PMHNP Preceptor Handbook

A Guide for Preceptors

MASTER OF SCIENCE IN NURSING PROGRAM

PYSCHIATRIC MENTAL HEALTH NURSE PRACTITIONER

ARKANSAS STATE
UNIVERSITY

COLLEGE OF NURSING AND HEALTH PROFESSIONS

Graduate School of Nursing | P.O. Box 910, State University, AR 72467 | P: 870-972-3701 | F: 870-972-2954

ARKANSAS STATE UNIVERSITY

COLLEGE OF NURSING AND HEALTH PROFESSIONS

School of Nursing | P.O. Box 910, State University, AR 72467 | P: 870-972-3074 | F: 870-972-2954

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,

PMHNP Faculty
Arkansas State University
School of Nursing

ARKANSAS STATE UNIVERSITY

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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/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. Psychiatric Mental Health Nurse Practitioner (PMHNP) or Psychiatric Mental Health Clinical Nurse Specialist (PMHCNS):
   - Current national certification in Psychiatry
     - Current Licensure with prescriptive privileges
   - 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
     - Must be American Board of Psychiatry and Neurology (ABPN) certified
   - Currently licensed and practicing in the role of physician
   - Preceptor Qualification Sheet on file (Appendix B)
   - Terms of Agreement on file (Appendix C)
3. Physician Assistants:
     - Current national certification in Psychiatry
     - Current Licensure with prescriptive privileges
   - Extensive clinical experience in the role of APRN
   - Preceptor Qualification Sheet on file (Appendix B)
   - Terms of Agreement on file (Appendix C)
4. Licensed Psychotherapist:
     - Must be Master or Doctorate Level prepared
     - Psychotherapy hours only
     - LICSW,LPC,MSW, LSW,LADC,LMFT, LMHC
5. Psychologist:
     - Psychotherapy hours only
     - PsyD or PhD

5. Clinical practice site should include a variety of experiences regarding patient type and mix of acute and chronic illness.

6. Site should allow the student to engage in clinical experiences sufficient to meet the requirements for the role of the advanced practice nurse.

7. Preceptor should prepare to provide applicable supervision, instruction, and evaluation of students.

8. Preceptor should be able to facilitate active participation of students in the delivery of health care.

9. Preceptor should be committed to the role and concept of the advanced practice nurse.
10. If the preceptor is an APRN, they must have at least 12 months' experience in his/her APRN role.

Plan of Study

PMHNP Nurse Practitioner Option

Fall Semester

NURS 6063 Psychotherapy for Clinical Practice

NURS 633V PMHNP Adult Seminar III

NURS 6073 Advanced Psychopharmacology

NURS 631V Child Seminar I

NURS 632V Adolescent Seminar II

Spring Semester

NURS 635V PMHNP Seminar V

NURS 636V PMHNP Seminar VI

NURS 6122 PMHNP Practicum II

NURS 634V PMHNP Seminar IV

NURS 6112 PMHNP Practicum I

Summer

NURS 6142 PMHNP Practicum IV

NURS 6132 PMHNP Practicum III

Fall Semester

NURS 6152 PMHNP Practicum V

NURS 601V PMHNP Practicum VI

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 preceptor is an PMHNP, they 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.

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 6112 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 skills with each patient encounter. At the end of each rotation the student should begin to demonstrate increasing independence, comprehensiveness, and proficiency in the management of psychiatric mental health patients. Students must complete a total of 120 clinical hours in this course.

NURS 6142 Students need close preceptor guidance at the beginning of this rotation. Students have now completed clinical hours in children and adolescents but have little experience in adult and older adult practice. 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 and chronic illnesses. Students must complete 120 clinical hours during this course.

NURS 601V 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 psychiatric mental health practice with all the required responsibilities of such. Students are required to complete 150 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 PMHNP practice:

Age-appropriate psychotherapeutic techniques
Psychoeducation
Preforming/Interpreting a Comprehensive history and physical examination (including laboratory and diagnostic studies)
Perform/Interpret mental status examination
Perform comprehensive risk assessment and safety planning
Formulating diagnoses and differentials according to the DSM-5
Selecting appropriate evidence-based practice treatment plan
Evaluating patient response and modify as necessary

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 PMHHNP 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

Dr. Scott Gordon
Dean of the College of Nursing and Health Professions
Office: CNHP 201C
Office #: 870-972-3112
Email: sgordon@astate.edu

Dr. Kathryn Flannigan
Interim Director of the School of Nursing
Office: CNHP, 203B
Phone: 870-972-3074
Email: kflannigan@AState.edu

Dr. Mark Foster
Chair, Graduate Programs
Office: CNHP 603
Office#: 870-972-3074
Email: smfoster@AState.edu

Dr. Debra Schulte
Clinical Coordinator
Office: CNHP 606A
P: (870) 972-3074
dschulte@AState.edu

Kelly Carlson, PhD, PMHNP-BC, CARN-AP, CNE
PMHNP Program Director
Email: kcarlson@astate.edu

Faculty

Michelle Gibson, DNP, PMHNP-BC, CARN-AP
Assistant Professor of Nursing
PMHNP Program
Email: micgibson@astate.edu

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.

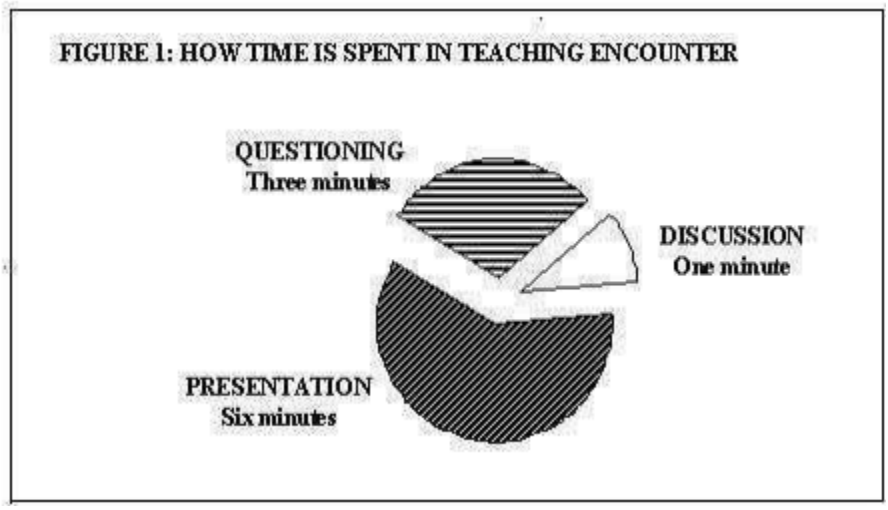
3. Demonstrate understanding of the One-Minute Preceptor on a sample student presentation.

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 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.

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

Step One: Get a Commitment

At this point, there are many teaching techniques you could employ, but the OneMinute 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 mental status assessment 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 mild neurocognitive disorder' was well supported by your history and physical. You clearly integrated the patient's history, mental status examination and your physical findings in making that 20 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.

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.

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-sized 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 patients seen at site (SUD, SMI, age): _____

License #:_____ State: _____Date expires:_____
Additional licensure and/or credentials:_____
Certification: ANCC ☐ AANP ☐ NCCPA ☐ ABPN ☐

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 2024 _____

Summer 2024 _____

Fall 2025 _____

Spring 2025 _____

Summer 2025 _____

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: General	☐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	
KNOWLEDGE: Related to individual patients	☐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	
DATA GATHERING: Initial History/ Interviewing Skills	☐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	
DATA GATHERING: Physical Examination Skill	☐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	
DATA RECORDING/ REPORTING: Writing Histories & Physicals	☐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	
DATA RECORDING: Progress Notes	☐Synthesizes multidisciplinary data in notes	☐Precise, concise organized notes	☐Reviews ongoing 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
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 INTERPRETATIONS: 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 INTERPRETATION: 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 PERFORMANCE: Outpatient Clinic	☐Evaluates preventative care, good grasp of preventative health issuesdevelopment, 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 comments.

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 students to assume increasing responsibility during experience.					
7) Assists students 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 site.

2. Space is provided after each statement if you choose to add any written comments.

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 the 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