

Benner is back!



Patricia Benner's^{1,2} model of skill acquisition was referred to in a number of the nursing presentations from the 2008 Combined Critical Care and Thoracic Society Congress held in July this year.

Much attention has recently been paid to the Occupational Skills Dispensation with regard to remuneration according to 'grades', and particularly to what is being referred to as a Clinical Nurse Specialist.

Benner's model of skill acquisition, based on ascending levels of proficiency, was originally developed by Dreyfus and Dreyfus,³ Benner² and Dreyfus,⁴ all of whom claimed that the model could be generalised for nursing.³ Benner used the model originally proposed by Dreyfus and Dreyfus³ (1980) and described nurses as passing through five levels of development: Novice, Advanced Beginner, Competent, Proficient and Expert (see 'Benner's Stages of Clinical Competence' overleaf). Each step builds on the previous one as abstract principles are refined and expanded by experience and the learner gains clinical expertise.

In *'From Novice to Expert: Excellence and Power in Clinical Nursing Practice'*, Benner² introduced the concept that skill attainment requires a series of progression through the five stages with expected developmental outcomes from each stage. Benner proposed that a nurse could gain knowledge and skills (*'knowing how'*) without ever learning theory (*'knowing that'*). Her premise is that the development of knowledge in nursing is composed of the extension of practical knowledge (*'know how'*) through research and the characterisation and understanding of the *'know how'* of clinical experience.⁵ The strength of Benner's model is that the emphasis is placed on clinical nursing care.

In a clinical setting such as critical care nursing, it is not clear at what stage one becomes an expert – are there better experts than others?; are there stages of expertise, or is an expert a unique and final state?⁶ Precise definitions and descriptors will have to be developed to identify the criteria by which nurse experts are measured, but more importantly, to inform the OSD Ladder as to how expert specialists are to be graded.

However, this model of novice to expert can be used as a prototype for developing the clinical nurse career because it emphasises holistic clinical nursing as an educational aim. It highlights the need for continuing postgraduate education as a means of attaining

excellence in practice and does not lose sight of the value of caring for patients.

The critical care nurse expert

This expert nurse is able to integrate an assortment of patient care into meaningful 'wholeistic' care instead of seeing the critically ill patient as bits and pieces of disparate information and a series of tasks. A novice may focus on mastering the technical 'care' of an unstable postoperative cardiac patient instead of monitoring the vital signs every 15 minutes, the cardiac rate and rhythm, the titration of inotropes and vasopressors, effective mechanical ventilation, chest tubes drainage, intake and output, and so on.

An expert nurse caring for the same patient would be able to complete exactly the same tasks without being distracted by the technical niceties. She integrates knowledge of the cardiovascular system (physiology and pathophysiology) to assess abnormalities and guide patient care. The expert notices that the skin is cool and that the patient is more difficult to arouse, the pulse oximeter shows a drop in saturation and the heart rate is irregular. This information is 'processed' and the expert determines that the irregular rhythm is atrial fibrillation that has reduced the cardiac output. She knows to monitor for emboli and titrate intravenous fluids and drugs to maintain an adequate blood pressure together with monitoring all signs and symptoms of a falling cardiac output. The expert has responded to the whole picture and a potential poor patient outcome has been averted.

Critical care nurse mentor

During one's clinical career one very quickly tends to forget the multiplicity of situations and disease conditions that one had to deal with for the first time. The feeling of being unsure, insecure and vulnerable is overwhelming. Being a novice in this environment is incredibly daunting, and novice nurses may feel a sense of failure should a mistake be made. This requires an intervention to retain these novices to become potential experts in the future.

Having looked at the previous scenario, it is unrealistic to impart such clinical wisdom through didactic and simulation teaching and learning methods. The expert has a good technical foundation infused with critical thinking skills that has allowed her to manage each individual patient's condition effectively. Mentors assist novices in adapting to the unpredictability

Benner's Stages of Clinical Competence⁴

The Dreyfus Model of Skill Acquisition applied to nursing by Benner posits that in the acquisition and development of a skill, a student passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. These different levels reflect changes in three general aspects of skilled performance:

- One is a movement from reliance on abstract principles to the use of past concrete experience as paradigms.
- The second is a change in the learner's perception of the demand situation, in which the situation is seen less and less as a compilation of equally relevant bits, and more and more as a complete whole in which only certain parts are relevant.
- The third is a passage from detached observation to involved performer. The performer no longer stands outside the situation but is now engaged in the situation.

Think of your own areas of experience in nursing. Rate your areas of nursing on an 'expertise scale' of 1 to 5, with 1 being 'novice' and 5 being 'expert', according to the descriptions below:

Stage 1: Novice

Beginners have had no experience of the situations in which they are expected to perform. Novices are taught rules to help them perform. The rules are context-free and independent of specific cases; hence the rules tend to be applied universally. The rule-governed behaviour typical of the novice is extremely limited and inflexible. As such, novices have no 'life experience' in the application of rules. 'Just tell me what I need to do and I'll do it.'

Stage 2: Advanced Beginner

Advanced beginners are those who can demonstrate marginally acceptable performance, those who have coped with enough real situations to note, or to have pointed out to them by a mentor, the recurring meaningful situational components. These components require prior experience in actual situations for recognition. Principles to guide actions begin to be formulated. The principles are based on experience.

Stage 3: Competent

Competence, typified by the nurse who has been on the job in the same or similar situations for 2 or 3 years, develops when the nurse begins to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. For the competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytical contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. The competent nurse lacks the speed and flexibility of the proficient nurse but does have a feeling of mastery and the ability to cope with and manage the many contingencies of clinical nursing. The competent person does not yet have enough experience to recognise a situation in terms of an overall picture or in terms of which aspects are most salient, most important.

Stage 4: Proficient

The proficient performer perceives situations as wholes rather than in terms of chopped up parts or aspects, and performance is guided by maxims. Proficient nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals. The proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient nurse can now recognise when the expected normal picture does not materialise. This holistic understanding improves the proficient nurse's decision making; it becomes less laboured because the nurse now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones. The proficient nurse uses maxims as guides that reflect what would appear to the competent or novice performer as unintelligible nuances of the situation; they can mean one thing at one time and quite another thing later. Once one has a deep understanding of the situation overall, however, the maxim provides direction as to what must be taken into account. Maxims reflect nuances of the situation.

Stage 5: The Expert

The expert performer no longer relies on an analytical principle (rule, guideline, maxim) to connect her or his understanding of the situation to an appropriate action. The expert nurse, with an enormous background of

experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The expert operates from a deep understanding of the total situation. The chess master, for instance, when asked why he or she made a particularly masterful move, will just say: 'Because it felt right; it looked good.' The performer is no longer aware of features and rules; his/her performance becomes fluid and flexible and highly proficient. This is not to say that the expert never uses analytical tools. Highly skilled analytical ability is necessary for those situations with which the nurse has had no previous experience. Analytical tools are also necessary for those times when the expert gets a wrong grasp of the situation and then finds that events and behaviours are not occurring as expected. When alternative perspectives are not available to the clinician, the only way out of a wrong grasp of the problem is by using analytical problem solving.

and technology of the ICU, but not without difficulty and frustration. Imparting knowledge and clinical wisdom gained by a number of years of good and bad experiences while working in the ICU can be complex and challenging for both mentor and novice. The expert (now mentor) has skills and 'wisdom' that is often difficult both for the novice to comprehend and for the mentor to teach.

So where will some of us be on the OSD ladder?

Is this mentor likened to the OSD's stream of the clinical nurse specialist? Will a Master's degree be a requirement?

Is an expert nurse one who has a postgraduate professional qualification through the South African Nursing Council, such as Critical Care Nursing, or can this be seen as 'competent' according to Benner's five stages?

Maybe Benner's model could have played some part in the structure of the OSD?

Which of Benner's five stages are you at?

Nicola A Fouché

*Senior Lecturer in Critical Care Nursing (General)
Division of Nursing and Midwifery
University of Cape Town*

- 1. Benner P. From novice to expert. *Am J Nurs* 1982; March: 402-407.
- 2. Benner P. *From Novice to Expert, Excellence and Power in Clinical Nursing Practice*. Menlo Park: Addison-Wesley, 1984.
- 3. Dreyfus HL, Dreyfus S. A five-stage model of the mental activities involved in directed skill acquisition. Unpublished study, University of California, Berkeley, 1980.
- 4. Dreyfus HL. In: Born R, ed. *Misrepresenting Human Intelligence in Artificial Intelligence*. Beckenham, Kent: Croom Helm, 1987.
- 5. Dracup K. From novice to expert to mentor: Shaping the future. *Am J Crit Care* 2004; 13: 448-450.
- 6. English I. Intuition as a function of the expert nurse: a critique of Benner's novice to expert model. *J Adv Nurs* 1993; 18: 387-393.