to control any unexpected "bad" incidences; Become very engaged in the patient's **problems**
8. Goals and Planning, not tasks, now Structure their Work (concerns, thinking, judgment, interventions)
9. They will preferentially choose interventions that fit the goals and the plans for goal achievement.
10. Work to Limit Unexpected Events
11. Do not readily see CHANGING RELEVANCE (what is most relevant in the patient's condition or situation is changing), which may indicate a need to reason and intervene differently.
12. Experience a Crisis in the Limits of their Formal Knowledge. They realize that what they learned just does not fully prepare them with the answers they need, based on what they see. They realize they must pay closer attention to the patient, responses, and what is happening. NovEx will push them to this limit. This helps them leap into the Proficient stage
13. Skill of involvement (or the skill of how to BE with and interact with others) is generalized; tend to interact with patients and families in general ways as taught in school. As they get to know the patient and become more involved, they see the patient's pain….this pushes them into seeing the patient as a person and into the Proficient stage
14. Beginning Agency (willingness to take a stand on important issues) – experience failed attempts

COMPETENT Strategies for Development:

- Coach clinical thinking by asking questions (situated coaching)
- Coach to ”know the patient” as a person
- Help nurse "hear" patient priorities: ask patient about the most important thing the nurse can do for them today
- Coach for strong engagement in the patient’s problem but on the patient as person
  - Coach how to become engaged with patient: questions
  - Coach how to be attentive to patient responses as a guide for providing care
  - Disengagement & Turnover are huge problems to attend to and prevent
  - Encourage honest discussions about discouragement
- Coach/ask how patients with similar conditions are similar or different
- Compare how patients respond similarly and differently to the same interactions
- Teach how to break rules when the patient situation warrants
- Provide clinical challenges – more complex patient situations
- Avoid charge role until no longer hypervigilant
- Conflict management skills are very important to learn with peers, MDs, others
  - Role model conflict management
- Continue coaching for trajectories but variances in more complex patients
- Coach the right kind of involvement with patients
- Coach various caring practices for specific person
- Learning to cope with stress, death, suffering, responsibility
- Encourages involvement in unit activities; Consider areas of unit interest
- Continued coaching & support from Manager, CNS, & Educator
- Continue debriefing, even if less often.
- Narratives: Vision of excellent practice; include narratives from the group!
- Continue welcoming & supportive environment

PROFICIENT*

1. Stage of rapid learning - the patient and his needs are the central focus. It’s a move from analytical thinking as a major mode to practicing on a background of experience, recognizing and using whole past situations. It is a dramatic shift and qualitative change in the clinician’s ability to “see” and understand whole situations.
2. Engagement: More fully in Patient as a Person as well as the patient’s clinical problems
3. Recognize Relevant Changes in the Patient’s situation that cue changes in reasoning and interventions
4. **Skill of Seeing**: Direct recognition of the problem; narratives (clinical stories) are frequently about overturned expectations and seeing contextual and situational changes that require actions other than those planned or anticipated.
5. Can now “read” the situation and the patient’s situation speaks to the clinician.
6. Direct recognition through association with similar situations from experience, but may have to figure out what action to take
7. Have a Sense of Salience, that is, some aspects of a situation stand out as more or less relevant or important. Ex: stroke → slurred speech; drooping fac
8. Recognizes changes in clinically relevant patient responses or Notices when the patient's condition has changed sufficiently to warrant a redefinition of the situation, which then causes the Clinician a change in perspective and action.
9. Developed a differentiated Skill of Involvement
   a. Attentiveness
   b. Curiosity
   c. Perceptual acuity & ability to notice patient responses and changes, clinical signs & symptoms; and patient changes over time
   d. Notice similarities in situations to past clinical situations
10. Ability to recognize and orchestrate skilled responses

11. They often need to think about what intervention or option is best.
12. SKILL OF INVOLVEMENT is more personalized, more patient specific

PROFICIENT Strategies for Development

- Teach for inquiry and *articulation* of learning directly from practice since practice is a way of knowing in its own right.
  Articulation is giving public, accessible language to experiential learning, new insights, & new knowledge.
- Explore & highlight narratives of "turn-around", that is, changes in perspectives that are evident in clinical stories.
- Encourage "reading" and "listening to" particular clinical situations.
- Encourage recognition of early warning signs
- Articulate descriptive nuances of salient changes in patients' clinical manifestations
- Prompt or encourage comparisons of current clinical case with past similar and contrasting cases.
- Help track recognition of progress in clinical reasoning in particular clinical situations.

EXPERT * to a major extent, continues with proficient areas of learning
(based on Benner, Tanner & Chesla, 2009. Expertise in Nursing Practice and Benner, Kyriakidis & Stannard, 2011, Clinical Wisdom in Acute and Critical Care)

1. Have good habits of thinking and practice
2. Engagement: fully engaged in patient/family as person and with clinical problems. This deep engagement guides concerns, clinical thinking, problem solving, judgment, and interventions in a very patient-specific way.
3. DIRECT UNDERSTANDING of the whole situation. Grasps the significance of the situation immediately.
4. Experience a fusion of thought, feeling, and action (indistinguishable; Ex. Grabbing Defibrillator) meaning, in familiar situations, grasps a situation immediately, then directly & fluidly respond without having to contemplate what to do or what should be done. Diagnosis is inseparable from intervention.
5. In common every day, highly experienced practice, experts thus have **Embodied Responses;** that is, they are so experienced that almost without thinking, their bodies move into action when a situation requires a rapid response. (Ex: driving home without thinking about each turn, but you arrive at home)
6. Relational skills can potentiate treatments
7. Clinician "reads" or understands the current situation in terms of the experience in past whole situations
8. Able to focus on the most salient (important) issues without breaking the situation down into various elements
9. Recognize issues that arise unexpectedly
10. Attention and actions are guided by the patient's needs and changing responses and demands. Experts learn to follow or be guided by or respond to the patient's ever-changing needs. They develop a **response-based practice**. Benner also calls this "following the patient's lead".
11. Situated skilled know-how = they can skillfully perform, based on the situation
12. Attunement – being attuned to the patient's/family's emotional status and responsiveness
13. Expertise is not possible without good skills of engagement & involvement with the patient and with the patient's clinical problem
14. Experts often develop new clinical knowledge (ex: being able to distinguish which Covid-19 patients would need ventilation and who would likely recover oxygen)
15. Focus on the Particular- where important and specific aspects of the situation simply stand out as salient while less important aspects stay in the background.

16. QUALITATIVE DISTINCTIONS – notice that the quality of a clinical finding (e.g. Cough of one in CHF; baby's hungry cry) is distinctively different from a similar finding (cough of COPD; baby's cry when in pain). Qualitative distinctions are made in patients' responses to illness or recovery.
17. Fluid, skillful performance, even in very complex and difficult situations. The expert is at home managing multiple, rapidly changing, and/or complex situations
18. Habit of Constantly Thinking Ahead – clinical forethought: They constantly by habit anticipate and are prepared for likely eventualities
19. Experts have patient specific caring practices that make a difference to the patient/family and commonly hold significance to them. Expert caring practices arise from knowing the patient/family and what specific care may be meaningful to them.
20. Moral Dilemmas: Recognize and work to problem solve these with or on behalf of the patient
21. Strong Moral Agency: take a strong stand to advocate on the patient's/family's behalf
22. Role of Emotions – experience and pay attention to emotional cues that further inform clinical judgment

Expert Strategies for Development

Expand curiosity, inquiry, and innovation

- Articulate knowledge embedded in expert practice, which often emerges when experts share their clinical stories (narratives). These provide rich understandings and knowledge that can help and encourage less developed clinicians in their development
- Encourage imagination; help stimulate to move in their development toward mastery
- Stellar opportunity to improve practice at the unit & institutional levels
- Rethink required documentation to avoid "dumbing down" expertise (e.g., forcing experts to follow the nursing process when they no longer clinically think or make judgments using that linear, novice method)
- Rethink using qualitative evaluation measures to better recognize, capture, and reward expert practice
- Recognize and encourage Non-standard patient centered care.
- Involve the experts in the unit's clinically related decisions about patient care and the delivery of care
- Elicit clinical narratives in which experts: make a difference, encounter breakdown in smooth practice, were pleased with patient outcomes, learned something new, developed new clinical knowledge, etc.
- Share clinical stories from experts to encourage the development of other, articulate the knowledge embedded in practice, and to provide a vision of excellent practice
- Recognize experts who mentor others or provide expert coaching as formal nurse consults to emphasize their clinical expertise
- Assist experts and proficient nurses to "develop their voices" to share their expertise and to take a stand on the patient's and family's behalf
- Support the moral agency of experts who insist on patient specific care on the patient's behalf
- Develop and authentically support Career Advancement or Recognition Program which focuses on the quality of care provided by the clinicians, not on extraneous, easily measured committees, projects, or contributions which are not related to direct patient care. It is what nurses do every day that they want to be recognized for.

* Only major points are outlined, but further reading is recommended to more fully understand the different stages and to focus on the educational and developmental implications

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