Chapter 3

Precepting in Action: Getting Started

Assessment is an important first step in working with the student and sets the stage for the ongoing preceptor relationship. It is important that you gain information about the student as a person as well as the student’s learning style, attitudes, knowledge and skills. Assessment requires that you ask questions as well as observe student performance and behaviors.

Ask the student to describe herself as a person. Is the student:

- Self-confident?
- Flexible?
- Time-driven?
- Problem-solver?
- Imaginative?

Consider how the student talks about herself. Does she seem to be more of a thinker or a doer? Able to take criticism? How does the student talk about other people? This information will help guide selection of resource people and learning opportunities at your agency. For example, suppose that you are introducing the student to some initial resource persons in the organization. You have determined that this student lacks confidence and has difficulty articulating answers to what seem basic questions. In that case, you might choose some initial resource persons who will gradually show your student the ropes and offer support and explanations. The listing of individual characteristics used in the Preceptor Self-Assessment in Chapter 2 may prove to be a useful reference when you assess the student.
Next, consider the student’s attitudes and values regarding nursing in general, the role for which the student is preparing, the practicum, and the preceptorship. Is the student:

- Enthusiastic about the practicum?
- Angry regarding the number of hours that will be required?
- Frustrated by the long commute to your institution?
- Grateful to be awarded the first choice for a clinical site or preceptor?
- Uncomfortable about being placed in an ethnically diverse environment, or an environment dissimilar to the student’s previous work settings?
- Concerned over feelings of personal inadequacy?
- Anxious about making mistakes?
- Appreciative of where this learning experience will lead the student along the career trajectory?

As the Indian saying states: “Don’t judge any man until you have walked two moons in his moccasins.” Listening is of great importance in the initial as well as ongoing precepting experience. Each student is unique. Each comes to your setting with a different personality and skill set. One recommended listening technique is called active listening. Additional information on listening skills can be found in Chapter 6.
Active Listening is a technique that enhances and deepens communication. Often, as we talk and listen to people our attention wanders or reflects back to ourselves. We may begin to focus on our own thoughts and ideas. We may think about what we want to say next or advice that we want to give. As this happens, what we hear the other person saying becomes biased by our own ideas and feelings.

When using active listening, you listen carefully to what another person says to you and then repeat the essence of the message back to the person, so that the person can verify your understanding. It provides a way to understand someone else’s experiences and assure that you are accurately interpreting what the other person is saying.

This technique is especially important early in the preceptorship experience to assure mutual understanding and to avoid erroneous assumptions. Use active listening to help you understand the health, cultural, religious, and professional beliefs of the student. You collect some of this data gradually over time as you and the student develop a more trusting relationship.

**Tips for being an active listener:**
1. Relax and focus on the person who is speaking.
2. Understand the main point that the speaker is making and be able to state it back to the person in the most accurate way possible. This can involve restating the person’s own words or expressing what you understand in your own words.
3. Also listen for and reflect the underlying emotions behind the factual statements. This adds depth to communication that is otherwise lost in the mere presentation of facts and details.
4. If you get stuck in the process, go back to the last idea you understood. Ask the speaker to repeat something; or ask the speaker to elaborate on something: “Could you say more about…?”

**Move** from the personal assessment to assessing the student’s competence. Assess the student’s current knowledge and skill set as it relates to role expectations in this practicum:
- Where is the student in the graduate program trajectory: First practicum? Last practicum?
- Has the student completed all the theory courses, or is this an early, shorter practicum being integrated with a specific theory course for mastery of certain skills?
- What prior experience has the student already had in the work setting that is relevant to the activities the student will engage in while working with you?
- Where does the student see himself along his career trajectory?
Determine the student’s preferred learning style as discussed in Chapter 3. Ask the faculty whether the student has any specific problem areas you need to be forewarned about. While most preceptors don’t want to be biased in their evaluation of the student, sometimes an honest sharing of a student’s true abilities will only serve to strengthen the learning experience.

Ask whether the graduate program has a list of student competencies you can review. It may include specific clinical, management, or leadership skills that are highly relevant to practice in your setting. Is this student a novice in these skills? An advanced beginner? An expert? Chapter 2 presented information about the novice-to-expert continuum and approaches for guiding students at different levels of expertise. Remember that the student may be a novice in some areas of practice and quite expert in others.

Finally, ask the student to bring you a copy of her resume. This will provide some information into previous on-the-job experiences. Be sure to probe deeper into what the student most likes and dislikes about her current job. Find out what opportunities the student has had to handle particular problems or situations that occur regularly in your role in your setting.

Consider the information you have gathered during the assessment process. Validate your key findings with the student. Together, answer the questions: Who is this student? What does she want to gain in this practicum?

B. Setting Realistic Objectives

“A creative mind can withstand any amount of bad training.” This was Anna Freud’s way of saying that capable students will find a way to learn despite instructional errors or neglect. Even without planning, the student will learn by participating with you in your practice. But, to optimize the effectiveness and efficiency of the precepting experience, you need a plan. Otherwise time will get away from you and you will fail to capitalize upon learning opportunities.

The student comes to you with objectives to accomplish and will collaborate with you to formulate additional objectives. These objectives form the basis of your precepting plan. Objectives specify at what level the student will perform at the conclusion of the practicum. Objectives may also be called learning outcomes. Broad, general objectives are sometimes referred to as goals.

Review the course objectives with the faculty member and the student. Course objectives are quite broad in scope. Assure that you share a mutual understanding of the meaning of the objectives and the expectations for accomplishing each one. Objectives may also contain certain conditions and standards for performance, such as time frames, reference materials to be used or other criteria.

In addition to the objectives for the course, the student is usually required to formulate a few personal objectives, subject to approval of the faculty member and the preceptor.
You and the student will refine these objectives to blend the student’s goals for the learning experience with the opportunities available in your setting. Guide the student toward objectives that are realistic given the timeframe of the course, the opportunities available and the resources required. The student may have to reconsider personal objectives if certain experiences are available only on days when the student is not there. You may guide the student toward incorporating some of your current projects into the objectives. Leave room for flexibility in setting objectives. Priorities will change over the duration of the experience, and unanticipated opportunities may become available.

C. The Planning Meeting

Often the student and preceptor have exchanged preliminary objectives by e-mail or telephone prior to a first face-to-face meeting. Once you and the student have agreed upon the overall objectives for the practicum, schedule a planning meeting with the student, and possibly the faculty.

- The goal of this first meeting is to mutually agree upon a realistic, workable plan to accomplish the objectives. Most initial objectives have to be customized to the learner, the time frame, and the setting.

- Prepare for the meeting by assuring that you know the inclusive dates of the practicum and what days and hours the student will spend with you.

- If you anticipate a particularly valuable learning opportunity at a time when the student is not scheduled with you, can you substitute that time for other scheduled time?

- Does the faculty member expect you to schedule a make-up time in the event that the student is absent due to illness?

- Assure that you and the student have planned each day’s experience to contribute to accomplishing an objective. This may require some flexibility as the practicum evolves.

- Determine how you will plan for time when the student is scheduled with you but you are unavailable due to other professional commitments or unanticipated absence from work.

- Clarify expected work behaviors: dress code, attendance, call in procedure for absences, confidentiality issues, and relationships with other personnel in the agency.

- Clarify any additional course requirements expected of the student: a special project or completion of competency checklist. Bi-weekly or monthly project management memos documenting the practicum experience are commonly
required in management courses. NP students are subject to specific required hours in order to qualify for certification and licensure.

- Share with the faculty member the conclusions you and the student reached during your planning meeting. Validate that your plans are consistent with the faculty’s expectations. Clarify the scope and focus of your practice for the faculty member. Assure that the faculty member understands how you practice, what your activities typically entail, and what opportunities will be available for the student while working with you.

D. Identifying Projects for Students

For the NP student, the practicum is limited to direct patient care. To prepare for their future roles, CNS and Health Systems Management students need experience in contributing to, facilitating, or even leading projects. The faculty member will provide guidance in the selection of student projects. However, you may prefer to suggest that the student team up on one of your personal projects, or take a section of a larger project to develop more independently.

**Typical topics for the Health Systems Management student:**

- Evaluate hardware requirements and placement in physician practice sites (Tertiary care setting).
- Perform a needs assessment on a neighborhood smoking cessation program (State health department).
- Design an instructional packet and strategic plan to implement an Executive Coaching Product (Company).
- Compare and contrast models of asthma management (School-site).
- Perform a needs assessment and curriculum revision for a current EMS certification program (Tertiary care setting).
- Complete assessment of computer learning needs in a peri-operative environment (Tertiary care setting).
- Complete a case study of disaster nursing for implementation in Illinois: A feasibility project (Public Health Department).
- Create recommendations to improve documentation systems to more accurately reflect nursing critical thinking and decision-making in hospice nursing (Community setting).
• Conduct feasibility study for acupuncture treatment program (Primary care site).
• Design a quality monitoring project to develop a process to mentor nurses on early ambulation post CABG (Tertiary setting).
• Determine cost-effectiveness of a Parish Nursing Program (Community agency).

Typical topics for the CNS student:

• Design a self-study continuing education course for CE credit to be made available in print form or on the facility Intranet.
• Plan an ongoing program to facilitate staff involvement in evidence-based practice.
• Create objectives for mandatory competencies and assist with competency and skills day for specialty skills, such as administering chemo and managing extravasation.
• Initiate a journal club for nurses on the unit, role model how to select, evaluate and present an article that has direct practice implications.
• Conduct a cost-benefit analysis, such as:
  - a project on the cost of having a patient in ICU versus palliative care unit based on diagnoses and variables.
  - a presentation to the hospital board of directors explaining the fiscal and other benefits of hiring a breast health navigator, based on an analysis of research findings and relevant data analysis.
• Analyze adherence to clinical practice guidelines (CPG) such as use of anti-emetics to prevent chemotherapy-induced nausea and vomiting and cost and quality of life (QOL) implications of adherence to CPGs.
• Design a system to facilitate integration of evidence-based practice (EBP) into daily operations and practice.
• Design a plan for introducing nursing practice councils as an ongoing part of the nursing organization.
• Create and implement data collection plans related to CMS core measures or National Data Base of Nursing Quality Indicators (NDNQI).
E. Negotiating the Agency’s Environment

Each organization operates within its own environment on several levels: the buildings and facilities that define the workplace, the patterns of work and communication that make up the work behaviors, and the values and beliefs which provide the organization’s sense of identity and mission. As an outsider to your agency, the student will need help in navigating through these various levels. Begin with the basics:

- Where can the student put their coat, purse, backpack and other personal items?
- Will the student share office space with you or another employee?
- How does the student obtain an appropriate ID?
- Will the student have access to the computers? The library or resource area?
- Is there a place to store lunches?
- Do staff members eat in a certain place and at a special time?
- How can you be paged or reached when needed?
- Is there a back up person to use when you are unavailable?

Often students have had work experience in only one type of setting such as primary or tertiary care. Now the faculty member has selected a new site because of the rich and varied experiences it offers. For the Health Systems Management student it might be a school-based clinic, or state health department. For the NP student, it might be working with patients of cultural backgrounds unfamiliar to the student, or in an urban setting unfamiliar to the student. For the CNS student, it may be a community hospital environment when her only previous experience has been in an urban medical center.

Sometimes differences in core values and beliefs between the student and the organization can pose the biggest challenge. Your job is not to change the student's beliefs, but to guide the student in understanding the mission and culture of your agency, and how the student can best learn, establish relationships, and contribute in this unfamiliar environment. Development of trust, honest communication, and mutual respect are necessary for achievement of learning goals.

Confidentiality issues must be clearly addressed. This relates to access to patient, client, and personnel records, employee issues, facility-specific policies and procedures, performance outcomes, innovative ideas and projects being developed, as well as to information discussed at administrative meetings. Depending upon your setting, it may be appropriate to have the students sign a confidentiality statement prior to starting the practicum. Also discuss this issue with faculty. Give clear directions to students about how you expect them to handle information. You may have discussed with the student some perplexing situations facing you or your facility and prefer that these matters not be shared with others in your facility, let alone outside the agency. Be clear about the boundaries of what is confidential and what can be shared with colleagues and faculty. Students are usually expected to keep a journal or log of their practicum experiences. Clarify for the student how much detail is appropriate to record and what is off limits. Finally, anticipate ahead of time how you want the student to navigate throughout the institution. Do you want to make each contact for the student, or do you want the student to interact more independently? Clear instruction at the start of the practicum can make this a positive experience for the student, the preceptor, and the facility.
To develop all aspects of the role, the student needs exposure to and experience with the political as well as the professional forces at work in your setting. This includes the clinical leaders and staff in other disciplines, various levels of management, administration, finance and other disciplines that impact your role. Share the organizational chart and how it relates to your areas of responsibility. Plan to interact with a variety of disciplines during the time the student is with you. Role model important behaviors before expecting students to try out these behaviors. Later, when appropriate, empower the student to act in your behalf with members of other disciplines. Assure that the student receives a balanced view of the interdisciplinary interaction and collaboration which your role requires.

**F. Role Modeling Opportunities**

One of the most valuable aspects of a preceptorship is what the student learns through your role modeling. Students will learn from your role modeling whether or not you purposefully present yourself as a role model. Initially, just allow the student to shadow you to get a clear picture of your role, and to become familiar with the language and special terms used in this setting. Two of the most significant aspects of learning accomplished through role modeling are critical thinking and professional role behavior in interaction with staff, patients, interdisciplinary colleagues, and others.

Your thinking is invisible—just as the student’s thought process is invisible unless you ask for responses that call for the student to describe what he is thinking. Make your thinking visible to teach clinical judgment and decision-making. Think-out-loud whenever appropriate. This is not always a natural activity, and you may have to challenge yourself to formulate a description of your thought process. In some settings it may be inappropriate to discuss your thought processes “on the spot.” In those situations, alert the student in advance to attend to particular critical features of your behavior. Afterward, ask the student questions about her observations and ask the student to interpret your rationale. This approach is a version of a “pop quiz” on thinking-out-loud. Let the student see the consequences of your actions. Seeing your favorable outcomes and tying them to specific actions focuses the student’s attention and motivates.

Share with students some of your “war stories” of valuable lessons learned from prior mistakes. Using an occasional, “I learned this the hard way when…” approach to teaching is a variety of role modeling. Students may have a greater willingness to approach you with their uncertainties if they perceive that you have a tolerance for error. Also consider taking students to professional organization meetings at local, state, and national levels wherein they can again see you model your leadership abilities.
Some sample role model behaviors that may be valuable in all APN and management roles include:
- Attends meetings on time and well-prepared.
- Dresses appropriately and conducts self professionally.
- Displays an open, direct communication style.
- Maintains appropriate accessibility.
- Interacts with other disciplines in a confident manner.
- Viewed as a strong advocate for patients and staff.
- Responds to issues in a timely manner.
- Introduces self to all members in the room.
- Demonstrates a caring attitude to the team.
- Appears to have the respect of the institutional staff.
- Demonstrates accountability for own actions.
- Demonstrates ability to delegate projects and responsibilities appropriately.

Some specific behaviors to model for the CNS role:
- Facilitates staff in use of evidence-based practice.
- Works alongside staff to teach best practices.
- Represents nursing actively in interdisciplinary work groups.
- Produces effective learning materials for patients and staff.

Some specific behaviors to model for the NP role:
- Questions the patient meaningfully to gain relevant data for assessment.
- Integrates the plan of care with the patient’s lifestyle and preferences.
- Explains the diagnostic process and findings to the patient in a manner understandable to the patient.
- Maintains scheduled appointment times while allotting sufficient time to each patient.

Some specific behaviors to model for the Health Systems Management role:
- Displays effective group dynamic skills.
- Uses active listening when employees express a concern.
- Encourages discussion and acceptance of conflicting view points.

G. Fostering Critical Thinking

A Delphi study of critical thinking in nursing (Scheffer & Rubenfeld, 2000) identified skills, and attitudes or orientations that describe critical thinking in nursing practice. Ford and Profetto-McGrath (1994) suggest that when we encounter a situation or problem, we reflect critically on our knowledge base. This reflection guides us to select and incorporate other pieces of information in the situation. For example, when you approach a problem with staff or with a patient, you choose to collect particular assessment data, based on your education and previous experience.
Critical Thinking Skills
- Analyzing
- Applying standards
- Discriminating
- Information seeking
- Logical reasoning
- Predicting
- Transforming knowledge

Critical Thinking Attitudes
- Confidence
- Contextual perspective
- Creativity
- Flexibility
- Inquisitiveness
- Intuition
- Open-mindedness
- Perseverance
- Reflection

Further reflection upon this knowledge will lead you to select and implement an action that seems appropriate to address the problem. Reflecting on the effectiveness or ineffectiveness of actions you took leads to new knowledge. When you find that your actions have been effective, you will repeat that action again in similar circumstances. Or, if the outcome was less favorable than you hoped, you will modify your approach.

Process of Critical Reflection

In the process of reflection, you have added to the knowledge which you will incorporate into future encounters. As preceptor, reflect on your management of particular problems and situations. If you are precepting an administration student, examples might include physician verbal abuse complaints, or medication errors. If you are precepting a CNS student, examples might include managing a change process in the face of great resistance, or negotiating needed time for staff education to address
changes in standards of practice. If you are precepting an NP student, examples might include exploring options with a patient who does not adhere to his treatment plan, or receiving timely reports from colleagues to whom you have referred patients. Your successes in meeting these challenges have built your knowledge base of effective interventions. Guide the student in the process of critical reflection. Identify relevant questions you can pose to students to help them develop this important habit.

The questions that you ask display your own critical thinking. They demonstrate the most important areas to consider. Students quickly learn priorities from the aspects that you choose to question. Create a climate of curiosity and questioning. Require that the student does a critical appraisal of a plan of care, project, or issue from time to time. When more than one strategy seems plausible, require the student to review pertinent current research to justify one choice over another for that particular situation. Provide appropriate feedback.

**Sample Questions To Facilitate Critical Thinking**

1. How does ___ relate to ….?  
2. What do you predict will happen?  
3. Given these results, how will you change your plan?  
4. How will you prioritize?  
5. How can you improve upon….?  
6. How will you evaluate this project?  
7. How will you validate your assumptions?  
8. What other alternative might work?  
9. Distinguish between …….
10. What else could be causing….?  
11. Why is ….. a better choice than that one?  
12. What would you cite to support your actions?  
13. What are you assuming?  
14. What other perspectives do you need to consider?  
15. How will you determine the effectiveness of….?

Chapter 6 contains more information about asking powerful questions.

**H. Teaching as Reflection-in-Action**

The concept of teaching as reflection-in-action refers to the preceptor thinking about the teaching/learning process or troubleshooting teaching/learning situations while directly engaged in teaching. You demonstrate effective reflection-in-action when you change your teaching approach after recognizing that your approach is not working.
That may sound obvious, and yet many teachers and preceptors keep plugging away with the same approaches even though they are not satisfied with the results—an echo of that popular saying, “If you continue to do what you have always done, you will continue to get the same results you have always obtained.”

**Seek feedback** from the student frequently, and **NOT** by asking questions that can be answered by “yes” or “no.”

“Did you get that?”

“Do you understand?”

**INSTEAD**

“What did you think was most important in what I just told you?”

“If you had to summarize this plan in 60 seconds, what would you say?”

Validate frequently your perception that your present approach is, or is not, working. Recall that individual students do learn differently from one another and may benefit from different styles depending upon their levels of development.

I. Using the One-Minute Preceptor Technique

The One-Minute-Preceptor technique originated in medical education (Gordon, Meyer & Irby, 1995). Feldt et al. (2002) recommend the microskills of the One-Minute-Preceptor in their Gerontologic Nurse Practitioner Preceptor Guide. The technique summarizes five user-friendly approaches that you can use effectively to assist the student to develop judgment.

**Microskill 1: Get a Commitment**

**Situation:** After presenting a case, or progress on a project, or a problem situation to you, the student stops to wait for your response or asks you what to do.

**Preceptor:** Ask the student what she thinks about the issue. The student’s response will allow you to assess the student’s knowledge and focus more precisely on learning needs.

**Sample questions:**

- “What do you think is going on here?”
- “What would you like to accomplish in this visit (or this meeting)?”
- “Why do you think this patient has been non-compliant?”
- “Why do you think that manager isn’t giving you any feedback on the plan?”
Microskill 2: Probe for Supporting Evidence

**Situation:** The student has committed to a position on the issue presented and looks to you to confirm or correct.

**Preceptor:** Before giving an opinion, ask the student what evidence supports his or her opinion. Alternatively, ask what other alternatives were considered and how they were rejected in favor of the student’s choice.

**Sample questions:**

- “What were the major findings that led to your conclusion?”
- “What else did you consider? How did you reject that choice?”
- “What are the key features of this case (or this project or this situation)?”

Microskill 3: Teach General Rules

**Situation:** You have ascertained that there is something about the case or situation that the student needs or wants to know.

**Preceptor:** Provide general rules at the level of the student’s understanding. A generalizable teaching point can be phrased as, “When this happens, do this...” General rules are more memorable and transferable than specific facts.

**Examples:**

- “If the patient only has cellulitis, incision and drainage is not possible. You have to wait until the area becomes fluctuant to drain it.”
- “If you don’t get the manager to support this practice change, teaching this to the staff will not be very effective. Get buy-in from the manager first.”
- “If you don’t present information about to what extent Medicare and other insurers reimburse for this service, you may not get another chance to promote this service to administration. Get your revenue facts together first.”

Microskill 4: Tell Them What They Did Right

**Situation:** The student handled a situation effectively.

**Preceptor:** At the first opportunity comment on the specific good work AND the effect that it had.
Examples:

- “You didn’t jump into working up her complaint of abdominal pain, but kept open until the patient revealed her real agenda. In the long run, you saved yourself and the patient a lot of time and unnecessary expense by getting to the heart of her concerns first.”
- “You got feedback from the staff on problems with the present policy and procedure before leading that meeting on changing the policy. That really helped bring the issues into focus and get them addressed instead of just integrating some new equipment into a P&P that staff was having big problems with.”

Microskill 5: Correct Mistakes

Situation: The student has made mistakes, omissions, or demonstrated distortions or misunderstandings.

Preceptor: As soon as possible after the mistake, find an appropriate time and place to discuss what was wrong and how to correct the error, or avoid it in the future. Let the student critique his or her performance first. The student is likely to repeat mistakes that go uncorrected.

Examples:

- “I agree that the patient is probably drug-seeking, but we still need to do a careful history and physical examination.”
- “It’s true that the manager who presented that plan must not have paid attention to The Joint Commission’s (TJC’s) latest National Patient Safety Goals (NPSG), but she’s a very strong informal leader in the manager group and you have to let her save face if you’re going to get anywhere in changing the plan.”

Applying the One-Minute Preceptor with a CNS Student

Context: Your student has just presented an inservice on the new policy and procedure for reconciling medications. The student was involved with the work group that developed the policy for your facility. The inservice is a 15-minute session scheduled on the selected units that will pilot the P&P. You have just observed his first session.

Student: “How did I do?”

Preceptor: “There’s lots of room for improvement. They don’t need to know all about your committee work, all about TJC’s NPSG, and the research studies. You’ve got to just get to the point and tell them what to do.”

One better alternative for the preceptor:
Preceptor: “How did you think it went?”
**Student:** “They seemed a little restless. That evidence-based stuff and our committee process really energized me – I thought they’d be really interested in it. And I thought it would motivate them to follow through with the new policy.”

**Preceptor:** “You got some valuable learning from the evidence you found, from interpreting and using it, and from the committee’s process. That’s important stuff for your development in your role. But the staff’s needs may be different. What do you think is the most important thing that the nurses need to do as a result of your inservice?”

**Student:** “Well, they’re the ones who have to carry out the policy and procedure . . . So you’re saying I should just stick to the policy and forget about the other stuff?”

**Preceptor:** “Not exactly. A couple of the incidents you related and the research findings were pretty powerful – but how could you be sure to spend enough time on what it is the nurses need to do?”

**Student:** “I guess I could just show and briefly explain that one study, give a couple of minutes to that disastrous situation that could have been prevented with the new P&P, then read through the new P&P together, go over the documentation, and see what questions they have.”

**Preceptor:** “Those are good ideas. The only thing I’d add is to be sure to go over how the new procedure differs from what they are currently doing. When they don’t focus on the difference between the old way and the new way, sometimes they revert to the old way or get confused. You might also cut down your presentation part even further and give them a scenario to document on the form. I think you’re on target for the next session. Can you think of any ways to improve the outcome for this group?”

**Student:** “Maybe I could schedule a follow-up question and answer session in a couple of weeks.”

**Preceptor:** “That’s a good plan. They have the P&P and you did review it with them. From their feedback, you may discover some misunderstandings or things to clarify in the remaining sessions on the other units.”

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**Applying the One-Minute Preceptor with an NP Student**

**Context:** A bright, eager NP student presents this case to her preceptor in the ambulatory clinic.

**Student:** “I just saw a 4-year-old boy in the clinic with a complaint of ear pain and fever for the past 24 hours. He has a history of prior episodes of otitis media, usually occurring whenever he has an upper respiratory tract infection. For the past 2 days, he has had a runny nose and a mild cough. Yesterday he began to have a low grade fever and complained that his right ear was hurting. His mother gave him Tylenol® last night and again this morning when he got up. He has no allergies to medication.

“On physical exam, he appeared in no acute distress and was alert and cooperative. His temperature was 38.5°C. His HEENT exam was remarkable for a snotty nose and I think his right tympanic membrane was red, but I’m not sure. It looked different from the left one. His throat was not infected. His neck was supple without adenopathy. His lungs were clear and his heart had no murmur. I didn’t see any rashes or skin lesions.”
**Preceptor:** “This is obviously a case of otitis media. Give the child amoxicillin and send him home.”

**One better alternative for the preceptor:**

**Preceptor:** “What do you think is going on?”
**Student:** “I think he has a URI and probably otitis media.”
**Preceptor:** “What led you to that conclusion?”
**Student:** “He has a history of repeated otitis media and currently has a fever, a painful right ear and a runny nose.”
**Preceptor:** “What would you like to do for him?”
**Student:** “First, I would like you to confirm my findings on the right ear. If you concur about otitis media, then we should give him some antibiotics. Since he doesn’t have any allergies to medication, I think amoxicillin is a reasonable choice.”
**Preceptor:** “You did a good job of putting the history and physical exam findings together into a coherent whole. It does sound as if otitis media is the most likely problem. There is great variability in ear problems. The key features of otitis media that I look for in the physical exam are the appearance and mobility of the ear drum, landmarks, opacity of the drum, and mucus discharge, and in the history are prior respiratory infections and past problems with the ears. This child would seem to fit these criteria. With the lack of allergies, amoxicillin is a logical choice for an antibiotic. I’ll be glad to confirm your ear exam findings. Let’s go and see the patient.”

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**Applying the One-Minute Preceptor with a HSM Student**

**Context:** Your student has just led a staff meeting during which the staff discussed a proposal for self-scheduling. The student had worked with the 3 staff members who developed the proposal. The discussion was quite lively – some of the nurses did not want to take on the additional responsibility. A few said they suspected that some people would take advantage of self-scheduling in an unfair way.

**Student:** “I think I defended our proposal pretty well.”
**Preceptor:** “Yes, you did. But you were supposed to be leading the meeting with an objective, unbiased attitude – even though you did work on the proposal. You should have explored those objections more fully and encouraged other people speak up, rather than defending the proposal yourself.”

**One better alternative for the preceptor:**

**Preceptor:** “What do you think some of those objections were all about?”
**Student:** “I don’t know. I guess they just didn’t understand how it would work. It really will be fair to everyone. I think I convinced them.”
**Preceptor:** “What makes you think so?”
**Student:** “Well, they didn’t say anything after I explained it more fully.”
**Preceptor:** “Did their body language tell you anything?”
**Student:** “They still looked a little defensive, but they didn’t ask any more questions.”
Preceptor: “How could you have found out more about what they were really concerned about?”

Student: “I guess I could have asked them to ‘say more about it’ or asked if they could describe a scenario that shows what they’re afraid of.”

Preceptor: “I agree. That would have been a good idea. I’m not sure that your response really got at what they were concerned about. You might also have asked other staff to speak up about how they think the proposal handles those concerns, or what might need to be adjusted to take care of those concerns. There’ll be another meeting before the staff votes on this – how do you plan to lead that meeting?”

Student: “I’m going to start off with, ‘Now that you’ve had time to think about it, what are some of the advantages and disadvantages you see in this proposal?’ Then I’m going to encourage staff to respond to each others’ questions. I’m going to work hard at curbing my enthusiasm and be sure that we really clear the air and adjust the plan if we need to.”

Preceptor: “Excellent. You might even introduce the discussion with the idea that there’s room for input and adjusting the plan to better meet staff’s needs.”

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As you read the alternative response, were you thinking, “But my student doesn’t respond like the student in this ideal situation?”

The preceptor-student relationship is indeed a relationship. You can’t conduct it effectively all by yourself. One of the things the student needs to learn is how to learn successfully in a preceptorship. Give your student examples of the kind of responses you expect.

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J. Strategies for Keeping on Track with Objectives

Learn to perceive your setting with a view toward learning opportunities for the student. Filter your perceptions considering the student’s objectives, and that unique opportunities and events may arise that you could not predict or incorporate into your initial plan for precepting. When you begin each day with the student, overview the day as you expect it to unfold. If you and the student decide to pursue some unforeseen learning opportunities, give the student responsibility for incorporating the activities originally planned into future plans. Remember, flexibility is an important key to precepting success.

Incorporate a means of monitoring progress into your plan. Require the student to reflect for a few minutes at the end of each day’s experience. This short review will help
with keeping on track with objectives. Ask the student to identify:

- What was learned today?
- What the student plans to learn during the next scheduled experience?
- How the student will prepare for the next experience?

Revise your plan on an ongoing basis as you assess student’s progress. You may discover that the student is progressing faster than expected. This will allow you to reallocate time to other objectives and experiences.

Use memos to faculty to back-up assurance that the plan for achievement of course and personal objectives is still on target. Use the memo to update faculty on progress in specific projects for Health Management Systems or CNS students, or on patient care accomplishments for NP students.

K. Conclusion

Chapter 3 has reviewed the process of getting started in the preceptorship: assessing the student, planning the practicum, identifying student projects, and setting, tracking, and accomplishing objectives in your practice setting. The chapter has explored a variety of teaching techniques including: role modeling, fostering critical thinking, reflection-in-action, and the One-Minute-Preceptor.
When precepting **puzzles** you…
or you have a question, just

**Ask the Preceptor’s Preceptor**

This student I’m working with is SO stressed-out. She carries around this massive to-do list. Every time there’s a break in the action, she gets out her cell phone and calls to make transportation arrangements for her kids or to handle some situation related to her job. Her job responsibilities include staffing her unit and so she’s always trying to persuade nurses to come in and work or change their schedules in some way. She’s a bright student and she has followed through on everything I’ve directed her to do, but my concern is that she’s really missing out on what we’ve got to offer here. She’s reduced the experience to check-offs on her to-do list and there’s much more to the bigger picture of my role. She doesn’t have the time or the mental energy to explore the possibilities. BUT, she is meeting the specific expectations we agreed upon. What, if anything should I do about this situation?

A. As long as she’s meeting the expectations you set, there’s nothing for you do to about it. Don’t add to her stress by making an issue of this.

B. Tell the faculty member about this. She’s not giving the proper attention to her practicum.

C. Ask her to make a list of her commitments so that you can work out a better plan for her.

D. Acknowledge her stress and your concern that she is too distracted to benefit fully from the practicum experience. Ask her to think of alternatives.

**D.** is the best answer. This is not your problem to solve, nor is it yet time to report it to the faculty member. Although she is meeting objectives in a checklist fashion, she is missing the bigger picture of your role. Share your perceptions with her – both of her stress and of the fact that although she is meeting objectives, she is not participating fully in all aspects of your role. It is possible that you and she defined objectives too narrowly. Ask her to explore possible alternatives to manage other responsibilities – can she renegotiate any of her job responsibilities (particularly the daily staffing issues) for the duration of the practicum? What other resources might she tap for temporary assistance with child care? Is there anything on her list that can be postponed until the practicum is over? What stress management techniques has she tried? It is not your responsibility to come up with a plan for her, but it is your responsibility to communicate to her that the present arrangement is not working. This is an opportunity to role model problem-solving, stress management, and balance in professional life, but only by raising the questions and helping her think of her own alternatives. If she is unable or unwilling to make some changes, consult the faculty member about your concerns.