

## **Practicing Proficiency: The Past, Present, and Future of Library Residency Programs**

By

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[Slide 1] The title of this presentation is a little misleading. When I finally finished writing what I wanted to say, it seemed I was more focused on where I want to go rather than where we've been so I apologize if some of you were expecting a review of past activity.

[Slide 2] In 2007 I did a survey of library residency programs in ARL Libraries. [Slide 3] I wrote up the results and discussed them in my master's paper "From New Graduate to Competent Practitioner". In that paper, I also wrote a good deal about different models of nursing residency programs and how they compared to our own programs. There is something that is *not* in that paper, however, that I'd like to draw more attention to today: [Slide 4] the role of the nurse *preceptor* in residency program management and implementation.

[Slide 5] The second topic I want to talk about comes from the ACGME: the Accreditation Council for Graduate Medical Education. This is the council that evaluates and accredits medical residency programs in the United States. [Slide 6] One of their most recent developments involves the use of collaborative learning portfolios. Medical residents use these portfolios as a matter of course throughout their residency and we'll take a quick look at that too.

[Slide 7] Third, I want to propose the creation of a different kind of post-graduate education delivery system: something I'm going to call a rotation module. This is similar to a course syllabus, but it's a little different and I'll tell you how.

[Slide 8] Finally, I'm going to try to tie all of these puzzle pieces together and suggest a way for us to incorporate these elements into our own work as library residents and as library residency program coordinators; a way that involves collaboration between programs from different campuses, and across the boundaries of associations and divisions.

### **Preceptors**

[Slide 9] When I read the nursing literature I replace the word "preceptor" with "program coordinator". If you can try to do the same thing as you listen to me, you might understand why I'm interested in them and why I think they can be valuable for our work. Generally speaking, a nurse preceptor can be

understood as “a peer nurse accountable for the orientation of a new nurse to a particular unit for a limited period of time.” [Slide 10] The term itself is over 30 years old and was first introduced into the nursing literature in 1975. [Slide 11] At that time, the role of the preceptor was threefold. [Slide 12] It was to acclimate the resident to the new work environment; [Slide 13] to provide a model of professional behavior, [Slide 14] and to develop skills in the resident. The preceptor was to serve as a socializer, a role model, and an educator. These three roles have traditionally been considered core preceptor responsibilities. Contemporary conceptualizations of the preceptor, however, have evolved and include additional responsibilities. Besides serving as a socializer, a role model, and an educator, preceptors are now filling the roles of [Slide 15] protector, [Slide 16] team builder, [Slide 17] and evaluator.

[Slide 18] As a protector, the function of the preceptor is to provide a safe learning environment; an environment where the resident feels comfortable asking questions, and making mistakes; an environment where there is a teaching/learning approach that builds the simple to the more complex; an environment where the resident is encouraged to engage in independent practice; and an environment where there is consistent observation, ongoing feedback, and regular encouragement.

[Slide 19] In order to create this safe learning environment; in order to observe and develop the resident, the preceptor needs help. The preceptor has to build the communication, teamwork, and interpersonal interactions that are the preconditions for a safe learning environment; has to build a workplace culture of support and nurture; a culture that sees the success of the resident as a joint responsibility and not simply as “the preceptor’s job”. In other words, the preceptor is a team builder.

[Slide 20] Demonstrating a resident’s competence—i.e., evaluating performance—is one more function of the preceptor. Defining expectations, ensuring adherence to standards of practice, discussing performance issues, and documenting a resident’s abilities are all part of the preceptor’s role as evaluator.

[Slide 21] This is all in terms of preceptor *function*, in terms of what they do. [Slide 22] Six different roles. That’s a lot to remember. I made an acronym for myself. Would you like to hear it? [Slide 23] I call it STREEP: [Slide 24] Socializer, [Slide 25] Team builder, [Slide 26] Role model, [Slide 27] Evaluator, [Slide 28] Educator, [Slide 29] Protector. [Slide 30] STREEP, as in...[Slide 31] Meryl Streep. Hey, whatever works right? Let’s move on.

[Slide 32] Let me get away from function and talk quickly about selection and development. Most preceptors are chosen for their level of expertise, seniority, and/or familiarity with the workplace. Many of those selected have either limited or no educational preparation for this newly conceived and expanded series of roles. One of the points made in the literature time and time again is that *excellent clinicians do not necessarily make excellent preceptors*. They need to be developed and to develop them some programs have adopted an experiential learning program.

[Slide 33] The Vermont Nurse Internship Project (VNIP), for example, uses a 2-day workshop for preceptor development. Workshop topics include roles/responsibilities of the preceptor, novice-to-expert theory, competency development and assessment, teaching/learning theory, critical thinking, and team building.

Another program in Western Australia implemented a one-day sail training program—literally the nurses got into boats and got out on the water. Qualified sailing instructors provided the instruction and supervised the sailing. The purpose of the program was to focus on *the feelings of learning a new skill*, exploring the impact of emotions on learning, and discussing barriers to learning that may have been experienced. The results? Let's look at some comments from the participants: [Slide 34] "it made me more aware of being in an unfamiliar area and the emotions it brings forward", "you feel like a novice again", "learning a new skill can be very stressful and it opened my eyes to how a new grad feels", "the way we were taught to sail made a point that time should be given to new preceptees when faced with new tasks—as well as clear expectations and patience."

I'm not saying we are impatient with our residents or that we leave them floundering or that we don't provide them with mentors; but I am saying it is very easy to forget what it is like to be new, new to a particular workplace culture, new to a geographic region, new to the profession, new to the world of tenure and promotion. Residents are all of those, and they are all of those all at once. I'm going to come back to this notion of preceptor development in a moment, but let me table this for now and move on to an overview of learning portfolios.

#### [Slide 35] **Portfolios**

[Slide 36] In 2007, the ACGME created a workable portfolio prototype suitable for alpha testing. [Slide 37] This portfolio is an interactive web-based professional development tool that medical residents use throughout their residencies. It records and organizes their learning and allows them to reflect on feedback on designated learning experiences; and it allows residents to share insights with other

participants. By recording their learning, the portfolio helps build evidence that allows them to monitor their skills development over time. It also serves as a repository for work products and for professional documents preparing residents for managing their continued learning and their professional development as they transition into self-sufficient, autonomous, and proficient practitioners.

A repository such as this also reduces the burden of review and assessment for coordinators. It provides data that can be used by programs to examine differences between programs; and offers consistency across programs allowing for study into the efficacy and effectiveness of current resident education.

[Slide 38] Our little Residency Working Group tried experimenting with something similar to this recently. Of the 23 participants of the 2008 Minnesota Institute for Early Career Librarians, 11 were residents. Those residents have been tinkering with our Working Group blog and using it as a space to re-examine some of the topics we discussed at the Institute, uploading charts and graphs, and [Slide 39] commenting on those topics. This was, of course, just a beginning and has only a few of the fully invested features that the ACGME profile has. It is after all, just free blog software.

[Slide 40] Recently, however, ARL has set up an account for us with Near Time, an interactive community driven software application that integrates blogs, wikis, events, files, and more. (Ask the audience: Has anyone had a chance to look at it? Jerome made me a pseudo-administrator of the site before he left so I should be able to give people access if they are interested. Just let me know.) [Slide 41] There is space for us to upload and manage our business records, [Slide 42] assign tasks for group members, [Slide 43] share information about professional news events and announcements, [Slide 44] communicate one-on-one with each other, [Slide 45] or engage in synchronous group chat with multiple members. (I really like that feature.)

There are other models, of course, besides Near Time, and this afternoon you'll hear about another one so I won't spend a lot of time talking about the nuts and bolts of how this software works; but I would like to propose one way in which we can take advantage of this kind of software and how we can use it to our benefit.

This leads me to the next topic I'd like to talk about:

#### [Slide 46] **Modules**

[Slide 47] For this, we have to look at ALCTS (Association for Library Collections and Technical Services). ALCTS is engaging in a number of continuing education activities that are relevant for our programs.

[Slide 48] Did you know ALCTS created a Task Force on Competencies and Education for a Career in Cataloging whose purpose is to recommend new programs that seek **to promote continuing education and training in the profession**? One of these programs is a Cataloging Education Fellows Program. One of its purposes is to provide continuing education for those who are already cataloging instructors. Another one of the program's goals is to seek opportunities to provide internships, teaching and practical work experiences for these fellows. This Task Force is also developing another initiative that aims to link cataloging practitioners and employers with library educators.

[Slide 49] ALCTS, the larger division, not just this Task Force, has developed a) a Catalogers Checklist for Managers and Trainers, [Slide 50] b) a syllabus for a course on acquisitions and [Slide 51] c) a syllabus for a course on serials cataloging.

[Slide 52] Did you also know [Slide 53] that the Society of American Archivists has been discussing the "gap" issue: the gap between formal, graduate education and the real world expectations of employers? Over the summer, one of their listservs was littered with emails regarding this issue. At one point, someone noted that, as a result of this discussion, this issue was going to be added to August 2008 Annual SAA Committee on Education meeting. [Slide 54] Since then I've learned that the Committee on Education is assessing the profession's educational needs, and **preparing and promoting standards for archival education programs in grad schools and via continuing education**. Promoting standards for archival education.

[Slide 55] So what? What does all this have to do with us and our residents and our programs?

These are all rotations modules waiting to be brought into maturity. This gap issue between formal graduate education and employer expectations in a post-MLS environment is being felt and addressed by a variety of different areas of specialization, by different library divisions, and by different sections. Each of these different stakeholders have been engaging with the same issue and working towards the same goal, but in different ways. We are all ultimately trying to guarantee that we have trained, fully-functional and highly capable professionals who will continue and advance our work into the future, but we've been working in parallel, in isolation, and without consultation with one another.

[Slide 56] ALCTS has done a wonderful job of creating standardized guidelines for continuing professional development. Their syllabi and training checklists offer very thorough outlines of the various topical areas to be considered when training new professionals; [Slide 57] and they even provide a selected bibliography. Not every ALA division has taken the time to develop these tools so I applaud

them for that. [Slide 58] The syllabi and the checklist **do not**, however, offer a timeline or duration for the training period. [Slide 59] They do not provide learning objectives for each area. [Slide 60] They do not provide a method of delivery for the subject material; [Slide 61] and they do not provide any method of assessment of the learner's development throughout the training period.

[Slide 62] **Why not collaborate with the appropriate division or section and create a detailed rotation module that has all of these features?** [Slide 63] Why don't we partner with , for example, the ALCTS Task Force on Competencies and Education and create a training module that can be used by residents during their rotation; [Slide 64] a module that contains a timeline for the training period (the rotation), a syllabus to accompany the rotation which itself includes a set of essential/core elements of cataloging practice and a standardized set of learning objectives developed in conjunction with cataloging practitioners and educators, a set of approved delivery methods, and a series of assessment instruments to trace the resident's path of skills acquisition.

[Slide 65] Our Group, in conjunction with the appropriate specialists, can create this module, [Slide 66] and upload it to our interactive portfolio, [Slide 67] making it downloadable [Slide 68] and available to all of the various residency programs. [Slide 69] This means that residents in different parts of the country are no longer limited by geography. [Slide 70] They can now engage simultaneously in the same standardized rotation with the same standardized objectives. Not only that; but with an interactive portfolio, residents can work with one another, meet in a virtual space, share dialog, share group readings and exercises, examine case studies, discuss and share their experiences, professionally socialize on a regular basis with a peer group; and they can do this across geographic boundaries establishing a much larger, nationally visible cohort of new and developing practitioners.

This can be done for any number of core areas in librarianship that are of our choosing, not just technical services and not just archives and special collections, but also public service, human resources, resource sharing, collection development...you name it. There really isn't any limit.

[Slide 71] And AND this is but one of two types of modules; thus far I've been describing a module that concerns functional areas, that is, hard skills. We can also create modules to develop our residents' soft skills.

Back when I was first studying nursing programs, I ran into the Dean of Libraries from a midwestern university who seemed interested in the project but ultimately said, "but *surely*, Megan, [Slide 72] the skills that nurses require for their work are much different than the ones we need as librarians." [Slide

73] I agreed. Of course they are. Nurses work in acute and critical care situations administering strategies and techniques that affect a patient's physical health and can mean the literal difference between life and death. [Slide 74] If you look closely, however, at what nurses are being taught during their residency, you can see that they are being educated on the meaning of *why* they do what they do; and they are taught to understand that decision with a developed sense of self-confidence, with an understanding of their particular role within the organization, with skills to communicate that understanding to their fellow nurses, patients, physicians, and other healthcare workers, and with the skill to self-sufficiently manage a dynamic and ever expanding workload.

Let me put this another way: nursing residents are being taught how to manage their transition from novice to competent professional, how to make decisions, how to provide leadership, the value of their commitment to the profession, and how to incorporate evidence-based practice into their everyday worklife. In short, nursing residencies are being used to teach soft skills. [Slide 75] We can do the same for our residents. We can create modules that develop our residents' soft skills in areas such as: leadership, self-confidence, transition, self-management, emotional intelligence, communication and so on. And we can do this using the same portfolio that was use to manage our hard skills modules.

We can also use this portfolio to support service opportunities. We can capitalize on our status as an Interest Group (fingers and toes crossed) within ACRL and propose that Committee and Mentor opportunities be created for residents. These opportunities would be modeled after some of the initiatives developed by the Spectrum Scholars program. An ACRL Mentor Resident program could be created, for example. Former residents who are members of ACRL can be paired with current residents. Opportunities to serve on various ACRL committees can be created just as there are similar opportunities for Spectrum Scholars. This hands-on service work would orient residents to the service requirements of academic librarianship, but it would also give them an opportunity to apply, test, and experiment with the soft skills theories they learn through the online portfolio.

### **Tying It All Together**

[Slide 76] Yeah okay...good ideas but now what? How do we pull this off?

[Slide 77] The first thing we can do is organize ourselves around four distinct areas: resident education, [Slide 78] program management, [Slide 79] research & publications, [Slide 80] and service work. I just described an idea for service work for the residents. [Slide 81] The research and publication area is

something that is already in the works. You'll hear more about it in this afternoon's session, but our Group has been building a database of current and former residents. I'd like to see that data used to produce an annual report on resident activities, trends, and demographics. It would be something similar to the annual *Employment Report* produced by the School of Information at the University of Michigan. It would summarize residency pursuits, salary information, geographic distribution, residency satisfaction, and more. A report of this nature will be especially valuable for recruiting purposes given the absence of current *ALISE Statistical Reports*. In case you haven't noticed, those reports are 5 years old. The last one is from '04, but it's really '03 data. Again, you'll hear more about this this afternoon so that's all I'll say about that.

[Slide 82] In terms of resident education, we do what I've outlined: create hard and soft skills modules in collaboration with the appropriate area specialists; and we identify courseware that can be used for a learning portfolio. [Slide 83] In terms of program management, we can help one another, and future program managers, maintain a basic level of program identity by developing a list of standardized practices; but, more importantly, we can support the development of program coordinators based on the preceptor model. I mentioned earlier that I would return to the subject of preceptor development.

Remember that the nursing industry uses a variety of experiential learning devices to train their trainers; to develop their preceptors. (Think about the Australian nurses in little bitty sail boats, and the nurses in Vermont in a 2-day workshop.) [Slide 84] Why not capitalize on our affiliation with ACRL, as an Interest Group (fingers and toes crossed), and coordinate a residency program coordinators pre-conference? We can make it all day affair that addresses topics such as roles/responsibilities, novice-to-expert theory, competency assessment, teaching and learning theory, critical thinking development, and team building. STREEP training. We can include examinations of case studies, small group work, and whatever else we can dream up. [Slide 85] In fact, while we are dreaming, why not have a week-long residency "camp" instead of a one-day workshop? We can extend the coordinator training to span two days allowing time for an experiential learning opportunity. We can include the residents who can also learn about teaching and learning theory, and novice to expert theory. We can even give them a jump start on their soft skills training during that time. Towards the end of that week long adventure, the two groups can come together and get hands-on training on how to use, administer, and navigate the courseware we select to use for our learning portfolios.

[Slide 86] Exciting no? Interesting vision, no? Well, the final question is now how do we do all of THIS? That's a really good question. I don't know; but I have an idea. The IMLS Laura Bush 21<sup>st</sup> Century

Librarian Program has a Continuing Education category. To be eligible for this category, a project must develop programs of continuing education and training for librarians and library staff; and/or develop or enhance programs to promote collaboration between educators and librarians employed in educational institutions. I hope that sounds familiar. It should resonate with the comments I made about ALCTS and SAA.

[Slide 87] The typical lifecycle of a grant funded project like this involves defining the project, planning the project, writing the grant application, and then doing the project. We're barely at the defining stage, but we are moving forward.

[Slide 88] All in all, a project organized this way represents a fully supported and holistic approach to new graduate transition and post-MLS education. It is an approach that shifts new graduate responsibility away from an individual and towards a workplace culture; that integrates educational and training support for program coordinators; that creates interactive learning opportunities for residents across geographic restrictions; and that uses proven models of adult education to frame and guide the experiential learning activities.

The material I've just presented may be a little scatter-brained, a little arbitrary, and probably disconnected in a number of places; but it's really very simple and it's built on some basic premises: programs need an upgrade, coordinators need support, residents need education, and a centralizing agency, like our interest group, can be the canvas on which we outline these efforts.

[Slide 89] Questions?