Efforts to increase access to health care services have led to an expansion of the capabilities of licensed practical nurses or licensed vocational nurses (LPNs/VNs) and unlicensed assistive personnel (UAP), including nursing assistants (NAs). Tasks that used to require a registered nurse (RN) now can be completed by an LPN/VN or UAP (Walsh, Lane, & Troyer, 2013; World Health Organization, 2008). Because these changes require RNs to develop expert delegation and supervision skills, our team of nurse educators and researchers developed, implemented, and evaluated a classroom learning activity on delegation and supervision for RN students. The activity, which is grounded in David Kolb’s (1983) experiential learning theory, was developed from a research study on delegation and supervision in nursing homes. Drawing on the research data, we constructed robust case studies that authentically illustrate the nursing home practice environment, including the realistic impediments to best practice. Students in our Accelerated Bachelor of Nursing program found the learning activity beneficial to their understanding of and readiness to engage in delegation and supervision.

Still, delegation and supervision knowledge and skills remain difficult for RN students to learn, and new RNs lack confidence in executing these skills (Beebe, 2010; Conger, 1999; Hasson, McKenna, & Keeney, 2013; Josephsen, 2013; Powell, 2011; Standing & Anthony, 2008). Promising teaching and learning innovations are based in adult, experiential, and constructivist learning theories and have the potential to impart knowledge that new RNs will be able to transfer to their practice. For example, Conger (1999) reported a classroom learning activity in which students used a delegation decision-making tool with hospital-based patient care vignettes to learn delegation skills. Students then demonstrated their learning by using their newly acquired skills in a clinical setting. Powell (2011) provided a multifaceted learning experience related to delegation that included didactic, case study, and clinical activities and found RN students’ performance on a standardized critical-thinking examination improved in the area of delegation. Josephson (2013) reported an online learning innovation that succeeded in meeting course objectives related to delegation and supervision and increased students’ confidence in their abilities in these practice areas.

Each of these three innovations used some form of case study. Powell (2011) used a prepared case study found on a textbook publisher website; Conger (1999) used a patient vignette of unreported origin; and Josephson (2013) used a case study developed by the author (p. 84). Engaging in discussion and reflection on a case study gives students a sense of purpose by bringing the clinical environment to the center of classroom discussion. By imaginatively entering the narrative of a case study, students can try out their thinking and exercise their clinical judgment.
Being immersed in concrete experiences and having opportunities to try out new ideas by actively experimenting are two well-known best practices to promote learning (Allen, Donham, & Bernhardt, 2011; Chickering & Gamson, 1987; Dewey, 1938; Kim, Sharma, Land, & Furlong, 2013; Kolb, 1983). In addition to concrete experience and active experimentation, learners need time to think about problems theoretically and to reflect, so they can achieve the highest level of retention and the greatest possible behavioral change and transfer learning to new environments. This is the basis for Kolb’s (1983) theory of experiential learning. Kolb identifies four learning styles:

- Concrete experience in which the learner engages in an activity that immerses her or him in a real situation with something at stake
- Active experimentation in which the learner tries out new ideas, theories, and skills in real-world settings
- Abstract conceptualization in which the learner thinks about the problem theoretically and develops ideas about how to approach and solve it
- Reflective observation in which the learner reflects on the outcomes of her or his learning and develops plans for correction and extension of the learning.

Effective learning requires the learner to go through each style sequentially as four learning stages during the learning experience (Armstrong & Parsa-Parsi, 2005; Kolb, 1983).

Developing the Videos

Similar to the innovations by Conger (1999), Powell (2011), and Josephson (2013), our learning innovation uses a case study design. However, we advanced this approach by constructing a series of three video case studies developed from empirical research data on how nursing practice takes place in nursing homes (Corazzini et al., 2013). Constructing cases from empirical data has been used successfully in clinical trials of behavioral interventions with nursing home staff, including practicing nurses, to improve care quality (Anderson et al., 2012). Using research data from interviews with nursing home RNs and LPNs, the team developed robust case studies that authentically illustrate the nursing home practice environment, including realistic impediments to best practice.

The nursing home is an ideal place for RN students to learn about delegation and supervision because of the structure of the nursing care team. The core team that plans and delivers daily care to all residents consists of RNs, LPNs/VNs, and NAs. The RNs complete ongoing, comprehensive assessments of long-stay residents and short-stay patients, develop plans of care in consultation with the rest of the care team, and provide supervision to the nursing team. The LPNs/VNs usually administer medications, collect data, and depending on state board of nursing regulations, make certain limited assessments. The LPNs/VNs also may provide direct supervision to the NAs.

The NAs have the most contact with residents and patients, assisting them with personal care, such as bathing, dressing, nutrition, and mobility, and gathering data that assist the LPNs/VNs and RNs with medications management, assessment, and care planning. On a typical day shift, a nursing home has one NA for every 10 residents; one LPN supervising three NAs and responsible for the care of 30 residents; and one in-house RN supervising the care of more than 100 residents. During regular business hours, the director of nursing and assistant director of nursing, typically both RNs, are in-house for consultation. At other times, they are available by pager (Greene Burger, Mitty, & Mezey, 2010).

Given the structure of care delivery in the nursing home, delegation and supervision are essential RN skills (Lekan, Corazzini, Gilliss, & Bailey, 2011). Unfortunately, nursing homes are rarely used as sites for RN students to learn the complexities of leadership and management (Lane & Hirst, 2012). Most often, RN students complete clinical rotations in nursing homes at the beginning of their education to learn to assist with personal care. To take advantage of the rich learning potential in the nursing home environment, faculty members in the Duke University School of Nursing (DUSON) Accelerated Bachelor of Science in Nursing (ABSN) program partnered with DUSON faculty researchers to create a classroom learning activity using video case study vignettes to situate RN students in a nursing home environment while they learn and practice supervision and delegation skills.

Capacity for Quality Care

The research team derived a continuum of capacity for quality care based on interviews with LPNs/VNs and RNs in practice in nursing homes in North Carolina and Minnesota. Participants were asked to describe how they guide or supervise other nursing staff members and how assessment and care planning occur in their work environment. Based on the responses, nursing homes were classified as having nursing practice with a high, mixed, or low capacity for care quality (Corazzini et al., 2013). The three case studies for the learning activity were written to illustrate the behaviors or strategies nurses used to assess, plan care, delegate, and supervise in the three types of homes. The case studies were then scripted and filmed as video vignettes, using student actors and standardized patients.

Table 1 provides the first scene of the three cases to illustrate the differences among low-, mixed-, and high-capacity teams. In the low-capacity team, the LPN is working without RN input, deciding how to assign a new acute rehabilitation patient. Instead of using the five rights of delegation, the LPN makes the decision to assign the patient to the NA whose turn it is to take a new patient. The mixed-capacity team scene illustrates better RN involvement. The RN and LPN discuss the patient’s needs, but the RN does not provide specific guidance or directions and does not make plans to complete an RN-level
assessment; the LPN makes the assignment to the NA who is least likely to complain, again bypassing the best practices for delegation. In the high-capacity team, the RN and LPN collaborate to plan for the admission. The RN provides specific instructions, and the LPN asks clarifying questions. The RN plans to complete an assessment with the LPN. The LPN assigns the admission to the NA who is best at working with residents with pain, thus meeting one of the five rights of delegation. The cases unfold in four scenes: the LPN deciding on the assignment; the LPN informing the NA of the new admission; the NA meeting the new patient; and the NA reporting to the LPN.

**Implementing the Innovation**

Case study videos were added to a lecture on delegation and supervision and presented as one class in a required leadership
course in the third semester of a four-semester ABSN program. First, the lecture on principles of delegation, regulation, and scope of practice of RNs, LPNs/VNs, and NAs provided the abstract conceptualization. After receiving information about delegation and supervision and the staffing structure in nursing homes, the students viewed the case study video illustrating a low-capacity nursing home team. This viewing provided students with a concrete experience of the delegation process. To help students reflect on their experiences, the teacher provided questions to contemplate during the video: Where is delegation occurring? How are the five rights of delegation used? How is supervision provided? What is the RN’s role? What is missing in the team interactions and how does this affect the outcome? These questions were derived from the lecture immediately preceding the video. After the video showing, the teacher facilitated a group discussion of the questions with 79 students.

Next, the students watched the mixed-capacity team video and asked themselves: What is better? What is still missing? Finally, the students viewed the high-capacity team video and reflected on what they identified as the key features of effective and safe delegation and asked themselves: What could be better still? Watching the three videos in succession allowed the students to compare and contrast the functions of the three teams and imaginatively enter the practice of the providers. In the low-capacity team, the RN was absent, and students were asked to imagine themselves as the LPN and as the NA and discuss the input and support they would have liked from the RN. In the mixed- and high-capacity teams where the RN is present, the students were asked to imagine how they would do things differently. What steps would they take to ensure safe delegation and adequate supervision? This activity helped the students prepare for the active experimentation stage of their learning.

Then, the students completed a paper-and-pencil exercise in which they were provided a list of tasks to assign to an LPN/VN or delegate to an NA. They were encouraged to work in small groups to allow for discussion and problem solving and to choose the right care provider for the task. Also, the students were to describe how they would adhere to the five rights of delegation and how they would supervise the task completion. In addition, students were asked to describe one behavior or strategy they would try in practice. The combination of engaging in the delegation exercise and imagining their plans for actual practice provided students with opportunities for active experimentation. Thus, the learning experience took the students through all four stages of Kolb’s learning cycle.

### Evaluating the Learning Activity

Students evaluated the learning activity by providing written answers to the following four open-ended questions:

1. What did you find most helpful from this learning activity?
2. What did you find least helpful from this learning activity?
3. What is still confusing to you about delegation or supervision?
4. As a result of this learning activity, what one strategy or behavior might you try in your future practice as an RN?

The handwritten answer sheets were collected by faculty and transcribed by an administrative assistant. The first author identified themes in the individual student responses, which were reviewed and discussed with the second author and then reviewed by the full team.

Of the 79 students, 75 students responded to the first question. Some described how the video case studies made delegation and supervision skills real and enabled them to see how these skills are used in a real practice situation. Comments included the following:

- “The videos and case study made the five rights of delegation very tangible—it enabled me to see where/how the five rights can be hindered.”
- “The videos were really helpful because it made it really easy to see the differences in good/bad delegation and what that looks like practically in the clinical environment.”
- “Having real-life examples that I can relate to and…be able to use as I transition to professional practice.”

In addition, students said that viewing scenarios demonstrating progressively better delegation and supervision, engaging in discussion with a skilled teacher who facilitated identification of missing elements, and comparing the videos helped further their thinking.

Fifty-eight students responded to the second question. Some suggestions for improving the activity included offering a variety of video scenarios and role playing. Some students wanted to break into smaller groups for discussion; others preferred to have a discussion with the whole group.

Sixty-six students responded to the third question. Some stated that nothing was unclear about delegation and supervision; others indicated they were still unclear about the scope-of-practice differences between RNs and LPNs, as illustrated by the following comments:

- “[I am]…A little confused on LPN and RN differences with scope-of-practice around assessment. It may be that there is a gray area that divides the two professions.”
- “I’d like to learn more specifics about what an LPN does/how they differ from RNs.”

The strategies or behaviors students plan to take into practice as a result of this learning activity were related to communication and relationships with coworkers. Seventy-four students responded to the fourth question, and some mentioned specific communication strategies, such as using “repeat back” and eliciting questions. They also discussed their commitment to clear communication with the team, especially when they are delegating, to make sure the delegatee understands and is able to complete the task. The strategies students plan to
adopt their understanding of the five rights of delegation. Students’ responses to this last question also reflected their intent to include the LPNs and NAs in the care-planning process and treat them with respect and as partners:

- “Double-checking with delegatees regarding understanding of what I am asking them to do and making sure they feel comfortable asking questions.”
- “I would definitely incorporate my CNA [certified nursing assistant] into my plan of care for the day. I will also delegate the right task to the right personnel.”
- “Involving the CNA as a crucial member of the team.”

Conclusions and Future Directions

The ABSN students found the learning activity beneficial to their understanding of and readiness to engage in delegation and supervision. Importantly, students identified real-life challenges faced by RNs in clinical practice settings, such as the potential confusion between RN and LPN scopes of practice in long-term care settings (Mueller, Anderson, McConnell, & Corazzini, 2012) and the need to include the observations that NAs make as the eyes and ears of the licensed nursing staff (Kontos, Miller, & Mitchell, 2010).

Future evaluation of the benefits of this learning activity should include observations of how students use their new knowledge and skills in clinical practice. With some adaptations, the same type of learning experience could be beneficial to the staff of a nursing home as a continuing education or staff development activity and also to students in LPN/VN and NA education programs.

With the projected growth of what is broadly referred to by the ANA and International Council of Nurses as “task shifting” (International Centre for Human Resources in Nursing, 2010; Pfeifer, 2012), developing and testing innovative educational models of delegation will only become more critical to ensure RNs and LPNs are prepared to practice within their scope and partner with NAs for safe and effective care.

References


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