**Nurse Practitioner Preceptor Orientation   
Mentoring Learners in the Primary Care Setting  
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**Florida Atlantic University College of Nursing**

**Introduction**

* Thank you for the energy you have dedicated in becoming an effective preceptor for our Nurse Practitioner students at the Christine E. Lynn College of Nursing at Florida Atlantic University.
* We would like to help you prepare for the role of preceptor and share with you a few suggestions for enhancing the learner preceptor relationship. This program is available in audio format on the College of Nursing Website at http://nursing.fau.edu. Please see the “For Preceptors” tab at: http://nursing.fau.edu/?main=4&nav=628.

**Orientation Program Objectives**

* At the end of this presentation, the clinical preceptor will be able to:
* Describe the nurse practitioner program at FAU.
* Define the role, requirements, and prerequisites of the clinical preceptors, students, and faculty.
* Identify characteristics of effective teaching strategies that will enhance the learning experience.

**Online Preceptor Manual**

* The Preceptor Manual is on line on the CON Web-site and includes:
* Graduate Practice Programs Faculty Contacts
* Vision, Mission, Professional Statements, CON Program Outcomes, Philosophy, Graduate Curricula Overviews, Policies, Self-Insurance Plan, Reporting Critical Incidents, Responsibility of Students, Faculty, and Preceptors, Evaluation Forms, & Tuition Waiver for Preceptors from the State of Florida

**Overview of Orientation Program**

* What is the level of preparation of the students?
* What are the responsibilities of the students, faculty and preceptors
* What are the required qualifications to be a preceptor?
* What paperwork is needed?
* Why should I precept?
* What are the benefits?
* Is my office set up for learners?
* How do patients react to office based teaching?
* What kind of experience do the students need?
* What do students need the most help with?
* How should I prepare for the learner?
* How can I have a learner and still be productive?
* How can I become a better preceptor?
* How can I give better feedback to the learner?
* Will faculty come to the site?
* Where can I get additional information and resources?

**FAU Nurse Practitioner Program Information**

* All NP students are RNs with varying clinical experiences.
* Our admission to the program is highly selective.
* Program is 46-49 credit hours-8 semesters.
* Three primary care courses are offered with 600 clinical hours in primary care.
* Clinical population focus is FNP or AGNP.
* BS-DNP students complete a total of 80-83 credits and1000 clinical hours.
* Primary care is the focus rather than acute care.
* Prerequisite course include advanced pathophysiology, advanced health assessment, advanced pharmacology, research, theory, roles policy, and finance, family theory, and perspectives of aging

**New Doctor of Nursing Program (DNP)**

The current national trend is for all NPs to be prepared at the doctoral level. The number of RNs completing the BS-DNP is increasing. The Doctor of Nursing Practice program focuses on practice leadership. The emphasis of the program is the delivery of advanced practice nursing to culturally diverse populations, especially the burgeoning group of persons over 65 years old. Graduate education in nursing occurs within the context of societal demands and needs as well as the inter-professional work environment. The Institute of Medicine (IOM, 2003) and the National Research Council of the National Academies (2005) have called for nursing education that prepares individuals for practice with interdisciplinary, information systems, quality improvement and patient safety expertise.

**DNP Capstone**BS-DNP students have additional coursework and clinicals beyond that of the Master’s NP students. Preceptors may have students in their clinical setting completing their DNP capstone. The DNP capstone project is the final product which evidences the culmination of the knowledge and skills learned during the DNP program. The aim of the DNP project is to improve the health and well-being of a group of people or advance healthcare in a meaningful way. The choice for the project’s focus will be based on the student’s area of expertise, evidence of the specific need for the project, and feasibility of the processes planned to address the need. Examples of DNP projects include, but are not limited to:

* Evidence-based practice change initiatives
* Quality improvement projects
* Program needs assessment
* Evaluation of an existing program
* Development of an assessment instrument of protocol for a specified population

As a requirement for graduation, the student will provide an oral and written presentation of the project to be evaluated by the student’s project committee.

**Preparation of Students**

* All NP students must meet our qualification standards.
* University tracking system is Certified Background
* https://www.certifiedbackground.com/
* Magnus tracker
* CPR, yearly health exam, immunizations, and health insurance
* HIPAA compliance
* http://dbnursing.fau.edu/intranet/documents/medfilms/video/index.htm
* <http://nursing.fau.edu/uploads/docs/864/Safety%20Guidelines%20for%20Clinical%20Practice.pdf>
* Self Insurance Plan (SIP)
* <http://www.flbog.sip.ufl.edu/courses/SIP_101_Partners_in_Protection/player.html>
* View the short video for information. A copy of the policy is sent to the facility upon initiation of the contract.
* Report critical incidents by calling (352) 273-7006

**Student Responsibilities**

* Demonstrate the integration of a philosophy of caring in advanced nursing situations.
* Meet all clinical entry requirements as outlined in the college clinical tracking system.
* Obtain faculty site approval prior to entering any practicum.
* Submit signed preceptor agreement form to faculty prior to entering any practicum site.
* Submit an electronic clinical arrangements form for each practicum site prior to entering the site.
* Professional attire and conduct is expected at all times.
* If the student is unable to attend clinical related to illness, he/she is to contact the preceptor and facility in a timely manner. Students are expected to report to clinical on time. Tardiness is considered unprofessional behavior.
* A student ID and name badge must be exhibited.
* Students must maintain advanced practice nursing electronic logs as described in individual course syllabus. Students are advised to maintain a copy of their clinical logs for their own records. No patient identifiable information is collected.
* Students must complete an evaluation of the advanced practice nursing site and preceptor at the end of the semester.
* Students reflect on their achievement of the course objectives in weekly journaling and complete a Self/Faculty Evaluation at midterm and at the end of the semester.
* All ethical standards per the ANA code must be maintained, including client confidentiality.
* The orientation to the setting is the responsibility of the student and is to be conducted before and/or during the first week of the semester.
* The student needs to provide the preceptor, a copy of their CV/resume, a course syllabus, the advanced practice nursing evaluation tool, and a set of individualized objectives.

**NP Clinical Faculty Responsibilities**

* NP clinical faculty qualifications include:
* ARNP with National Certification and doctoral preparation (DNP or PhD)
* Adjunct faculty are sometimes assigned to clinical courses.
* NP clinical faculty are responsible for credentialing students, preceptors, and site.
* Overview of contact with preceptors:
* Beginning of Term and End of Term letters.
* Consult with preceptor regarding student’s progress.
* First site visit is done before midterm.
* Assist the student in facilitating an advanced practice nursing placement at the beginning of the semester; maintain contact with the facility, preceptor, and administrators as appropriate.
* Ensure contract is in place prior to students entering the site.
* Conduct advanced practice nursing site visits as appropriate; minimally one visit per semester. This visit should be scheduled in advance to ensure the time is convenient. More than one visit may be required.
* Conduct three group clinical conferences per semester.
* Evaluate student, preceptor and site over the course of the semester.
* Visit potential new sites. Notify NP Coordinator of sites no longer appropriate or functional.
* Maintain collegial working relationships with preceptors and staff.
* Be available to preceptor and student during times that student is in advanced practice setting.
* If course faculty are unavailable (out of town or ill) notify NP coordinator to arrange back up faculty supervision. Students must be notified if faculty are unavailable and the contact information of back-up supervising faculty member must be given to the student.
* For each student, submit a signed summary sheet, e-log composite printout, student evaluations, and student preceptor/site evaluations to the graduate coordinator within one week of submitting course grades.

**Preceptor Responsibilities**

* Qualifications of preceptors
* Types of providers
* NP with at least 1 year experience, MD or DO
* Students must spend time with NP preceptors
* National certification and licensure is required
* Maintain a current license to practice as an advanced practice nurse (ARNP), MD, or DO in the state of practice.
* Complete and sign a preceptor agreement form provided by the student and keep a copy for yourself. This form has the contact information of the clinical faculty assigned to the student.
* Conduct a joint review with the student of the learning objectives for the advanced practice nursing experience. Should there be any problems in meeting the course objectives during the semester, the preceptor should inform the student and contact the faculty.
* Provide adequate facility/clinical space to facilitate student's interaction with a variety of clients necessary for appropriate learning experiences.
* Actively participate and facilitate student's experience.
* Provide an expanding scope of responsibility and accountability as the student progresses toward meeting and/or exceeding course objectives.
* Participate with faculty member in evaluating the student's knowledge base and clinical management skills through:
* Direct supervision, observation, and teaching of students.
* Discussion of and critique of written documentation as well as verbal presentation of cases.
* Provide written evaluation at midterm and end of the semester. Advanced practice nursing evaluation tool will be provided by faculty and/or student.
* Support students in maintaining their advanced practice nursing logs and journals.
* Keep a record of the students, dates, and hours spent as a preceptor. See the Notes on Students at the end of the manual.

**What paper work is needed?**

* Affiliate agreement
* Allison Heim: e-mail is aheim@fau.edu
* Preceptor Manual is on the CON Web-site
* Preceptor Agreement and Credentialing Form is given to the preceptor on the first day of clinical.
* Contact information for clinical faculty
* Letters or e-mails sent by our clinical faculty at beginning and end of term
* Recognition of hours for recertification
* Syllabus and objectives
* Evaluation forms-midterm and final
* Verification of Clinical Hours

**Why should I precept a learner?**

* “Giving something back”
* This is the only opportunity for students to have real world experience.
* The practice piece completes the cycle of learning.
* The most powerful influence on a novice learner is the preceptor that provides a positive role model of the patient provider relationship.
* Collaborate with other professionals.
* Groom someone for hire.

**What are the benefits of precepting a student?**

* Keeps you on your toes.
* Patients often appreciate the time and attention from beginning learners.
* Increased time spent in patient education.
* Learners can provide additional perspective and often have something to contribute.
* Tuition waiver for NPs and credit for recertification
* http://nursing.fau.edu/?main=4&nav=628
* Courtesy faculty appointment.

**Is my office set up for learners?**

* Make sure that you have the extra time that is required for clinical teaching.
* Busy practices need to have a room in which the student can interview and perform an exam.
* Do you have a place in the office for the student to work, chart or study?

**Understand the Legal Liability while Precepting Students**

* Care provided by students must be the same standard of care provided by a licensed advanced practice professional (NP, MD, DO).
* Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm differential diagnosis (es) and management plans with students prior to the discharge of the patient.
* Review by the preceptor must be documented in the record indicating that the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible for care.
* It is customary that the preceptor co-signs all records in which the student has provided documentation.

**Patient’s Reactions to Students**

* According to the literature, 90% of patients indicated that quality of care and patient satisfaction were unaffected.
* 83% enjoyed their experience.
* Rare negative experiences.
* Consent should be obtained.
* Office staff can inform patients that learners are present.

**Suggestions for Obtaining Consent:**

*“I have a nurse practitioner student working with me today. If it is OK with you, I’d like him or her to talk to you and perform a physical exam first. I will come in to see you afterwards.”*

**How should I prepare for the learner?**

* Interview the student before agreeing to precept to get an understanding of the level, ability, and personality of the student to assess if the student would be a “good fit” for the clinical site and the population it serves.
* Contractual Agreement must be in place.
* Preceptor Agreement Form must be signed.
* Orientation
* Shadow
* Set expectations
* Remind office staff-circulate information about the learner a few days before the start.
* Discuss with staff how they will inform patients that there is a learner and their role in patient care.

**When the Learner Arrives**

* Plan on 30-40 minutes to orient the learner
* Learn about each other
* Previous experiences
* Review University paperwork
* Expectations
* Responsibilities
* Office policies
* Dress code
* Introduction of staff-job descriptions
* Office flow
* Hours, lunch time
* Workspace
* Parking
* Contents of exam room
* What labs or other diagnostics are done in your office
* Informing patients
* Documentation
* Writing prescriptions
* Chart organization
* Gather forms
* Billing and coding
* Patient teaching information, drug samples
* Teaching on the fly
* Recommended readings
* Office resources available
* Evaluation and feedback
* How you want them to present their clinical findings
* How you want them to contact you during the day
* Scheduling of patients
* Selection of patients –match with learner level if possible

**What kind of experience do the students need?**

* Curricular objectives can be viewed on the CON Website and are based on national standards.
* May be voluminous-focus on goals that you feel are best taught and evaluated in your setting.
* We would like our students to spend most of their clinical hours in family practices, or internal medicine practices that provide care to patients with a wide variety of common and complex primary care problems.
* Adult/Gerontologic (AGNP) students have additional clinical sites in the last semester.
* Learners should have their own learning objectives and goals.
* 180-240 clinical hours each semester. The student will need 2 full eight hour days at your site in order to complete the hours.
* BS-DNP students have additional clinical hours to complete.

**Ancillary Teaching Opportunities**

* In general, students need to have the majority of their hours engaged in decision making direct patient care. Other opportunities can be considered such as:
* Home visits
* Hospice visits
* Nursing home visits
* Lab/blood drawing
* EKG
* Giving injections/influenza
* Working with the receptionist, coder and biller, manager
* Attending staff meetings
* Triaging patient phone calls
* Chart audits

**Additional Teaching Opportunities**

* Additional opportunities in areas of role development in which the student might participate include:
* Legislative activities
* Negotiations with 3rd party payers
* Ethical case reviews
* Inpatient rounds (observation)
* Nursing home visits

**How can I have a learner and still be productive?**

* Average additional time is 45 minutes to your day.
* No loss in income.
* May not want to have a student every day or have more than one student at a time
* Start them on your slow day and work up to having them there on your busiest day.
* Assign the student to a patient you know likes extra time.
* “Get as much of the history as you can in 10 minutes and I will come in.” Set limits on length of presentation time.
* Collaborative examinations can be helpful.
* Have them present the patient in the room.
* Many patients report that they appreciate having their case discussed with learners because it adds to their own understanding.

**Benefits to Presenting in the Room**

* It saves time.
* Patients perceive it as being more confidential.
* Patients are not waiting alone in the room.
* Patients prefer to hear what is being said about them.
* Learners tend to make more concise presentations.
* Patients can verify information and correct misinformation.
* It increases the preceptors “face-to-face” time with the patient.
* The preceptor can immediately collect additional information from the patient.
* Patients feel that they are part of the process.
* There are also disadvantages…..give ground rules of what can be discussed.

**What do students need the most help with?**

* Working within time restraints.
* Learning to rely on data gathering skills and problem solving skills rather than on imaging and laboratory tests.
* Every patient will be a “new patient” to the student and they may spend an inordinate amount of time collecting data in the beginning.
* Performing a focused exam.
* Have them show you the “5 minute exam”
* Promotion of independence.

**How can I become a better preceptor?**

* Mastering the preceptor role:
* Orient the learner
* Provide expectations
* Observe
* Increase responsibility level
* Engage and ask the learner
* Evaluate the learner and provide feedback

**Expectations**

* Set clear expectations for the preceptorship.
* Define expectations for documentation in the medical record.
* Students should present written documentation if not allowed to use electronic medical records.
* Prescriptions should not be signed until checked by the preceptor.

**Observation**

* Observe the student’s performance as often as possible.
* Directly observe vital history-taking and physical exam skills in order to give guidance to the learner.

**Meaningful Responsibility**

* The amount of responsibility depends on the learner’s level of training and your best judgement.
* Learners need the opportunity to see patients independently, collect data, make preliminary decisions, and then report back to you.
* Allowing increasing independent supervised responsibility increases their learning.

**Engage the Learner**

* Get a verbal commitment from the student regarding the diagnosis and treatment plan
* The diagnosis and plan is always the most difficult part for RNs as they transition into the NP role.
* Even beginning learners should be able to diagnosis a variety of common conditions and offer a plan of treatment.

**Ask the Learner**

* Probe the learner for their thought processes.
* Asking a learner is better than telling them because you get an idea of their level of understanding.
* Open ended questions can be used for more advanced learners.
* “What do you think is going on with the patient?” “What is the supporting evidence?” What are the differential diagnoses?” “What is your plan?” “What is your rationale for your treatment?”
* New NP students need the most help in forming differentials and knowing what questions to ask to “rule out” the differentials.
* Sometimes, you may want to “prime” the learner by giving critical information to help initiate the visit.
* The learner should be prepared with resources to look up treatments for suspected diagnoses.

**Get a Commitment**

* Get a commitment from the student
* What do you think is going on with this patient?
* Help students “think on their feet”
* Probe for supporting evidence
* Why do you think that? What are the findings that led you to that diagnosis? Why did you choose an ACE inhibitor over a beta blocker? Help the learner think out loud.
* Teach general rules
* “Always do this when you see similar cases”
* Reinforce what was done right
* “Here is what you did right, and this is why it is important.”
* Correct mistakes
* “I will make suggestions on how to do it better.”

**Self Directed Learning and Reflection**

*Based on the patients you saw today, what are your questions?*

*What did you learn today?*

*What is the most important thing that happened today?*

*What is the one thing you would like to learn more about?*

*What troubled you today?*

*What might you improve on?*

**Student Preparation for Clinical**

* Help the student with evidence based practice
* Consider giving them homework such as:
* Is a 7 day course of Bactrim superior to a 3 day course?
* Read about uncomplicated cystitis.
* Follow up with them during the next meeting.

**Preceptor Pitfalls**

* Taking over the case.
* Asking too many questions.
* Not allowing sufficient “wait time.”
* Pushing the learner past his or her ability.
* Not giving feedback.

**Giving Feedback to the Learner**

* Ask your patients regarding their experience with the learner.
* Brief and formal feedback is recommended.
* Most errors that persist with students are the result of insufficient feedback.

**Feedback Tips**

* The goal is to:
* Provide feedback that is respectful to the learner.
* Results in change of behavior.
* Set expectations-feedback that is expected is more easily accepted by the learner.
* The purpose is for continued improvement.
* Focus the feedback in terms on describing behaviors that can be changed and focus on future behavior.
* Learner self-assessment can be helpful.

**Feedback Sandwich**

* What was done wrong?
* What was done right?
* What can be done next time?

**Barriers to Effective Feedback**

* Fear of upsetting learner.
* Softening the feedback so that the message is lost.
* Written feedback tends to be more critical than face-to-face.
* Feedback may be too general.
* Grade inflation.

**Evaluation**

* Formative and summative evaluations are required by the preceptor.
* Observe the student’s performance as often as possible.
* Directly observe vital history-taking and physical exam skills in order to give guidance to the learner.
* Student evaluation (grade) is the responsibility of the NP faculty with input from the preceptor.
* Let the clinical faculty know early on regarding student deficits.
* A Report of Unsatisfactory Work form needs to be completed by University clinical faculty for students that are not performing as expected.

**Behaviors that indicate the student is “getting it”**

* Presents thorough, focused history and physical.
* Consistently articulates sound decision making.
* Develops and implements reasonable plan.
* Connects with patient interpersonally in caring manner.
* Is organized, independent, time-efficient.
* Is self-confident but knows limits; asks for help.
* Has holistic view of care; includes health promotion and disease prevention.
* Provides concise charting and oral presentations.

**Red Flag Behaviors of Students**

* Is hesitant, anxious, defensive, not collegial.
* Has uneasy rapport with patient and misses cues.
* Presents less focused history and physical with excessive incomplete data.
* Performs physical examination poorly, inconsistently.
* Is unable to explain reasoning for diagnosis.
* Is unable to prioritize patient problems.
* Is unable to create plans independently.
* Misses health education and disease prevention opportunities in plan.
* Is unsure of tests to order.
* Is unable to provide clear charting and presentations.

**Addressing Problems with the Learner’s Clinical Performance**

* Steps for problem/conflict management include recognition, assessment, strategy, and prevention.
* Talk to student.
* Contact FAU clinical faculty.
* Keep notes with specific examples.
* Try different teaching strategies.
* Does the learner need exposure to different types of patients?

**Site Visit by FAU Clinical Faculty**

* Clinical faculty are required to come to the site to evaluate the student.
* We will observe like a “fly on the wall” without providing input until after the students has presented to the preceptor.
* A brief visit with the preceptor in private is requested.
* Site Visit Performance Form is completed and given to the student.

**Summary and Evaluation of the Preceptor Orientation Program**

* Please send me an email with your suggestions on how to improve this preceptor orientation presentation. Additional contact information is provided.
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**College of Nursing Website is located at: http://nursing.fau.edu**

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Notes on Students

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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