Mastering the Preceptor Role: Challenges of Clinical Teaching

Catherine Burns, PhD, RN, CPNP, FAAN; Michelle Beauchesne, DNSc, RN, CPNP; Patricia Ryan-Krause, MS, LPC, PNP; Kathleen Sawin, DNS, CPNP, FAAN


Abstract and Introduction

Abstract

This article aims to help both experienced and new preceptors become more effective teachers while maintaining their workloads. A variety of strategies is essential to increase teaching effectiveness and decrease stress for the busy preceptor who juggles the roles of teacher and clinician. The article will begin with a review of role expectations and role strain for the student, faculty, and preceptor. Principles of clinical teaching will be identified, followed by some strategies for teaching days and concluding with suggestions for dealing with difficult students.

Introduction

Guided clinical learning experiences are essential to nurse practitioner (NP) education. The goal is to prepare clinicians to manage care with optimal health outcomes. The preceptorship has proved to be a highly useful strategy for clinical education. It allows education to be individualized, links classroom knowledge to real patient management problems, and provides opportunities for modeling as the student develops standards and strategies for practice.

In the United States, preceptorships involve more than 500 hours of supervised clinical practice in the particular NP specialty. This training provides learning opportunities for NPs and physicians in the same specialty. The student and preceptor have one relationship. In the typical clinical practice teaching episode, the student does the assessment and presents the case to the preceptor with diagnosis and plan outlined, the preceptor validates the assessment and plan, the student implements with assistance as needed, and the preceptor helps the student reflect on the case and its implications. As the student with the preceptor over an academic term or more, he or she is expected to increase knowledge and skills, refine practice, and become increasingly independent in managing patient care. The preceptor provides feedback and support to the student and evaluation data to both the student and faculty (National Organization of Nurse Practitioner Faculties, 2000).
A survey by Burns (2003) for the Association of Faculties of Pediatric Nurse Practitioner Faculties of 350 preceptors at the National Association of Pediatric Nurse Practitioners Annual Conference found that 89% preceptored because the obligation to their RNPs especially, and 85% did so because they liked teaching. Ninety-five percent said they planned to continue precepting. Thus, despite the problems, preceptors find this role to be inherently satisfying.

This article addresses several strategies to increase teaching effectiveness while decreasing stress as the busy preceptor juggles the roles of teacher and clinician. It reviews role expectations and role strain factors for student, faculty, and preceptor; identifies some key principles of clinical teaching; suggests a variety of strategies for teaching on busy days; and concludes with suggestions for dealing with the difficult student. The goal is to help both experienced and new preceptors become more effective teachers while maintaining their clinical workloads.

Role Expectations: Student, Faculty, Preceptor

The roles of student, preceptor, and faculty must work in synchrony for good learning outcomes. The setting also is in a state of flux and places limitations on time, space, and access to patients. The student is expected to be an active adult learner, and the student is expected to assess the student's needs and arrange for a preceptor-ship learning environment consistent with professional practice expectations. and to evaluate the student's work; and the preceptor is expected to provide day-to-day clinical teaching while meeting clinical practice expectations. Meeting the expectations is not always easy for any of the parties. More detailed role expectations and experiences of stress and pressures upon role performance are summarized in Table 1.

Hayes (1994) studied the preceptor role and identified qualities of good preceptors from students' perspectives. Personal characteristics included being empathic, warm, respectful, and humorous. Flexibility, fairness, dependability, and wanting to learn were also valued. Students also looked favorably on preceptors who were willing to work with the beginning student, who could adapt their teaching style as needed, and supported the educational program. The preceptor is expected to provide the student with knowledge of clinical skills and knowledge, help students recognize their assumptions and think through their management decisions, model effective communication with clients that emphasizes psychosocial aspects of care. Successful teaching is a process that requires not only expertise in clinical content but also positive personal attributes.

The following sections describe some general principles of teaching as well as specific strategies that can be used by the student, the faculty, and the preceptor to help the student become a safe, competent, compassionate, independent, and collaborative clinician. These principles span the continuum of the basics of health promotion to the management of complex conditions and issues. The preceptore 

Characteristics of Adult Learners

Adult learners are often experiential learners who prefer to take an active part in the learning process rather than being recipients of information. Ideally, NPs view learning as problem-solving activity rather than just an information activity. This problem-solving focus is significant in the development of essential critical thinking skills. They need to be able to apply what they have learned to new situations, based on a critical analysis of the evidence (Kolb, 2005). For example, actually prescribing immunizations is more valuable than reading about it. Learning about the evidence behind the practice allows the student to make informed decisions and understand how to perform the activity. Adults typically learn better when the topic is of immediate value to their lives.
Sawin, & Dunn, 1993). Use of these approaches generally change over time as the student develops more skills and confidence. In the "sink or swim" approach, the student NP is exposed to a variety of patient encounters and is expected to conduct visits independently with no visible support. With this approach there is minimal pre-visit teaching but, obviously, the preceptor is ultimately responsible for important decisions. If "sink or swim" is not available at times for back-up, a new, more structured as patients are carefully selected, based on the student's previous experience and skills. There is much pre-visit and post consultation with the preceptor. Cases increase in number and complexity as clinical skills develop. Preceptors generally like to learn but need to recognize that their students may not share the same perspective.

Several important factors must be considered when deciding which method of teaching to use. It is helpful to consider the student. A first-semester, first-year student may function best with a structured approach, whereas a final-term likely to be ready to "swim." It is appropriate to ask NP students what approach they prefer. If new students opt for the "swim" approach, it is critical that they be closely monitored until the preceptor is comfortable with their skills. Observing students independently conduct a visit may allow the preceptor to judge their current abilities and subsequently structure experiences according to abilities. Preceptors may find that consultation with university faculty is useful when deciding an approach to use. An important principle to keep in mind regarding use of teaching styles is that anxiety may result from a learning situation requiring high independence with low experience, while frustration occurs when low independence is required for students with high experience levels.

Principles of Clinical Teaching

"After determining what specific teaching approach is best for the student and for the clinical setting, it is useful to apply principles of clinical teaching. Some basic tenets of learning include the following:

- Learning is evolutionary.
- Participation, repetition, and reinforcement strengthen and enhance learning.
- Variety in learning activities increases interest and readiness to learn.
- Immediate use of information and skills enhances retention.

Preparation and Planning. In addition to the personal qualities of the preceptor that have already been mentioned, preparation and planning have been noted by several authors to be key components of a successful experience for all students (Smith & Irby, 1997; Usatine, "Nguyen," "Kantabi," "Irby," 1997). The goal is to provide structured experiences where learning can occur with minimal disruption to agency operations and patient needs and expectations. Awareness of the student's goals as well as the student's personal goals is essential. Thus, there needs to be communication with faculty prior to the student's arrival and discussion of goals with the student before beginning clinical activities. Preparation of the clinical experience, one important aspect, will be discussed later.

Teaching Strategy Options. Regardless of whether a "sink or swim" or a "structured approach" is used, the preceptor demonstrates his or her clinical expertise when teaching patients while the beginning learner observes the process. This approach allows the student to see the reality of classroom education applied to actual patients. Modeling a more advanced learner to observe more subtle aspects of patient interaction, such as how one approaches difficult issues, physical abuse, problematic behaviors, developmental delays, and serious illness. Observation and modeling provide the preceptor and the student with the opportunity to share impressions, think through cases together, and develop their own diagnose. It is often during this modeling experience that the preceptor may be challenged to answer the "why" questions of the student. However, modeling and observation are relatively passive for learners to conceptualize and apply what they've seen to achieve mastery.

Case presentations reflect the student's ability to obtain critical histories, report pertinent physical findings, develop differential diagnoses, and develop fitting management and follow-up plans. Discussing cases allows the preceptor to determine if the student is able to incorporate past experience and schemata into new clinical situations and assess the student's expertise in dealing with a range of patients (Coralli, 1989; Wolpaw, Wolpaw, & Papp, 2003).

Direct questioning is helpful in fostering critical thinking skills. Preceptors are most effective when the questioning is perceived as "grilling" (McGee & Irby, 1997). Optimally, questions such as "What do you think?" and "Why do you think ..." stimulate thinking and allow the student to share observations.
conceptual framework, which will be useful over time (Smith & Irby, 1997).

Two types of questioning methods are discussed in the literature. An especially useful approach to teaching when time is short is the “One Minute Preceptor Method” described by Neher, Gordon, Meyer, and Stevens (1992) and evaluated for effectiveness in several studies (Aagaard, Teherani, & Irby 2004; Irby, Aagaard, & Teherani, 2004). This strategy requires the preceptor to get a commitment from the student about what the student thinks is going on after seeing a particular patient. Then, the preceptor challenges the student to provide supporting evidence for the assessment. This allows the student to develop the skill of linking clinical reasoning and specific situations (Table 2).

The “Think Aloud Method” (Lee & Ryan-Wenger, 1997) requires the student to provide a rationale for specific questions were asked and physical examination techniques used to show how reasoning were evaluated. This approach fosters critical thinking and clinical reasoning skills. It is useful with all levels of learners but especially for the beginning student because it requires the student to verbalize thoughts and support decisions. For example, the preceptor will ask, “Why did we do this?” This approach works well in clinical seminars conducted by faculty.

Assigning directed readings on specific clinical topics that arise during visits is helpful. The literature reinforces and fosters the development of conceptual frameworks. Directed readings are especially important for beginning students who may not have enough experience to determine where to find the best information in the nursing or medical literature. The preceptor suggests readings and asks for a brief report at the next session.

Coaching is another excellent teaching method. In this process, the preceptor provides verbal cues to the student as he or she moves through a procedure. The intent is to keep the student safe and efficient while mastering the steps of a skill but yet be automatic in nature.

Feedback from preceptors is critically important, especially with adult students whose learning is enhanced if they are making progress (McGee & Irby, 1997). Effective feedback is descriptive of specific situations and skills and occurs after the preceptor’s observation of these concrete events. It reinforces what has been done correctly, reviews what has been improved, and corrects mistakes. Feedback is less judgmental than evaluation and is best given informally through the student’s experience. Feedback is sometimes more meaningful if the student has the opportunity to do a self-assessment before hearing the preceptor’s comments. For example, a conversation regarding the question, “How well do you think you addressed this mother’s concerns?” will give the student the chance to share his or her rationale for the approach, prompting the further discussion about the question, “How could you have done this differently?”

Evaluation. Evaluation is an important component of the preceptor/NP student relationship. The preceptor needs to be familiar with the university curriculum, the university’s goals and objectives for the specific clinical experience, and the goals that are required by the school at the conclusion of the placement. Having a good sense of what knowledge base is expected to have will be helpful. In addition to the expectations of the university and the preceptor, it is helpful for the student’s personal goals for the clinical experience. Realistic goals are best met if they are written down and discussed at the beginning of the experience as well as periodically throughout the rotation. An evaluation session midway through the term allows the rotation to be clarified and the student to receive feedback. The student should be encouraged to self-evaluate as well as to receive evaluative input from the preceptor. Of course, the preceptor’s evaluation also needs to be shared with the faculty person who is responsible for the student’s performance.

Teaching to the Developmental Level of Students

It is important to remember that while being a preceptor is stressful, so is being a student (Yonge, Krahm, Trojman, Haase, 2002): Examining the situation from both perspectives is one way to better understand the relationship (R. Markkanen, & von Bonsdorff, 2003). Ohrling and Hallberg (2000) studied students’ lived experience of preceptorship. Themes emerged as critical to learning: creating a space for learning with both time and room, providing concrete learning experiences in order to develop the abilities of learning; meeting the opportunities for reflection. Taking advantage of students’ past experiences and expertise is also important for students’ self-esteem. Students’ self-esteem is enhanced when they believe that they are contributing to care (Hayes, 1998). Preceptors should not feel threatened if students are more expert in some areas of practice than in others. The opportunity to learn from the student. Because students are experiencing the stresses resulting from being an expert in a previous nursing area to now becoming a novice again (Benner, 1984), recognition of their expertise will help them.

In order to best apply the basic strategies of effective precepting, it is important to be familiar with specific developmentally appropriate strategies.
of NP students. As with all students, they fall along a continuum of development. Students develop at different rates, differently to different patients, and may have variability in their skills from day to day. However, there are general cat

students, each with specific skill sets (Davis et al., 1993).

The Beginner. Beginning or advanced beginner students typically need preceptor support for all facets of clinical learning. As they have had core coursework in health assessment and perhaps some management coursework but have had limited opportunities to apply classroom concepts to actual patient care. They may have difficulty in transitioning from being an expert in their nursing roles to being a beginner in the NP role. Some students will be reluctant to begin assessing patients independently whereas others may be very assertive in the clinical setting, even without any prior nursing experience, using a "silent" style of learning. A preceptor can use observation of the student to determine what student skills are strong and what "pathways" are needed toward clinical experience.

Several specific strategies are useful for beginning students. Observation is a reasonable initial strategy. The student
much about approaches to patients as well as clinical content from observing an expert. Students must not stay in
mode, however. If possible, straightforward, uncomplicated, "routine" well visits should be scheduled with families familiar with the beginning NP role. Prior to each visit, beginning students should spend time thoroughly reviewing and preparing all components of a health promotion or uncomplicated illness visit. Several patients of the same age

reinforce developmental milestones. General rules and conceptual frameworks around different issues and different

The Transitional Learner. After some initial weeks or months as a beginner (depending on the intensity of the clinical experience and the student’s abilities), it is expected that a student will move from beginner status to transitional learner. According to Thompson et al. (2001), this is the stage in which the preceptor is able to “step back.” Transition learners require less input from the preceptor about the basic components of patient care. Thus, pre-visit and post-visit conferences can be more concise. The student establishes basic priorities for each visit, gathers only essential data, and generalizes from visits with greater efficiency and effectiveness (Davis et al., 1993). The task of the preceptor in teaching transitional learners is to schedule more complex patients so that more multifaceted generalizations develop and clinical reasoning is stretched at a new level. Case presentations, the "think aloud" method, and assigned readings continue to be effective strategies for transitional students.

The Competent Proficient Learner. The final type of student learner is the competent proficient learner. This student has skills in history taking, physical assessment, evaluation, and management as well as increased clinical judgment and ability to relate past clinical situations to current situations (Davis et al., 1993). This student is more flexible in thinking about because he or she has previous experience to draw upon and is more time efficient and comfortable with the advanced role. Thompson et al. (2001) describe this stage as one in which the preceptor can "step back." Competent proficient learners are often experienced clinicians, are aware of their limitations and still ask questions and seek the input of clinicians with knowledge. The focus of precepting a competent proficient learner is on pattern development and the use of schematic generalizations, which can be applied across patients. Competent proficient students should see more socially and complex patients within designated time frames.

As the student nears the end of later clinical rotations, it is important for the preceptor to know when it is time to let the student more independence. The relationship with the preceptor often becomes more collegial and less vertical, and the preceptor is comfortable with the student’s skills and clinical judgments. Strong case presentations, competent student allow the student to communicate well with others providers. It is time to let go when the preceptor is comfortable with the student’s competence with patients, but the student must continue to seek help, ask appropriate and search for new challenges.

Strategies for Teaching While Practicing on Busy Days

A common question posed to faculty is, "How can we have a student on a particularly busy day?" The reality is that a busy day in the clinical setting. Nurses are in short supply, and faculty and preceptors are not the exceptions. They assume to carry heavy clinical loads. Factors in the shortage include aging faculty, increased clinical burdens that available to teach, and a major emphasis on productivity in the clinical arena (Lyon & Peach, 2001). Guberski (2000) summarizes the dilemma facing all clinical faculty: “The challenge facing current faculty is to work smarter, not harder, and to evaluate the cost-benefit ratio of our teaching strategies and application of technology” (p. 5).

Several studies have dispelled some powerful myths about precepting. Preceptors do not necessarily have a longer spend more time with patients, and having students does not inevitably decrease productivity (McKeel, Steiner-Grosh Burton, & Mulvihill, 1998). In fact, students may actually increase productivity (Fontana, Devine, & Kelber, 2000; Harrington, 2001). However, working with a student undoubtedly makes a clinical day more complex. Reducing the complexity w...
possible is the key to enjoyment of the day when a student is there.

Taking the time to develop an optimal climate for learning will pay off for all persons involved. Students learn best when ongoing student assessment, close communication, quick response to student's stress, trusting relationships, mutual and acceptance as part of team (Myrick & Yonge, 2001). Frequently expressed barriers to being an effective preceptor clinician at the same time include the following: feeling overworked, being unprepared for teaching, being mismatched students, lacking adequate time, and receiving insufficient feedback and guidance (Hayes, 2001; Yonge et al, 2002). As many pitfalls as possible is important for both preceptor and student.

Preparing for the Day

To be successful on a busy day, it is essential to do good pre-planning. Preparation of the clinic setting is essential. A members of the practice setting must be aware of the student's arrival and expected length of stay both in terms of dates schedule and length of calendar time to be spent in the setting. Such things as scheduling patients, arranging exam availability, providing space for charting, and planning for student access to patient records need to be addressed.

The student for the first time before the first day of the rotation by planning for a brief student visit before the first day begins. Discussion should include a review of the student's goals, learning style, and past experiences. The student can be asked to arrive with a questionnaire including this information and contact information already completed. The preceptor also needs to share some of his or her history and usual teaching style. The preceptor should describe the types of conditions cared for, and the mission of the agency. Any specific standards or guidelines that the site has governing student behavior or NP roles need to be shared at this time. A tour of the site and introduction to staff will help.

Each day of the preceptorship, further planning should occur. Review of the appointment list for the day and identifies appropriate patients for the student to be involved with is a good idea. The preceptor needs to communicate clearly to the student the expectations with regard to numbers and types of patients seen, amount of time available to spend with patient, and amount of preceptor time available to the student. Clearly delineated expectations help the student perform optimally as possible while not compromising the care of patients. Explaining where the difficulties lie and where the opportunities will likely appear is essential.

The expert preceptor is constantly doing "invisible planning"—thinking ahead about other activities that will be helpful to the student's progress (Skeff, Bowen, & Irby, 1997).

Students want to be helpful and involved in clinic work. They also are using the preceptor as a role model to see how problem-solving clinic management issues. Focus on the student by stating such plans as, "We will review the cases for morning over lunch," or "Keep a 3 x 5 card for questions you have during the day and we will address them for 20 minutes at the end of the day or when we have a break in the schedule.

Use of Other Resources

Thinking broadly about the student's education is useful. Preceptors often feel guilty about using others' expertise anc resources in the practice setting (Kaviani & Stillwell, 2000; Yonge, Ferguson, Myrick, & Haase, 2003). Yet, it is better to the teaching. Students benefit from enriched learning opportunities. These might include arranging for students to attend rounds, case conferences, or any other relevant meetings that focus on care. Use the library, audiovisual aids, and le centers. Preceptors can establish a buddy system with a colleague to share students occasionally. Teaching also can use of online resources and exercises. Perhaps there is another clinician who has something special scheduled for the morning with a laboratory technician be helpful? What about a couple of hours with the nurse doing telephone follow-up? Would it be beneficial for the student to call some patients to evaluate care given? Many creative ways of assessment and evaluation of learning in addition to direct observation will be helpful, particularly if planned for efficient time (DaRosa et al., 1997).

Trimming Time off Teaching Activities

Listed in Box 1 are some strategies that can be adopted for teaching on busy days. They relate to pre-planning, student with patients, case presentation time, and finding discussion time.

A scheduling strategy that might work in some practices but not others, at least formally, is to schedule patients in ways in slot 1, one in slot 2, and none in slot 3. That will let the preceptor and student each start off with a patient to see...
preceptor can continue with the third case in slot two while the student finishes his or her case. The break in slot 3 will for teaching before the next round begins. In terms of the whole day, three patients will have been cared for in each four slots. Whether formally scheduled or not, the principle holds as a way to carve out teaching time in the midst of the clinical environment.

It is essential that preceptors be realistic about the amount they attempt to teach. Small bits are fine. It is also essential to give feedback daily, keeping it short and directed at the care given that day. Vary teaching strategies depending on time, student need, and level and clinical opportunities.

Evaluating the Teaching Day

Evaluation of the teaching day should occur routinely. One particular example may be called the "End of Day News" technique. Thinking briefly about who was seen, what got done, how the student felt about it, where the student needs to go next, and why things worked or did not can be very helpful when done on a routine basis.

Every preceptor needs some fundamental skills, what may be termed "preceptor know-how." A skilled preceptor knows how to navigate the clinical system, knows how to create a climate for learning, and knows how to get the expected work done.

Working With the Difficult Student

Identifying the preceptor's role in the problem is essential, and doing so is part of the clinical teaching role. Of the many factors that seem to contribute to a student's difficulty in clinical performance, the preceptor's role may well be significant. Other factors, such as the specific factors, are not relevant to the preceptor's role, but rather are factors that might be addressed individually or as part of a program. For example, the preceptor can be helpful in working with a student who is having difficulty with a cell to bacteria. Notice should be taken of the student's style of learning and the student's self-awareness of what is not working for him or her. The preceptor can be as well informed as about the student's learning style as the student.

Diagnosing the Learning and Performance Issues

It is the preceptor's role to identify the student's needs and to try to address these needs in a way that is supportive and constructive. To do this, the preceptor should assess the student's learning style and performance. This involves listening to the student, observing the student's behavior, and assessing the student's performance. The preceptor should then try to identify the student's needs and to develop strategies for addressing these needs. The preceptor should also try to address the student's learning style and performance by providing feedback, encouragement, and support.

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one situation to another; problems with communication with preceptor, staff, and patients; and failure to improve to the learner developmental stage.

The preceptor and faculty need to identify whether there is a poor match between preceptor, setting, and student. For example, does the preceptor use a teaching style such as "sink or swim" that generates anxiety in this particular student sufficient to severely reduce performance? Or, is the setting too hectic, limited in space, unexpectedly busy, or the patient is inappropriate? (Benzie, 1998). Faculty and preceptor will need to discuss whether adequate adaptations can be made to achieve a fit for the student.

The level of performance should be specified through course objectives and an understanding of the course placement in the curriculum (e.g., a first-year course should have expectations reflecting the new graduate's level of functioning). It may be useful to identify the behaviors identified by Hern-Lehman (2000) as exemplars that students "get it" or that are "red flags" (see Box 2). Faculty absolutely need these data.

Additional Diagnostic Activities

If the preceptor's primary site is not optimal for evaluation of the student having trouble, several options may exist. Many programs have senior preceptor or faculty practice sites to use to diagnose student performance. In addition, some programs use laboratory simulations for diagnostic assessment. A simulation is conducted in a less intense environment, and it is accompanied by extensive analysis and debriefing, which can be helpful in assisting struggling students.

Implementing a Corrective Plan

If a "match" or "fit" problem is ruled out and a student problem is identified, a corrective plan needs to be developed. The preceptor/faculty team, a time frame set for corrective action, and an evaluation plan developed to determine if change occurred. The plan must involve preceptor, student, and faculty. Faculty need to determine if the student will drop out, go to a new site, or stay in the environment. If the student is to stay at the site, a specific plan to improve areas of concern is developed. The plan may include more closely supervised time in faculty practice site, time observing role models, or an extended period of time in clinical setting (depending on school policies). The student must be willing to make the commitment and address the areas of identified concern. Finally, time for follow-up evaluation and criteria that all agree to must be set.

Evaluation

While implementing a corrective plan, the preceptor needs to reassess the student at each clinical experience, determine student is making progress in the identified areas with the intensified input, and document each visit with short but specific descriptors about specified skills and progress or lack of it. The preceptor should let the student know where progress has been made as well as areas that need continued work, and must continue to use faculty as collaborators.

When the diagnosis is specific and interventions are aimed at the particular needs of the student, the most common improved performance. If improvement occurs and is satisfactory, faculty will need to determine what strategies need to continue for improvement in the clinical. However, if there is no significant improvement, management the student is not making best possible progress in the program. The faculty and preceptor have demonstrated in the time frame agreed upon, a recommendation for withdrawal from the clinical rotation or the program is appropriate. Skillful academic counseling can often achieve this outcome in a way that provides the student with options. Faculty greatly appreciate preceptors for sensitive and useful assistance with diagnosis of failures of the student performance to match the expectations of NP course and, ultimately, the NP role.
It is not unusual for the demands of graduate education to uncover a learning disability that the student has been able to compensate for in previous education or professional practice. If the assessment process leads the preceptor and faculty member to suspect a learning disability, referral to the university’s Office for Students with Disabilities is recommended. A professional should assess the student and, if necessary, refer the student for more in-depth assistance to identify the accommodations needed to enhance the student’s success. In addition, the Office for Students with Disabilities can provide counseling, coaching on effective study strategies for learning, and advocacy for needed accommodations. Generally, if the student has a documented learning disability, accommodations are mandated by law. A student’s or faculty’s belief that a learning disability exists is not grounds for accommodation. Documentation of a learning disability by a professional in this field is crucial for the student to have the right for accommodations. Preceptors who suspect a learning disability need to convey that information to faculty who will work closely with appropriate academic units.

Conclusion

In conclusion, with appropriate expectations and some strategies for basic teaching with adaptations for special student clinic needs, most practicing NPs can function as excellent preceptors. Preceptors are urgently needed to prepare the next generation of clinicians and to provide the access to patients so important to clinical learning. In turn, preceptors obtain satisfaction from meeting a professional obligation. The great majority usually find teaching enjoyable, and they learn along with their students. There is no “secret recipe” for successful precepting in a busy environment except the following: find a quiet place, provide adequate light, nurture, protect and give time to grow! Being a preceptor is a rewarding activity. If the student is committed to continue, the best and brightest clinicians need to be involved with education of their future peers, and they will find the preceptor role enriching.

Table 1. Role Expectations and Pressures

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<thead>
<tr>
<th>Student</th>
<th>Faculty</th>
<th>Preceptor</th>
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</thead>
<tbody>
<tr>
<td>Role expectations</td>
<td>Identify and secure appropriate sites for students</td>
<td>Orient student to site, policies, procedures</td>
</tr>
<tr>
<td>Arrange schedule</td>
<td>Prepare student with necessary clinical skills</td>
<td>Facilitate informal collaborative learning environment</td>
</tr>
<tr>
<td>Develop personal learning objectives</td>
<td>Provide preceptor with course objectives</td>
<td>Be a positive and effective role model</td>
</tr>
<tr>
<td>Address course objectives</td>
<td>Support and help preceptor develop teaching skills</td>
<td>Provide learning experiences with appropriate patients</td>
</tr>
<tr>
<td>Observe policies and procedures of agency</td>
<td>Monitor and evaluate student progress</td>
<td>Provide go-slow feedback</td>
</tr>
<tr>
<td>Confer with preceptor and faculty about progress and problems</td>
<td>Provide evaluation feedback to preceptor</td>
<td>Pace learning experiences to meet student needs</td>
</tr>
<tr>
<td>...Be aware of tacit clinical knowledge</td>
<td>Solve student and/or preceptor problems with the rotation</td>
<td>Direct student to resources, readings</td>
</tr>
<tr>
<td>Review and read about past day’s work</td>
<td>Guide student clinical learning through class, chart reviews, case studies, assignments</td>
<td>Notify faculty of concerns about student behavior, work, or progression</td>
</tr>
<tr>
<td>Evaluate faculty, course, and preceptor</td>
<td>Provide feedback to student</td>
<td>Provide evaluation data to preceptor</td>
</tr>
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**Role pressures: potential areas of difficulty**

- Make connections between didactic and clinical work
- Work according to prescribed trajectory for clinical progress
- Balance adult life with student expectations
- Achieve learning needs within a service environment

**Identify preceptors and appropriate settings that meet student learning needs in a time of preceptor shortage**

**Evaluate student progress indirectly through written documentation and short visits to the site**

**Keep learning expectations from impacting too greatly on preceptor service demands**

**Orient and develop preceptors within their time and interest constraints**

**Reward preceptors for their work**

**Teach from experience base**

**Maintain patient care service expectation**

**Fit clinical teaching into the program’s curriculum**

**Maintain rapport with patients and families while involving student in a meaningful way**

**Persuade colleagues to assist with student education**

**Convince administration to permit students at site**

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**Table 2. The One-Minute Preceptor Technique**
Table 3. Examples of Interventions for Problematic Performance

<table>
<thead>
<tr>
<th>Problematic performance examples</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unorganized or incompetent history</td>
<td>If the student is not competent, determine if she or he has an organizational framework for history; if the student lacks a useful framework, re-orient to presentation basics (Corsh, 1995)</td>
</tr>
<tr>
<td>Lacks effective presentation skills</td>
<td>Encourage timing of verbal presentations and convey the expectation of effective practice outside the clinical setting; effective strategies include rehearsal and use of a tape recorder; faculty may select and evaluate selected taped presentations</td>
</tr>
<tr>
<td>Difficulty applying concepts covered in educational program</td>
<td>Give student responsibility to be prepared for one system or specific problem and a specific well-client visit for each clinical experience; ask student to outline the priority concerns, assessments, and decision points in a concise articulate, and clinical relevant presentation in less than 4 minutes</td>
</tr>
<tr>
<td>Persistent difficulty “grasping” organization of problem-oriented underlining/weighted/diagrammatic logical flow</td>
<td>Refer to Office for Students with Disabilities for evaluation of possible learning disability</td>
</tr>
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Source: J Pediatr Health Care @ 2006 Mosby.

Box 1. Tips for Teaching on Busy Days

Pre-planning
1. Prior to the clinical experience, describe to the student the pressures you face.
2. Get to know your student’s learning style and needs before the first day of patients.
3. Review the cases for the day with the student and mutually decide where the best learning opportunities are likely to arise.
4. Have some other ideas in mind for times when you cannot teach for one reason or another. For example, student or patient visit scheduled time, phone calls, or to use the laboratory technician or pharmacist, or use the internet to answer a question that had been unanswered from a previous discussion.
5. Set priorities for the student to accomplish and activities to complete by the end of the day.

Student time with patients
1. Work together with one patient to decrease the time spent and allow the student to see your assessment and care planning efficiency. Have student do the history, and then you do the physical. Rotate tasks for the next patient.
2. Help the student recognize what to include in a focused history and examination for the presenting concern without getting onto contextual or tangential issues.
3. Assign the student to patients whom you know like extra time.
4. Set a time limit on the student: “Get as much of the history as you can in 10 minutes and I will come in.”
5. Schedule your patients in waves: two in time slot 1, one in time slot 2, and none in time slot 3. In the first time slot, the student starts out in different rooms at the same time. You do a second case in time slot 2 while the student finishes his or her case and prepares to discuss with you. Before the next time slot is completed, patient stability, charting, and preparation for the next wave. You will have kept your productivity numbers at three cases in three slots.
6. Go into the patient’s examination room with the student and chart the history and physical while the data are being collected by the student. Then reverse roles and have the student document while you gather the data.

Case presentation time
1. Set a limit on length of presentation time. “Tell me the H & P, diagnosis and your plan in 5 minutes.”
2. Ask the student to present while both of you are in the room with the patient. Be careful if there is psychiatric or psychomotor behavior in the exams room area. Do not discuss anything privately between you and the student.
3. Assign the student to patients you know well, as this may speed evaluation of accuracy of student data. Also, student background on the patient to help focus the history more efficiently.

Finding discussion time
1. Ask the student to keep a file card handy to write down questions for discussion later. Follow up daily for up to 20 minutes once you get home and turn it in at the beginning of the next day.
2. Use travel time to and from clinic or to lunch to discuss cases.
3. Set limits on time for encounters. “I can meet with you for 10 minutes now. You can have 5 minutes to ask me questions, and then I want to give you some feedback on the patient we saw together this afternoon.”
4. Ask the student to look up information on three cases you saw during the day, but make it clear that you will report the next session on only one of the three cases.
5. Jot down patient care pearls that arise from various sources. Collect them on a list and share with the student.
6. Honor your appointments with students. Keep them brief but focused.
7. Expose students to the complete day. Take them to noon conferences, committee activities, and civic activities.

Source: J Pediatr Health Care @ 2006

Box 2. Indicators That the Student is Learning in the Clinical Setting

Behaviors that indicate the student is "getting it"
- Presents thorough, focused history and physical
- Consistently articulates sound decision making
- Develops and implements reasonable plan
- Connects with patient