Pursuing Precepting Excellence:

Evolving Educational Paradigms and the Changing Landscape of Clinical Education

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Disclosures/Conflicts

The presenters have no financial disclosures or actual/potential conflict of interest in relation to this presentation.
Objectives

At the conclusion of this presentation the audience will be able to:

1. Discuss how the role of the preceptor has evolved with changing educational paradigms
2. Identify what should be the expectations of the preceptor in relation to the University
3. Provide strategies to address clinical time constraints while precepting students
4. Examine strategies to address clinical time constraints while precepting students
5. Explain commonalities of the struggling student
Changing educational paradigms

The role of the preceptor has evolved with changing educational paradigms

• The millennial student
• Distance education and brick and mortar schools
The millennial student

Features of younger graduate learner can include:

- Positive and confident
- Seek structure but without impeding their freedom
- Multitasking is a way of life
- Expect to always be connected
- Learning is like Nintendo, not logic
- Intolerant of delays
Millennial students

Need clear expectations and regular feedback
- Often perform significantly better
- Develop better judgment
- Learn faster than students who do not receive regular feedback

Students like feedback, and often identify it as one of the most important characteristics of a good preceptor

Feedback is described as comments that:
- Let the student know what they have done well
- Let the student know what they need to improve
- Let the student plot a course of action
Millennial students

- Identify the purpose of feedback: to help the student midwife or practitioner learn what it is that he/she is expected to be able to know and do (be specific)
- Identify strengths first before moving on to areas for improvement: sandwich method
- Describe behaviors the student needs to change or develop back up comments with specific evidence and observations
- Prioritize the feedback by focusing on areas that are most important first
Millennial students

• Provide feedback on a routine basis
• Make sure the feedback has been clearly understood: have student summarize feedback and plan
• Avoid sending mixed messages
• Be honest in all of your feedback
• Be sure you have the evidence needed
References


Distance education vs brick & mortar schools

Similarities
• Provision of excellent graduate programs in Midwifery, Women’s Health and NP healthcare

Differences
• Delivery of material can be in person, traditional community environment of staff, faculty and students

All types can include mixed presentation types
• Live
• Recorded
• Virtual
Building community at FNU

At Frontier Nursing University, each student:

- Attends campus for 2 one week programs
- Has an assigned Regional clinical faculty
- Close bond over 1 to 2 years
- Live site visit(s) with evaluations
- Google Hangouts
- Community building initiatives, Sage and Student engagement, state meetings, case days
References


Expectations in Relation to the University

What will they expect of you?

What might you expect from them?

Anna Louiso DNP, APRN, FNP-BC
Expectations

Faculty Involvement

Paperwork

Communication
What should I expect?

It can be a rewarding and enjoyable experience for both you and the student!
ACNM Survey--2014

Factors That Influence Midwives to Serve as Preceptors

• Top motivating factor--commitment to the profession

• Top barrier--need to maintain high patient volume
Role expectations--faculty

- Coordinates placement of student with site/preceptor
- Communicates with preceptor
- Coordinates clinical site visit
- Communicates student’s progress with appropriate members of University
- Maintains responsibility for final evaluation and clinical course grades
Role expectations--Student

- Arrange Schedule
- Develop personal learning objectives
- Address course objectives
- Observe policies of site
- Confer with preceptor and faculty
- Come prepared each day
- Evaluate faculty, course, and preceptor

ACNM, 2018
Role expectations--Preceptor

- Orient student to site
- Identify learning needs of students
- Set goals with student
- Provide feedback
- Plan learning experiences
- Consult with faculty
- Participate in ongoing evaluation of student, including final evaluation of clinical performance

ACNM, 2018
Precursors of Success

- Know expectations of the University
- Have access to course objectives and/or syllabus
- Be aware of hour requirement and time frame
- Expect of student:
  - Be prepared each day—mentally and physically
  - Professional behavior
  - Be willing to supplement clinic time with learning behaviours
Preparation and Planning

Meet with faculty
● By phone or in person
● Share a bit about yourself
  ○ Professional experience
  ○ Teaching styles
● Ask for any specific expectations
● Discuss methods of communication
Preparation and Planning

Set up a pre-clinical meeting with student

- Learn about student:
  - professional background and interests
  - learning patterns, skills learned
  - strengths and weaknesses

- Discuss:
  - Your teaching style
  - Office routines
  - Patient population
  - Expectations (dress code, charting, etc).
Paperwork

Should not take a ton of your time!

- Evaluation of core competencies
- Verify student hours and cases
- Positive/negative feedback
- Completed daily, weekly, or per term/semester
Paperwork

Core Competencies for Basic Midwifery Practice

- Fundamental knowledge, skills, and behaviors expected of a new nurse midwife

- Serve as guidelines for educators, students, and policymakers

ACNM, 2012
Paperwork

AMCB certification

- 9 precepting hours = 1 contact hour
- Up to 10 contact hours or 90 preceptor hours per recertification period

AMCB, 2018
Communication: Feedback

What is feedback?

- Specific and non-judgemental
- Compares performance with standard
- Intended to improve performance
- Bidirectional
- Effective feedback is key to student learning experience
Communication

Communicating with faculty

● You should have means of contact during all office hours. Phone number, email.
● Bidirectional
● Contact should be timely if there are issues
● Meet privately during site visit
References


References


References


Strategies to address clinical time constraints while precepting students

One minute preceptor
Clinical flow management

Anna Louiso, DNP, APRN, FNP-BC
Barriers to Precepting

- Need to meet patient volume/students slow us down
- Competition from other students
- Midwives want to provide direct care
- Midwives need a break from teaching
- Previous poor experience with student
- Midwives feel unprepared to teach
- Patients not accepting students
- Staff unsupportive of students
- Difficult communication with instructor

Germano et al, 2014
Reducing Complexity is Key!

Dispelling myths

- Productivity
- Length of your day
- Stress
Day One

- Make sure staff is aware of student
- Give brief tour and intro to staff
- Introducing student to patient
  - patient specifically chosen
  - student has fresh eyes, knows latest and greatest
Specifics for new students

Little experience but mountains of enthusiasm!

- Selectively choose patients
- Quality, not quantity
- Slow is OK
- Learn skills in a sequence
- Follow behind all vaginal exams at first
New students

- When student can’t chart in EMR
  - Use a SOAP note form

- CMS documentation guidelines
  - Physical presence of billing provider
  - Documentation limitations

- index card for questions
  - address at lunch or end of day
Intermediate students

Focus: Become more systematic

- Help student prioritize what is important
- Help student develop systematic approach
- Quality over quantity, but start working on time
- Encourage creative problem
Advanced students

Everything's coming together

● Increased independence
● Student takes lead
● Time management
● Wrap up skill acquisition
Acute/Inpatient setting

Intrapartum: Meshing of Art and Science

● Orient student to setting
● Create a climate of safety
● Students feel more vulnerable
Effective time saving strategies

One Minute Preceptor

- Originally developed by Kay Gordon and Barbara Meyer, Department of Family Medicine, University of Washington School of Medicine in 1992
- Widely adopted
- Has been shown to improve precepting behaviors
One Minute Preceptor

5 microskills

- Get a commitment
- Probe for supporting evidence
- Teach general rules
- Give positive feedback
- Correct mistakes
Five microskills

Get a commitment

- What do you think is going on?
- What do you want to do?
- Resist the urge to take over the case.
Five Microskills

Probe for supporting evidence

- Allows preceptor to determine knowledge base
- Preceptor can assess clinical reasoning skills
Five Microskills

Teach general rules/pearls

● “Typically there are two main treatment options”

● “Important factors to consider are……”
Five Microskills

Reinforce what was done right

● “You did a really good job of prioritizing the problem list”

● “You were conscious of the patient’s financial situation”
Five Microskills

Correct mistakes

- Identify gaps or omissions
- Avoid negative comments
- Identify next learning steps
- Engage student to identify own gaps in knowledge
Scheduling Strategies

Table 3. Scheduling Strategies for Precepting

- Focused half days
- Focused observation
- Wave scheduling
- Appointment modification

Barker & Pittman, 2008
Scheduling Strategies

Focused Half Day

● Good for new student
● Less intimidating
● In-depth experience
Scheduling Strategies

Focused Observation

- Good for beginning student
- Preceptor is role model
- Provides material for student reflection
Wave Scheduling

- Requires change in scheduling method
- Eliminates backup of patients
- Best for intermediate to advanced students
Scheduling Strategies

Appointment Modification

- Allows for catch up time
- Reduces productivity
- Allowed by some sites
References


References


References


Critical thinking skills in student learners

Developing the clinical grasp
Use of Socratic Questions:
“Paper-Clip”
Remediation guidance
Developing the clinical grasp

Critical thinking underlies independent and interdependent decision making. Include:

- Questioning
- Analysis
- Synthesis
- Interpretation
- Inference
- Inductive and deductive reasoning
- Intuition
- Application
- Creativity

AACN (2016)
Use of Socratic questions

Competency-based education requires that students:

• Develop a deeper understanding of course material
  – Necessitates new modes of content delivery and incorporation of new thought processes.

Socrates observed:

• Students often lost their ability to justify their own preconceived thoughts and beliefs after a series of specific, targeted questions.
• Through appropriate and repeated questioning, students eventually developed self-generated knowledge and the ability to regulate their own thoughts.
• True knowledge is not the acquisition of facts, but self-generated knowledge
• Socrates claimed he never taught his students anything
“PAPER CLIP”
Questions regarding

- Precision
- Accuracy
- Perspective
- Equity
- Relevance
- Complexity
- Logic
- Intuition
- Perspicuity
• Getting students to clarify their thinking and explore the origin of their thinking
  e.g., 'Why do you say that?', 'Could you explain further?'
• Challenging students about assumptions
  e.g., 'Is this always the case?', 'Why do you think that this assumption holds here?'
• Providing evidence as a basis for arguments
  e.g., 'Why do you say that?', 'Is there reason to doubt this evidence?'
• Discovering alternative viewpoints and perspectives and conflicts between contentions
  e.g., 'What is the counter-argument?', 'Can/did anyone see this another way?'
• Exploring implications and consequences
  e.g., 'But if...happened, what else would result?', 'How does...affect...?'
• Questioning the question
  e.g., 'Why do you think that I asked that question?', 'Why was that question important?',
  'Which of your questions turned out to be the most useful?'
Remediation guidance

- Approximately 30% of all NP and midwifery students can struggle both academically and clinically at various times.

- Have to acknowledge that students may not be “on” 100% of the time.
Remediation guidance

Assessment of non-academic qualities
• Motivation
• Professionalism
• Responsibility

Successful performance in the clinic is predicted by:
• Strong communication skills
• Self- and social awareness
• Self-control
• Moral reasoning
Remediation guidance

- Early involvement of university/academic faculty is key when issues are identified
- Preceptors initially try to “solve” student clinical problems in a vacuum
- May need specialized learning tools and faculty assistance to promote success
Tools at Frontier Nursing University

- Embedded in the community - close relationships
- Evaluation tools based on national competencies
- Learning tools - student directed
- Performance plans - faculty directed
References


Hart Research Associates, on behalf of the Association of American Colleges and Universities. It takes more than a major: employer priorities for college learning and student success. Liberal Education. 2013; 99(2)


Houston...We have a problem

What to do when a student is not meeting expectations?

Irma Jordan, DNP, APRN, FNP/PMHNP-BC, FAANP
Objectives

At the conclusion of this presentation the audience will be able to:

1. Manage the challenging student
2. Define unprofessional behavior
3. Identify of causes of incivility
The Problem: Student struggling to meet expectations

- These students require closer supervision
- More time consuming
- May need to be taught specific skills
- Preceptors feel ill equipped to handle these students
Identify the problem

- Cognitive--Easiest to identify and remediate!
  - Unprepared for clinical
    - Lacking critical thinking skills
    - Inattentive
    - Gaps in basic clinical knowledge

- Personal--Difficult to identify and address
  - Integrity
  - Respect for others
  - Responsiveness and sensitivity to patients
  - Accountability
  - Mental health issues
Feedback vs Evaluation

- **Feedback**
  - Communicates Information
  - Focuses on what was done
  - Identifies potential consequences of action

- **Evaluation**
  - Judgement of the student’s performance in comparison to clinical goals
Types of feedback and evaluation

- **Formative Feedback**
  - Provide frequently

- **Summative Feedback (Evaluation)**
  - Provided at specific points (halfway/end of experience)

- **Ways to give feedback**
  - Directive
  - Elaborative
The important elements of giving feedback

- Timing - planned in advance and in private
- Permit the student to self-assess the event
- Deliver focused and concise feedback
- Means of Delivery (oral vs. written)
- Discuss specific examples - be non-judgemental and
- Focus on what needs to be changed
- Develop a plan of action
What gets in the way?

Student:

• Defensive student
• Previous feedback has been generic and students perceives this as positive
• Fear of negative consequences for both preceptor and student

Preceptor:

• Poor documentation of prior behavior
• Unclear outcome goals or a clinical rotation
• Unclear guidance from the University

Institutional

• Ambiguity of outcome goals or a clinical rotation
• Process unclear for initiating remediation
  • Who to notify
  • Who leads the remediation
Using SOAP to give feedback

Subjective: Detect a problem based on a subjective impression
  • Preceptors should trust their impression
  • If in doubt observe and document
  • Early identification of difficulties

Objective: Gather and document objective data
  • More than one context and as many direct observations as possible
  • Provide informal discussion before taking further steps

Assessment: differential diagnosis of problem
  • The “differential” should include cognitive and personal
  • Start with the difficulty that is causing the most problem

Plan: Targeted remediation
  • Firm up the diagnosis of the problem
  • If at all possible the preceptor making the diagnosis should be involved in remediation
  • Integrate remediation into the student's regular clinic activities.
Civility is the Common Thread

Professionalism

Respect

Inclusivity

Positive Communication
Causes of Student Incivility

- Demandings workloads
- Meeting Deadlines
- Juggling work, school and family responsibilities
- Concerns about grades
- Anxiety/Stress over new role
Examples of incivility

- Eye rolling
- Sarcastic comments (verbal or electronic)
- Dominating conversation
- Arriving late/leaving early/no show for clinic
- Being unprepared for clinic
- Taking personal phone calls in clinic
- Demanding tone
- Refusal to accept constructive feedback
Communication with the challenging student

- Check your emotions at the door
- Focus (and listen) on your student and what they are saying
- Watch body language
  - Inconsistent language
  - Negative body language
Managing the Challenging Student

- Expect professional behaviors and professional dress
  - Let the student know your expectations at the outset of the experience
  - Identify poor professional behavior or boundary breaches early and communicate expectations for change
- Early communication of problems to both student and faculty
  - Document your concerns in writing
- A failing student will often have limited insight or lack of personal awareness
- Patient safety is a primary concern. If you don’t think the student is safe, let the faculty know immediately
- Trust your judgment
Tips for dealing with difficult students

- **Express empathy**
  - Communication by the preceptor is from a position of power but respect
  - Recognizes that the behavior that needs to be changed can be changed only by the student.

- **Develop discrepancy**
  - Motivation to change occurs when the discrepancy between where they are and where they want to be is clear.

- **Avoid arguing**
  - Arguing only makes them more resistant.

- **Roll with resistance**
  - Don’t meet it head on.
  - Invite the student to think about the problem differently.
The process of improving a situation…
Remediation

- Enlist university faculty in developing a remediation plan
- Assist the student in development of their remediation plan
- Specific examples of areas needing improvement
- Specific actions leading to improvement
- Timeline for re-evaluation of the student


Katz, NT (2006). The Effective Preceptor Series is a Project of the Association of Professors of Gynecology and Obstetrics (APGO) Undergraduate Medical Education Committee (UMEC); Crofton, MD.


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260943/
Breakout Session

Two student scenarios- group work

a. Identification of problem
b. Steps to resolve
c. Discussion
Group work

**First scenario** - the unsure, timid student in busy clinical setting, student is easily overwhelmed

**Second scenario** - student is not meeting clinical objectives, does not accept constructive feedback well, is very experienced in the RN role
Wrap Up

Question & Answer

Thank you for coming!