



# Preceptor Handbook 2021-2022



## 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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**ARKANSAS STATE  
UNIVERSITY**

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**COLLEGE OF NURSING AND HEALTH PROFESSIONS**

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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



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## 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 honesty.
- **Excellence:** Highest quality of nursing education, practice, service and research.
- **Diversity:** Respect for varied dimensions of individuality among populations
- **Service:** Professional experiences in response to the needs of society.
- **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 responsibility.



## **Philosophy (AASN/BSN/MSN)**

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 components of environment are sources of stimuli that require personal adaptation and/or interaction for individuals to survive, develop, grow, 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 everyone 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 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 APN
  - 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 nurse.
5. Preceptor should prepare to provide applicable supervision, instruction, and evaluation of students.
6. Preceptor should be able to facilitate active participation of students in the delivery of healthcare.
7. Preceptor should be committed to the role and concept of the advanced practice nurse.
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 – beginning Fall 2021**

**FALL I**

NURS 6402 Role Development in Advanced Nursing

NURS 6203 Theory Development in Nursing

NURS 6303 Health Care Issues and Policy

NURS 6103 Research Design and Methodology

**SPRING I**

NURS 6023 Advanced Assessment and Diagnostic Evaluation

NURS 6013 Advanced Clinical Pharmacology

NURS 6003 Advanced Clinical Physiology

**SUMMER I**

NURS 6213 AG ACNP Seminar I

NURS 6214 AG ACNP Practicum I

**FALL II**

NURS 6363 AG ACNP Seminar II

NURS 6364 AG ACNP Practicum II

**SPRING II**

NURS 6483 AG ACNP Seminar III

NURS 6484 AG ACNP Practicum III





## **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 B 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 always. 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.

Students expected to use Medatrax to track patient encounters and track experiences

The NP concentration uses the Medatrax system to record and maintain student and clinical data. Each student has a specific account assigned to them.

- Clinical encounters must be documented in Medatrax.
- Students upload and maintain current RN licensure and CPR certification.
- Students may also upload required clinical forms or complete other clinical assignments.

## **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 are two student evaluation forms included in this handbook. Faculty will evaluate the student during each clinical site visit utilizing the clinical evaluation tool that is appropriate for each level of student (Appendix D). The Preceptor will evaluate the student at the close of each semester using the Preceptor Evaluation Form (Appendix E). The tools were 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 6214** Students need close preceptor guidance in this course. This is the student's first encounter in the role of advanced practice nurse. They are competent to perform thorough interviews, assessments, diagnostic reasoning, and proper documentation. While competent, the student will need encouragement and feedback, regarding their clinical skills with each patient encounter. Students typically perform clinical hours in hospitalist, intensivist, or emergency medicine services during this course, but may be in a specialty clinic rotation to enhance cardiology or pulmonology knowledge. At the end of this rotation, the student should be able to demonstrate increasing independence, comprehensiveness, and proficiency in the management of acute care illnesses in the population of patients served. Students must complete a total of 240 clinical hours in this course.

**NURS 6364** Students need close preceptor guidance at the beginning of this rotation. , students have now completed clinical hours in various acute care settings such as hospitalist, intensivist, or emergency medicine, but may have little experience in each field of study. However, students can be expected to translate new knowledge and skills from previous clinical sites into practice. Students should advance during this course to demonstrate a progressive increased level of independence, depth, and proficiency in the management of acute illnesses. Students must complete 240 clinical hours during this course.

**NURS 6484** Less guidance from the preceptor is required during this final semester. Students should be competent in clinical skills and the management of patient-centered illnesses. Professional behaviors, collaboration with other professionals, and follow-up care are expected. Students should emulate the role of the novice advanced practice nurse in acute care practice with all the required responsibilities of such. Students are required to complete 240 clinical hours during this final course.



## **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 interpretation

Central venous access

Chest tube management

Incision and drainage

Interpretation of: Chest xray, 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 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**

This monograph was developed by the MAHEC Office of Regional Primary Care Education, Asheville, North Carolina. It was developed with support from a HRSA Family Medicine Training Grant. The monograph was provided to our Office of Faculty Development with permission to modify and use in our faculty development program.

## **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:

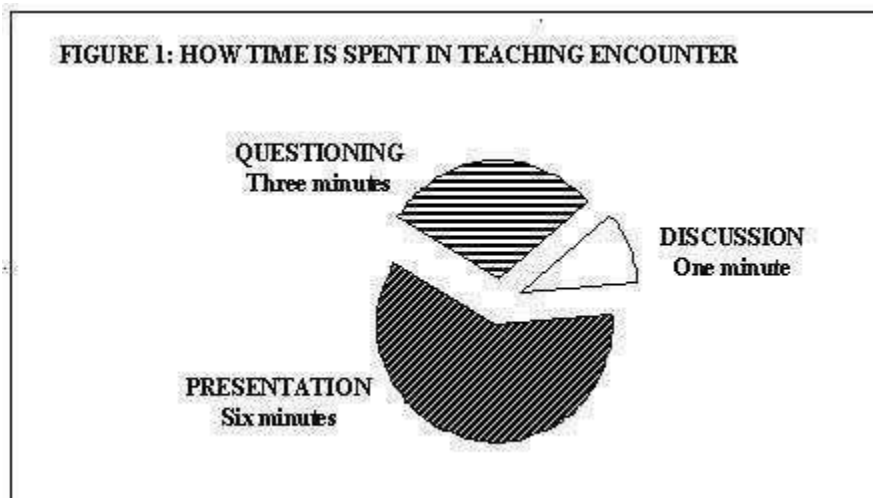
1. List the Steps of the One-Minute Preceptor model of clinical teaching.
2. Explain how each step fosters effective and efficient teaching.
3. Demonstrate understanding of the One-Minute Preceptor on a sample student presentation.
4. Integrate the One-Minute Preceptor model into your clinical teaching.



## 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 several 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.

**Table 1: The One-Minute Preceptor Method**

1. Get a Commitment
2. Probe for Supporting Evidence
3. Reinforce What Was Done Well
4. Give Guidance About Errors and Omissions
5. Teach a General Principle
6. Conclusion

## **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 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 learners. 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 currently. You can 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**

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 exceedingly 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 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 keys 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 handbook 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 especially 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 would like you to help the nurse get a peak flow, a pulse ox, and a CBC. When we have 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 incredibly 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 AANP ☐ or ACCN ☐

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 ASU'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.)

Summer 2021 \_\_\_\_\_

Fall 2021 \_\_\_\_\_

Spring 2022 \_\_\_\_\_

Summer 2022 \_\_\_\_\_

Fall 2022 \_\_\_\_\_

## Appendix D

**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 Evaluate	Outstanding	Above Average	Average	Needs Improvement	Unacceptable	Not Observed	Comments
<b>KNOWLEDGE: General</b>	Consistently evaluates therapeutic interventions, broad based	Differentiates understanding of basic Pathophysiology	Demonstrates understanding of basic Pathophysiology	Recalls understanding of basic concepts	Major deficiencies in knowledge base	Not observed	
<b>KNOWLEDGE: Related to individual patients</b>	Synthesizes broad textbook mastery &/or directed literature research, reads extensively from many different sources	Applies expanded differential diagnosis, can discuss minor problems, reads a good deal	Discusses basic differential diagnosis of active problems in own patients. Average reader	Defines the patient's problems, problem list needs improvement. Apparent lack of reading	Lacks knowledge to understand patient problems, obvious lack of reading	Not observed	
<b>DATA GATHERING: Initial History/ Interviewing Skills</b>	Consistently synthesis, efficient, and appreciates subtleties, insightful, assesses all relevant data including psychosocial	Utilizes, detailed, broad-based, obtains almost all relevant data including psychical	Reviews basic history, accurate, obtains most relevant data & most of the psychosocial components	Recalls data as incomplete or unfocused, and missing, psychosocial components that are absent or sketchy	Inaccurate, major omissions, inappropriate psychosocial component absent	Not observed	
<b>DATA GATHERING: Physical Examination Skill</b>	Integrates subtle findings of exam in practice	Utilizes organized, focused, relevant findings of practice exam	Identifies major findings identified from data gathered in exam	Assesses incomplete data or unfocused, relevant data missing, psychosocial components absent or sketchy	Inaccurate, major omissions, inappropriate psychosocial component absent	Not observed	
<b>DATA RECORDING/ REPORTING: Writing Histories &amp; Physicals</b>	Consistent recording of concise, thorough appraisal of disease process & patient situation	Assembles key information, focuses, comprehensive	Report accurate, complete history and physical	Report poor flow in HPI, lacks listing detail or incomplete problem list	Inaccurate data or major omissions	Not observed	
<b>DATA RECORDING: Progress Notes</b>	Synthesizes multidisciplinary data in notes	Precise, concise organized notes	Reviews on-going problems & team plan	Records but needs organization, prioritizing relevant data	Missing or inaccurate data	Not observed	

Area to be Evaluated	Outstanding	Above Average	Average	Needs Improvement	Unacceptable	Not Observed	Comments
<b>DATA RECORDING:</b> <b>Oral Presentations</b>	<input type="checkbox"/> Analyzes situation in a poised manner	<input type="checkbox"/> Discusses data in a fluent, focused manner	<input type="checkbox"/> Reports basic information, minimal use of notes	<input type="checkbox"/> Verbalizes data with major omissions, often relates irrelevant facts, rambling	<input type="checkbox"/> Repeatedly ill-prepared	<input type="checkbox"/> Not observed	
<b>DATA INTERPRETATIONS: Analysis</b>	<input type="checkbox"/> Understands complex issues, interrelates patient problems	<input type="checkbox"/> Consistently formulates reasonable interpretation of data	<input type="checkbox"/> Constructs problem list, applies, reasonable differential diagnosis	<input type="checkbox"/> Frequently reports data without analysis	<input type="checkbox"/> Cannot interpret basic data	<input type="checkbox"/> Not observed	
<b>DATA INTERPRETATION: Judgment/Management</b>	<input type="checkbox"/> Manages patient soundly	<input type="checkbox"/> Consistently discusses diagnostic decisions	<input type="checkbox"/> Appropriately renders patient care, aware of own limitations	<input type="checkbox"/> Frequently reports data without analysis	<input type="checkbox"/> Cannot interpret basic data	<input type="checkbox"/> Not observed	
<b>CLINICAL PERFORMANCE: Outpatient Clinic</b>	<input type="checkbox"/> Evaluates preventative care, good grasp of preventative health issues- development, education, anticipatory guidance	<input type="checkbox"/> Differentiates major issues, some fine points	<input type="checkbox"/> Recognizes major issues	<input type="checkbox"/> Deficient recall of major issues	<input type="checkbox"/> Inaccurate or major omissions	<input type="checkbox"/> Not observed	
<b>CLINICAL PERFORMANCE: History &amp; Physical</b>	<input type="checkbox"/> Accurate, assessment that is focused & detailed, at ease with all ages & illnesses	<input type="checkbox"/> Collects all pertinent data, comfortable with most patient & illnesses	<input type="checkbox"/> Reviews basic information, comfortable with most patients & illnesses	<input type="checkbox"/> Incomplete, unfocused, ill-at-ease with some patients or illnesses	<input type="checkbox"/> Major omissions, rude or unprofessional	<input type="checkbox"/> Not observed	
<b>CLINICAL PERFORMANCE: Patient Triage</b>	<input type="checkbox"/> Accurately assesses patients level of acuity & prioritizes patients by degree of illness	<input type="checkbox"/> Formulates an accurate appraisal of acuity	<input type="checkbox"/> Can reliably distinguish between emergent and non-emergent patients	<input type="checkbox"/> Has difficulty recognizing emergently ill patients	<input type="checkbox"/> Unreliable or inconsistent judgment	<input type="checkbox"/> Not observed	
<b>PROCEDURES:</b>	<input type="checkbox"/> Always performs proficiently & skillfully, very compassionate	<input type="checkbox"/> Consistently performs careful, confident, compassionate	<input type="checkbox"/> Performs reasonable skill in preparation & performance	<input type="checkbox"/> Awkwardly performs, reluctant to try even basic procedures	<input type="checkbox"/> No improvement even with coaching, insensitive	<input type="checkbox"/> Not observed	
<b>PATIENT EDUCATION &amp; CARE: Reliability/Commitment</b>	<input type="checkbox"/> Initiates education & patient care, actively seeks responsibilities beyond assigned tasks	<input type="checkbox"/> Employs patient care, welcomes responsibility beyond assigned tasks at times	<input type="checkbox"/> Reports time & energy required for education & patient care, fulfills responsibilities	<input type="checkbox"/> Repeatedly unprepared appears lackadaisical in approach to education & patient care	<input type="checkbox"/> Unexplained absences, unreliable	<input type="checkbox"/> Not observed	

Area to be Evaluated	Outstanding	Above Average	Average	Needs Improvement	Unacceptable	Not Observed	Comments
<b>PROFESSIONAL</b> <b>ATTITUDES: Self-directed learning (know- ledge &amp; skill)</b>	<input type="checkbox"/> Outstanding initiative, reads extensively, actively seeks education experiences beyond rounds & conferences	<input type="checkbox"/> Good insight, sets own goals, reads a good deal, participates in a few additional educational experiences, seeks feedback	<input type="checkbox"/> Reads appropriately, attends required rounds & conferences, appreciates feedback	<input type="checkbox"/> Frequent prompting required, seems to have a varied response to feedback	<input type="checkbox"/> Unwilling, lack of introspection, is not appreciative of all feedback	<input type="checkbox"/> Not observed	
<b>PROFESSIONAL</b> <b>DEMEANOR: Patient Interactions</b>	<input type="checkbox"/> Preferred provider, consistently elicits & deals with patient's emotional & personal problems in sensitive & skillful manner	<input type="checkbox"/> Gains confidences & trust, frequently elicits & deals with patient's emotional & personal problems in a sensitive & skillful manner	<input type="checkbox"/> Empathetic, develops rapport, deals effectively with most of patient's emotional & personal problems	<input type="checkbox"/> Occasionally insensitive, inattentive, frequently misses patient's emotional &/or personal problems	<input type="checkbox"/> Avoids personal contact, tactless	<input type="checkbox"/> Not observed	
<b>PROFESSIONAL</b> <b>DEMEANOR: Response to stress</b>	<input type="checkbox"/> Outstanding poise, selects constructive solutions	<input type="checkbox"/> Flexible, supportive	<input type="checkbox"/> Employs appropriate judgement	<input type="checkbox"/> Inflexible or loses composure easily	<input type="checkbox"/> Inappropriate response, inability to direct self or others	<input type="checkbox"/> Not observed	
<b>PROFESSIONAL</b> <b>DEMEANOR: Working Relationships</b>	<input type="checkbox"/> Always establishes tone of mutual respect & dignity, makes a concerted effort to elicit & contribute to cooperation among health professionals	<input type="checkbox"/> Consistently has good rapport with other staff, makes attempts to elicit cooperation among health professionals, willingly contributes to the success of the team	<input type="checkbox"/> Cooperative, productive member of own team	<input type="checkbox"/> Lack of consideration for others	<input type="checkbox"/> Antagonistic or disruptive	<input type="checkbox"/> Not observed	

**COMMENTS:** (Please recommend specific suggestions for improvement.)

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Evaluator's Printed Name: