Family Nurse Practitioner Residency

Preceptor Handbook

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Mission/Purpose/Definitions

Program Mission Statement We provide new nurse practitioners with enhanced training in a community health center setting that grows their confidence, fosters their mastery of skills, and allows them to gain competence in primary care practice.

Purpose: The preceptor handbook is to provide guidance and clarity to the role of preceptors, mentors, and clinical specialists when instructing residents. The handbook provides definitions of roles and responsibilities of all clinical educators in relation to the residents. It includes tips, tricks, and skills necessary to provide the best clinical experience for the residents.

Role Definitions

- *Resident*: A graduated professional (NP, MD, pharmacist, BHC, dental) engaging in supervised instruction via preceptors, mentors, and clinical specialists to obtain improved knowledge, practice, or board certification.
- *Preceptor:* An instructor to the resident who actively guides, directs, and provides evidence-based education on clinical practice as the resident grows their own patient panel. The preceptor is limited to a maximum of 3 residents in one precepted session.
- *Mentor:* An experienced and trusted clinician dedicated to guiding the residents via their own personal patient panel. They offer expertise and validation in how they practice growing the residents own personal practice style. A preceptor can also serve as a mentor if needed. This is a 1-1 ratio for mentoring and the resident cares for the mentor's patient panel.
- *Clinical Specialist*: A clinician in area of need for experiences and knowledge for the resident. This clinician should provide clinical oversight, evidence-based guidelines, and hands-on experiences to grow the resident's competency in the specialty area. Specialists do not have to be a NP/MD, but a provider who can equip residents with skills essential to practice in a FQHC. This is a 1-1 specialist/resident ratio.
- *Program Director*: Provides guidance and oversight for the curriculum, clinical rotations, and evaluation of the resident. They direct the program and collaborate with the program coordinator, residents, preceptors, mentors, and clinical specialists. They serve as the clinical leader of the program.
- *Program Coordinator:* Provides guidance and oversight for all administrative and programmatic components of the residency program. They would closely with the program director, program faculty, and human resources training team to make sure all residents are provided the same experience and support. They serve as the operational leader of the program.

Preceptor Role

Purpose: The preceptor provides direct supervision of the resident as they develop their own patient panel. They assist in the development of confidence, competency, and ability to effectively collaborate with the healthcare team. The support the preceptor provides is fundamental to the success of each resident and their transition to practice.

Roles and Responsibilities

- Provide direct supervision as needed for clinical concerns, labs, diagnostic images.
- Review and assist with all aspects of patient care.
- Encourage critical analysis and evidence-based reasoning in the ordering of tests and laboratory studies.
- Supervise and assist with procedures when applicable (only procedures the preceptor is comfortable with themselves)
- Review documentation of resident and provide feedback when necessary. Please review and provide feedback within 24 hours of note being sent to preceptor. Ex Friday should be reviewed by Monday.
- Must maintain be availability to resident until last patient is seen. Exception- In case of ER preceptor can be available via cell phone if needed.
- Ensure timely and efficient review and management of diagnostic imaging, lab studies and in-house testing.
- Assist with scheduling concerns including flow of day, MA concerns, or any other conflicts. Be proactive in making sure residents are seeing adequate patients to meet their learning needs.
- Encourage other providers to inform residents when good teaching opportunities arise (physical findings/procedures, etc.)
- Be present, engaged, and supportive of the residents needs during your precepted sessions.
- Provide support by seeing a resident patient if they fall too far behind.
- Employ teaching strategies appropriate for each residents learning style during the sessions.
- Assist residents in developing competencies in all desired areas of care.
- Provide leadership and direction, engage in huddles, and review the daily session.
- Encourage HealthLinc's goal of providing fully integrated care.
- Attendance at all meetings

Preceptor Obligations throughout the year

September through January

- The preceptor should review the schedule with the resident at the beginning of the day for the first month.
- The preceptor should directly supervise the FNP/MA huddle at the beginning of the day for the first month.

- The preceptor should observe and review all findings of patients with residents for the first month. This can be done via teams or in the room.
- After the first month the preceptor observes and reviews the findings of the resident based on the needs of the resident. Ex: residents struggle with PE observes this. If they struggle with HPI observe this.
- The preceptor provides guidance on the plan of care, flow of the clinic, and documentation. All information is communicated in the moment and before the patient leaves the clinic.
- Charting is reviewed, discussed, and changes made as needed.
- All notes are co-signed by the preceptor.

February through August

- Provide support with physical findings, differential diagnosis, and evidenced based care as needed.
- Assess for deficiencies in patient care and develop goals with resident to improve.
- Review aspects of patient care as needed. Repeat and verify findings of residents as needed.
- Review and discuss findings in the context of social determinants of health and resources available to patients.
- Review documentation and follow guidelines on documentation review from the preceptor roles and responsibilities.
- Foster the need for autonomy and practice ownership allowing each resident to become more independent as the year progresses.
- Focus on time management, practice, and panel management as the year continues.
- Provide guidance to transition to independent practice at the end of residency.

Documentation

- Review all aspects of note first six months. (September- February)
- Review 50% of documentation for next 3 months. (March-May)
- Review 1 chart am, and 1 in pm (June- August)
    - Residents will participate in peer reviews of cohort as assigned with 2 charts per day. (Assigned by preceptor of the day or Program Director)

Special Considerations

- When the residents are seeing 11 patients or fewer and the ratio is 1:1, preceptor need to see one patient an hour. If the resident's patient cancels or there is a vacancy in their schedule the resident will see the preceptor's patient on those days. Once the resident's patient panel is 13 or greater and the ratio is 1:1, the preceptor's schedule will be blocked to provide more oversight to the resident.
- Preceptors should avoid adding on their own patients during precepted session unless it is an ER.

Mentor Role

Purpose: Mentoring is a way to support the growth and development of each FNP resident. This is completed by allowing the resident to observe practice style, and complete patient encounters that may have differing acuity or complexity than their own. The mentor graciously gives of their own patient panel to teach, guide, and grow the resident to become competent, confident, and caring providers.

Roles and Responsibilities

- The resident will work off the mentor's schedule and see patients that are picked for learning experiences and to meet the needs of the resident. Ex: A resident may need more chronic illnesses, pap smears, complex patients, procedures, or pediatrics to name a few.
- Avoid having residents see new patients unless the resident will become their PCP.
- The resident will complete the patient encounter and consult with the mentor on the plan of care. The resident is responsible for documentation and ordering all meds, testing, etc.
- The mentor will discuss any changes that are necessary and see their patient as needed before they leave the office.
- The mentor is expected to provide direct feedback to the resident about all aspects of patient care.
- Provide feedback to the residency team as needed on the progress or concerns for the resident.
- Mentors can be MD/NP/Specialists. Mentors can also serve in a preceptor role, but not on the same day.

Mentor Obligations throughout the year.

September through January

- The mentor should have the resident observe the first half of the first session. This will help to gain comfort with the resident.
- The mentor should allow the resident to part of the huddle and discuss which patients they will be seeing.
- The resident should see at least 1 patient per hour after observing the mentors practice style.
- The first month the mentor should review, observe, and repeat patient care as needed.
- Provide guidance and instructions on all aspects of the patient visit, including charting, the verbal presentation, and the written note.
- Provide feedback in a timely and constructive mannerism to assist with the growth and development of the resident.
- The mentor is ultimately responsible for the documentation and patient care as they are still assigned to them. It is imperative to review and direct as needed the patient encounter.
- Review and sign all documentation. Residents will put documentation in the encounter that they completed the note.

February through August

- Review and reassess the needs of the resident. Providing guidance and teaching as needed with all aspects of patient care.
- Increase the difficulty, acuity, and complexity of the encounters being seen.
- Increase the number of encounters being seen per day based on the needs of the resident. By July all residents should see an entire mentor day of patients.
- Assist residents with time management and efficient practice skills in an ongoing fashion.
- Review all cases with the resident and repeat/observe history and physical exams, as needed.
- Provide feedback in a timely and constructive mannerism to assist with the growth and development of the resident.
- The mentor is ultimately responsible for the documentation and patient care as they are still assigned to them. It is imperative to review and direct as needed the patient encounter.
- Review and sign all documentation. Residents will put documentation in the encounter that they completed the note.

Preceptor Selection

Purpose: To provide guidance and standards by which preceptors are selected for HealthLinc's Family Nurse Practitioner Residency Program (FNPRP).

Preceptor Selection Process and Qualifications: Preceptors are selected based on experience by the key members of the residency program team, which include the Chief Medical Officer, Chief Human Resources Officer, FNP Residency Director, host clinic Site Medical Director and Site Operations Director, and the Residency Program Coordinator. Once selected, preceptors are given training prior to the start of precepting and are expected to follow the roles and responsibilities given to them by the program leadership of the FNPRP. Qualifications to be a preceptor for the FNPRP are as follows:

- Must have at least two years of experience as an FNP in a Federally Qualified Health Center (FQHC).
- Must have been a program mentor for the FNPRP, have mentored undergraduate FNP's prior to being a preceptor, or be former resident of a residency program.
- Has been employed by HealthLinc for over a year.
- Has proven to HealthLinc leadership that they are able to take on the role and responsibilities of being a preceptor.
- Is in good standing* with the FNPRP and HealthLinc

Preceptor Separation: A preceptor will be separated from the program for the following reasons:

- The preceptor fails to complete all required training for the FNPRP.
- The preceptor fails to attend 20% of the required meetings for FNPRP.
- The preceptor fails to complete resident evaluations in a timely manner.
- The preceptor evaluation scores from the residents drop below 80%.
- The preceptor is not in good standing* with the FNPRP and HealthLinc.
- The employment of a preceptor with HealthLinc is voided.

All final decisions of preceptor separation are made by both HealthLinc and FNPRP leadership.

**Good standing would be classified as having no formal complaint against provider abilities and maintaining good rapport with the program staff, residents, and organization.*

Orientation and Training Plan for Preceptor

Purpose: To orientate new preceptors/mentors to the FNP residency program and the role of the preceptor/mentor in the program. Each new preceptor must complete a 4-hour orientation with the program director or an experienced preceptor during a precepted day. The training will occur at one of the current FNP residency locations.

Learning Objectives Orientation:
Learning objective and a checklist are found in **appendix A**. Each new preceptor is expected to complete the checklist during their orientation period.

Ongoing Trainings:

- Annual training via Relias or in person. These are due quarterly.
    - Topics may include teaching strategies, giving feedback, struggling students, adult learners, etc.
    - It is also encouraged for each preceptor to attend or complete CME annually.
    - Other trainings to be added as needed.

Residency Meetings

Purpose: As a preceptor you will be expected to attend 2 different meeting types. These are residency team meetings and coaching sessions. These meetings are important for the growth of the residency and the growth of each resident. The expectations for these meetings are found below.

- Residency Team Meetings
    - Attendees: Preceptors, Residency Coordinator, Residency Program Director- occasionally special guests
    - These are held via Teams.
    - Time: TBD- 30 minutes in length
        - Your schedule is blocked for meetings.
    - Schedule
        - 1x per week for 6 months
        - Biweekly X3 months
        - Once monthly x 3 months
    - The intent of these sessions are improved communication and collaboration between the preceptors/faculty.
    - Each meeting discussion the individual progress of each resident, addresses concerns, and comes up solutions to any concerns.
    - Each preceptor may be asked a question about how to improve progress with self-reflection or an important question that impacts practice.

- All meetings are documented and stored on the residency teams page for review.

- Coaching sessions
  - Attendees: Preceptors, Residents, Residency Program Director-
  - These are held via Teams and in person.
  - Time: TBD- 30 minutes in length- should take no more than 10-15 min per resident
    - Your schedule is blocked for meetings.
  - Schedule
    - 1x per week for 6 months
    - Biweekly X3 months
    - Once monthly x 3 months
    - If you are not assigned the day of or in the last 2 weeks may skip meeting.
  - Intent of these meetings are to coach and check in on the residents as a group of preceptors. These meetings reiterate current areas of growth and need for improvements. While allowing each resident to express goals and needs from preceptors. These meetings allow for improved communication and collaboration among residents and preceptors.
  - The meetings are documented and stored on Residency Teams page under Coaching sessions.
  - Each resident is sent their goals at the end of each session.
  - See **Appendix B** for Coaching meeting format.

Evaluations

Purpose: As a preceptor you will be expected to formally evaluate the resident's performance. Another expectation is evaluation of your precepting abilities. Evaluations are a time for formal feedback and reflection of growth, needs, and future goals of the residents or preceptors. These evaluations are described and outlined below.

Resident evaluations

- Coaching session – See residency meeting section.
- Quarterly evaluations -
  - Long format mid-year/end of year
  - Short form other 2 quarters
  - These are sent via email an expected to be filled out in a timely mannerism (within 1 week of being sent out).
  - Each preceptor is to fill out forms.
  - Preceptors, Program Director, and Residency Coordinator will meet with each resident individually.
  - Residents get a handout of their progress, ask questions, and develop goals with the preceptors for the following quarter.

- See **Appendix C** for evaluation forms.

Preceptors Evaluations

- Completed by NP Residency Program Director (if Program director completed by CMO of site precepting)
- Preceptors
    - First 2 years will be completed bi-annually.
    - Second -beyond will be annually and as needed.
        - If preceptor had poor review by residents will remain bi-annually or more frequent.
        - If a preceptor has any formal complaints about precepting ability for anyone will remain bi-annually or more frequent.
- Each preceptor will have ability to go over evaluation and ask questions regarding it.
- The evaluation will be stored in the Residency Teams site and available for each person's annual evaluations.
- See **Appendix D f**or preceptor evaluation format.

Teaching Strategies

Feedback:

Purpose: Preceptors should give feedback in a clear and concise manner to assess that the patient has been fully evaluated and all information collected. It is imperative that feedback is given in a mannerism of mutual respect and with integrity. All feedback should relate directly to the behavior the resident is participating in not their personality. Feedback should effectively guide residents to grow, change, and improve practice.

One Minute Preceptor Technique

Initially developed at the University of Washington by a group of Physicians in 1992 to streamline the presentation and feedback process of medical residents. Utilizing feedback formats helps streamline the process of providing feedback and ensures ongoing learning while still allowing for time for patients and good quality care.
The One Minute Preceptor Technique utilizes 5 micro-skills: Getting a commitment, Probing for supporting evidence, Reinforcing what was well done, Correcting mistakes, and Teaching a general principle.

See **Appendix E f**or example of technique.

Resident sees a patient with a cough and comes and presents the case to you. "Patient is a 56-year-old woman with a cough which has been present for 4 days. She reports she is coughing up phlegm and the cough wakes her up at night. She also reports a low-grade fever but doesn't know any numbers. She has tried Dayquil with no improvement, and she wants an antibiotic. On

exam she has decreased breath sounds in the bases bilaterally. Otherwise, her exam is normal. She does have hypertension and her BP is slightly elevated."

SNAPPS

SNAPPS is a learner-centered teaching approach to clinical education consisting of six steps. In learner-centered education, the learner takes an active role in their educational encounter by discussing the patient encounter beyond the facts, verbalizing their clinical reasoning, asking questions, and engaging in follow-up learning pertinent to the educational encounter. The Preceptor takes on the role of a facilitator by promoting critical thinking, empowering the learner to have an active role in their education, and serving as a knowledge "presenter" rather than a knowledge "source."

See **Appendix F** for example of technique.

Resident Presentation:

SOAP Format

1. Present the patient in a clear and concise manner to another provider.
    a. Subjective: age, gender, pertinent data to why they came in, pertinent ROS, and PMhx
    b. Objective: pertinent negatives/positives of your exam
    c. Assessment: include differentials and why you chose your DX or if ruling out another DX
    d. Plan: What you are doing for the patient, - Labs, imaging, OTc meds, other meds, supportive care, lifestyle changes, when they are following up- finish with asking for any suggestions
    e. Example:
        i. S: M. Y. my 65 y/o male presents today with SOB, cough, and bloody mucus for 6 days- he denies fever, chills, or night sweats, but does have hx of smoking 1PPDx 30 years- he has family hx significant for cancer prostate, PMhx of COPD, DM, HTN, alcoholism, and depression- Last drink 2 years prior, no immobility issues recently
        ii. O: Lung sounds decreased RUL with minimal inspiratory wheezes, cardiac- WNL, and throat has mild erythema noted all other exam WNL negative lower extremity exam- pulse Ox 96%, BP 109/70, RR16, HR 109
        iii. A: Hemoptysis, COPD
            1. r/o PE (less likely), lung cancer, TB (no other signs), pneumonia (no other signs), esophageal varices
            2. P: Order labs cbc, D-dimer, imaging- CT scan vs cxray, spirometry for COPD- change meds as needed, when to go to ER- f/u after imaging and labs

Solutions for Successful Precepting

Remediation

Remediation of the struggling medical learner provided by Jeanette Guerraiso. Provides the following tips to deal with a struggling resident.

Step 1: Remediation: Should involve program director, facilitator, not preceptor involvement,
Define the problem- clear expectations.

Step 2: Learner's perspective and concerns- Is this new problem? Does this exist outside of work? What strategies did you try? Learner reflection Assess Barriers, what have you seen others do for time management.

Step 3: How is the problem preventing competent performance? Discover why

Step 4: Review Expectations- SMART goals for expectations

Step 5: Teach a system to organize data- checklist, to-do list- have to do list- Favorites- templates- AI

Step 6: Review tasks for the day- chart reviews, tasks missing-

Step 7: run the list- Prioritize list of tasks- At start of day when prepping visits-

Step 8: Emphasize prioritization- prevent task switching that is not prioritized- put on bottom of list- not multitasking-

Step 9: Model the behavior we want to see- have residents observe follow or preceptors.

Step 10: Suggest keeping a log: minute to minute log of daily activities to find time is being lost.

Step 11: Learners observe others with good time management skills- come back and reflect on how others manage time.

Step 12: Provider reinforcing and corrective feedback- Start, stop, and continue feedback.

Step 13: Lighten the load- reduce patient amount.

Step 14: Assess performance- Use a structural checklist- discuss with preceptors- observe sign-in sign out times.
Step 15: Limit disruptions- keep same spot at same location – vs mentoring at other areas- work with same group consistently- Continuity/structure-

Step 16: Stress Management- Provide stress management techniques EAP- BHC

Tips and Tricks

1. Building rapport with residents can boost confidence and autonomy in practice.
    a. Use first names vs formal titles.
    b. Share a little about yourself and your life experiences- AKA just be a human being.
    c. Use humor- at times self-deprecating.
    d. Let them present without interrupting- it's about their experiences not ours
    e. Show them how you are part of the team not just the leader.
    f. Ask questions instead of stating what to do next and then make them commit to the plan.
    g. Normalize mistakes by sharing some you made yourself.
    h. Take ownership of not knowing something
    i. Share and show how to find the right information.
    j. Collaborate effectively with other members of the team to mimic those behaviors.

2. Patient centered Teaching
    a. Look up your patients for the resident to review. Go over difficult labs you are reviewing.
    b. Have lots of teachable moments and point these out. Ex: I see you are struggling with liver disease come back next week and tell me more about it.
    c. Model good time management skills.
    d. Share a good article, patient education, or other tools.
    e. Model ways to explain things to patients.
    f. Sit at eye level
    g. Plan together next steps in patient care

3. Collaboration and coaching
    a. Do not teach to much, just a few key points, emphasize thinking process over knowledge.
    b. Ask team members to explain answers to questions.
    c. Ask direct questions.
    d. Share your clinical reasoning to help analytical framework.
    e. Recognize differences learning levels.
    f. Engage in learning process.
    g. Don't ask question if they don't know the answers.
    h. Give them tools to answer the questions they don't know.
    i. Be professional and use good interpersonal skills always.

It is a privilege and an honor to be part of a person's journey throughout residency. You never know whose life you may touch or change along the way. Thank you to all our preceptors who have accepted the to be a part of the journey. We appreciate your hard work and dedication.

Sincerest Thanks,

FNP Residency Faculty and Staff

- **NP Residency Program Director:** Lisa Budka
- **Residency Program Coordinator:** Michael Glorioso
- **Preceptors:** Lisa Budka, Joshaua Avery, Asha Koshy, Susana Lugunas, Lauren Reisburg Alex Torkarski, Monica Gomez
- **Mentors:** Kayti Bonczynski, Nicole Ford, Kari Evans, Dr. Katherine Lisoni, and Dr. Betsy Sutherland
- **NP Mentors:** Lilia Bonilla, Jeremy Michaelis, Sarah Feeler, Tiara Williams.
- **QI Faculty:** HealthLinc's QI Team
- **Didactic Faculty:** varies.

Other Staff of Note

- **Chief Executive Officer:** Melissa Mitchel
- **Chief Human Resource Officer:** Chris Beebe
- **Chief Medical Officer:** Dr. Lawerence Ramunno
- **Training Program Manager:** Amy Costello
- **Valparaiso Site Operations Director:** Rebecca Hurni
- **Valparaiso Assistant Site Operations Director:** Austin Casto
- **Valparaiso Site Medical Director:** Dr. Courtney Glos
- **Mishawaka Site Operations Director:** Amira Dedic
- **Mishawaka Assistant Site Operations Director:** Adriana Sosa
- **Mishawaka Site Medical Director:** Dr. Katherine Lisoni

Appendix

Appendix A: Orientation Checklist

Learning Objectives	Observed/Discussed orientator-initial	Questions
Handout Preceptor Handbook		
Discuss the difference in precepting an NP student vs an NP resident.		
Discuss ways to guide a resident's daily flow in clinic.		
Review teaching strategies utilized with NP residents.		
Discuss expectations for reviewing residents' documentation.		
Recognize differing learning styles of residents and how to adapt to resident style.		
Review preceptors change in role throughout the year of residency.		
Review weekly expectations for preceptors, including meetings to discuss progress of residents, and weekly meetings with residents.		

Appendix B: Coaching Sessions

Coaching Session:

Residents Name:

Date:

Strength (What do they see as accomplishment/achievement):

Improvement (What is something the resident feel's necessary to improve on):

Goals follow up (review if goal was met and how from previous session, if not met how are wea achieving this):

Preceptor Suggestion (Constructive advice for resident to improve area of practice):

Preceptor (What could the preceptors do to help the resident):

GOAL's (What does the resident feel is necessary to focus on, or the preceptor before next session) Usually 1-3 goals:

Appendix C: Resident Evaluation

Resident of Preceptor Evaluation

1.My preceptor facilitates my increased competence in assessing, diagnosing, treating and managing medical conditions experienced in primary care

- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

2.My preceptor supports my knowledge in developing a pertinent differential diagnosis

- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

3.My preceptor identifies opportunities for me to observe and perform procedures

- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

4.My preceptor incorporates concepts of evidence-based practice into their teaching

- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

5.My preceptor communicates feedback effectively and respectfully

- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

6.My preceptor provides useful feedback that enhances my documentation skills

- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

7.My preceptor provides a positive role model in demonstrating respect for patient dignity, privacy, confidentiality and autonomy

- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

8.My preceptor is knowledgeable of organizational policies and procedures that support patient-centered healthcare delivery.

- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

9.My preceptor incorporates considerations of cost awareness while promoting the best quality patient outcomes into their teaching.

- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

10.My preceptor serves as a positive role model in working with other healthcare professionals to establish and maintain a climate of mutual respect, dignity, ethical integrity and trust.

- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

11.My preceptor supports my short and long term goals for further career and professional development

- Completely Disagree

- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

12.My preceptor takes an appropriate amount of time to answer my questions
- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

13.My preceptor gives me an appropriate amount of autonomy with my patients
- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

14.My preceptor is available for consultations when needed
- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

15.I would recommend my preceptor to other residents
- Completely Disagree
- Mostly Disagree
- Slightly Agree/Disagree
- Mostly Agree
- Completely Agree
- Unable to assess

16.Comments: (Please write about Strengths, Weaknesses and Areas for Improvement)

Appendix D: Precepting Evaluation

HealthLinc's Clinical Evaluation

The purpose of this evaluation is to strength the preceptor and mentor roles as it pertains to HealthLinc's FNP Residency Program. This evaluation will be done on a bi annual basis. The first evaluation will be completed in the first term of the program (from September thru February) with the second being completed in the second term (from March thru August). These evaluations will be completed by the FNP Residency Director with the FNP Residency Director's evaluation being completed by the Site Medical Director. All evaluations will be shared with the preceptor and mentor who is being evaluated and be added to their file.

1.Which term is this evaluation being completed?
1st Term
2nd Term

2.Who is being evaluated?

3.What is their role with the FNP Residency?
- Preceptor
- Mentor
- On-Call Preceptor

4.Knowledge integration
- Reviews clinical findings, evaluates plan of care based on current evidence
- Recognizes appropriate ordering of diagnostics tests/referral and value added to plan of care
- Develops the resident’s ability to recognize deficits in knowledge and provides resources to gain new knowledge
    - Needs Improvement/rarely
    - Fair/infrequently
    - Good/frequently
    - Excellent/always

5.Comments for Knowledge Integration question

6.Communication

- Actively listens to presentation of plan of care, questions, and other information being relayed by the resident
- Addresses resident with clear, concise, and timely messages using professional language/mannerisms
- Promotes positive communication with all members of the team
- Utilizes appropriate feedback when discussing documentation standards

    - Needs Improvement/rarely

- Fair/infrequently
- Good/frequently
- Excellent/always

7.Comments for Communication question

8.Critical Thinking Skills

- Demonstrates an understanding of patient acuity- urgency vs emergency
- Understands/recognizes rationales for treatment plan- ex. Medication prescribing risk vs benefits, testing, referrals
- Follows up on all data/information that does not correlate to patient condition/disease processes
- Demonstrates sound use of evidence-based practice, including organizational policies and procedures
    - Needs Improvement/rarely
    - Fair/infrequently
    - Good/frequently
    - Excellent/always

9.Comments for Critical Thinking question

10.Compassionate Care

- Provides a positive and supportive environment when caring for individuals, and families
- Exhibits cultural sensitivity, ethical, and professional behaviors when working with resident and patients
- Recognizes need to advocate with care team and understands when to refer to internal resources, such as MIRT, MAT, BHC, CHW
    - Needs Improvement/rarely
    - Fair/infrequently
    - Good/frequently
    - Excellent/always

11.Comments for Compassionate Care question

12.Leadership

- Models and assist resident in developing delegation skills within the care team
- Demonstrates responsibility when performing tasks and accepts responsibility to review information with the resident
- Discusses quality measures and patient outcomes with resident recognizing their impact on the organization/community
- Demonstrates flexibility and maturity when dealing with difficult patient scenarios, resident concerns, or organizational issues

- Guides resident to resources/information that can positively improve patient care or their knowledge base
    - Needs Improvement/rarely
    - Fair/infrequently
    - Good/frequently
    - Excellent/always

13.Comments for Leadership question

14.Overall Teaching Methods

- Enthusiastic to be a part of the resident's growth and learning experience
- Demonstrates effective teaching techniques and has ability to change technique/style to fit the learner
- Recognizes when to assist to with knowledge vs having look it up themselves
- Understands resident is accountable for the patient's outcomes on their panel of patients, but you are the guide on their journey
    - Needs Improvement/rarely
    - Fair/infrequently
    - Good/frequently
    - Excellent/always

15.Comments for Overall Teaching Methods question

16.Time Management

- Makes residency team aware of any changes to schedule in a timely manner except in ER
- Is on time for daily duties when working with residents
- Remains flexible and understanding in the amount of time needed to assist with residents training
- Withholds standards on documentation as discussed in the residency handbook for preceptors/mentors
    - Needs Improvement/rarely
    - Fair/infrequently
    - Good/frequently
    - Excellent/always

17.Comments for Time Management (Schedule) question

Appendix E: One Minute Preceptor Technique

Resident sees a patient with a cough and comes and presents the case to you. "Patient is a 56-year-old woman with a cough which has been present for 4 days. She reports she is coughing up phlegm and the cough wakes her up at night. She also reports a low-grade fever but doesn't know any numbers. She has tried Dayquil with no improvement, and she wants an antibiotic. On exam she has decreased breath sounds in the bases bilaterally. Otherwise, her exam is normal. She does have hypertension and her BP is slightly elevated."

One Minute Preceptor		
Micro Skill	Purpose	Examples
Get a **Commitment**	At the end of presentation or at long pause	• What do you think is causing the patient's cough today? • Response "I think they have Pneumonia."
Probe for supporting evidence	Ask how they came to the conclusion so you can determine rationale behind decisions	• How did you come to that diagnosis? • Response "recently read an article on causes of cough in the outpatient setting and recalls a section on how fever with cough may be a sign of pneumonia"
Reinforce what was well done	Oftentimes they do not realize what was done correctly, or only hear negative feedback. Positive feedback reinforces desired behaviors, knowledge, and skills	• You gave a good presentation with the pertinent details. I liked that you used the patient vital signs to inform your diagnosis.
Correct Mistakes	This is where you provide constructive feedback, point out concerns with the plan, or areas they need to improve.	• In the future be sure you listen closely for wheezing (or comment on it) as sometimes patients can present with an asthma exacerbation with similar presentation.
Teach a general principle	This is your opportunity to provide a clinical pearl or teach a specific principle related to the case. Remember this is not an in-depth teaching moment, just a quick pearl of guidance which fits in with the presentation.	• Review how to use the physical exam to identify the most likely cause of her cough, including careful auscultation of the lung fields to include egophony

Conclusion	Summarize what the next steps are whether the Fellow needs to gather more information or finalize their plan	• Okay your plan is good. Print out the patient plan, review it with them, and let them go.

Appendix F: SNAPPS

Directions: Student takes notes in Column 1 during the visit, then prepares presentation in Column 2		1	2
Summarize briefly the history and objective findings	Chief Complaint		
	• HPI • Onset • Location • Duration Characteristics • Aggravating factors • Relieving factors • Treatments tried • Symptoms associated Pertinent subjective: • Medications • Medical hx • Family hx • Social hx Pertinent objective: • Vitals • Exam findings • Tests	Obtains a history, performs a physical examination, and presents a summary of their findings to the Preceptor. The summary should be brief and concise and should not utilize more than 50% of the learning encounter (~3 minutes maximum to present)	"Eric is a 7-year-old male with a 3-month history of right knee pain and swelling that occurs daily. No other joints are affected. He reports difficulty playing soccer. He denies current or previous illnesses, recent travel, or injury. Daily ibuprofen provides little benefit."
Narrow and **A**nalyze the differential	• Can't miss • Highly likely • Likely • Unlikely • Very unlikely	Provides two to three possibilities of what the diagnosis could be • Presents their list prior to the Preceptor revising the list • Analyze the differential comparing and contrasting the possibilities • Discusses the possibilities and analyzes why the patient presentation supports or refutes the differential diagnoses	"Given the length of the symptoms, my differential diagnosis includes juvenile idiopathic arthritis, reactive arthritis, and injury." "I think juvenile idiopathic arthritis is highest on my differential diagnosis given the age of the patient and the length of the symptoms. Reactive arthritis is lower due to the length of symptoms and no history of previous illness. Injury is low on the

			differential due to no history of injury."
Probe the teacher		Ask questions about uncertainties, difficulties, or alternative approaches • Discusses areas of confusion and asks questions of the Preceptor • Allows the Preceptor to learn about their thinking and knowledge base • Prompts discussion from the Preceptor on clinical pearls or areas of importance	"Is there anything else that you would include on your differential?" The Preceptor may discuss the importance of considering septic arthritis in the differential diagnosis
Propose a management plan	• Tests and diagnostics Prescriptions • Supportive Care Education • Follow up	Discusses a management plan for the patient or outlines next steps Commits to their plan and utilizes the Preceptor as a source of knowledge	"I would begin a prescription-strength anti-inflammatory medication and order an ANA." Select a case-related issue for self-directed learning
Select a learning topic	• Self-directed learning	Discusses the findings from the learning issue with the Preceptor	"I would like to understand the relationship of the ANA and the need for ophthalmology monitoring in juvenile idiopathic arthritis."

References

- https://paeaonline.org/wp-content/uploads/imported-files/One-Minute-Preceptor.pdf
- University of Utah Accelerate Learning Community https://accelerate.uofuhealth.utah.edu/leadership/kathleen-timme-and-pete-hannon-one-minute-preceptor#:~:text=One%2DMinute%20Preceptor%20is%20a,in%20five%20minutes%20or%20less.
- Wolpaw T, Wolpaw D, Papp K. SNAPPS: A learner-centered model for outpatient education. Academic Medicine. 2003; 78(9): 893-898. "Teaching Skills for the Preceptor: Learner-Centered Model." The Association of Gynecology and Obstetrics. www.pnwu.edu/files/4414/2551/7541/Teaching_Skills_for_the_Preceptor_Learner-Centered_Model.pdf. Accessed August 2016.