



NP Interprofessional Fellowship: Can this innovative training program decrease the future preceptor gap?

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Objectives

- 1) Identify the barriers of precepting
- 2) Identify facilitators of precepting
- 3) Interactive discussion about future precepting roles and mentoring new NP graduates

Background

- Academia has experienced fewer number of NP preceptors and lack of participation from medical facilities.
- We need to train future healthcare providers and leaders to meet the demands of our aging population.
- Faculty support for our future nurse practitioners is becoming limited.

Barriers

- Medical facilities support:
 - Structure
 - Finances
 - Resources
 - Cultural change
- Lack of formal collaboration between academia and clinical practice (Luhanga, Dickieson, & Mossey, 2010)
- Perception of limited teaching and evaluation skills amongst clinicians.

VA CT, Center of Excellence In Primary Care Education (CoEPCE): An OAA funded innovative program

- One year NP fellowship designed to prepare nurse practitioner trainees as clinician educators
- Role-modeling and structured mentorship
- Highlights the essentials of basic clinical precepting & provides a framework for transition into clinical academic careers
- Faculty model enables a robust co-precepting/ mentoring milieu with dedicated time to mentor and teach trainees
- Faculty dyads consists of an APRNs and MD
- Local schools of nursing and medicine as our academic affiliate partners

Faculty's Role

Clinical Educator (Preceptor) Role	Academic Educator's Role
Professional Role Modeling	Professional Role Modeling
Competency Evaluation	Competency Evaluation
Teacher	Teacher
Learner	Learner
Trainee Advocate	Trainee Advocate
Facilitation to trainee success	Facilitation to trainee success
Resource for Healthcare Organization	Resource for Healthcare Organization

Clinical Precepting & Direct Observation Guidelines

- Initiate Veteran encounter alongside trainee by clearly introducing your role as an observer
- Clarify that your trainee is the main provider in the encounter
- Remain silent throughout the historical aspect of the encounter to allow for as much of a natural observation strategy as possible.
- Pay particular attention to trainee's application of active listening, use of open ended questions, redirection of the tangential patient, verbal transitioning between aspects of the history, and ability to summarize the historical data and permit opportunities for questions.

Bedside Precepting

- During the PE portion of the encounter, it may be beneficial to demonstrate effective physical examination techniques after the trainee performs his/her own sequence and style.
- Summary of the visit should be reviewed with the patient and impression and plan should include him/her. After formal impression/plan, preceptor should add any details and appropriately question/teach the trainee in the presence of the patient while using this as an opportunity to educate both the patient and trainee. Lending to an opportunity for any additional questions from the patient.
- If possible, feedback should be given immediately following the encounter to "capture" the items while they are fresh. There should be sufficient feedback time allotted as the precepting will occur during the visit which saves substantial "waiting time" when compared to the traditional precepting model of leaving the room and discussing the plan with the preceptor.

One Minute Preceptor - Micro skills

- Get a commitment—i.e., ask the learner to articulate his/her own diagnosis or plan;
- Probe for supporting evidence—evaluate the learner's knowledge or reasoning;
- Teach general rules—teach the learner common "take-home points" that can be used in future cases, aimed preferably at an area of weakness for the learner;
- Reinforce what was done well—provide positive feedback;
- Correct errors—provide constructive feedback with recommendations for improvement

Transition of NP Fellows into Preceptors

NP Fellow	"Pretend" Preceptor Experience (initial training month/type of trainee)	Future position involves precepting
N = 10	3 months / NP students	N = 8 / 10
	6 - 12 months / NP students / PA students / Med students	

Outcomes

COE has improved Academic to Clinical Faculty Collaboration

- 1) Improved sustained relationships
- 2) Faculty development
- 3) Interprofessional collaboration
- 4) Preparation of future preceptors

Post NP Fellowship Positions

10 Graduates	Positions
Retained in VA Healthcare System 5	Primary Care, Interprofessional Academic Practice 3
	Community Health Clinics 3
	General Medicine Hospitalists 2
	Women's Health Primary Care 1
	Pulmonary Subspecialty 1

Our Journey

- Facilitated role development as clinician educators
- The COE findings are a positive indication that residencies may foster future preceptorship.
- Collaboration with academia providing faculty development
- An opportunity to "give back" to our profession(s).

Future research

- Survey nurse practitioners to further delineate the barriers to accepting nurse practitioner trainees in a clinical precepting role
- Continued research and comparison with NP residencies will be required

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Q & A


