

Coaching the Preceptor when the Student is not Meeting Expectations

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Objectives

- Identification of students at risk will be reviewed.
- The role of clinical faculty will be defined.
- Teaching strategies to meet students learning needs will be explored.

Reasons students may not be meeting expectations

- Limited fund of knowledge
- Performance anxiety
- Difficulty applying didactic learning in the clinical setting
- Overwhelmed by family, work and student responsibilities.
- Inappropriate preceptor expectations

Characteristics of a student who is potentially failing:

- Lack of competence/performance/skills
- Intuitive judgment of the preceptor
- Threat to patient safety
- Failure to progress/improve
- Lack of insight into failing/lack of personal awareness
- Absence of professional boundaries and poor professional behavior. (Skingley, Arnott, Greaves, & Nabb, 2007)

Role of Faculty

- Learning about the problem
- Whenever possible, obtain first hand experience of the student's performance
 - Site visit
 - Precept in your own practice for a day
 - Standardized patient or simulation
 - Videotaped patient encounter
- Contracting with the student

Coaching the Preceptor

- Principles for teaching and learning:
 - Students learn differently.
 - Beginning students often need more structure than advanced students.
 - A variety of precepting strategies are useful.
 - Understanding generational differences in learning patterns (Barker and Pittman, 2010).

Precepting Strategies

- Observation with a purpose
- Focused half day
- Case discussions
- Assigning directed readings
- Choosing patients to teach a principle
- Coaching and “cheerleading”
- Think aloud
- One Minute Preceptor

Observation with a Purpose

- The student spends the day observing the preceptor as he or she sees patients, etc.
- The preceptor gives the student an assignment during the day to observe how they do a particular aspect of the visit and reflect with them 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.
- Student sees again and again how to do something and what variations are introduced with different patients.

(Levine, C., personal communication, December, 2006)

Focused Half Day

- Student spends time before the patient arrives studying the chart, looking up material related to the focus of the day and the care of the patient.
- The schedule is the “table of contents” for the day’s educational experience.
- 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)

(Taylor, Lipsky, Bauer, 1998)

Focused Half Day

- Focus can be age related, disease related, assessment skills related, etc.
- Beginning student or students first days in a new setting-less overwhelming
- Students find that the preparation makes them more efficient and confident in the patient encounter. (Taylor, et al., 1998)

Additional Strategies

- Case discussions
- Assigning directed readings
- Choosing patients to teach a principle
- Coaching and “cheerleading”
- Think aloud

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* (Neher, Gordon, Meyer, Stevens, 1992)

Coaching the preceptor when the student does not succeed

- Coaching preceptors to give feedback
 - Ask students for their evaluation of their performance, strengths, weaknesses.
 - Give as much specific information in your comments as you can.
 - Focus on behaviors rather than personality traits.
 - Written evaluation should match verbal one.

Coaching the preceptor when the student does not succeed

- Supporting the preceptor through the process
 - Keep good documentation of conversations with preceptor and student.
 - Document specific examples of behaviors.
 - Document remediation.
 - Ask preceptor to be specific with behavioral examples on the formal evaluation.
 - Ask preceptor for recommendations on what student needs for success.

References

- Barker, E. R. and Pittman, O. (2010). Becoming a super preceptor: A practical guide to preceptorship in today's clinical climate. *JAANP*, 22, 144-149.
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- Taylor, C., Lipsky, M. S., Bauer, L. (1998). Focused teaching: Facilitating early clinical experience in an office setting. *Family Medicine*, 30, 547-548.
