



NATIONAL NURSE PRACTITIONER
RESIDENCY & FELLOWSHIP TRAINING
CONSORTIUM

**The Heart of Your Program:
Guiding Faculty from Clinical
Excellence to Educational Excellence**



THE UNIVERSITY OF
NEW MEXICO

How to Develop Your Faculty to Teach Effectively

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Disclosures

I have no conflict of interest in relation to this presentation.

Objectives

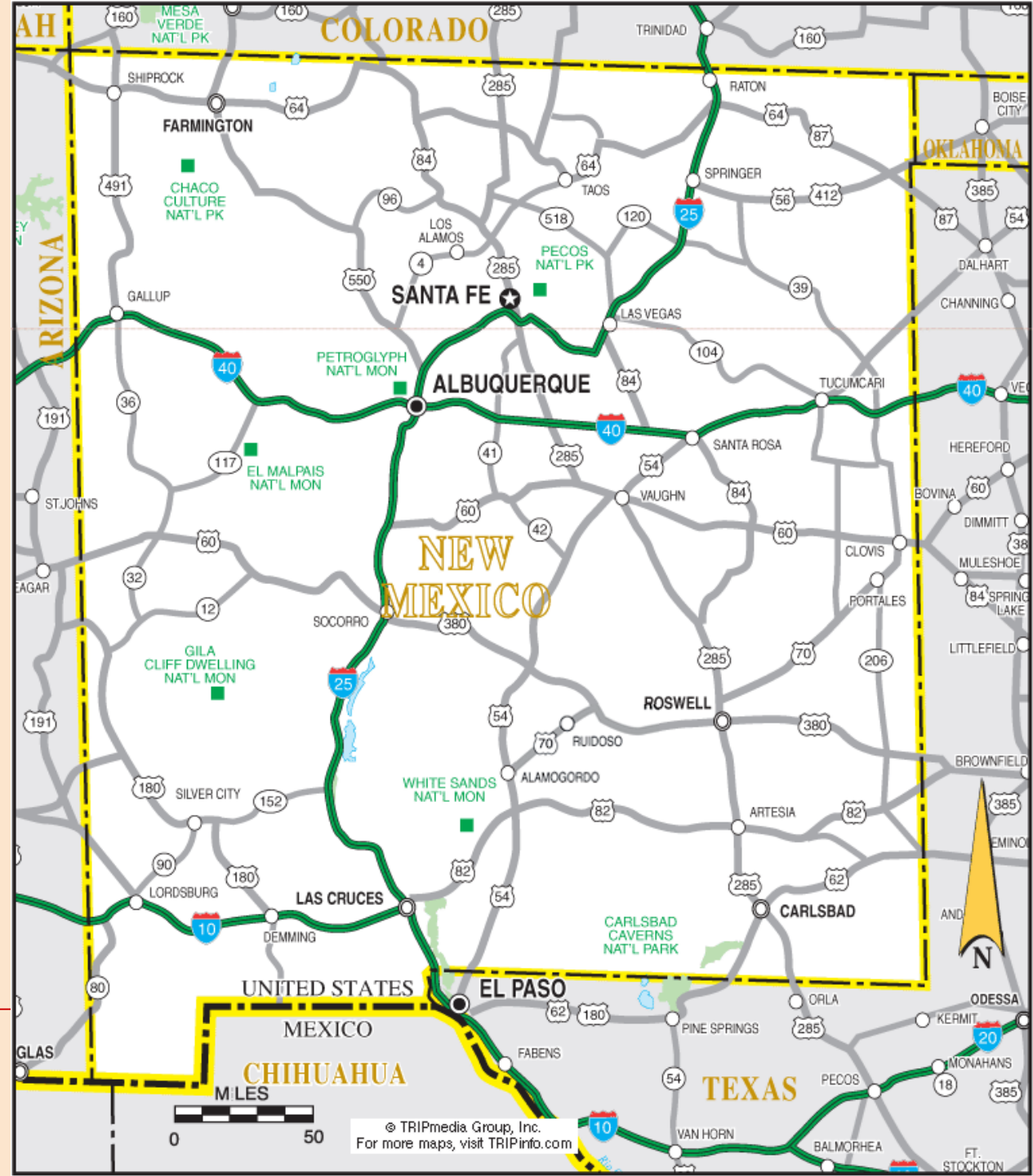
By the end of this presentation, the learner will:

1. Identify three best practices for clinical faculty development
2. Conduct a preceptor session presenting one evidence-based, structured feedback method
3. Locate and adapt at least three existing preceptor development resources



Roadmap

1. Literature
2. Best Practices
3. Resources



Literature



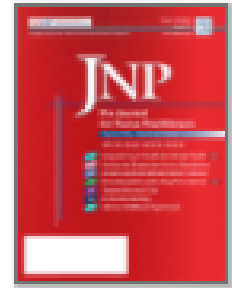
Five Questions

1. Training/development needs
2. Structured vs unstructured methods
3. Adapting teaching method to learning level
4. Impact on practice or patient outcomes
5. Online preceptor development programs



The Journal for Nurse Practitioners

Volume 17, Issue 1, January 2021, Pages 105-111



By Faculty for Faculty

Insights on the Clinical Teaching Needs of Nurse Practitioner Preceptors

Brenda McNeil, Annette Jakubisin Konicki

Survey

- 30-question survey at national NP conference
- 195 **self-selected** participants (of 5074) **~4% response**
- Age 26-68 (M 47.7)
- 89.6% female
- Average years as NP 10.8
- 62.% ambulatory, 20.1% inpatient
- Masters 58.9, postmasters 8.7, doctorate 32.3%

Results

- Majority had no formal training for the preceptor role
- 1/3 felt unprepared to teach students
- More familiar with unstructured teaching vs structured
- Availability of training was leading barrier (63%)
- Web-based asynch 36.4% then conf workshop 32.3%
- Of those that trained: Felt more prepared to teach and were more likely to understand the clinical objectives

Table 2

Rank Order of Topics Needed in Preceptor Development

Topics %	
Improving critical thinking/clinical reasoning	81.0 (n = 158)
Dealing with underperforming/challenging students	71.3 (n = 139)
Assessing competency	69.7 (n = 136)
Giving feedback/evaluations	68.2 (n = 133)
Teaching techniques	55.9 (n = 109)

The participants were able to chose more than one answer for the question in the survey.

Unstructured vs Structured



Unstructured vs Structured



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



SNAPPS

1. **S** UMMARIZE – history & findings and summary statement
2. **N** ARROW the differential to 2–3 relevant possibilities
3. **A** NALYZE the differential by comparing & contrasting the possibilities
4. **P** ROBE the preceptor by asking about uncertainties or difficulties
5. **P** LAN management for the patient
6. **S** ELECT a case-related issue for self-directed learning

APPs as Clinical Educators (Preceptors)



≠

DOES NOT
EQUAL



ELSEVIER

The Journal for Nurse Practitioners

Volume 13, Issue 8, September 2017, Pages e375-e382



By Faculty for Faculty

Supporting Nurse Practitioner Preceptor Development

Angela F. Bazzell MSN, FNP-BC, Joyce E. Dains DrPH, FNP-BC

Themes

1. Student evaluation of preceptor
2. Preceptor evaluation of self
3. Teaching behavior improvement or change
4. Student learning

Student Evaluation of Preceptor – 3 studies

1. OMP sig pref (M=4.52, P=.001) vs traditional (M=2.64)
2. OMP faculty superior in 2/5 domains (not sig)
3. RCT of inpt residents monthly OMP sessions

Preceptor Evaluation of Self – 3 studies

1. E-tips: Preceptors reported being 95.5% very or extremely applicable to their practice, 60% increased confidence more than anticipated
2. OMP more efficient/effective for dx/rating students
3. OMP sig increased teaching effectiveness (preM=3.36, postM=4.08, $P \leq .01$)

Improvement/Change in Teaching Behaviors

- Inconsistent findings for those using OMP
- No change in teaching points
- ↑ faculty self-assessment of teaching skills w/ OMP
- Preceptors more likely to correctly dx pt w/ OMP ($P=.02$)
- Teaching points shifted from generic to dz specific ($P<.05$)
- Self-reported teaching skills improvement w/ OMP ($P<.05$)
- Residents self reported stat sig ($P<.05$) improvement

Student Learning

- Students using SNAPPS
 - more concise ($P \leq 0.00$)
 - Improved in providing/analyzing DDx ($P \leq .000$)
 - Expressed more uncertainty 100% vs 54% ($P \leq .000$)

Positive precepting: Identifying NP student learning levels and needs

Tamera Pearson, (Professor, Director of FNP Program) & Tonya Hensley, (Assistant Professor FNP Program)

Conclusions & Implications

- Novice to expert model
- NP education in primary care
- Described levels of learning
- Association of methods & levels of learners:
 - Preceptor-led = think out loud, OMP
 - Student-led = SNAPPS



(Pearson & Hensley, 2019)



Level & Method	Think Out Loud	One-Minute Preceptor	SNAPPS
Novice	x		
Advanced Beginner	x	x	
Competent		x	
Proficient		x	x
Expert			x

Novice	Characteristics & Behaviors	TOL	OMP	SNAPPS
	<ul style="list-style-type: none"> • No clinical experience • Lacks confidence • Lacks discretionary judgment • Requires frequent directive cues • Hesitant in the clinical setting • Prefers concrete information • Doesn't initiate supplementary assessment components not clearly defined in reason for visit • Focused on familiar, recognizable, apparent patient information 	x		

Advanced Beginner	Characteristics & Behaviors	TOL	OMP	SNAPPS
	<ul style="list-style-type: none"> • Has some clinical experience • Beginning to consider context • Skillful in parts of encounter; still needs supportive cues • Beginning to recognize & understand environmental considerations for patients 	x	x	

Competent	Characteristics & Behaviors	TOL	OMP	SNAPPS
	<ul style="list-style-type: none"> • Some clinical experience • Efficient assessment techniques • Able to analyze information • Exhibits self-confidence • Aware of EBP guidelines • Functions without supportive cues 		x	

Proficient	Characteristics & Behaviors	TOL	OMP	SNAPPS
	<ul style="list-style-type: none"> • Meaningful amount clinical experience • Analyzes whole patient situation rather than just one aspect • Distinguishes important aspects of a situation • Make effective decisions • Engages in two-way communication with feedback 		X	X

Expert	Characteristics & Behaviors	TOL	OMP	SNAPPS
	<ul style="list-style-type: none"> • Significant clinical experience • Expanded understanding of the clinical area • Discriminates what is essential • Diagnoses problems accurately • Makes effective/comprehensive decisions and plans • Demonstrates good judgment • Determines when immediate treatment needed 			x

Takeaways



- Communication is key
 - Self-introductions
 - Student's level of learning & objectives
 - Mutual expectations
 - Frequent feedback
- Establish learning level
- Select teaching method

Welton R, Andre T

MedEdPublish

<https://doi.org/10.15694/mep.2019.000022.1>



MedEdPublish 2019, 8:22 Last updated: 15 DEC 2021

New education method or tool

Open Access

The Best Practice Conference: An Interactive Practice-Based Learning Activity for Resident and Faculty Development

Randon Welton[1], Tana Andre[1]

Relative size	Effect size	% of control group below the mean of experimental group
	0.0	50%
Small	0.2	58%
Medium	0.5	69%
Large	0.8	79%
	1.4	92%

Best Practice Conference

Clinical Vignette # 2

A 62-year-old white male is admitted to the ER with history of alcohol and IV drug use. He is very depressed, tired, and suicidal with some paranoia. His ADL are poor. Acute management should include:

- Medical assessment, blood workup, and CT of head
- Urine drug screen
- Pharmacotherapy with tranquilizers (benzodiazepines and antipsychotics), IV fluids, and general supportive treatment

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Continuing Med Ed Takeaways

- During conference 39-48% changed treatment
- Three months later 10% reported changed practice
- Flipped classroom with interactive components
 - Peer- and Problem based learning
 - Critical thinking and clinical reasoning for learners
- Assess likelihood of a practice change based on training
- Measure actual change in practice in follow-up

Improving Nurse Practitioner and Physician Assistant Preceptor Knowledge, Self-Efficacy, and Willingness in a Hospital Medicine Practice: An Online Experience.



Authors: Sally E. Heusinkvelt and Mary Tracy
Date: June 2020



From: The Journal of Continuing Education in
Nursing (Vol. 51, Issue 6)
Publisher: Slack, Inc.



Document Type: Article
Length: 2,922 words
Lexile Measure: 1290L
DOI: <http://dx.doi.org/10.3928/00220124-20200514-07>

Online NP/PA Precepting Modules

Objectives:

1. Communication techniques
2. Time mgmt & efficiency
3. Documentation
4. Legal & ethical

TABLE 1
MODULE CONTENT TOPICS

Module	Topic
1	Communication and Feedback
2	Expectations for Student Assessment and Evaluation
3	Pedagogy
4	Time Management and Efficiency
5	Goal Setting and Coaching
6	Working With Struggling or At-Risk Students
7	Legal and Ethical Considerations
8	Teaching Procedures

Module Design

Pre/Post-course surveys

- Self-efficacy
- Preference for learning
- Willingness to precept

Modules

- Pre/Post test (32 q's)
- Video
- 1-3 page article
- CME for postcourse test score 80% or higher

Postcourse Knowledge

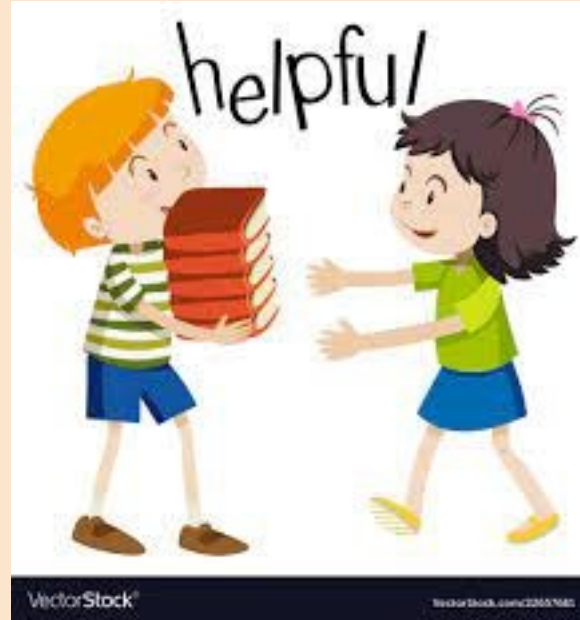
↑ 69.4 to 90.6%

Self-Efficacy
Improved by 35.2%

Willingness to Precept

↑ 50%

Qualitative Themes



Future Recommendations

- Open access to content
- Maintain the content
- Explore time constraints to precepting (efficiency issue?)
- Continue content availability

Best Practices



Best Practices for Faculty Development

1. Use structured methods like the OMP and SNAPPS
2. Customize teaching method to learner's level
3. Teach in a way that improves practice/outcomes
4. Consider online asynchronous programs
5. Collaborate with other programs

Resources



Resources for Developing Preceptors

1. Video on creating a culture of [psychological safety](#)
2. OMP [instruction video](#) and [demonstration video](#)
3. SNAPPS [instruction video](#) and [worksheet](#)
4. [Video overview](#) of content, presentation, & exercises
5. E-tips curriculum: See references for Kassam et al. (2012)

Final Pearls



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Thank you!

