Student Health Through Local Advocacy:
School Nurses in Action

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The biographical paragraph should consist of no more than one to two short sentences (40 words).
Abstract:

When it’s time to advocate for legislation promoting school health, no voices are more important than those of School Nurses. Donna Rehm, a School Nurse in Illinois who contacted her legislator in support of a bill to protect student health by requiring healthy, environmentally responsible “green” cleaning, later learned that her letter had persuaded the previously undecided legislator to support the bill. His vote influenced other key leaders, and the bill went on to become law in Illinois. At the school and district levels, School Nurses are taking on leadership roles to shape policies that promote wellness, good indoor air quality, and overall student well-being.
What’s the Advantage of Precepting vs. Mentoring in School Nursing?

Mentoring should not be confused with precepting. “A preceptorship is a short term relationship similar to a mentorship, but designed for task-specific goals with a definite end point” (Andrews & Wallis, as cited by Owens & Patton, 2003, p. 202). Mentoring, on the other hand, is a long term commitment characterized by learning and caring, reciprocity, commitment to each other’s personal and professional growth, and friendship (Owens & Patton, 2003). In both precepting and mentoring relationships there is a mentor and a protégé. The differences between these relationships, responsibilities of the participants, and the value to school nursing will be explored.

What Is Precepting?

New school nurses often lack formal training in the role of the school nurse. The school nurse supervisor, or supervising school administrator, may assign a preceptor to facilitate the smooth transition of the nurse into the specialty of school nursing. “Partnering a new employee with a more experienced person is an effective way to reinforce the orientation process and to provide ongoing support” (Hootman, 2006, p. 1089).

Serving as a preceptor is often a responsibility that is assigned; the partner is sometimes called a “buddy.” Those school nurses who have demonstrated safe and effective practice, an understanding of local policy and procedures, and the broad role of the school nurse are often chosen to serve as preceptors. Communication skills are also important in this role. The process of pairing preceptor and protégé is often passive. It is highly unlikely that the preceptor will ask to guide a novice. The new hire may ask for a preceptor to guide her/him through the nuances of
school nursing practice or s/he may try to manage on their own. A savvy supervisor will make this assignment at the time a new school nurse is employed. Table 1 details the preceptor’s roles.

[TABLE 1 ABOUT HERE]

The preceptor’s responsibilities to the relationship include periodically checking in with the novice to see if s/he has questions or needs clarification, calling to remind the new school nurse of tasks that are coming up or reports that are due, and generally being available for consult as needed. The protégé’s responsibilities include reviewing the resources provided at orientation and contacting the preceptor when questions arise.

The preceptor model can be used for skills development or other areas of education outside of the orientation process as well. The availability of a preceptor is beneficial to a newly hired school nurse, or one learning new skills, in several ways. First, it provides the protégé with a “go to” person when s/he needs answers or clarification. Second, through the process described here, the protégé becomes socialized to the role of the school nurse. Finally, job satisfaction and retention in school nursing may be enhanced by the successful transition from nursing to the specialty of school nursing. “Employers who track turnover rates will find a correlation between departments/areas that welcome and assimilate new hires and those who do not and have a “sink or swim” mentality” (Aurizio, 2007, p. 228).

What Is a Mentoring?

“Mentoring is a process by which an experienced faculty member befriends and guides a new faculty member in his or her career development” (Throwe & Weatherford, 2000, p. 68).
relationship, the purpose of the relationship, the length of the relationship, and the reciprocal nature of the relationship.

The relationship usually develops because the protégé desires to advance his or her career and recognizes the advantages of garnering the support of a teacher or expert in the field. S/he would then approach someone they perceive to have the qualifications to help them advance and suggests a mentoring relationship (Figure 1). As Owens (2003) suggests, “mentors often achieve increased respect from peers for their status as a resource person. In addition, they benefit from a continued commitment to learning as they stay on the cutting edge of new information, often jump-starting an established career with fresh energy” (p. 201). Professional growth is often the outcome for both parties. The mentor gains knowledge in order to “stay ahead” of the protégé and the protégé grows professionally as a result of the knowledge and leadership of the mentor.

[FIGURE 1 ABOUT HERE]

Taylor (2004) ascertains, “Mentorship is a form of socialization for professional roles. Over time, the relationship between the mentor and the protégé becomes mutually supportive and may evolve into a peer relationship” (p. 251). Mentoring requires long-term commitment from both participants. Mentoring programs in school nursing enhance the professional practice of school nursing and develops the leaders of the future in the specialty.

Both preceptor programs and mentoring relationships can benefit school nursing. Preceptorships require the short term commitment of experts to assist with the socialization of new school nurses, hopefully leading to job satisfaction and retention in the specialty. Preceptorships may lead to mentoring relationships. Mentoring requires long term commitment to the advancement of the novice nurses’ professional growth and development. In the process,
the mentor grows in her own skills and knowledge. Precepting and mentoring both provide socialization to the role of the school nurse and benefit the specialty by transitioning new nurses into the field and molding the school nurse leaders of the future.

To discuss the perceptorships or mentoring programs in your state, please contact your State School Nurse Consultant. To locate contact information for your State School Nurse Consultant please visit the National Association of State School Nurse Consultants’ website at www.nassnc.org and click on “About Us” to gain access to a listing of our members.

References:


Please follow this example!
Figure 1 caption:

Glasses or “plus lenses” for use in near vision screening. An older child/adult pair 
(left) is the recommended strength of +2.50 diopters. The same strength pediatric pair 
(right) is for use with preschoolers and kindergartners, who can understand what is 
being asked, and early primary age children. Lens strength is imprinted on the inside 
of the bows.

(image below from Figure1.JPG file, submitted separately. Do not include images in the Word file.)
Table 1: Advantages and Disadvantages of Metered-Dose Inhalers

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>Convenient, compact, and portable.</td>
<td>Actuation technique can vary between devices.</td>
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<tr>
<td>Multidose capability; short treatment time</td>
<td>Inhalation technique can vary between devices and brands.</td>
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<tr>
<td>Deposit effective doses of medication directly into the airway.</td>
<td>Suboptimal technique results in decreased drug lung deposition and reduced efficacy.</td>
</tr>
<tr>
<td>Minimize systemic pharmacokinetic factors and adverse effects</td>
<td>Can be difficult to count remaining doses.</td>
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