



Introduction



Acute Care Peritoneal Dialysis Orientation Manual and Assessment Tools

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In 2008, for the first time, ANNA included a section in the *ANNA Core Curriculum for Nephrology Nursing* (5th edition) devoted to acute care nephrology. This action by our professional organization recognized the unique role acute care nephrology nurses play in the practice of nephrology across the country. It also led to the development of the first edition of the *Acute Care Hemodialysis Orientation Manual and Assessment Tools*.

ANNA now offers the second edition of this manual, which includes an updated module on Hemodialysis and three new modules on Peritoneal Dialysis, Continuous Renal Replacement Therapy (CRRT), and Therapeutic Apheresis, which reflect the diversity of acute nephrology practice. There are clear goals with accompanying skills checklists for each area of learning. This manual provides tools that nephrology practitioners can use as the foundation on which they can develop or expand an orientation program to reflect the needs of their specific organization.

The acute care setting presents diversity and challenge to the acute care nephrology staff. Staff education and training are essential to having a safe, caring, and quality program. The orientation of new staff lays the ground work for strong performance as individuals mature in our unique specialty. Following up with ongoing training and regular assessment of competency in a core group of skills is necessary from a professional and a regulatory perspective.

Clearly, there are large differences in practice across the country and among providers. These manuals have been designed to be generic enough to be widely applicable; however, they are specific enough to address the wide range of skills and knowledge essential to establish a consistent level of base knowledge for nephrology nurses across the continuum.

These orientation manuals and assessment tools delineate for the preceptor and the orientee the wide range of key elements that need to be addressed in the orientation process, establishing a common base level of knowledge. Nephrology nurses will be able to use the recommended resources for additional teaching and learning opportunities.

So...happy teaching and learning as we work together to continue to develop the strong, knowledgeable, skilled, and caring acute nephrology nurses that our patients need and deserve.



Theory-Based Nursing

Benner's "From Novice to Expert" nursing theory was selected as the basis for this Orientation Manual.

Benner's Theory


Patricia Benner has published several books and studies that review the development of skills and knowledge in expert practice of nursing. These publications have been instrumental in developing orientation programs for new nurses around the world (Benner, 1984; Benner, Tanner, & Chesla, 2009). Benner describes two types of knowledge in nursing practice: theoretical knowledge and practical knowledge. *Practical knowledge* relates to skills, many of which can be acquired without *theoretical knowledge*, which is developed when relationships and interactions are included. In other words, Benner believes that knowledge is developed or enhanced through experience.

Knowledge develops in actual practice situations. In clinical situations, there is an active process of redefining preconceived notions and theories in the face of encounters with actual practice situations. This can include learning about the exceptions to the rules that theories provide. Gleaning meaning from these experiences is enhanced when an educator or mentor uses his or her own past experiences, as well as knowledge, to guide the less experienced nurse through different situations being encountered.

Benner's model is based on the Dreyfus Model of Skill Acquisition, which states skilled performance is not a talent or a trait that is common to all situations. This model postulates that as one learns or develops within a practice, he or she moves from reliance on abstract principles, rules, and analytical thinking to the use of intuition based on past experience. The learner changes from a person who perceives a situation as a sum of equally important pieces to one who sees a situation as a complex whole of which certain aspects are more relevant than others. This model also suggests that, as one acquires and develops a skill, he or she passes through five levels of proficiency reflecting these movements.

Stages of Skill Development

The novice nurse. The novice nurse has no experience with the tasks or situations in which he or she must perform. The novice must be given context-free rules and lists of "how-to" steps to guide his or her actions according to specific, easily recognized attributes of situations. Because the novice's behavior is governed by rules, it is limited and inflexible. Nursing students, as well as any nurses entering clinical situations where they have no previous experience with



the patient population or the nursing problems they present, are novices. The novice nurse learns best by having simple, easily recognized aspects or attributes pointed out in actual clinical situations by a nurse educator or preceptor, followed by discussion or observation of nursing actions based on that assessment.

The advanced beginner. The advanced beginner is described as one who can demonstrate marginally acceptable performance, generally achieved within six months in the practice setting. This person has now experienced enough real situations to begin to recognize and perceive recurrent meaningful situational components, patterns, or aspects of the situation. Aspects are global characteristics recognized and identified because of a person's prior experience with them. Although the advanced beginner begins to recognize aspects, he or she treats all aspects and attributes of situations as equally important and sees the patient only in the context of the immediate situation. Advanced beginners are extremely task-oriented and view the accomplishment of tasks as the main focus of their clinical performance. They often experience anxiety from failure to organize and prioritize tasks. They require clinical support and assistance with setting priorities. They are best taught by guidelines for recognition of aspects, such as clinical signs and symptoms, and by principles and protocols that delineate activities based on the recognized aspects.

The competent stage. The competent stage is usually reached when the nurse has been in a same or similar setting for two to three years. At that point, the nurse has likely had enough clinical experience to begin to be aware of long-range goals and plans, and to see his or her actions in terms of these goals. The main focus of the competent nurse's clinical performance is to set goals and make plans to achieve them. Important aspects of the current situation, as well as feelings of mastery, organization, and the ability to cope with some problems and contingencies, guide actions. However, because the work of the competent nurse is structured by goals and the need to organize plans to achieve them, he or she does not always notice changes in the clinical situation that may necessitate adaptation of plans. Many nurses in this stage begin to feel anxiety related to a feeling of "hyper-responsibility" and cope with this anxiety through increased vigilance, such as patient monitoring and self-monitoring. Nurses in the competent stage learn best from simulations incorporating decision-making practice, and exposure to multiple patient care problems and demands.

The proficient nurse. The proficient nurse is usually a nurse with three to five years of experience with the same or a similar patient population. This nurse bases his or her practice on many concrete experiences and is now able to perceive situations as wholes and recognize when the expected or normal situation does not occur. The nurse demonstrates increasing skills



in recognition of aspects and attributes as having varying degrees of importance or relevance to the situation, and is able to make decisions quickly, considering only a few of many options. He or she is also more skilled at recognizing early warning signs in the patient prior to the presence of actual objective changes in vital signs. The proficient nurse usually experiences less anxiety related to responsibility due to the ability to recognize importance aspects and increased self-confidence in these skills. The proficient nurse learns best from case studies that test his or her ability to assess changing situations and plan or adapt interventions accordingly.

The expert nurse. The expert nurse no longer relies on analytical principles or rules to understand the situation and to act appropriately. This nurse, because of his or her vast experience, has an intuitive grasp and deep understanding of the situation, as well as a grasp of other clinicians' perceptions of the situation. The expert nurse expects changing relevance of situational aspects and bases his or her actions on what will likely occur in the future, thus demonstrating a different urgency related to the situation. He or she, therefore, does not spend valuable time considering a large range of alternative problems or actions. The expert nurse feels a sense of responsibility for patient and family well-being and knows what avenues to take. It is because of this expertise that consultation, teaching, and research are important aspects of the expert nurse's role.

The speed at which a nurse moves through the stages of development depends upon his or her individual professional goals and motivation, the environment in which the nurse practices, and the available educational and development opportunities. Some nurses will develop faster than others. Not all nurses will reach the expert level of practice. Further, an orientation program is not designed to last for five years. Therefore, you will want to adapt the level of performance section to match your program's goals and expectations.

How to Use This Manual

This manual is organized in modules for ease of use in providing for a natural progression of training and learning. Each module includes an overview of the topic as well as a list of skills that relate to that topic. There is a list of references that can be used as didactic learning experiences. They also serve as a guide for the preceptor to know how to thoroughly cover the topic. There is a place for the preceptor to document that the trainee has been signed off on the skills listed on the first page of each module, which can be retained in the employee's file as evidence of their completion of that module.

The accompanying skills checklist can be used as-is or can be modified to reflect your practice. For example, not all acute programs have contact with patients being monitored with



impedance cardiography or even Swan-Ganz catheters. If your program does not include an item, it may be removed from the skills checklist. Conversely, all programs, large or small, rural or urban, are likely to have the need for the water treatment module and will retain that checklist in their program.

The skills checklist identifies the level of orientation accomplished by each skill listed. These are based on Benner's model, and can be best assigned and recognized by you to fit your program's expectations.

Each form allows for documentation of progress through the orientation, including a pre-orientation self-assessment as well as when the item was introduced, re-enforced, and completed. Recording the method of teaching used for each skill is reflected with a key of abbreviations found at the end of each module for the Orientation Level, the Self-Assessment levels and the different teaching methods. The alternatives listed allow for the selection of the best teaching model for the specific learning style of the orientee, as well as the technology and library each program has available.

We hope that you will find this Orientation Manual helpful. Please contact ANNA through the Acute Care SPN with feedback on your experience in using the manual and your suggestions for improvements.

References

- Benner, P. (1984) *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley Publishing Co.
- Benner, P., Tanner, C., & Chesla, C. (2009). *Expertise in nursing practice: Caring, clinical judgment, and ethics*. New York: Springer Publishing Co.