Objectives

- Describe strategies for precepting in a busy practice
- Describe strategies for teaching diagnostic reasoning in the practice setting
- Give effective feedback to students based on their objectives, stage in the program and stage in their development as an APRN

Provider Productivity Strategies

- Creative scheduling
- Strategies to provide good quality teaching when time and energy are limited.
- Using observation as a strategy when nothing else is possible.
- For a quality experience, the student doesn’t need to see every patient that the preceptor does.
Creative Scheduling

Wave scheduling 2 or 3 patients scheduled at the same time followed by a catch up break. The student sees one while you see the other/s. At some time, you see the student’s patient as well.

9:00 2 patients (each see one)
9:20 catch up break for precepting, wrapping up visits
9:40 2 patients
10:00 catch up break (and so on…)

Creative Scheduling

- Built in precepting time
  - For example, one appointment time blocked in the schedule in mid morning, two blocked at different times in afternoon.
  - Allows you to catch up for time you spent precepting and stay on schedule.
  - Could potentially decrease productivity/reimbursement if your salary is productivity dependent.
  - Need support from the practice for precepting to have this kind of flexibility.

Student Thinking Time

- Student sees patient, comes out, reports H and P to preceptor
- Preceptor goes to see patient
- While preceptor is seeing patient, student develops plan.
- Student reports plan to preceptor. Modifications are made as needed.
- Student or student and preceptor return to room to communicate plan to patient.

(personal communication, Kye Lee, FNP, 2010)
Other Strategies for Expert Precepting when Time and Energy are Limited

- Dividing precepting time
- Focused half day
- Focused observation
- One Minute Preceptor
- Assigning/sharing directed readings
- Case discussions
- Choosing appropriate patients for student’s practice
- Think aloud (precepting aloud)

Dividing Precepting Time

- Sharing a student between 2 or more preceptors lightens the responsibility, reduces the drag to productivity for any one person.
- Allows student to compare and contrast practice styles.
- May allow student to see different populations of patients.
- Assigning a student to spend some days or parts of days with other types of providers may also be a good learning experience.

Focused Half Day

- Student and preceptor look at schedule and patients’ reasons for visits
- Choose a focus for the half day and a limited number of teaching patients the student will see. (Maybe only one or two)
- Focus can be age related, disease related, assessment skills related, etc.
- Have the student spend time preparing for the visit(s)-reading, looking up guidelines, pre-planning management, education.

Usefulness: Focused half day

- Beginning student or students first days in a new setting-less overwhelming
- Especially busy days when the preceptor needs to see most of the patients at a more rapid pace.
- Students find that the preparation makes them more efficient and confident in the patient encounter. (Taylor, 1998)

Focused observation

- The student spends the day observing you as you see patients, etc.
- You give the student an assignment during the day to observe how you do a particular aspect of the visit and reflect with you at the end of the day.
- Assignment can be opportunity to teach a student one way to do a particular skill or what to include in a particular type of visit.
- Can help a struggling student see again and again how to do something and what variations you introduce with different patients.
- Can help you give the student a useful experience on a day when you don't have time for a lot of teaching.
- Absolutely not appropriate for a student's entire clinical experience.

One Minute Preceptor

- Five microskills for clinical teaching
  - Get a commitment
    - What do you think is going on?
  - Probe for supporting evidence
    - What led you to that conclusion?
  - Teach general rules
    - Many times when...
  - Reinforce what was right
    - “You did an excellent job of...”
  - Correct mistakes
    - Next time this happens, try this

(Taylor, Gordon, Meyer, Stevens, 1992)
Advantages: One Minute Preceptor model

- Helps you see student’s critical thinking process and ability to move from collecting data to planning care.
- Preceptor chooses one or more general rules to communicate from each encounter. Student doesn’t have to intuit the general rules from the experience.
- Provides for immediate feedback about what was good and what needs correcting.

Disadvantages: One Minute Preceptor model

- Takes more than a minute, but probably no longer than other ways of precepting.
- Some students still need practice in detailing the H and P before reaching their conclusions so you can see if the appropriate data was collected from the patient.
- Combination of the traditional patient presentation and 5 microskills model.

Why Is Diagnostic Reasoning Important?

- Some experts estimate that diagnostic error in practice is in the range of 5-15%
- Diagnostic errors are more likely if levels of uncertainty are high, the provider doesn’t know the patient, when there are atypical or non-specific presentations of the chief concern of the patient.
- Distracting co-morbidities are also a stumbling block (Ruder, et al. 2012)
Diagnostic Reasoning Process

- Eliciting the patient’s story (history taking)
- Data acquisition—medical record, physical exam, diagnostic testing
- Accurate problem representation—1–2 sentence summary of the case
- Generation of hypotheses—differential diagnosis list
- Search for and selection of “illness script”—experienced clinicians store and recall knowledge as diseases, conditions, or syndromes that are connected to problem representations. This step may lead back to data acquisition again in many cases.
- Diagnosis (Bowen, 2006)

Teaching this process to student’s

- Students don’t come out of their pre-clinical courses knowing how to do this process from start to finish. It takes experience in the clinical setting to develop the skills and illness scripts to activate this process.
- We can teach pieces of this in the classroom, but students need to see you think and you need to spend time guiding their thinking in order for the whole picture to come together.
- Learning this process is essential to growing into a safe and competent nurse practitioner.
- Some of the strategies for precepting in a busy practice can be used to help students further develop pieces of this.

Steps in developing diagnostic reasoning in students as a preceptor

1. Help students understand how to put data together—history, physical exam, available diagnostic testing, available history information from the chart like problem and med lists.
2. Help them learn now to develop an accurate problem representation, that 1–2 sentence summary of a case.
3. Ask them for a prioritized differential list and a working diagnosis for today.
4. Ask them for their ideas for management.
5. Tell them how you would manage the problem and why.
Additional strategies to consider

- Comparing and contrasting done between generating the differential list (hypotheses) and selecting the illness script. What about the information we have makes you think of this disease, and what doesn’t fit or makes you think of another disease.
- Providing cognitive feedback—point out information the student presents that is useful to arriving at a diagnosis and what may be irrelevant. This is especially important in developing the problem representation.
- Encouraging useful reading habits—When you uncover an area where a student lacks knowledge, encourage them to go home and read about that particular area with the real patient they saw in mind. Follow up by asking them what they learned about that problem.
- Encourage students to read about 2 differential diagnoses at the same time to build comparing and contrasting skills in reading about gout and infections arthritis in close succession and comparing what is similar and what is different in these two diseases which may appear similar at first in patients.

Strategies that may increase your teaching of diagnostic reasoning

- Student thinking time
- Focused half day
- Focused observation—ask the student to tell you the problem representation after they observe you see a patient.
- One Minute Preceptor—starts with the hypothesis about what is going on and works backwards, includes building of illness scripts, and cognitive feedback
  - What do you think is going on?
  - What led you to that conclusion?
  - What was right? You did an excellent job of…
  - Can you explain how this happened, try this.

What Other strategies might used in the classroom or the practice?

- Interventions that increase clinical acumen and experience including simulations
- Interventions that improve clinical reasoning including reflective practice group conferences
- Interventions that improve collaborative interprofessional practices specifically those that reduce fear of belittlement, poor evaluations and increase knowledge of other professions’ expertise [Sills, 2006]
- Use of resources—Isabel, http://pie.med.utoronto.ca/DC/DC_content/DC_checklist.html, Online and printed resources.
Evaluation of Students

- Often a stressful event
- It’s not “ratting out” the student
- Should be constructive and based on skill development
- Should be consistent for student’s level
- Should be respectful
- Can be day to day feedback or interval evaluation

Principles of Evaluation

- Specific rather than general
- Timely
- Include student’s assessment of personal growth
- Should be positive as well as negative
- Must be honest
- Include assignments for further study or improvement
- Should include communication to the faculty
- Expect cultural sensitivity

Dealing With Difficult Students

- Early communication of problems to both student and faculty
- Trust your judgment: you’re the expert
- A failing student will often have limited insight or lack of personal awareness
- Remember the conversation is about the Student’s learning, not your expertise
- Identify poor professional behavior or boundary breaches early and communicate expectations for change
Dealing With the Difficult Student

- Focus on behaviors rather than personality
- Faculty should visit and observe interactions
- Faculty should be supportive of your evaluation
- Suggest strategies for reassignment if necessary

Documentation for Evaluation

Dr. Pittman and Dr. Barker developed an instrument that preceptors may use.
We’ve asked for national suggestions at 2 AANP meetings of Preceptor Interest Groups and modified it so it is usable in a busy practice.
The forms are available as a handout.

Clinical Evaluation Instrument
Conclusions

References and Resources


Society to improve diagnosis in medicine. https://www.improvediagnosis.org