

Precepting – An Enriching Opportunity for Teaching and Learning

Martha Reuman-Pieper, MSN, FNP-BC and Gail Moylan, MSN, ANP-BC

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*Precepting -
an enriching opportunity for
teaching and learning*


Marty Reuman Pieper, MSN, FNP-BC
Gail Moylan, MSN, ANP-BC
Debbie Forman, MSN, ANP-BC

Center for Health and Wellness
Bentley University

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Principles of Precepting

- Precepting
- Precepting the APC student
- Precepting in the college health setting



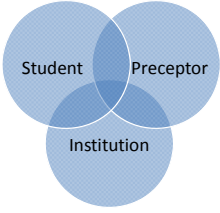
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Objectives

- Identify principles of precepting the Advanced Practice Clinician
- Discuss the benefits and challenges of precepting in college health
- Describe a framework for precepting

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How does it all fit together?



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Relevance of the topic

- Hours of clinical experience required
 - NPs = 500 hours of clinical
 - PAs = ~2,000 hours of clinical
- Educational programs
 - NP programs = ~350 in US
 - PA programs = ~155 in US
- Annual graduates
 - ~8,000 NPs each year
 - ~4,500 PAs each year

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Benefits to institution

- Generic
 - Need for quality, quantity and variety of sites
 - APCs as role models
- Specific to the college health setting
 - Unique population – adolescent / young adult
 - Applicable to multiple specialties
 - Under-recognized complexity of care and needs
 - “Enclosed” community
 - Exposure to public health considerations
 - May avoid some considerations of other settings
 - Intrinsic recognition of the value of education

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Institutional Responsibilities

- Evaluate clinical setting
- Verify student's credentials
- Verify the preceptor's credentials
- Communicate with preceptor

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APC Student Responsibilities

- Clinical / Academic
 - Provide and address course objectives
 - Observe policies and procedures of agency
 - Prepare for each clinical day
- Personal
 - Arrange schedule
 - Know learning needs and style
 - Develop and discuss personal learning objectives
 - Logistics: be on time, dress professionally
- Evaluate self, preceptor, and site

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Student Clinical Passport Details

- Demographics
- License, malpractice and health insurance
- Physical exam
- Immunizations and PPD
- CPR
- CORI
- Required orientations



www.mass.edu/mcmcp/docs/StudentClinicalPassport9-7-07.doc

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Preceptor Characteristics

- What does it take to be a good preceptor?
 - Roles
 - Responsibilities
 - Attributes
- What are the practical requirements?
 - Degree, certification
 - Experience and knowledge
 - Space and support for precepting

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Benefits to APC Student

- Adolescent / Young adult experience
- Gynecological / reproductive health experience
- Health promotion / education / illness prevention
- Complete / comprehensive care
- College health as part of a community
- Ease of access to patient / Continuity of care
- Relate to student / learning role
- May not be billing (focus on care)

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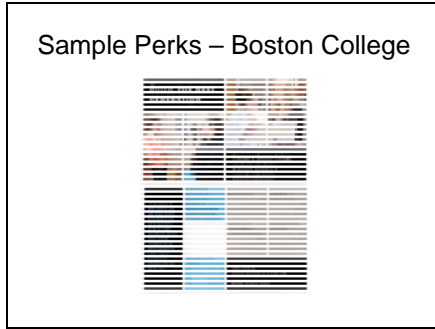
Benefits of Being a Preceptor

- Altruistic and personal benefits
- Professional benefits
- Perks from the academic institution

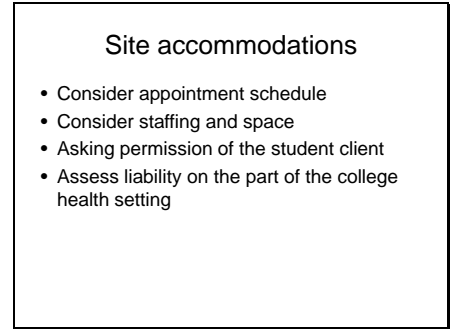


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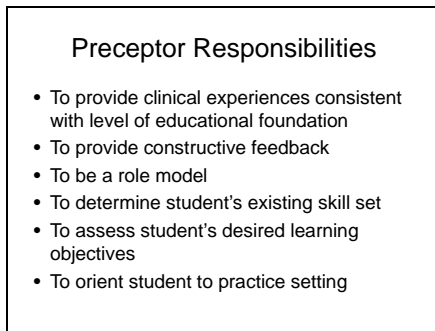
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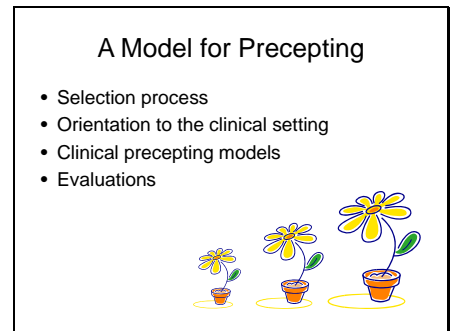
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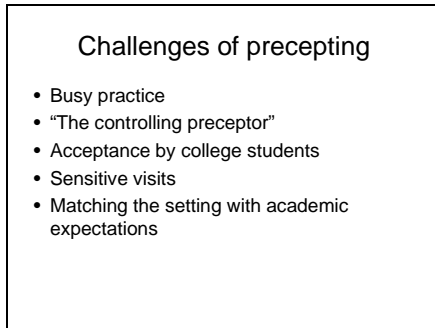
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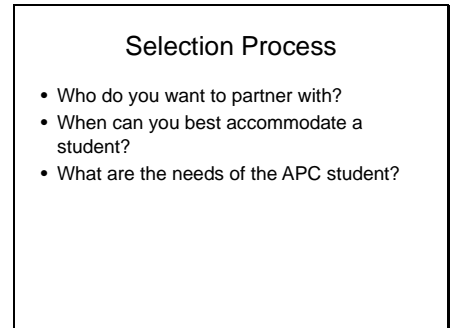
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Interviewing the APC student

- Preliminary phone interview
- Student's goals for preceptorship
- Previous experiences that would enhance experience or relate to college health
- Previous APC practicums
- Long-term goals
- Examples of management of clinical situations

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Sample Orientation – Dartmouth

Basic Practice Orientation for Student

- Show student where to hang coat, put personal things, refrigerator for lunch (if you have one), and where to park
- Show student where they can read and find medical reference materials
- Describe student dress code for the practice: name tag, lab coat?
- Review hours/days patient care provided
- Review practice phone system and mail
- Briefly describe patient flow and office system (e.g. records, triage, patient registration)
- Introduce student to other staff, describe each person's role and responsibilities as they relate to patient care
- Review student absentee policy and inform them about how to notify office
- Provide student with a contact person for questions or problems

<http://dms.dartmouth.edu/occr/resources/tools/pdf/OLP5Guide.pdf>

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Bentley Orientation Checklist

<p>Documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> RN license <input type="checkbox"/> Malpractice insurance <input type="checkbox"/> CPR certification <input type="checkbox"/> Immunizations <input type="checkbox"/> Resume <p>Contact information</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student phone / e-mail <input type="checkbox"/> Institution name <input type="checkbox"/> Faculty preceptor phone / e-mail 	<p>Clinical objectives</p> <ul style="list-style-type: none"> <input type="checkbox"/> Program expectations <input type="checkbox"/> Student objectives <input type="checkbox"/> Student skills <p>Supplies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lab coat <input type="checkbox"/> Name tag <input type="checkbox"/> Stethoscope <input type="checkbox"/> Optional resources
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Adult Learners

<p>Characteristics</p> <ul style="list-style-type: none"> • Hold established beliefs • Are less flexible • Learn by experiences • Have heterogeneous backgrounds • Are accustomed to responsibilities • Are less secure • Fear inadequacy / failure • Don't see teacher as all knowing 	<p>Implications</p> <ul style="list-style-type: none"> • Takes longer to change • Present alternative options • Teach through experiences • Keep an open mind to alternatives • Avoid wasting time • Give opportunities for success • Provide support and guidance • Collegial relationship to preceptor
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Adapted from California State University, Fullerton Department Of Nursing Preceptor Handbook 2010 – 2011

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Bentley Orientation Checklist

<p>Logistics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preceptor contact info <input type="checkbox"/> Schedule <input type="checkbox"/> Directions / Parking <input type="checkbox"/> Dress code <input type="checkbox"/> Lunch / eating <input type="checkbox"/> Orientation to EMR <input type="checkbox"/> Confidentiality statement 	<p>Site orientation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Introductions to staff <input type="checkbox"/> Physical layout of site <input type="checkbox"/> Policies <input type="checkbox"/> OSHA <input type="checkbox"/> Clinical reference materials <input type="checkbox"/> Emergency equipment <input type="checkbox"/> Securing valuables
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Five-step Method for Teaching Clinical Skills

1. Provide an overview of the need for the skill and how it is used in patient care.
2. Demonstrate exactly how the skill is performed without commentary.
3. Repeat the procedure, but describe each step.
4. Have student "talk through the skill" by detailing each step.
5. Observe and provide feedback to the student as he performs the skill.

George JH, Doto FX. 2001. A Simple Five-step Method for Teaching Clinical Skills (Family Medicine 2001, 33:577-8).

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Two-minute Technique

- Explain the purpose of the observation.
- Tell student how the observation will take place.
- Let patient know that a brief observation may take place.
- Conduct observation for two minutes without interrupting.
- Try to leave room without disrupting the encounter.
- Quickly jot notes about what you observed.
- Provide specific feedback to the student as close to the observed encounter as possible.
- Set an agenda with the student for future learning.

Office of Community-Based Education and Research (OCBER), Dartmouth Medical School www.ocber.dartmouth.edu
<http://ocber.dartmouth.edu/ocber%20-%20Two-Minute%20Technique%20for%20Observing%20Learner.pdf>

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GRADE Strategy for Evaluation

- **Get Ready**
- **Review expectations with learner**
- **Assess**
- **Discuss assessment at midpoint**
- **End with a grade**

Langlois JR, Thach S. Evaluation using the GRADE strategy. Fam Med 2001; 33(3):158-160

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One minute Preceptor (Five Micro-Skills)

Five Steps	Examples
Get a commitment	<ul style="list-style-type: none"> • "What do you think is going on?" • Provide assessment of learner's knowledge/skill • Teach interpretation of data
Probe for supporting evidence	<ul style="list-style-type: none"> • "What led you to this conclusion?" • Reveals learner's thought process and identifies knowledge gaps
Teach general rules	<ul style="list-style-type: none"> • "When you see this, always consider..." • Offer "pearls" which can be easily remembered
Reinforce what was done well	<ul style="list-style-type: none"> • Offer positive reinforcement • "You did a nice job with..."
Correct errors	<ul style="list-style-type: none"> • "Next time, try or consider..." • Comment on omissions and misunderstandings to correct errors in judgment or action

adapted from Neher JO, Gordon KC, Meyer B, and Stevens N. 1992. A Five-Step "Microskills" Model of Clinical Teaching. J Amer Board Fam Pract 1992; 5(1): 419-424.

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Evaluation process

	Student	Preceptor	Institution
Student	✓	✓	✓
Preceptor	✓	✓	✓
Institution	✓	✓	✓

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Constructive Feedback

<p>IS...</p> <ul style="list-style-type: none"> • Descriptive • Specific and precise • Focused on behavior • Timely • Nonthreatening • Clearly communicated • Limited in scope • Stimulus for reflection • Followed by a plan 	<p>IS NOT...</p> <ul style="list-style-type: none"> • Evaluative • General • Focused on personality • Delayed • Hurtful • Assumed • Overwhelming • Punitive or shaming • A stand-alone event
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Raisler J, O'Grady M, Lort J. 2003. Clinical teaching and learning in midwifery and women's health. Jnl of Midwifery and Women's Health 48(6): 399-406

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Sample Evaluation – Cornell University Preceptor Evaluation of Student

CLINICAL SKILLS	Outstanding	Above average	Average	Below average	Unsatisfactory
Patient history	Always very thorough and complete, efficient, consistently excellent in organization...	Always very thorough and complete; elicits important data	History is generally complete, interview technique is good; symptoms --	Deficiencies in elicitation of symptoms are evident; important information is often not...	Generally incomplete; frequently disorganized; does not focus on patient's...
Physical Examination	Always complete; consistently accurate; all findings including subtle...	Complete, accurate; all findings elicited including most subtle ones	Generally thorough examinations performed; minor omissions...	Tendency to do superficial exams; lapses in sequence are frequent...	Usually incomplete; superficial; cursory or inaccurate; major findings are...

From Cornell PA Preceptor Handbook, 2009-2010
www.med.cornell.edu/education/programs/pdf/PreceptorHandbook2010.pdf

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Sample Skills Checklist – Montana State University

	Confident & independent	Minimum supervision needed	Moderate supervision needed	Performance since with supervision	Never performed or not applicable
Exam of eye for FB					
HD of cyst					
Ingrown toenail removal					
Ironie inspection & aspiration					
Removal of FB from skin, foot					
Slide preparation & wet prep					
Speculum / Pap					
Splinting					
Suturing					
Use of microscope					

Modified from Montana State University. CCN. Adapted from: Dumas, MMS (Ed) (2008). Partners in NP Education: A Preceptor Manual for NP Programs, Faculty, Preceptors & Students. Washington, DC: NONPF.

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- ### Recommendations
- Clarify your own goals
 - Determine your affiliations
 - Interview the APC student
 - Advocate for yourself
 - Utilize available resources
 - Advocate for preceptor training

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Sample Evaluation – University of TN Student Evaluation of Clinical Preceptor

Involvement / Receptivity / Competence	1	2	3	4	5
Respects student as an important individual in the healthcare team					
Assists students when problem arises					
Allows adequate time to accomplish a task					
Involves student in formulating plan and decision making					
Remains calm, poised in clinical situation					
Relates didactic knowledge to clinical practice					

From University of TN College of Nursing Student / Preceptor Manual, 2008
www.utnrc.edu/ourpages/auto?dDocId=3264396&docId=3264396

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- ### Resources
- National Organization of Nurse Practitioner Faculties (NONPF)
 - Partners in NP Education (publication)
 - Physician Assistant Education Association (PAEA)
 - tab for Preceptors
 - Mountain Area Health Education Center Preceptor Development Program
 - Expert Preceptor Interactive Curriculum

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- ### Additional Considerations
- The first clinical rotation
 - The unsafe student / the difficult student
 - Documentation
 - Paper or electronic medical records

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Thank you!

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mpieper@bentley.edu

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gmoylan@bentley.edu

Debbie Forman, MSN, ANP-BC
dforman@bentley.edu

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