

# Preceptor Toolkit

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# Why Be A Preceptor

- Part of professional role being a teacher/evaluator is part of what we do as NPs (Ulrich, 2011)
- Satisfaction of “giving back” (Lyon and Peach, 2001)
- Being a role model and socialization expert- Students need to learn how to function in the “real world” and learn from our practices (both positive and negative) (Ulrich, 2011)
- Protecting both the patient and the student - patients are kept safe as the student learns in a safe environment (Ulrich, 2011)
- Preceptorships are essential for NP students to learn their craft (Burns, et al, 2006, Barker and Pittman 2010).
- Students keep us “on our toes” (Suzewits,2002)
- Enhances quality of practice

# Qualities that make Super Preceptors

- Personality Characteristics:
  - Empathetic
  - Warm
  - Respectful
  - Sense of Humor
  - Flexible
  - Fair
  - Dependable
  - Consistent

# Professional Characteristics

- Willing to work with a student who is a neophyte as well as a more advanced student
- Supportive of the student's educational program
- CURRENT IN KNOWLEDGE AND SKILLS
- Models appropriate behaviors and attitudes
- Willing to give constructive feedback
- Supports student growth

# Concept of Positive Precepting (Murphy, 2008)

- Preparation-

- What are the objectives for the student's learning experience?
- What are the student's skills?
- What is the student's schedule does it match mine?
- Has the faculty member communicated expectations to you?

# Concepts of Positive Precepting (cont'd)

- What experience is most appropriate for the student?
- Help the student talk out loud through the decision so you can hear their reasoning
- What are the expectations for student evaluation?
- What are the expectations for faculty visitation?

# Expectations From the Program

- Clear expectations for the student's experience
- A syllabus for the course
- Clear communication pathways to faculty
- Recognition of your time and expertise
- Responsiveness to your concerns about the student
- Good record keeping of your efforts for recertification documentation

# Expectations of Yourself as Preceptor

- Decide how much time and energy you are willing to commit and communicate this clearly to the faculty
- Verbalize your expectations of support from the faculty
- Remember that no preceptor is perfect- there may be times when you fail to connect with the student
- Forgive yourself- it's a learning experience for everyone!



# Patient Expectations

- The patient should be informed that a student wishes to participate in the visit
- The patient must agree that a student may participate in the visit
- The patient should know that the visit might take additional time because they will be seen by the provider as well
- Often the patient is impressed that the provider has been selected to teach

# Assessing Barriers to Precepting

- Space in the practice for exam rooms
- Space in the practice for talking with the student privately
- Space for the student to be when not seeing patients
- Melding the time it takes to precept into the productive schedule

# Not Enough Time to Precept?

- Recent study in rural practice indicated that parallel precepting strategy was 12 minutes 24 seconds per visit and a “regular” consultation (without precepting) was 13 minutes 27 seconds. (Walters, Worley, Prideaux, Lange, 2008).
- Experienced preceptors take less time per visit with comparable outcomes (Baritt, 1997, Vinson, 1997).
- The take-away is that the more you do it, the better it gets from a time perspective

# Barriers to Precepting (Time to Do It)

- Not much actual research with Nurse Practitioners precepting, but studies with medical students demonstrate feasibility of precepting and remaining productive (Amelia et al. 2001).
- Precepting takes additional energy even when it doesn't take much more time

# Strategies for Working With Students

## Flexibility The Key Ingredient

- Practice volume
- Temporary practice stresses-leaves, new providers, moves
- Demands of the program-time in class, number of hours, other assignments.

# Wave Scheduling

- Wave scheduling-2 or 3 patients scheduled at the same time followed by a catch up break. The student sees one while you see the other/s. At some time, you see the student's patient as well.

9:00 2 patients (each see one)

9:20 catch up break for precepting, wrapping up visits

9:40 2 patients

10:00 catch up break (and so on....)

# Built In Scheduling

- For example, one appointment time blocked in the schedule in mid morning, two blocked at different times in afternoon.
- Allows you to catch up for time you spent precepting and stay on schedule.
- Could potentially decrease productivity/reimbursement if your salary is productivity dependent.
- Need support from the practice for precepting to have this kind of flexibility

# Sharing the Load

- Sharing a student between 2 or more preceptors lightens the responsibility, reduces the drag to productivity for any one person.
- Allows student to compare and contrast practice styles.
- May allow student to see different populations of patients



# Student Thinking time

- Student sees patient, comes out, reports H and P to preceptor.
- Preceptor goes to see patient.
- While preceptor is seeing patient, student develops plan.
- Student reports plan to preceptor. Modifications are made as needed.
- Student or student and preceptor return to room to communicate plan to patient.

(personal communication, Kaye Lee, FNP, 2010)

# Focused Half Day

- Student spends time before and after their patient arrives studying the chart, looking up material related to the focus of the day and the care of the patient.
- The schedule is the “table of contents” for the day’s educational experience.
- You concentrate on seeing the rest of the patients and confine your teaching on that day to one issue.

(Taylor, Lipsky, Bauer, 1998)

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# Best Use of Focused Half Day

- Beginning student or students first days in a new setting-less overwhelming
- Especially busy days when the preceptor needs to see most of the patient at a more rapid pace.
- Students find that the preparation makes them more efficient and confident in the patient encounter. (Taylor, 1998)

# Specific Skill Building

- The student spends the day observing you as you see patients, etc.
- You give the student an assignment during the day to observe how you do a particular aspect of the visit and reflect with you at the end of the day.
- Assignment can be opportunity to teach a student one way to do a particular skill or what to include in a particular type of visit.

# When to Use Specific Skill Building

- Can help a struggling student see again and again how to do something and what variations you introduce with different patients.
- Can help you give the student a useful experience on a day when you don't have time for a lot of teaching.
- *Absolutely not appropriate for a student's entire clinical experience.*

# Principles for Precepting Success

- Different learners, different levels of experience, different techniques
- Often we precept the way we were precepted
- Remember what helped you the most to learn.
- The larger our repertoire of clinical teaching techniques, the more likely we are to help students be successful.

# Some Techniques To Help The Process of Precepting

- Case discussions
- Seeking appropriate patients for practice
- Direct questioning
- Think Aloud
- Assigning directed readings
- Coaching and “cheerleading”
- Observation



# Micro Skills for Precepting

- An “Oldie but Goodie” for getting students to think about their encounters:
    - Get a commitment-*What do you think is going on?*
    - Probe for supporting evidence-*What led you to that conclusion?*
    - Teach general rules-*Many times when...*
    - Reinforce what was right-*“You did an excellent job of...”*
    - Correct mistakes-*Next time this happens, try this*
- (Neher, Gordon, Meyer, Stevens, 1992)

# Advantages of the Micro-Skills

- Helps you see student's critical thinking process and ability to move from collecting data to planning care.
- Preceptor chooses one or more general rules to communicate from each encounter. Student doesn't have to intuit the general rules from the experience.
- Provides for immediate feedback about what was good and what needs correcting

# Technologies and Precepting

- Using video cameras to observe student interactions with patients
- Need to be sure that all consents have been signed
- Watch and listen to the student doing a visit from outside the room.
- Student and patient have the primary interaction without you changing the dynamic between them, but you know everything that happened.
- Student has to do own improvising, problem solving because you aren't in the room to intervene. Patient has to focus on the student as provider.

# Video Precepting

- Exams are only taped if appropriate.
- Not available in all settings.
- Can help you give more specific feedback to the student, especially if you watch the tape together later.
- Student can watch self and critique own interaction with the patient for discussion with you.

# Evaluation of Students

- Often a stressful event
- It's not "ratting out" the student
- Should be constructive and based on skill development
- Should be consistent for student's level
- Should be respectful-focus on actions and preparation not personality
- Can be day to day feedback or interval evaluation

# Principles of Evaluation

- Specific rather than general
- Timely
- Include student's assessment of personal growth
- Should be positive as well as negative
- Must be honest
- Include assignments for further study or improvement
- Should include communication to the faculty
- Expect cultural sensitivity

# Dealing With Difficult Students

- Early communication of problems to both student and faculty
- Trust your judgment- you're the expert
- A failing student will often have limited insight or lack of personal awareness
- Remember the conversation is about the Student's learning, not your expertise
- Identify poor professional behavior or boundary breeches early and communicate expectations for change

# Dealing With Difficult Students

- Patient safety is a primary concern
- If you don't think the student is safe, let the faculty know immediately
- Bring the faculty into the conversation early
- Consider having the student generate learning contract or daily objectives for improvement
- Expect professional behaviors and professional dress- don't hesitate to let the student know your expectations at the outset of the experience



# Dealing With the Difficult Student

- DOCUMENT, DOCUMENT, DOCUMENT
- Focus on behaviors rather than personality
- Faculty should visit and observe interactions
- Faculty should be supportive of your evaluation
- Suggest strategies for reassignment if necessary

# Precepting Rewards

- Some programs pay stipends, most don't
- Many programs will offer adjunct faculty appointment (good for your CV and often include library privileges)
- Precepting keeps you sharp and current
- It often enhances your professional reputation
- There is satisfaction in doing the “right thing”
- It assures continuing excellence in the profession