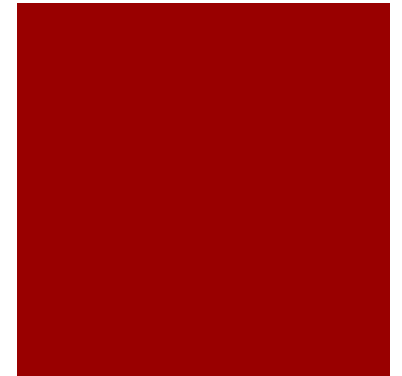




# Development and Implementation of a Hybrid APRN Preceptor Development Program

## **Program faculty:**



Shannon Idzik, DNP, CRNP, FAANP, FAAN

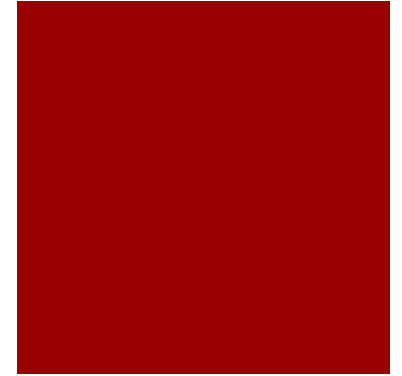
Patty Franklin, PhD, RN

Michelle Gonzalez, PhD, CRNA, CHSE

Michelle Moulton, MS, RN, PCCN-K, CHSE

University of Maryland School of Nursing

# Objectives

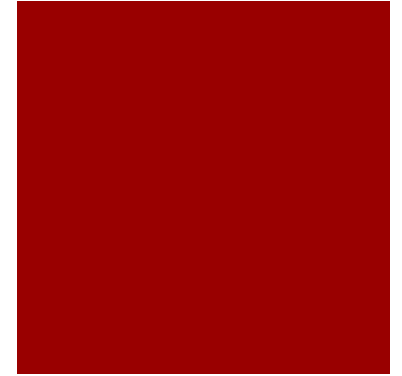


- Discuss the background and need for APRN preceptor development
- Describe the preceptor development program
- Describe program achievements and challenges
- Review program evaluation data
- Describe lessons learned
- Demonstrate application activity

# Background & Need for APRN Programs



# Introduction

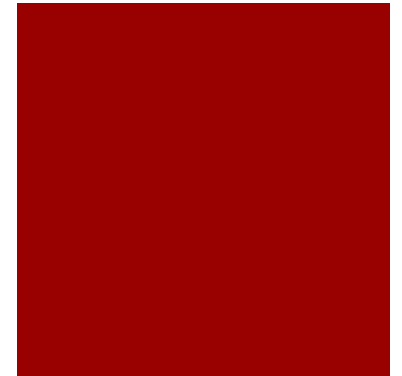


- Primary Goals:
  - Increase statewide capacity for APRN training
  - Increase number of qualified preceptors
  - Increase number of APRNs to provide care for Maryland residents
  - Develop a collaborative network with clinical agencies and APRN education programs

# Preceptor development

## Local Level

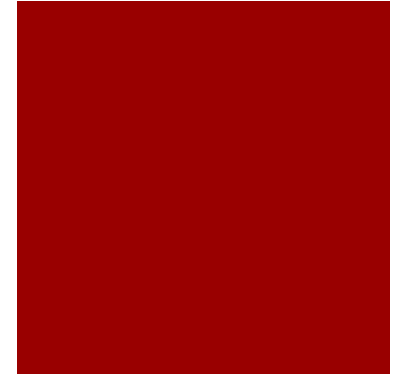
- Stakeholders requesting skilled preceptors
- Statewide clinical agencies increasing demand for APRNs (Maryland Governor's Workforce Investment Board, 2011)
- Ratio of new APRN programs and enrollment to formally trained preceptor gap increasing



# Preceptor development

## National Level

- National accreditation requirements (Commission on Collegiate Nursing Education, 2018)
- Institute of Medicine's Report on the *Future of Nursing* (IOM, 2018)
- Preceptor training not typically included in APRN education
- Recommended 1:6 clinical faculty to student ratio (National Task Force Criteria, 2012)



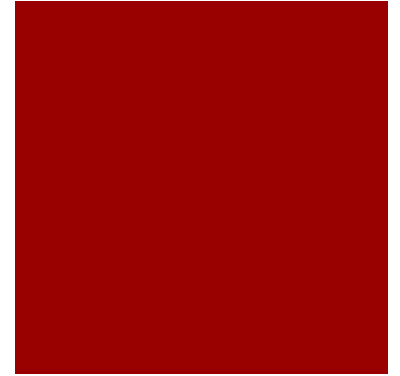
# Preceptor development

## **Increasing Need for Primary & Acute Care Providers**

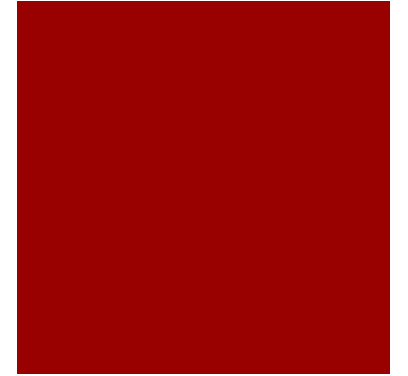
- Affordable Care Act
- APRN clinical faculty cannot meet this need
- The preceptor model provides vital clinical education

## **Faculty Shortage**

- Increasing faculty retirement (AACN, 2015)



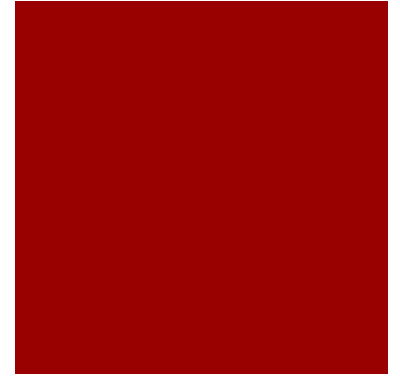




# Program Description

# Areas of Best Practice

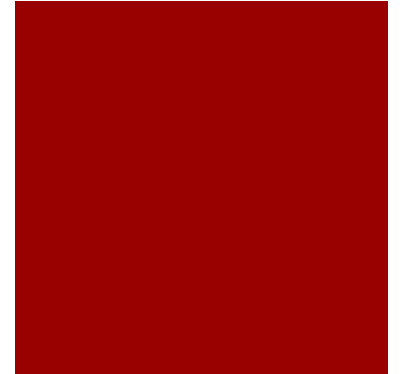
- Online modules
  - CE accreditation
- Simulation Session
  - Center for Medical Simulation (CMS)
  - Debriefing with Good Judgement©



# Online Module Components

1. Preceptor Roles and Responsibilities
2. Assessing Learner Needs & Learning Styles
3. Clinical Teaching Strategies
4. Facilitating Critical Thinking and Clinical Decision-Making
5. Managing Learning Experiences with Culturally and Generationally Diverse Students
6. Communication & Conflict Resolution
7. Legal & Regulatory Considerations

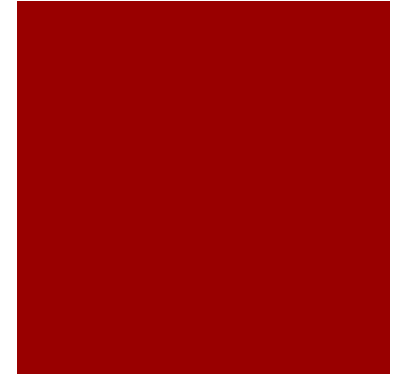
TOTAL -9 hours



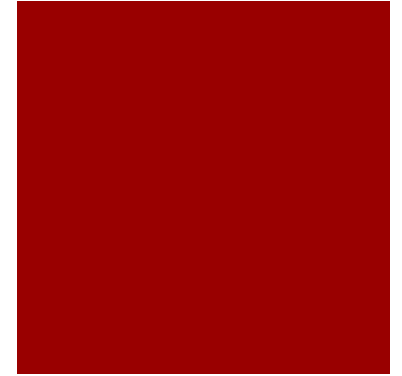
# Simulation Components

- Overview
- Introduction & Safe Container (10 minutes)
- Didactic (5 minutes)
- Discussion (5 minutes)
- Video demonstration (5 minutes)
- Simulation #1 with debriefing (30 minutes)
- Simulation #2 with debriefing (30 minutes)
- Wrap-up & Evaluation (5 minutes)

TOTAL – 2 hours



# Program Concepts

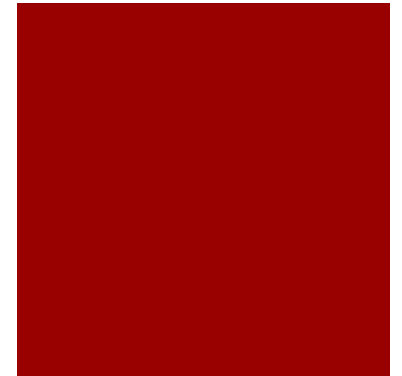


## The Basic Assumption

**We believe our colleagues are intelligent, motivated to learn, care about doing their best, and want to improve.**



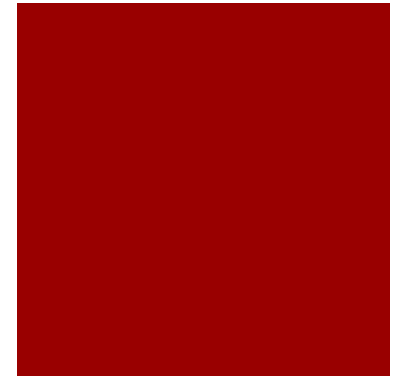
# Program Concepts



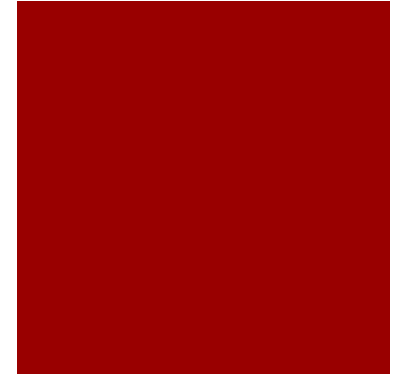
## The Ladder of Inference



When to climb the ladder and  
when not to climb the ladder...



# Let's Practice!



- Steve Martin in “Father of the Bride”
- We are the store manager.
- Describe objective observations.

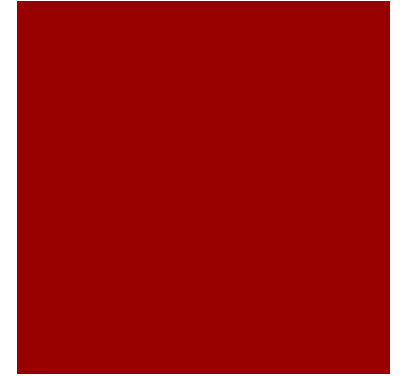




<p align="center"><b>Phase I: REACTIONS</b> <i>Focus on feelings</i></p> <p>So you just finished... [your shift, your morning assessment, caring for ____, completing ____, etc.]</p> <p>How are your feeling?</p>	<p align="center"><b>SET</b></p>	<p><b>PREVIEW:</b> I would like to discuss... Is now a good time for you?</p>
<p align="center"><b>PHASE II: ANALYSIS</b> <i>Focus on understanding/reflecting</i></p> <p>Preview, advocacy, inquiry...</p> <p>Reflective techniques...</p> <p>Deeper dives, unpacking...</p> <p>Discussion, teaching...</p>		<p align="center"><b>A D V O C A C Y</b></p>
<p align="center"><b>PHASE III: SUMMARY</b> <i>Focus on application of learning</i></p> <p>Summarize or state at least one take-away from today's conversation that you will incorporate into your practice.</p> <p>Collaboratively develop an action plan for moving forward.</p>	<p align="center"><b>I N Q U I R Y</b></p>	<p><b>I THINK:</b></p> <p>...I was thinking that...</p> <p>...my concern is...</p> <p><b>I WONDER:</b></p> <p>...how were you seeing it?</p> <p>...what was your take on this?</p> <p>...if you can talk to me a bit about that?</p> <p>...what was going on for you then?</p> <p>...what was on your mind at that time?</p> <p>...what are your thoughts about this?</p>
	<p align="center"><b>T E A C H</b></p>	<p><b>CLOSE GAP:</b></p> <p>Listen.</p> <p>Coaching tailored to learner's frame.</p> <p><small>REFERENCE: Rudolph, JW; Simon, R; Dufresne, RL; &amp; Raemer, DB. (2006) There's No Such Thing as "Nonjudgmental" Debriefing: A Theory and Method for Debriefing with Good Judgment. <i>Simulation in Healthcare</i>, 1(1)</small></p>

Adapted by: Rachel Onello, PhD, RN, CHSE, CNE, CNL

# Let's Practice!



- “I Love Lucy” in the chocolate factory
- We are the factory manager.
- Give Lucy or Ethel feedback on their performance.

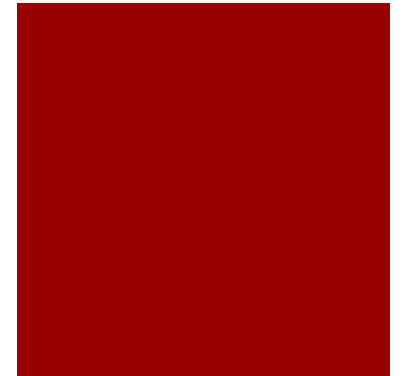
# Program Concepts

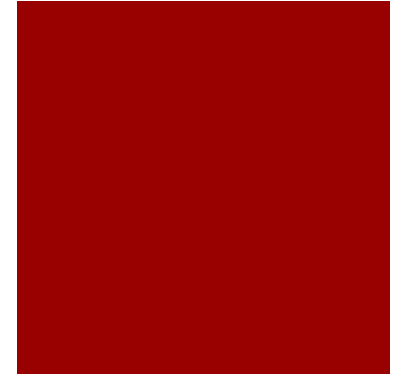
- Lunch and Learn!

- Purpose

- Format

- Data





# Program Achievements

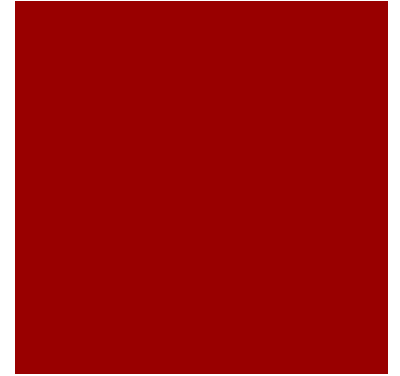
# Achievements

- Developed:
  - Program objectives
  - Online educational materials & modified based on feedback
  - Simulation training scenarios & modified based on feedback
  - Program evaluation tools
  - Advertisement logos and materials developed
    - UMSON website advertisement
    - Social media platforms
    - Email blasts through professional organizations
    - Direct mailings
    - Exhibitor tables at APRN conferences
- Obtained continuing education approval for the American Nurse Credentialing Center and the American Association of Nurse Anesthetists



# Achievements

- Program launch in March 2017
- 27 simulations held at various sites
- 226 participants enrolled in the program
- 218 APRNs completed and earned CE
- 5 participant lunch and learns
- 3 Advisory Board meetings
- Partnerships developed with hospitals and educational institutions to reach APRNs across the state

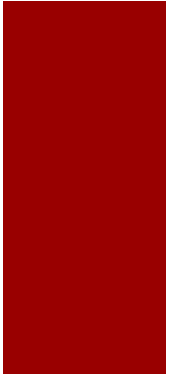


# Challenges

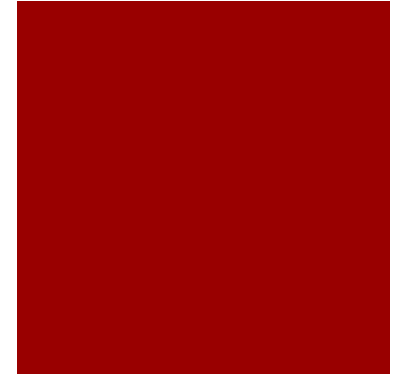
- Technical difficulties
- Staff turnover
- Attrition
- Timing of sessions

# Adjustments

- Technical page and relaunch
- Simulation structure/number of scenarios
- Participant enrollment

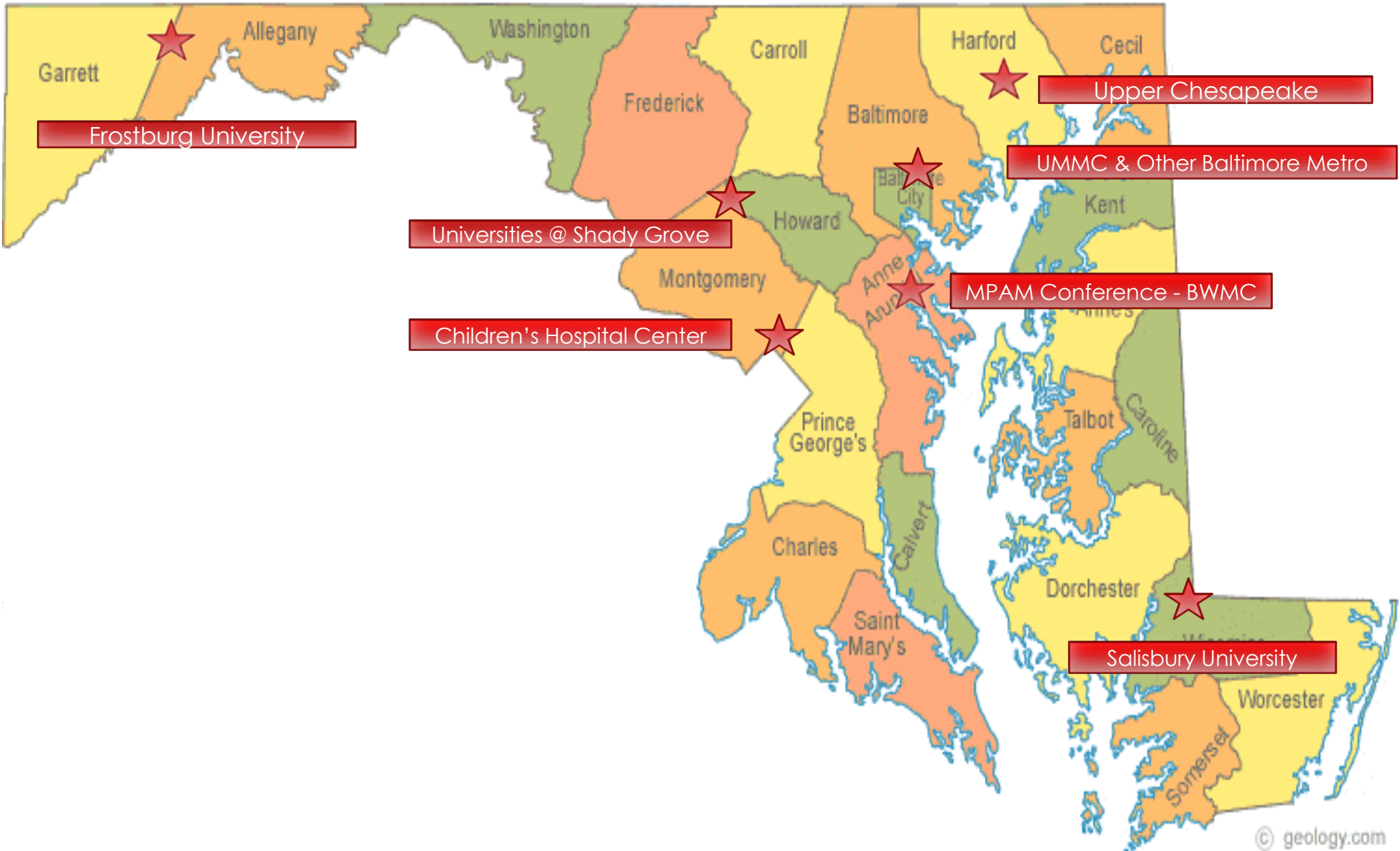


# Successes

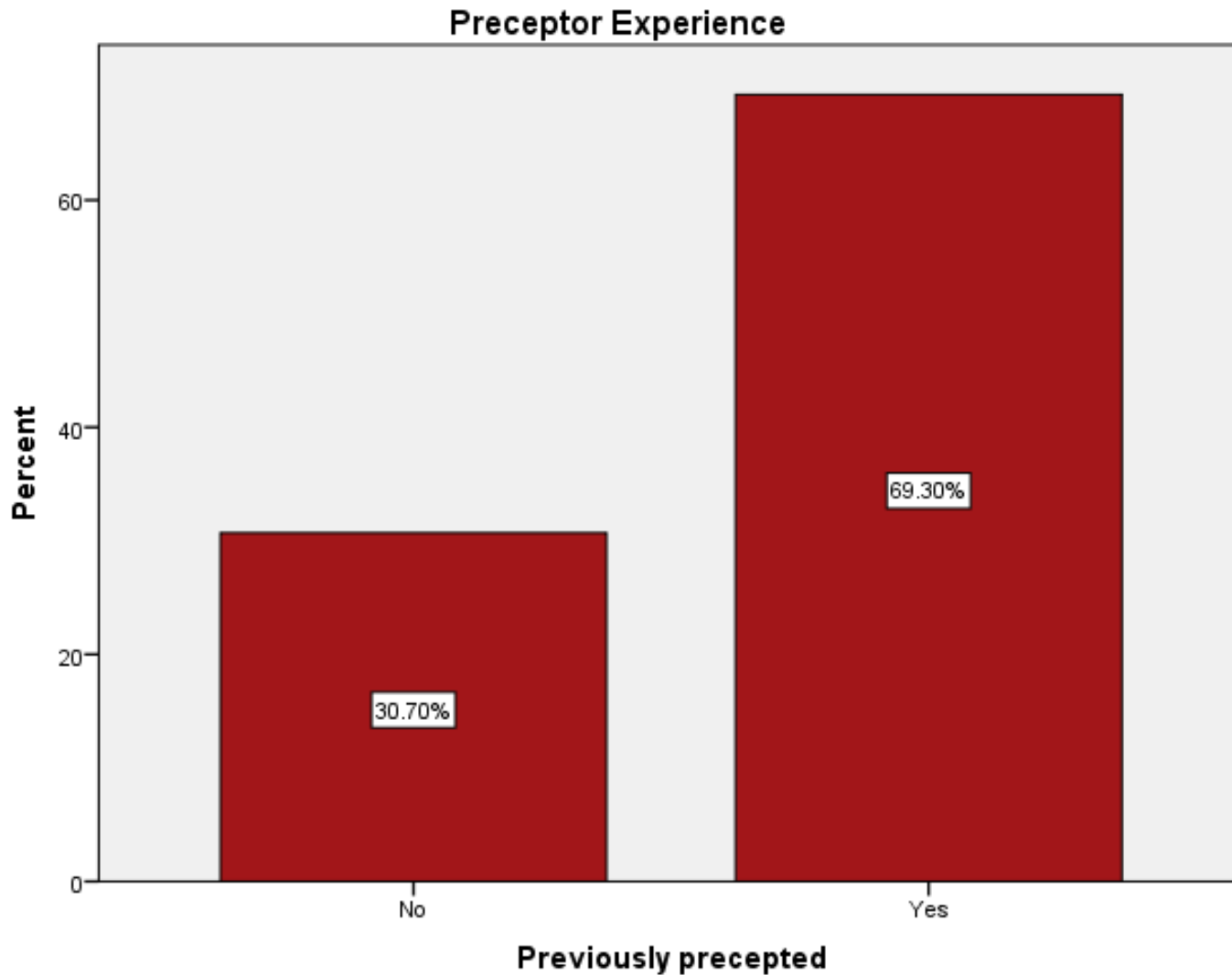
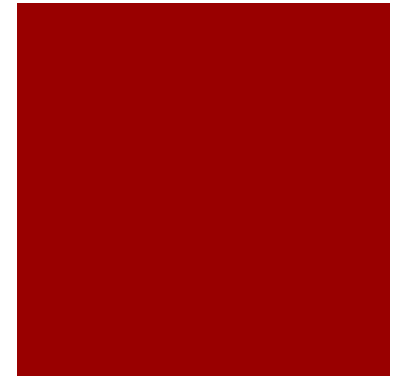


- Goal of 200 participants by June 2018 achieved
- Positive Feedback from participants
- Productive networking and program expansions across Maryland
- Dissemination
  - UMSON Monthly Newsletter
  - UMMC Grand Rounds (NP & CRNA)
  - UMMC NP meeting
  - UCMC Advisory Board meeting
  - MHEC
  - Promotional video – APRN Program & general precepting
  - DNP National Conference (Fall 2018)



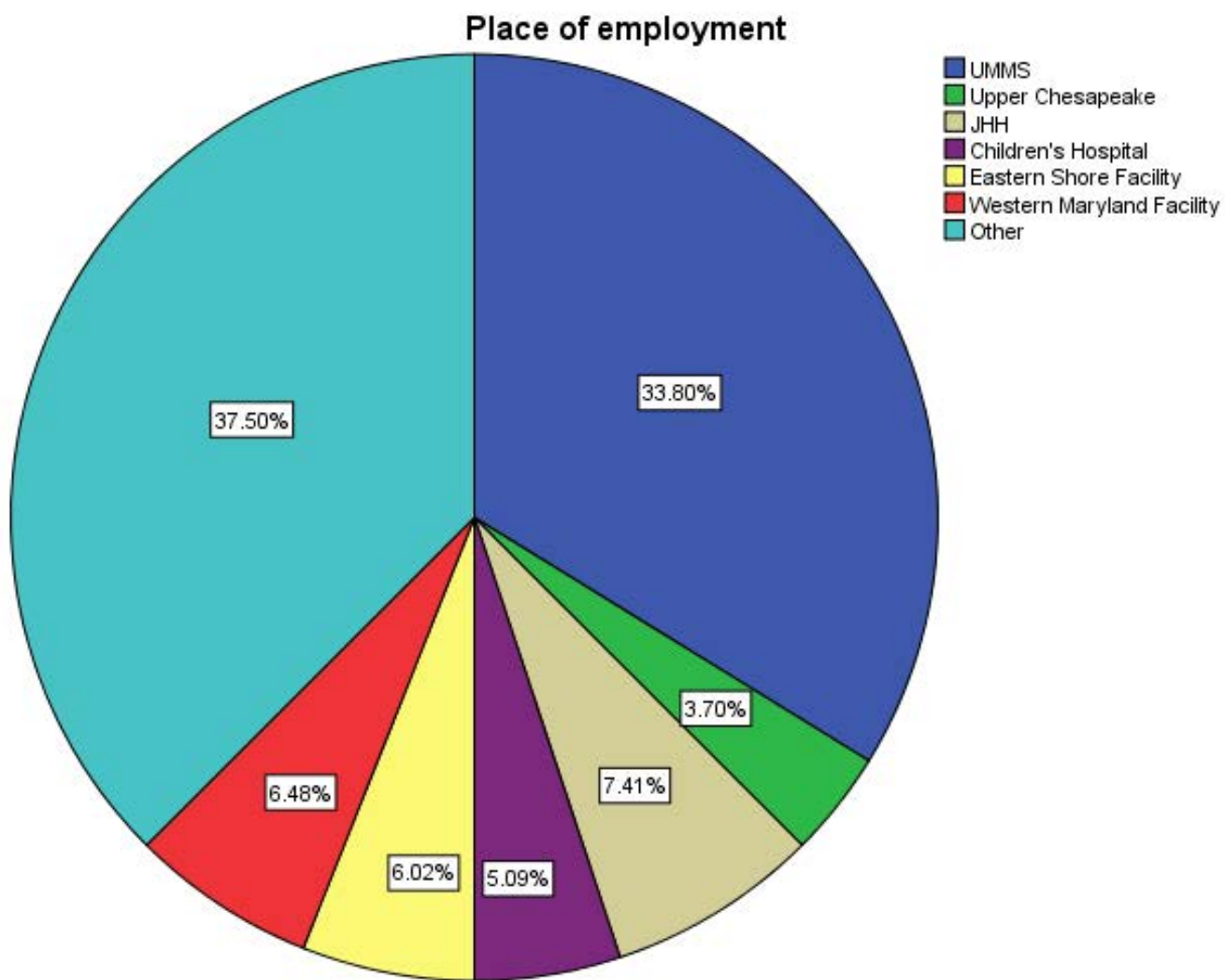


# Demographics of Participants



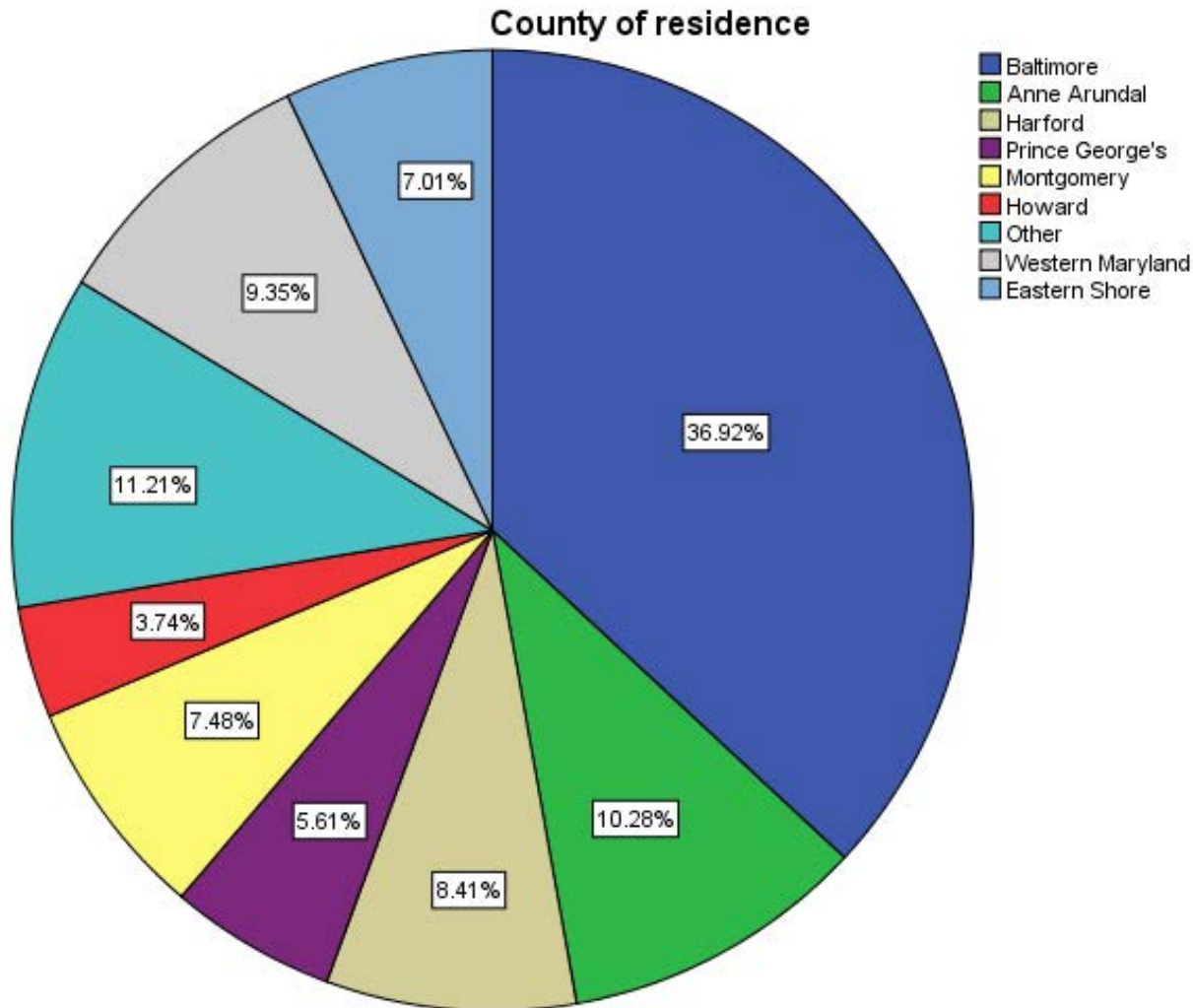
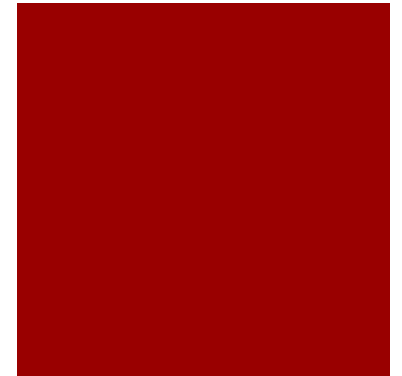
Have they  
precepted  
in the past

# Demographics of Participants



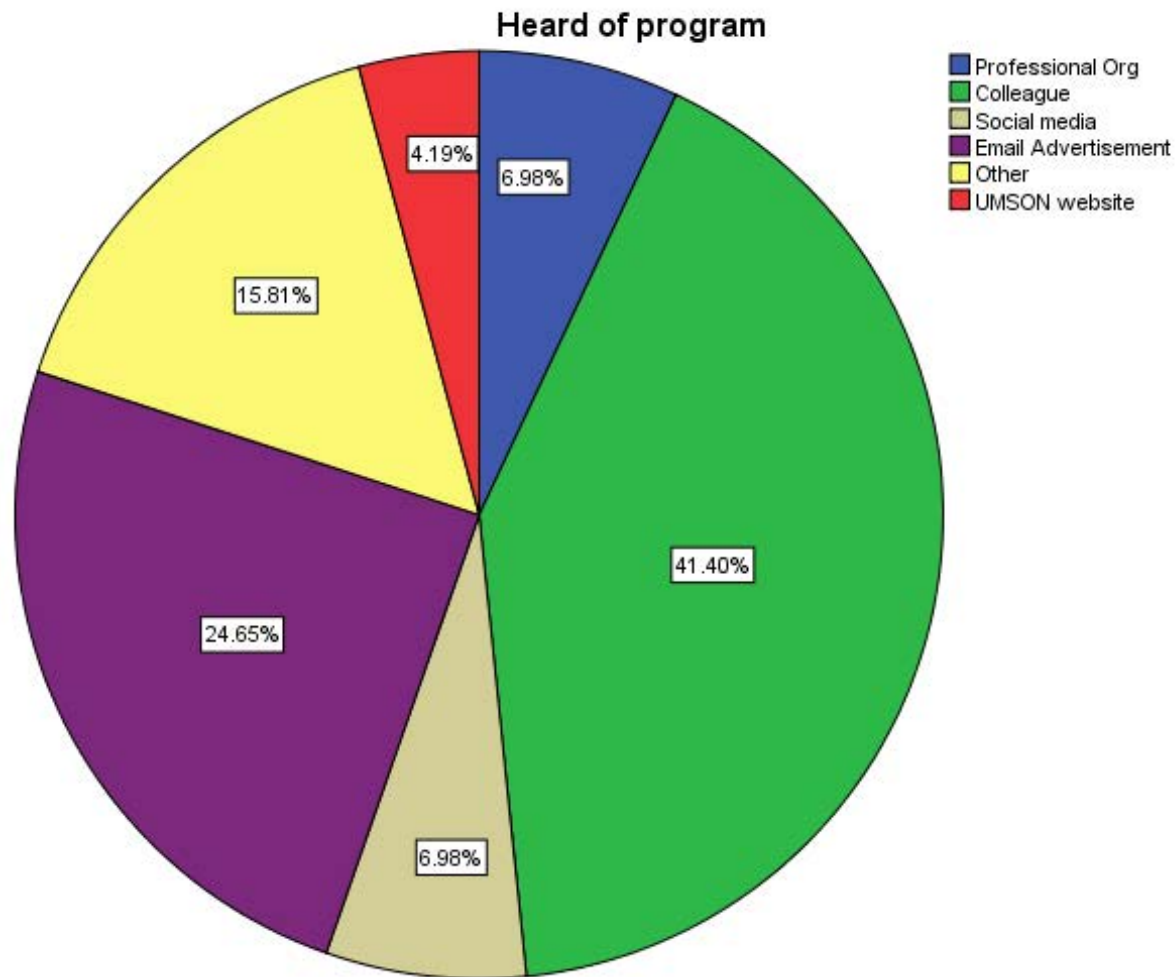
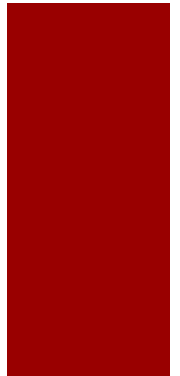
Where  
they work

# Demographics of Participants

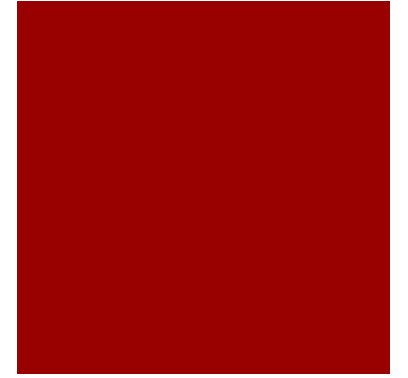


Where  
they live

# Demographics of Participants



How they  
heard  
about the  
program

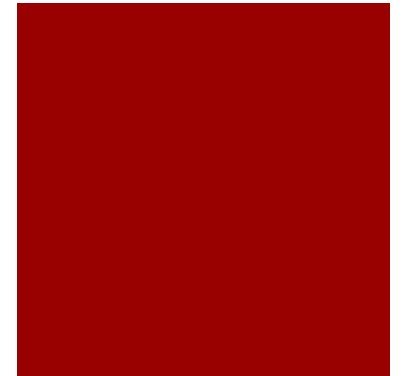


# Program Evaluation

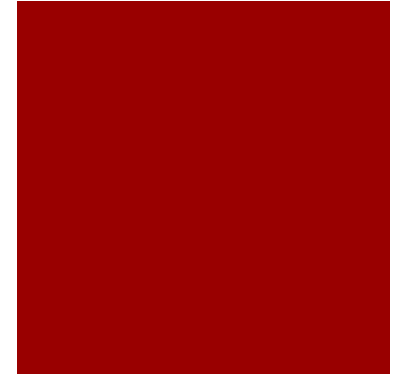
# Evaluation – Online Module Training

**Greater than 98% of participants agreed that the course enhanced their abilities to:**

- Identify preceptor roles and responsibilities
- Examine personal philosophy of clinical teaching
- Assess learner needs
- Identify teaching strategies for different learning styles
- Facilitate and evaluate critical thinking and clinical decision making
- Incorporate the “One Minute Preceptor” technique into practice
- Manage learning experiences with culturally and generationally diverse students
- Apply effective communication skills (reflective feedback, conflict resolution, and difficult conversations)
- Describe the legal and regulatory considerations
- Identify resources and references related to precepting in practice



# Evaluation – Module Content



Sample n= 217	Agree/Strongly Agree		Mean Scores	
	n	%	Mean	SD
Navigation Clear	216	89.4	4.31	.853
Layout easy and well organized	216	86	4.23	.941
Content flowed logically	217	92.3	4.40	.866
Content appropriate	216	93.2	4.43	.858
Materials and resources were useful	214	94.9	4.41	.855
Recognize opportunities to apply skills in practice	216	95.4	4.42	.901
Able to apply skills in practice	213	94.4	4.44	.871



# Online Module Session – Qualitative Responses



## ■ How will knowledge be used in practice?

- “This brought greater awareness to my own personal teaching and communication styles that influence the way I precept.”
- “I will use it to provide a safe environment for APRN student.”
- “I will pay closer attention to student learning styles. I will also try better to improve the manner I give feedback and debriefings in the future. I will seek to provide more frame-oriented feedback.”

## ■ What could be done to improve this program?

- “The program was well done although at times it would technically “freeze” or I would not be able to access the next Module.”
- “More interactive content”
- “Very well put together. Thanks. “

## ■ What contributed most to learning?

- “This is a great resource. It provided information for giving feedback, the debriefing section and also the generational differences where very helpful.”
- “The multi-modal method was incredibly helpful and kept it interesting. The vignettes were particularly helpful.”
- “The summary page allowed for a nice wrap up. Also, the different videos to explain different parts of the module were useful for auditory and visual learners.”

# Online Module Session – Qualitative Responses



## ■ Why did you take this course?

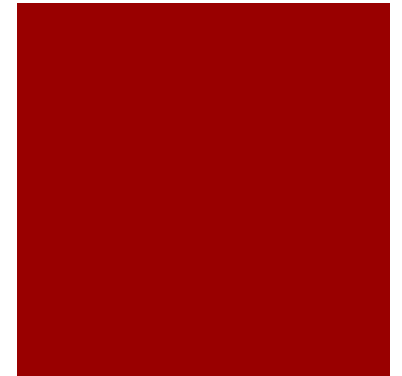
- “To become more psychologically and culturally competent before becoming a preceptor. Often times we instill our values and beliefs onto those we teach/mentor/coach without regard of their values and beliefs. This is not a one-sided experience.”
- “A lot of APRN students have been e-mailing for precepting but I was not ready to do it as I am not confident if I can do it.”
- “Onboarding appears to be in my DNA. As a nurse, this means I have been precepting in all of my different roles. I love it, and this program is very unique and provided a great opportunity to give structure to my teaching.”

## ■ Did you perceive commercial bias (product or service promotion) in this program?

- 100% of the participants said no

# Evaluation – Simulation Sessions

Simulation session enhanced ability to:



Sample n= 204	Agree/Strongly Agree		Mean Scores	
	n	%	Mean	SD
Examine strategies for establishing a physiologically safe feedback environment	204	95.5	4.68	.876
Apply effective communication skills	204	95.4	4.69	.847
Describe key elements of reflective feedback conversations	204	95.9	4.69	.843
Identify barriers to facilitating reflective feedback conversations with students	204	94.5	4.61	.882
Deliver concrete, objective, and actionable feedback on performance	204	95.5	4.69	.848

# Simulation Session – Qualitative Responses



## ■ **How will knowledge be used in practice?**

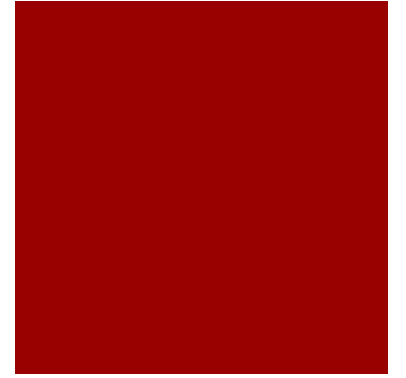
- “Preplan conversations, set expectations ahead of time”
- “I will be more specific and objective when giving feedback”
- “Be specific and nonjudgmental”

## ■ **What could be done to improve session?**

- “maybe a little be longer so everyone has a chance to do a demo – this was most helpful”
- “ More time to discuss scenarios”
- “Tailor examples to the APRN role, not just NP. CNS scenarios...”

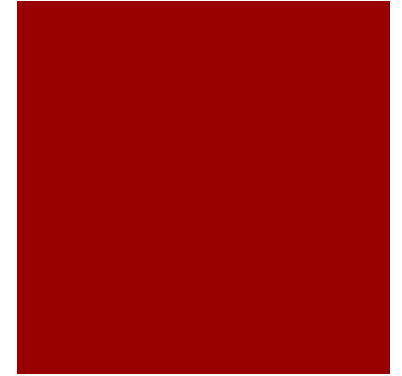
## ■ **What contributed most to learning?**

- “Role play and constructive feedback”
- “Everything. The facilitators were excellent. The scenarios with the students made it very real. The back and forth discussion was very helpful”.



# Next Steps

# Request for Continuation



- There are nearly 7500 additional APRNs in Maryland who could benefit from this program and a need to extend it across the state to meet the needs of Maryland's APRNs and residents
- 3 year \$350,000 grant from the Health Services Cost review Commission funded 2018-2021

*This program was developed with the assistance of a Nurse Support Program II grant administered by the Maryland Higher Education Commission and funded through the Health Services Cost Review Commission.*

*Opinions, findings, and conclusions expressed herein do not necessarily reflect the position or policy of the Health Services Cost Review Commission, and no official endorsement should be inferred.*



## Dissemination

UMSON Monthly Newsletter  
UMMC Grand Rounds (NP and CRNA)  
UMMC NP meeting  
UCMC Advisory Board meeting  
MHEC