AGACNP Preceptor Handbook - 7 week courses

AGACNP Preceptor Handbook

A Guide for Preceptors

MASTER OF SCIENCE IN NURSING
PROGRAM ADULT GERONTOLOGY
ACUTE CARE NURSE PRACTITIONER

COLLEGE OF NURSING AND HEALTH PROFESSIONS

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Preceptor Letter

Dear Preceptor,

We are so excited by your interest in mentoring our nurse practitioner students. The time commitment along with the energy expended during preceptorship is great. We applaud your selfless desire to improve health care in our region.

We have prepared the Preceptor Orientation Handbook to facilitate your experience with our students. Please read through the selection criteria and expectations of all team members to determine if you have a desire to be a part of our team. Next, you will need to fill out the Preceptor Qualification Sheet and Terms of Agreement. These forms keep us up to date with the uniqueness of each preceptor and assist faculty with the placement of students. Our desire is to place the right student with the right preceptor for the best possible outcomes. Thank you in advance for your

help.

We are hopeful that you will find the answers to any questions you may have in the Preceptor Orientation Handbook. Please feel free to use the Directory to call any member of our faculty with any unanswered questions.

Thank you,

AGACNP Faculty Arkansas State University School of Nursing

College of Nursing and Health Professions

Mission Statement

The mission of the College of Nursing and Health Professions is to provide quality education to students, graduates, and health care providers in a variety of health disciplines. Recognizing its unique position in the lower Mississippi Delta region, the College provides educational programs that are designed to promote lifelong learning based on the expressed needs of its varied constituencies. The College assesses the attainment of this mission in terms of the contributions its graduates make to health care in the Delta region and beyond.

School of Nursing Mission Statement and Philosophy

Mission Statement

The mission of the School of Nursing is to educate, enhance and enrich students for evolving professional nursing practice.

The core values:

The School of Nursing values the following as fundamentals:

- **Integrity:** Purposeful decision to consistently demonstrate truth and
- **Excellence:** Highest quality of nursing education, practice, service and
- **Diversity:** Respect for varied dimensions of individuality among populations
- **Service:** Professional experiences in response to the needs of
- **Learning:** Acquisition of knowledge and skills in critical thinking, practical reasoning, and decision making.

- **Student centered:** Development of essential skills for lifelong learning, leadership, professionalism, and social

Philosophy (AASN/BSN/MSN/DNP)

The faculty holds the following beliefs about personhood, environment, health, nursing and nursing education. We believe that each person has innate worth and individuality, which reflects integration of the bio-psycho-social-spiritual nature of one's being. Though each is unique, all persons possess characteristics that form the bases of identifiable shared basic human needs. We believe that individual experience, heredity, and culture influence each person, and that one's existence depends on perception of and reaction to change. Inherent in this process is the capacity to make decisions, weigh alternatives, predict and accept possible outcomes.

The faculty believes that environment profoundly influences all persons. The environment is the sum of all conditions and forces that affect a person's ability to pursue the highest possible quality of life. The concept of environment has two major components. The first comprises society and culture, which derive from the need for order, meaning, and human affiliation. The second component consists of the physical and biological forces with which all human beings come in contact. Both of these components of environment are sources of stimuli that require personal adaptation and/or interaction in order for individuals to survive, develop, row, and mature.

The faculty believes that health is a state of wholeness and integrity. We recognize that health is not a static state for individuals, families, groups, or communities, but that it is a continuum in which the mind, body and spirit are balanced, providing a sense of well -being. Health is influenced by the ability to cope with life processes. The achievement of this potential is determined by motivation, knowledge, ability, and developmental status. The faculty also believes the primary responsibility for one's health rests with the individual or those upon whom one is dependent.

We believe that each individual has the right to quality health care. The goal of health care is to promote, maintain, or restore an optimal level of wellness. Nurses act as advocates in assisting persons to gain access to and secure maximum benefit from the health care system. The complexity of health care requires that nurses as professionals collaborate to provide the highest level of health care possible.

The faculty believes that nursing is both art and science. This unique altruistic discipline has evolved from the study and application of its own interventions as well as applying knowledge from a variety of other disciplines. The focus of nursing is the provision of care across the health care continuum utilizing a systematic nursing process.

We believe that nursing refines its practice in response to societal need, and that nursing education must prepare a professional nurse for evolving as well as traditional roles. The faculty recognizes the obligation of the nursing curriculum to include leadership, change strategies, professionalism, and community service.

We believe that the education of nurses occurs at several levels in order to prepare various categories of practitioners. To acquire the knowledge and judgment inherent in practice, nursing education focuses on critical thinking, decision-making, analysis, inquiry, and research. The faculty also believes that learning is an independent, life-long process. Learning is an opportunity for teacher-student interaction in setting goals, selecting and evaluating learning experiences and appraising learners' progress. All levels of nursing education share certain rights, duties, and characteristics, such as the scientific basis of nursing care. Accordingly, we actively support the endeavors of the profession to assist nurses in pursuing professional education at beginning and advanced levels.

The purpose of the associate level is to prepare graduates who apply the nursing process in the provision of direct nursing care for clients with common, well-defined problems. Therefore, the associate curriculum is grounded in the liberal arts and includes professional values, core competencies, and core knowledge and role development. The associate degree graduate is prepared to function as a member of the profession and a manager of care in acute and community-based settings.

The nurse prepared at the baccalaureate level is a professional who has acquired a well- delineated and broad knowledge base for practice. We believe that the role of a baccalaureate graduate is multifaceted and developed through extensive study in the areas of liberal education, professional values, core competencies, core knowledge and role development. This knowledge base prepares the beginning baccalaureate graduate to function as, a provider of direct and indirect care to individuals, families, groups, communities and populations. The baccalaureate graduate is also a member of the profession and a designer, manager and coordinator of care.

The master's level prepares baccalaureate nurses for advanced nursing practice roles. Preparation for advanced practice emphasizes strategies to intervene in multidimensional situations. The knowledge base is expanded in scope and depth through the scientific, theoretical and research components of nursing. Various theories inherent in advanced practice roles and strategies are analyzed and explored to synthesize the interdependence of theory, practice, and scientific inquiry in nursing. This synthesis of knowledge and experience provides the basis for creating, testing, predicting, and utilizing varied and complex interventions for problems of health care and health care delivery. The graduate of the master's program is a leader in the profession and prepared as an intricate member of the medical home.

Preceptor Selection Criteria

The clinical experience of the advanced practice nurse must be carefully monitored by a qualified preceptor. Arkansas State University follows the recommendations from the National Organization for Nurse Practitioner Faculties (NONPF) by requiring the following criteria:

1. Advanced Practice Nurses
    - Current state authorization or national certification
    - Extensive clinical experience in the role of APRN
    - Preceptor Qualification Sheet on file (Appendix B)
    - Terms of Agreement on file (Appendix C)

2. Physicians:
    - Doctor of medicine or osteopathy from an accredited university
    - Currently licensed and practicing in the role of physician
    - Preceptor Qualification Sheet on file (Appendix B)
    - Terms of Agreement on file (Appendix C)
3. Clinical practice site should include a variety of experiences regarding patient type and mix of acute and chronic illness.
4. Site should allow the student to engage in clinical experiences sufficient to meet the requirements for the role of the advanced practice
5. Preceptor should prepare to provide applicable supervision, instruction, and evaluation of
6. Preceptor should be able to facilitate active participation of students in the delivery of health
7. Preceptor should be committed to the role and concept of the advanced practice
8. If the preceptor is an APRN, they must have at least 12 months experience in his/her APRN role.

Plan of Study Adult Gerontology Acute Care Nurse Practitioner Option

Core Courses:

- NURS 66103 - Research Design and Methodology **Hrs: 3**
- NURS 66203 - Theory Development in Nursing **Hrs: 3**
- NURS 66303 - Health Care Issues and Policy **Hrs: 3**
- NURS 66402 - Professional Role Development in Advanced Nursing **Hrs: 2**
- Sub-total: 11

Support Courses:

- NURS 66003 - Advanced Clinical Physiology **Hrs: 3**
- NURS 66033 - Advanced Clinical Pharmacology **Hrs: 3**
- NURS 66043 - Advanced Assessment and Diagnostic Evaluation **Hrs: 3**

Sub-total: 9

Advanced Practice Courses:

- NURS 6627V - AGACNP Seminar I **Hrs: 1.5**
- NURS 6628V - AGACNP Seminar II **Hrs: 1.5**
- NURS 6623V - AGACNP Seminar III **Hrs: 1.5**
- NURS 6624V - AGACNP Seminar IV **Hrs: 1.5**

- NURS 6625V - AGACNP Seminar V **Hrs: 1.5**
- NURS 6626V - AGACNP Seminar VI **Hrs: 1.5**
- NURS 66672 - AGACNP Practicum I **Hrs: 2**
- NURS 66682 - AGACNP Practicum II **Hrs: 2**
- NURS 66632 - AGACNP Practicum III **Hrs: 2**
- NURS 66642 - AGACNP Practicum IV **Hrs: 2**
- NURS 66652 - AGACNP Practicum V **Hrs: 2**
- NURS 6666V - AGACNP Practicum VI **Hrs: 2.5**

Preceptor Expectations

Review Preceptor Orientation Handbook.

Review clinical outcomes located on the syllabus along with student clinical evaluation tool appropriate for course (included in handbook).

Provide the student with clinical experiences that maximize the student's potential in meeting the clinical outcomes on the clinical evaluation tool.

Prepare yourself to be a professional role model and mentor to the student. Exhibit enthusiasm that engages the student in active learning.

Use both positive and negative feedback to encourage learning. A copy of the "One- Minute Preceptor: 5 Micro skills for One-On-One Teaching" (Irby, 1997) is included as Appendix A to help facilitate your preceptorship.

Demonstrate current evidence based clinical skills.

Assess the student at all levels as they become more sufficient in-patient care gently prodding them to advance from assessment to diagnosis and treatment.

Complete student evaluation form at the end of each semester and submit to appropriate faculty.

If at any time in the semester, you have reservations that the student may not be able to meet the competencies outlined in the evaluation form, please contact the assigned clinical faculty member or any member of the administration provided in the directory.

If the preceptors are AGACNP or work in a current acute care role, he/she must have at least 12 months experience

Student Expectations

Review learner outcomes from the syllabus and appropriate level clinical evaluation tool.

Set clinical times and dates to meet required clinical hours with your preceptor that facilitates the needs of both participants.

Come to clinical prepared to learn. Be engaged as an active learner. Bring necessary equipment needed for practice and resources such as text and lab manuals.

Be punctual, respectful, and responsible at all times. Complete necessary clinical log information daily.

Engage in patient encounters that challenge your self-identified learning needs.

Complete and submit preceptor evaluation tool and clinical site evaluation at the close of each semester.

Faculty Expectations

Assure student compliance with standards for immunization, CPR, liability insurance, and current unencumbered nursing license before beginning clinical.

Establish or verify clinical site agreements for each clinical site utilized.

Provide the preceptor with a Preceptor Orientation Handbook including current syllabus and clinical evaluation tool (Appendix D).

Review learner outcomes of the student with the preceptor.

Facilitate active communication between the School of Nursing, faculty, student, and preceptor. Provide leadership in the role of the advanced practice nurse.

Encourage the student to utilize theoretical frameworks for patient care and decision making. Make clinical site visits as scheduled and as needed.

Provide verbal and written feedback to students swiftly after evaluations including submitted assignments and clinical site visits.

Faculty review Medatrax to ensure students are on track with various experiences and progress toward completing the experience on time.

Approved preceptors and clinical sites are maintained in Medatrax.

Progression of Courses

There is a student evaluation form included in this handbook. The Preceptor will evaluate the student at the close of each semester using the Preceptor Evaluation Form (Appendix D). The tool was developed from *Advanced Nursing Practice: Curriculum Guidelines and Program Standards for Nurse Practitioner Education* from the National Organization of Nurse Practitioner Faculties (NONPF) and *The Essentials of Master's Education for Advanced Practice Nursing* from the American Association of Colleges of Nursing (AACN).

There are three clinical courses in progression that each student is expected to master. They are as follows:

NURS 6627V - AGACNP Seminar I

Provides research based theoretical and clinical foundation for specialization of AG-ACNP. Content includes diagnostic reasoning and management of complex acute and chronic health problems for adult and geriatric population. Emphasis on but not limited to, EENT, Cardiovascular, & Musculoskeletal systems. 3 to 9 Fall 2022 Restricted to Master of Science in Adult Gerontology Acute Care Practitioner option/PMC program.

NURS 6628V - AGACNP Seminar II

Provides research based theoretical and clinical foundation for specialization of AG-ACNP. Content includes diagnostic reasoning and management of complex acute and chronic health problems for adult and geriatric population. Emphasis on but not limited to, pulmonary, integumentary, and health promotion. Restricted to Master of Science in Nursing- Adult Gerontology Acute Care Nurse Practitioner option/PMC program.

NURS 6623V - AGACNP Seminar III

Expansion of research based theoretical and clinical foundation for specialization of AG-ACNP. Attention given to cultural considerations, and legal and ethical standards. Focus on health promotion and maintenance, but not limited to disorders of the gastrointestinal, genitourinary, and endocrine systems. Restricted to Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/Post Master Certificate program.

NURS 6624V - AGACNP Seminar IV

Expansion of research based theoretical and clinical foundation for specialization of AG-ACNP. Attention given to cultural considerations, and legal and ethical standards. Focus on health promotion and maintenance, but not limited to obstetrics, hematologic, oncologic and immunologic disorders.

Restricted to Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/Post Master Certificate program.

NURS 6625V - AGACNP Seminar V

Focuses on research based complex care for specialization of Adult/Gerontology Acute Care Nurse Practitioner. Particular attention given to neurological disorders, shock/trauma, palliative care and special procedures. 3 to 9 Fall 2022 Restricted to Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/Post Master Certificate program.

NURS 6626V - AGACNP Seminar VI

Focuses on research based complex care for specialization of Adult/Gerontology Acute Care Nurse Practitioner. Particular attention given to but not limited to practice issues, risk assessment, and geriatric related disorders. Restricted to Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/Post Master Certificate program.

NURS 66672 - AGACNP Practicum I

Clinical application of theoretical basis for management of complex adult and geriatric clients with acute critical illnesses. Prepare students to interview patients, build care plans, and work with clinical instructors and preceptors to apply knowledge of acute care processes. Restricted to Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/PMC Program.

NURS 66682 - AGACNP Practicum II

Execute knowledge of theoretical basis for management of complex patients. Prepare students to interpret diagnostic tests and utilize therapeutic and technologic interventions. Develop discharge summaries and apply theoretical knowledge for transitioning from various levels of acute on chronic illness. Restricted to Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/PMC Program.

NURS 66632 - AGACNP Practicum III

Utilize clinical application of theoretical basis for management of complex adult and geriatric clients with chronic, acute, and critical illnesses in a variety of health care settings. Prepare students to interpret and utilize diagnostic tests and develop treatment plans. Restricted to Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/PMC program.

NURS 66642 - AGACNP Practicum IV

Utilize clinical application of theoretical basis for management of complex adult clients with chronic, acute, and critical illnesses in a variety of health care settings. Emphasis on patient assessment and prioritization of treatments and interventions from hospital admission to discharge. Restricted to Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/PMC program.

NURS 66652 - AGACNP Practicum V

Further clinical application of theoretical basis for management of complex adult and geriatric clients with chronic, acute, and critical illnesses in a variety of health care settings. Practicum experience in specialized areas of advanced practice. Restricted to Master of Science in Nursing-

Adult Gerontology Acute Care Nurse Practitioner option/PMC program.

NURS 6666V – AGACNP Practicum VI

Further clinical application of theoretical basis for management of complex adult and geriatric clients with chronic, acute, and critical illnesses in a variety of health care settings. Practicum experience in specialized areas of advanced practice. Restricted to Master of Science in Nursing-Adult Gerontology Acute Care Nurse Practitioner option/PMC program.

Frequently Asked Questions

Q: Is there a specific set of skills that I am responsible for teaching to students?

A: Clinical experiences vary dramatically from site to site making it impossible for all students to achieve the same level of skills. However, here is a list of the skills that novice advanced practice nurses need upon entry into the field of acute care practice:

Airway management: intubation, ventilator management Arterial line access

Basic 12 Lead ECG interpretation Central venous access

Chest tube management Incision and drainage

Interpretation of: Chest x-ray, common fracture sites, laboratory tests, urinalysis interpretation, and other diagnostics that are gold standard to disease processes

Joint injection/aspiration Lumbar puncture

Pelvic exam/Breast exam/Digital rectal examination Simple laceration repair/suture removal

Splint/cast application

Suture Repair and wound closure

Wet prep with accurate identification of common abnormalities

Q: Can my student make rounds with me in the clinic setting?

A: Students may round in specialty clinics for follow up after hospital admissions, surgeries, etc. Q: **Can students go to a long-term facility with me to make rounds?**

A: Students may round in a nursing home facility to follow up on geriatric patients that have been recently in the hospital setting or seen in a specialty clinic.

Q: Can students' chart on electronic medical records?

A: While most EMRs require a password for users, faculty strongly recommends that students be issued a temporary password in order to provide documentation for the clinical experience.

Q: Can students write prescriptions or E-prescriptions?

A: Students are licensed as registered nurses and cannot write prescriptions. The credentialed provider must supply the authorization/signature on the prescription.

Q: Can students "see" the patient without my presence in the exam room?

A: Students in any level course in the Acute Care program are qualified to examine patients without the presence of the preceptor. The preceptor will want to be present with all examinations until convinced of the student's competency level. Prior to discharge all Patients must also be examined by the preceptor and the plan of care reviewed.

Q: Can students see patients in my absence of a few hours?

A: Students are not credentialed to see any patients without the preceptor being on site with the student.

Q: Can students write prescriptions for controlled substances?

A: Students may not write prescriptions for any medications or controlled substances as they do not possess prescriptive authority or a DEA number at this time. Students are eligible to apply for both upon successful graduation from the program. Students along with the preceptor may recommend controlled substances for patients with documented needs for such medications.

Administration

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Appendix A: The One Minute Preceptor: 5 Micro skills for One-On-One Teaching

Acknowledgements

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Introduction

Health care providers face many challenges in the day to day pursuit of their careers, and those who choose to teach health professions students face the further challenge of efficiently and effectively providing teaching to these learners. No matter what type of learner – resident, medical student, physician's assistant or nurse practitioner – and no matter what their level of skill or training, the challenge of integrating teaching into your day to day routine remains. Fortunately, tools and techniques have been developed to assist the preceptor. A tested and valuable approach is the One-Minute Preceptor.

Initially introduced as the "Five-Step `Micro skills' Model of Clinical Teaching" (Neher, Gordon, Meyer, & Stevens, 1992), the One Minute Preceptor strategy has been taught and tested across the nation (Irby 1997a, 1997b; STFM, 1993) and has been welcomed by busy preceptors. The dissemination of this technique has been allowed and encouraged, and we are pleased to be able to present it to you as part of our Preceptor Development Program.

At the end of this module you will be able to:

1. List the Steps of the One-Minute Preceptor model of clinical teaching.
2. Explain how each step fosters effective and efficient teaching.
3. Demonstrate understanding of the One-Minute Preceptor on a sample student presentation.
4. Integrate the One-Minute Preceptor model into your clinical

Making the Most of Teaching Time

Much of clinical teaching involves the learner interviewing and examining a patient, and then presenting the information to the preceptor. This strategy is common both in the office and hospital

setting. Studies have indicated that on average, these interactions take approximately 10 minutes and the time is divided into several different activities. (See Figure 1.) Much of the time is taken up by the presentation of the patient by the learner. Additional time is spent in questioning and clarifying the content of the presentation. As a result, only about one minute of time is actually spent in discussion and teaching.

The One-Minute Preceptor approach allows the preceptor to take full advantage of the entire encounter in order to maximize the time available for teaching. The teaching encounter will still take longer than a minute but the time spent is more efficiently used and the teaching effectiveness is optimized.

The Method

The One-Minute Preceptor method consists of a number of skills that are employed in a stepwise fashion at the end of the learner's presentation. (See Table 1.) Each step is an individual teaching technique or tool, but when combined they form one integrated strategy for instruction in the health care setting.

An Example:

Let us look at a sample presentation to help illustrate the steps of the One- Minute Preceptor model and their practical application.

You are working with student from a physician's assistant program who is in your office for their final six-week preceptorship before graduation. The student has just finished seeing a patient and is presenting to you in your office while the patient waits in the exam room.

Student: Hi...I just saw Mrs. Winkler. She is a 67-year-old woman who comes in today with a complaint of fever, cough and shortness of breath. As you may know, she has a 30-pack year smoking history and carries the diagnosis of mild COPD.

She began getting sick about two days ago with what she thought was a cold but by yesterday she had more chest congestion and a temperature of 101 orally. She also noted that she was more winded than usual in her usual activities at home. Yesterday her cough was productive of whitish sputum but by this AM it had become yellow to tan with streaks of blood. She noted chills this AM and her temp was 100.5 and she called to come in. She has noted some increase in her wheezing but denies chest pain, except when she coughs.

“She is on Capoten and HCTZ for high blood pressure, and uses an albuterol inhaler and has been using this about every two hours since last evening. She has no allergies, got a flu shot this year and had the Pneumovax 2 years ago.

“On physical she is working hard at breathing with wheezes heard without a stethoscope. HEENT is basically normal but her lung exam reveals diffuse wheezes expiratory wheezes and decreased breath sounds in the area of the right middle lobe..." [Student pauses here waiting for your response]

Step One: Get a Commitment

At this point, there are many teaching techniques you could employ, but the One-Minute Preceptor method suggest that you get a commitment from the learner – to get them to verbally commit to an aspect of the case. The act of stating a commitment pushes the learner to move beyond their level of comfort and makes the teaching encounter more active and more personal. This can show respect for the learner and fosters an adult learning style.

In this situation the learner stopped their presentation at the end of the physical exam. An appropriate question from the preceptor might be: “What do you think is going on with this patient?” This approach encourages the learner to further process the information they have gathered. You obtain important information on the learners clinical reasoning ability and the learner is given a higher sense of involvement and responsibility in the care of the patient. If the answer is correct, then there is the opportunity to reinforce a positive skill. If the response is incorrect, an important teaching opportunity has occurred and the impact of the teaching is likely to be greater since the learner has made the commitment.

Not all learners will stop at the same pointing their presentation, but the preceptor can still get a commitment. Additional examples include:

“What other diagnoses would you consider in this setting?” “What laboratory tests do you think we should get?”

“How do you think we should treat this patient?”

“Do you think this patient needs to be hospitalized?”

“Based on the history you obtained, what parts of the physical should we focus on?”

By selecting an appropriate question, the preceptor can take a learner at any stage and encourage them move them further along in their skills and to stretch beyond their current comfort level.

Notice that questions used in getting a commitment do not simply gather further data about the case. The goal is to gain insight into the learner's reasoning. Questioning by the preceptor for specific data reveals the preceptor's thought process – not the learner's. The learner in the example above needs the opportunity to tell you their assessment of the patient data they have collected.

Step Two: Probe for Supporting Evidence

Now that you have a commitment from the learner, it is important to explore what the basis for their opinion was. The educational setting often rewards a lucky guess to the same degree as a well-reasoned, logical answer. In the clinical setting, it is important to determine that there is an adequate basis for the answer and to encourage an appropriate reasoning process. By the same token it is important to identify the “lucky guess” and to demonstrate the use of appropriate supporting evidence.

Once the learner has made their commitment and looks to you for confirmation, you should resist the urge to pass immediate judgement on their response. Instead, ask a question that seeks to understand the rationale for their answer. The question you ask will depend on how they have responded to your request for a commitment:

“What factors in the history and physical support your diagnosis?”

“Why would you choose that particular medication?” “Why do you feel this patient

should be hospitalized?”

“Why do you feel it is important to do that part of the physical in this situation?”

There are significant benefits from using this step at this time. You are able to immediately gauge the strength of the evidence upon which the commitment was made. In addition, any faulty inferences or conclusions are apparent and can be corrected later. This step allows the preceptor to closely observe the vital skill of clinical reasoning and to assist the learner in improving and perfecting that skill. Our learner in the role-play will get a further chance to demonstrate their ability to integrate and use clinical data.

Step Three: Reinforce What Was Done Well

In order for the learner to improve they must be made aware of what they did well. The simple statement “That was a good presentation” is not sufficient. The learner is not sure if their presentation is “good” because they included current medications or because they omitted the vital signs. Comments should include specific behaviors that demonstrated knowledge skills or attitudes valued by the preceptor.

“Your diagnosis of `probable pneumonia' was well supported by your history and physical. You clearly integrated the patient's history and your physical findings in making that assessment.”

“Your presentation was well organized. You had the chief complaint followed by a detailed history of present illness. You included appropriate additional medical history and medications and finished

with a focused physical exam.”

With a few sentences you have reinforced positive behaviors and skills and increased the likelihood that they will be incorporated into further clinical encounters.

Step Four: Give Guidance About Errors and Omissions

Just as it is important for the learner to hear what they have done well, it is important to tell them what areas need improvement. This step also fosters continuing growth and improved performance by identifying areas of relative weakness. In framing comments, it is helpful to avoid extreme terms such as `bad' or “poor”. Expression such as “not best” or “it is preferred” may carry less of a negative value judgement while getting the point across. Comments should also be as specific as possible to the situation identifying specific behaviors that could be improved upon in the future.

Examples:

“In your presentation you mentioned a temperature in your history but did not tell me the vital signs when you began your physical exam. Following standard patterns in your presentations and note will help avoid omissions and will improve your communication of medical information.”

“I agree that, at some point, complete pulmonary function testing may be helpful, but right now the patient is acutely ill and the results may not reflect her baseline and may be very difficult for her. We could glean some important information with just a peak flow and a pulse oximeter.”

The comments are specific to the situation and also include guidance on alternative actions or behaviors to guide further efforts. In a few sentences an opportunity for behavior change has been identified and an alternative strategy given.

It is important to reflect here that a balance between positive and constructive criticism is important. Some preceptors may focus on the positive, shying away from what may be seen as criticism of the learner. Others may focus nearly exclusively on areas for improvement without reinforcing what is already being done well. As with many things in life, balance and variety are preferable.

Step Five: Teach A General Principle

One of the key but challenging tasks for the learner is to take information and data gained from an individual learning situation and to accurately and correctly generalize it to other situations. There may be a tendency to over generalize – to conclude that all patients in a similar clinical situation may behave in the same way or require the exact same treatment. On the other hand, the learner

may be unable to identify an important general principle that can be applied effectively in the future. Brief teaching specifically focused to the encounter can be very effective. Even if you do not have a specific medical fact to share, information on strategies for searching for additional information or facilitating admission to the hospital can be very useful to the learner.

Examples:

“Smokers are more likely than non-smokers to be infected with gram-negative organisms. This is one situation where you may need to broaden your antibiotic coverage to be sure to cover these more resistant organisms.”

- OR -

“Deciding whether someone needs to be treated in the hospital for pneumonia is challenging. Fortunately, there are some criteria that have been tested which help...”

- OR -

“In looking for information on what antibiotics to choose for a disease. I have found it more useful to use an up-to-date hand book than a textbook which may be several years out of date.”

Because of time limitations it is not practical to do a major teaching session at that moment, but a statement or two outlining a relevant and practical teaching point can have a significant impact on the learner.

Step Six: Conclusion

Time management is a critical function in clinical teaching. This final step serves the very important function of ending the teaching interaction and defining what the role of the learner will be in the next events. It is sometimes easy for a teaching encounter to last much longer than anticipated with negative effects on the remainder of the patient care schedule. The preceptor must be aware of time and cannot rely on the student to limit or cut off the interaction.

The roles of the learner and preceptor after the teaching encounter may need definition. In some cases, you may wish to be the observer while the learner performs the physical or reviews the treatment plan with the patient. In another instance you may wish to go in and confirm physical findings and then review the case with the patient yourself. Explaining to the learner what the next steps will be and what their role is will facilitate the care of the patient and the functioning of the learner.

Example:

“OK, now we'll go back in the room and I'll repeat the lung exam and talk to the patient. After, I'd like you to help the nurse get a peak flow, a pulse ox, and a CBC. When we've gotten all those results, let me know and we can make a final decision about the need for hospitalization and our

treatment plan.”

The teaching encounter is smoothly concluded and the roles and expectations for each person are made clear in a way that will facilitate further learning and optimal patient care.

Summary:

You have learned and seen examples of the six steps in The One-Minute Preceptor model. Although it is useful to divide something into discrete steps, it is hard to remember several items in order, especially when you are first using them. To help you with this challenge you will note that the back cover of the book may be cut into several pocket size cards which you may carry with you to help you remember the steps.

The One-Minute Preceptor is a useful combination of proven teaching skills combined to produce a method that is very functional in the clinical setting. It provides the preceptor with a system to provide efficient and effective teaching to the learner around the single patient encounter. It is not intended that this technique should replace existing teaching skills and techniques that already work well for the preceptor or to avoid the need to learn further techniques. It is one approach that can help you in the very challenging work that you do.

References:

Irby, D. (1997, February). The One-Minute Preceptor. Presented at the annual Society of Teachers of Family Medicine Predoctoral meeting, Orlando, FL.

Irby, D. (1997, June). The One-Minute Preceptor: Micro skills for Clinical Teaching.

Presented at teleconference from East Carolina Univ. School of Medicine, Greenville, NC.

Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "micro skills" model of clinical teaching. Journal of the American Board of Family Practice, 5, 419 -424.

STFM. (1993, February). The One-Minute Preceptor. Presented at the annual Society for the Teachers of Family Medicine Predoctoral meeting, New Orleans, LA.

Appendix B: Preceptor Qualification Sheet

Name:_____E-mail address:
_____

Preferred Contact: Home phone_____Cell Phone_____E-mail
_____

Title:_____Credentials:
_____

Discipline or Specialty:_____Years in role:
_____

Number of students concurrently supervised:_____Type of supervision (adult, family, acute, etc.)
_____

Type of patients seen at site (acute, chronic, age):
_____

License #:_____State:_____Date expires:
_____

Additional licensure and/or credentials:
_____

Certification: ANCC ☐ or AAP ☐ or ACC ☐

Name of Clinic:

_____

Address of clinic:

_____

Education:

Name of School	Major	Dates of Attendance	Year Graduated	Degree Earned

Continuing education:

Workshop/Course/Seminar	Date	Sponsoring Organization

Are you currently working on a degree in nursing or other discipline? Master's_____
Doctoral_____

Appendix C: Terms of Agreement

I have read the Preceptor Orientation Handbook and commit to precept students for A-State's School of Nursing. I am aware of the time and responsibility that is required to advance student learning in the clinical arena.

Preceptor Signature Date

Please Print Name

I am willing to precept the following terms. (This information is helpful when planning for future students.)

Spring 2025 _____

Summer 2025_____

Fall 2025_____

Spring 2026_____

Summer 2026 _____

Fall 2026 _____

Appendix D: Preceptor Evaluation of Student

Student Name:_____

Please check the group of phrases which you believe best describes the student's performance in each of the following areas. At the end, please add written comments & suggestions. **Please mail completed evaluation directly to instructor. DO NOT give completed form to student.**

Area to be Evaluated	Outstanding	Above Average	Average	Needs Improvement	Unacceptable	Not Observed	Comments
KNOWLEDGE:	□ Consistently	□ Differentiates	□ Demonstrates	□ Recalls	□ Major	□ Not	
General	evaluates	understanding of	understanding	understanding of	deficiencies in	observed	
	therapeutic	basic	of basic	basic concepts	knowledge		
	interventions,	Pathophysiology	Pathophysiolog		base		
	broad based		y				
KNOWLEDGE:	□ Synthesizes	□ Applies	□ Discusses	□ Defines the	□ Lacks	□ Not	
Related to	broad textbook	expanded	basic	patient's	knowledge to	observed	
individual	mastery &/or	differential	differential	problems,	understand		

patients	directed literature	diagnosis, can	diagnosis of	problem list	patient	
	research, reads	discuss minor	active	needs	problems,	
	extensively from	problems, reads	problems in	improveme nt.	obvious lack of	
	many different	a good deal	own patients.	Apparent lack of	reading	
	sources		Average reader	reading		
DATA	Consistently	Utilizes,	Reviews	Recalls data as	Inaccurate,	Not
GATHERIN G:	synthesis, efficient,	detailed, broad-	basic history,	incomplete or	major	observed
Initial History/	and appreciates	based, obtains	accurate,	unfocused, and	omissions,	
Interviewi ng	subtleties,	almost all	obtains most	missing,	inappropriat e	
Skills	insightful, assesses	relevant data	relevant data &	psychosocia l	psychosocia l	
	all relevant data	including	most of the	components that	component	
	including	psychical	psychosocia l	are absent or	absent	
	psychosocia l		components	sketchy		
DATA	Integrates subtle	Utilizes	Identifies	Assesses	Inaccurate,	Not
GATHERIN G:	findings of exam	organized,	major findings	incomplete data	major	observed
Physical Examinatio n	in practice	focused, relevant findings	identified from data gathered	or unfocused, relevant data	omissions, inappropriat e	
Skill		of practice exam	in exam	missing,	psychosocia l	
				psychosocia l	component	
				components	absent	
				absent or		
				sketchy		

DATA	□ Consistent	□ Assembles key	□ Report	□ Report poor	□ Inaccurate	□ Not	
RECORDING/	recording of	information,	accurate,	flow in HPI,	data or major	observed	
REPORTING:	concise, thorough	focuses,	complete	lacks listing	omissions		
Writing	appraisal of	comprehensive	history and	detail or			
Histories & Physicals	disease process & patient situation		physical	incomplete problem list			
DATA	□ Synthesizes	□ Precise,	□ Reviews on-	□ Records but	□ Missing or	□ Not	
RECORDING: Progress Notes	multidisciplinary data in notes	concise organized notes	going problems & team plan	needs organization,	inaccurate data	observed	
				prioritizing			
				relevant data			

Area to be Evaluated	Outstanding	Above Average	Average	Needs Improvement	Unacceptable	Not Observed	Comments
DATA RECORDING: Oral Presentations	□ Analyzes situation in a poised manner	□ Discusses data in a fluent, focused manner	□ Reports basic information, minimal use of notes	□ Verbalizes data with major omissions, often relates irrelevant facts, rambling	□ Repeatedly ill-prepared	□ Not observed	
DATA INTERPRE-TATIONS: Analysis	□ Understands complex issues, interrelates patient problems	□ Consistently formulates reasonable interpretation of data	□ Constructs problem list, applies, reasonable differential diagnosis	□ Frequently reports data without analysis	□ Cannot interpret basic data	□ Not observed	

DATA INTERPRE-TATION: Judgement / Management	□ Manages patient soundly	□ Consistently discusses diagnostic decisions	□ Appropriately renders patient care, aware of own limitations	□ Frequently reports data without analysis	□ Cannot interpret basic data	□ Not observed	
CLINICAL PERFORM-ANCE: Outpatient Clinic	□ Evaluates preventative care, good grasp of preventative health issues-development, education, anticipatory guidance	□ Differentiates major issues, some fine points	□ Recognizes major issues	□ Deficient recall of major issues	□ Inaccurate or major omissions	□ Not observed	
CLINICAL PERFORMANCE: History & Physical	□ Accurate, assessment that is focused & detailed, at ease with all ages & illnesses	□ Collects all pertinent data, comfortable with most patient & illnesses	□ Reviews basic information, comfortable with most patients & illnesses	□ Incomplete, unfocused, ill-at-ease with some patients or illnesses	□ Major omissions, rude or unprofessional	□ Not observed	
CLINICAL PERFORMANCE: Patient Triage	□ Accurately assesses patients' level of acuity & prioritizes patients by degree of illness	□ Formulates an accurate appraisal of acuity	□ Can reliably distinguish between emergent and non-emergent patients	□ Has difficulty recognizing emergently ill patients	□ Unreliable or inconsistent judgement	□ Not observed	
PROCEDURES:	□ Always performs proficiently & skillfully, very compassionate	□ Consistently performs careful, confident, compassionate	□ Performs reasonable skill in preparation & performance	□ Awkwardly performs, reluctant to try even basic procedures	□ No improvement even with coaching, insensitive	□ Not observed	

PATIENT EDUCATION & CARE: Reliability/ Commitment	□ Initiates education & patient care, actively seeks responsibilities beyond assigned tasks	□ Employs patient care, welcomes responsibility beyond assigned tasks at times	□ Reports the time & energy required for education & patient care, fulfills responsibilities	□ Repeatedly unprepared, appears lackadaisical in approach to education & patient care	□ Unexplained absences, unreliable	□ Not observed	

Area to be Evaluated	Outstanding	Above Average	Average	Needs Improvement	Unacceptable	Not Observed	Comments
PROFESSIONAL ATTITUDES: Self-directed learning (knowledge & skill)	□ Outstanding initiative, reads extensively, actively seeks education experiences beyond rounds & conferences	□ Good insight, sets own goals, reads a good deal, participates in a few additional educational experiences, seeks feedback	□ Reads appropriately, attends required rounds & conferences, appreciates feedback	□ Frequent prompting required, seems to have a varied response to feedback	□ Unwilling, lack of introspection, is not appreciative of all feedback	□ Not observed	
PROFESSIONAL DEMEANOR: Patient Interactions	□ Preferred provider, consistently elicits & deals with patient's emotional & personal problems in sensitive & skillful manner	□ Gains confidences & trust, frequently elicits & deals with patient's emotional & personal problems in a sensitive & skillful manner	□ Empathetic, develops rapport, deals effectively with most of patient's emotional & personal problems	□ Occasionally insensitive, inattentive, frequently misses patient's emotional &/or personal problems	□ Avoids personal contact, tactless	□ Not observed	

PROFESSIONAL DEMEANOR: Response to stress	□ Outstanding poise, selects constructive solutions	□ Flexible, supportive	□ Employs appropriate judgement	□ Inflexible or loses composure easily	□ Inappropriate response, inability to direct self or others	□ Not observed	
PROFESSIONAL DEMEANOR: Working Relationships	□ Always establishes tone of mutual respect & dignity, makes a concerted effort to elicit & contribute to cooperation amongst health professionals	□ Consistently has good rapport with other staff, makes attempts to elicit cooperation amongst health professionals, willingly contributes to the success of the team	□ Cooperative, productive member of own team	□ Lack of consideration for others	□ Antagonistic or disruptive	□ Not observed	

COMMENTS: (Please recommend specific suggestions for improvement.)

Evaluator's Signature

Date Completed

Evaluator’s Printed Name

Appendix E: Student Evaluation of Preceptor

ARKANSAS STATE UNIVERSITY COLLEGE OF NURSING AND HEALTH PROFESSIONS

MSN PROGRAM

EVALUATION OF PRECEPTOR

Preceptor: _____ Site: _____

Completed by:

Date:

Instructions:

1. *Please mark an **X** in the most appropriate space after each statement below to provide summative feedback to the preceptor named above..*
2. *Space is provided after each statement if you choose to add any written*

Quality	Seldom	Sometimes	Frequently	N/A	Comments
1) Is available to student.					
2) Demonstrates understanding of the NP Role.					
3) Utilizes student’s strengths and knowledge.					
4) Role model for NP Practice.					

5) Demonstrates effective rapport with clients.					
6) Encourages student to assume increasing responsibility during experience.					
7) Assists student in identifying goals and needs for experience.					
8) Considers student's limits according to status in program.					
9) Provides immediate and adequate feedback with questions and patient presentations.					

*Adapted from Advanced Practice Nursing: Curriculum Guidelines and Program Standards for Nurse Practitioner Education (NONPF, 1995)

Appendix F: Student Evaluation of Clinical Site

ARKANSAS STATE UNIVERSITY COLLEGE OF NURSING AND HEALTH PROFESSIONS

MSN PROGRAM

Clinical Site Evaluation

Name of Site: _____ Location: _____

Completed by:

Date:

Instructions:

1. *Please mark an **X** in the most appropriate space after each statement regarding the*
2. *Space is provided after each statement if you choose to add any written*

Statement	Yes	No	N/A	Comments
1) Is adequate space provided?				
2) Is adequate time given to see clients?				
3) Are there sufficient number of clients?				
4) Are the types of clients varied as to age, type of problem, etc.?				
5) Are students allowed to select clients according to their needs?				
6) Are students given the opportunity to follow-up with clients and/or problems of interest?				
7) Are reports from lab and x-ray accessible to students?				
8) Is support staff appropriately helpful to students?				
9) Is support staff accepting of student's role?				
10) Is philosophy of clinic to provide: a) health promotion and disease prevention? b) disease diagnosis and management? c) both?				

11) Are instructional materials available for clients to supplement their learning (i.e., pamphlets, outside class opportunities, etc.)?				
12) Are community resources, other agencies, and professional disciplines involved with client welfare?				

*Adapted from Advanced Practice Nursing: Curriculum Guidelines and Program Standards for Nurse Practitioner Education (NONPF, 1995)

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