Lakehead UNIVERSITY

An Evaluative Study of Clinical Preceptorship in the Ontario Primary Health Care Nurse Practitioner Program (PHCNP) Program

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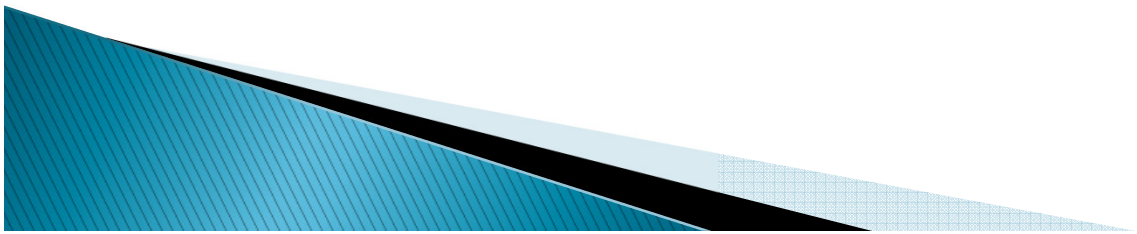
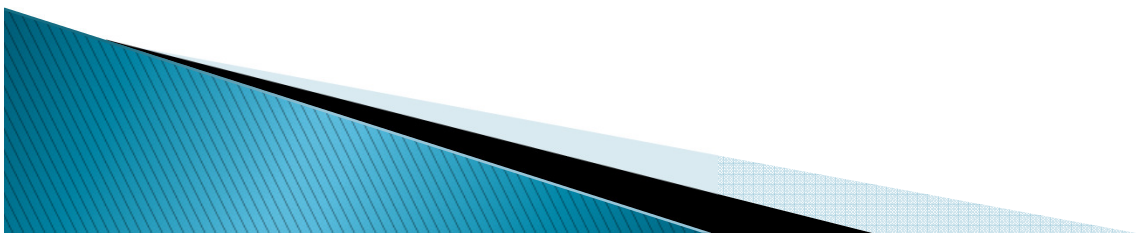


Introduction

- Preceptorship is an integral component of the PHCNP program
- Students spend approximately 728 hours in preceptored experiences
- Makes preceptors an important resource in the education of the students in PHCNP program



Benefits of Preceptorship (NP literature)

- Apply knowledge to real life situations
- Experience the day-to-day relationships with patients, other professional, the referral system, apply standards and regulations to practice, develop clinical skills, confidence in abilities
- Identified as an effective way of facilitating learning
- (Barker & Pittman, 2010; Burns, Beauchesne, Ryan-Krause, & Sawin, 2006)

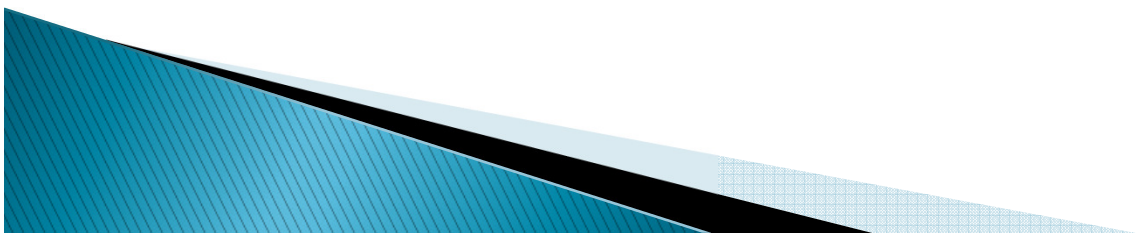
Limitations of Preceptorship (NP literature)

- Often difficult to find and retain
- Busy clinical practices
- Environments that are not conducive to learning
- Lack of faculty to support preceptors
- Variable teaching and learning opportunities
- Lack of compensation
- Lack of preceptor preparation
- Student attitude and knowledge
- (Barker & Pittman, 2010; Brooks & Niederhauser, 2010; Burns et al., 2006; Wilson et al., 2009)

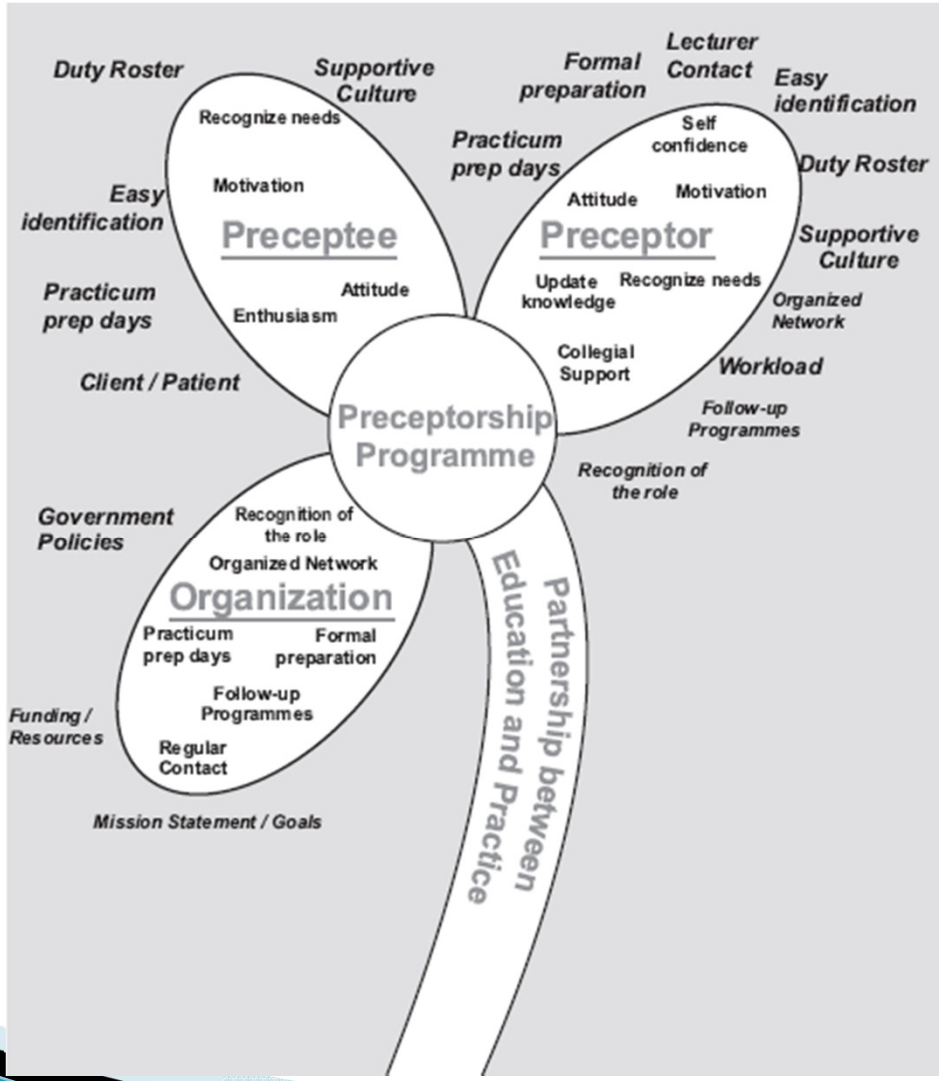
Purpose

To evaluate the preceptorship experience in the PHCNP program.

1) Identify perceptions of the preceptorship experience from both preceptors and recent graduates (preceptee)
2) Determine the facilitators and barriers of the preceptorship experience
3) Develop a dissemination workshop for consortium partners



Evaluative Model of Preceptorship Kaviani & Stillwell, 2000



Methodology

Cross-sectional design utilizing a survey(s) and open-ended questions

Eligibility

- Recent graduate (preceptee) from PHCNP class of 2013 or 2014
- Preceptor with at least 2 years experience as a PHCNP
- Any of the 9 consortium universities

Results

Participation Rate

77/312 preceptees (24.7%)

Original email and 2 reminders sent

169/647 preceptors (26.1%)

Original email and 1 reminder sent

Preceptees

Level of Education

- Bachelor's Degree in Nursing with PHCNP certificate
- 23 (29.9%)

Master's Degree with PHCNP

- 51 (66.2%)

DNP

- 3 (3.9%)

Preceptee Evaluation of PHCNP Preceptorship

<u>Clinical Teaching Effectiveness Instrument</u>

1 (low) to 5 (high)

- range M = 3.0 (SD = 1.5) to 3.7 (SD = 1.2)

High scoring items

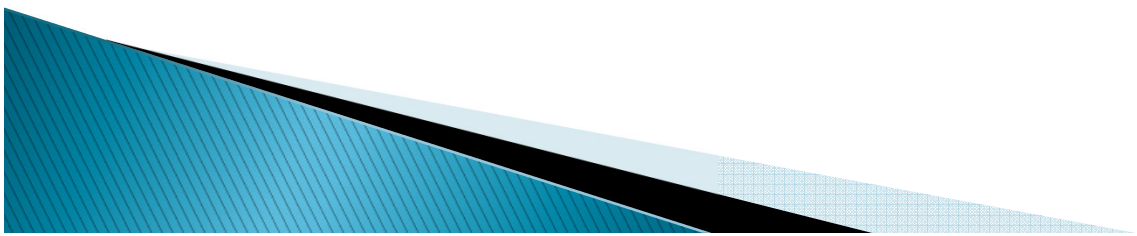
The preceptor:

- stimulated me to learn independently (M = 3.7; SD = 1.2)
- allowed me autonomy appropriate to my level/experience (M = 3.6; SD = 1.3)
- demonstrated effective collaboration and communication with the inter-professional team (M = 3.6; SD = 1.4)

Low Scoring Items Preceptees CTEI

The preceptor:

- clearly specified what I am expected to know and do during the clinical experience (M = 3.0; SD = 1.5)
- adjusted teaching to my needs (experience, competence, interest, etc.) (M = 3.0; SD = 1.5)
- organized time to allow for both teaching and clinical practice (M = 3.0; SD = 1.4)

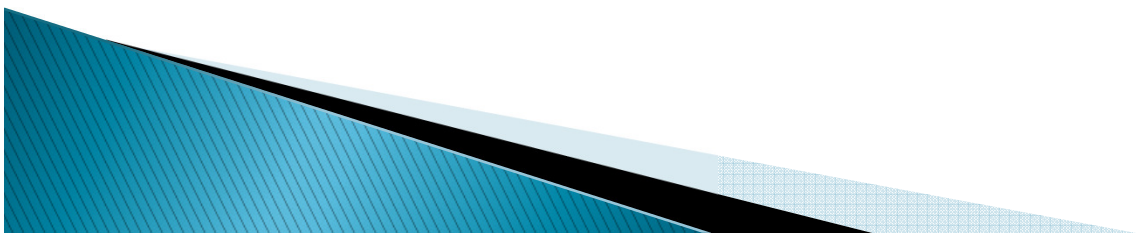


Clinical Learning Environment Inventory (CLEI)

Response SD, D, A, SA (majority were positive)

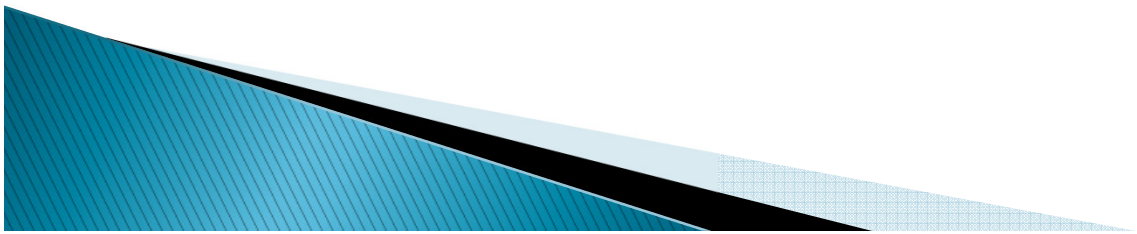
Most Positive Responses

- the clinical placement was interesting (84.4%)
- the preceptor talked with me personally (81.8%)
- the preceptor tried his/her best to help me when I was experiencing difficulty (74.1%)



CLEI Negative Responses

- I looked forward to the clinical placement (35.1% strongly disagree/disagreed)
- the preceptor involved me in daily feedback sessions about my practice (48.1% strongly disagreed/disagreed)
- the environment was conducive to learning (38% strongly disagreed/disagreed)
- I couldn't wait for the end of every placement day (39% strongly agreed/agreed)

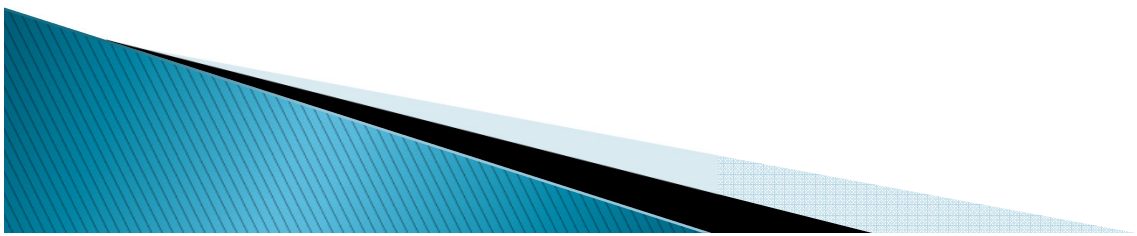


Themes from Open-Ended Questions

Facilitators	Barriers
Diversity	Time
Clinical Environment	Unclear Expectations
Communication	Communication

Diversity (Facilitator)

- “Full family practice – patients from all ranges, walks of life, medical conditions”
- “Very complex patients – lots of learning opportunities”
- “Acute and episodic conditions”
- “Common and rare conditions”
- “All ages and stages”



Clinical Environment (Facilitator)

- "The setting and team were receptive to students and to NPs. I was able to shadow other team members and explore other interests"

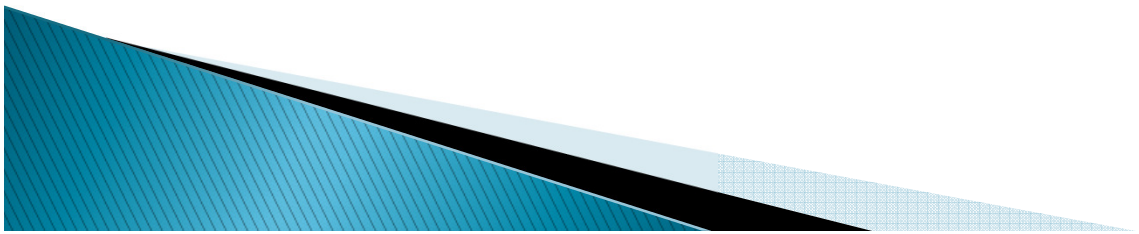
- "Many different healthcare professionals that students could spend time with, large family health team with many different opportunities, friendly approachable professionals".

Communication (Facilitator)

The preceptees valued positive communication with their preceptors

- "Preceptor was supportive in discussing actions plans and plans of care prior to entering patient room which enhanced my confidence in management of chronic conditions"

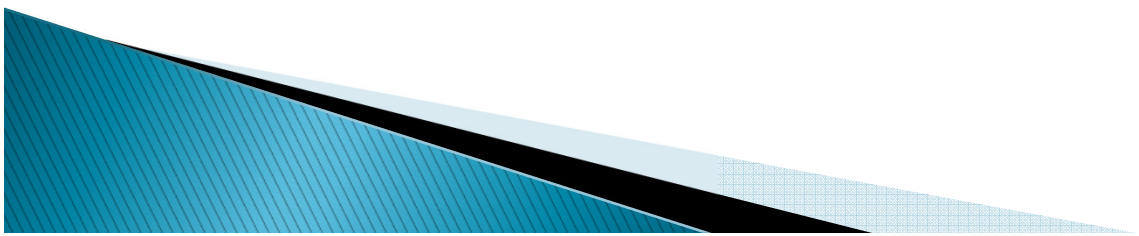
- "Feedback about my practice helped guide my learning"



Time (Barrier)

Preceptees spoke of a lack of time required to do a proper assessment as well as how a lack of time influenced the preceptor's ability to teach, answer questions, and/or give feedback

- "No time for dialogue or collaboration. No actual teaching and/or discussions regarding practice guidelines, advanced assessments. No critique of my practice – good or bad"



Time (Barrier)

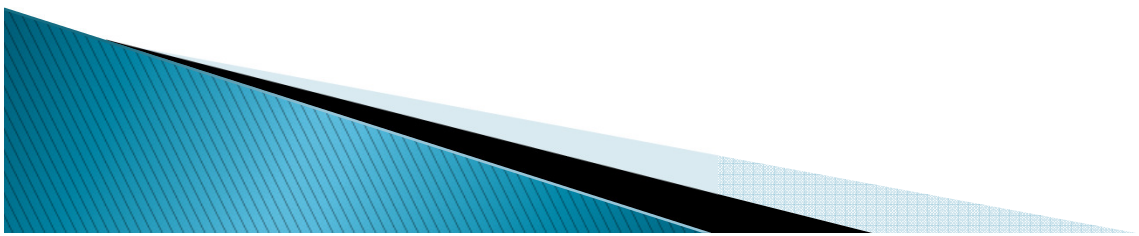
A few preceptees described time that could have been used better or having too much time

- “My preceptor was probably not intentionally trying to give me a limited experience, but should have declined the opportunity to be my preceptor because she was too busy trying to learn her new role as Team Lead”.
- “Very few patients booked with the NP each day. Sometimes only 3 or 4 all day.”

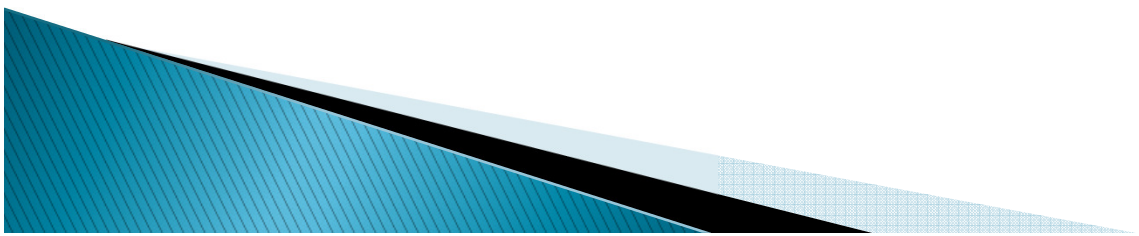
Unclear Expectations

- “Provided too much autonomy and not enough guidance, observation and feedback on skills and clinical decision making was minimal”

- “I felt I was alone to ‘fend for myself’ and given more independence than I felt I was ready for at the time. It was difficult to provide effective and efficient patient care as there were times where the preceptor had actually left the building”



- “The preceptor was a group of physicians, some of whom had little knowledge of the nurse practitioner role”
- “She had no idea what the NP scope of practice was”. She thought I was there in capacity similar to a PGY3 completely independent to do assessments, labs, and read CT scans”
- “The uncertainty of the clinical expectations was distressing. The lack of clinical building and learning was distressing”



Communication (Barriers)

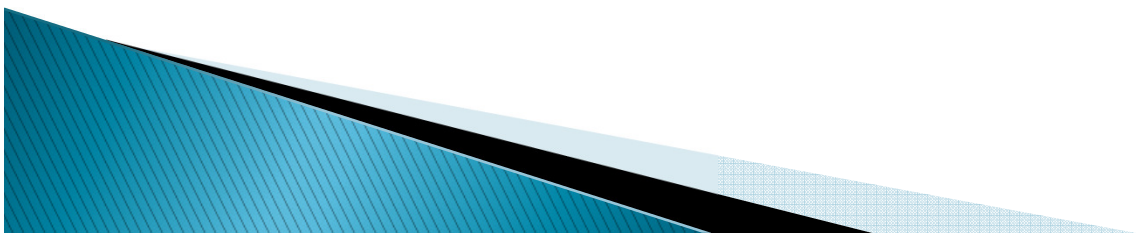
Preceptees described many experiences where there was a lack of communication, lack of feedback and/or negative communication during the preceptorship experience

- "My preceptor was a poor communicator. It was like pulling teeth to get feedback or interaction from her"

- "Preceptor was respectful and considerate but did not engage easily. Despite numerous requests for feedback, very little was provided"

Communication (Barrier)

- “The preceptor was very kind and considerate but often talked negatively about other health care providers in the practice which was inappropriate”.
- “I felt that she was “out to prove me wrong” or out to get me all the time”.
- “Referred to me as a “student” rather than learning my name”.



Preceptors

Level of Education

- Bachelor's Degree in Nursing with PHCNP certificate
- 50 (29.6%)

Master's Degree with PHCNP

- 99 (58.6%)

DNP

- 9 (5.3%)

PhD

- 2 (1.2%)

MD

- 9 (5.3%)

Preceptors

Years of Experience

2 Years

- 12 (7.1%)

3-5 Years

- 54 (32.0%)

5-10 Years

- 52 (30.8%)

> 10 Years

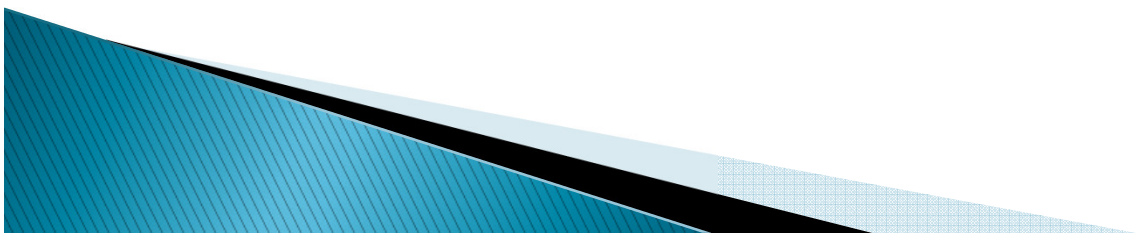
- 51 (30.2%)

Preceptor's Evaluation of the Preceptorship Experience

Clinical Preceptor's Experience Evaluation Tool (CEEPT, 2013)

- CPEET (2013) evaluates 4 subscales including role, satisfaction, experience and education, and challenges

- Likert scale that ranges from *1 = strongly disagree* to *7 = strongly agree*



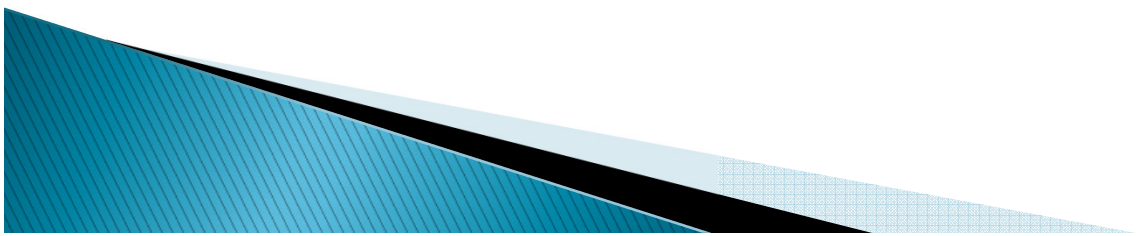
CPEET

Domain	Mean	Standard Deviation
Roles	6.43	0.43
Experience and Education	6.08	0.44
Satisfaction	6.42	0.18
Challenges	5.23	1.54

Satisfaction Domain

All preceptor responses were positive regarding being a preceptor with the overall category mean of 6.42 (SD = 0.18).

- Responses indicated that the preceptors felt that being a preceptor is meaningful (6.53, SD = 0.66), professionally rewarding (M = 6.51, SD = 0.66), stimulating (M = 6.63, SD = 0.58), and an incentive for their own personal development (M = 6.43, SD = 0.77)

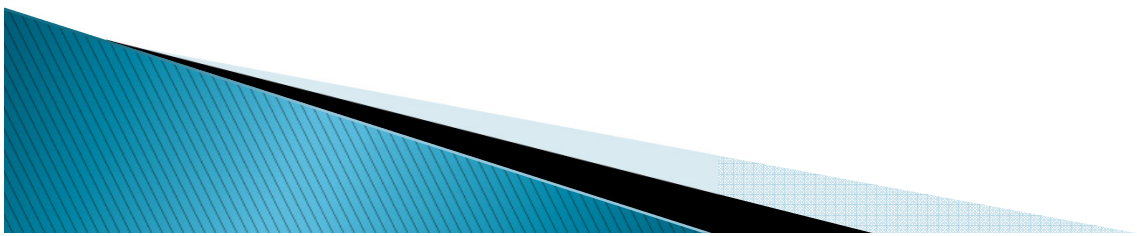


Themes

2 main facilitators were identified:

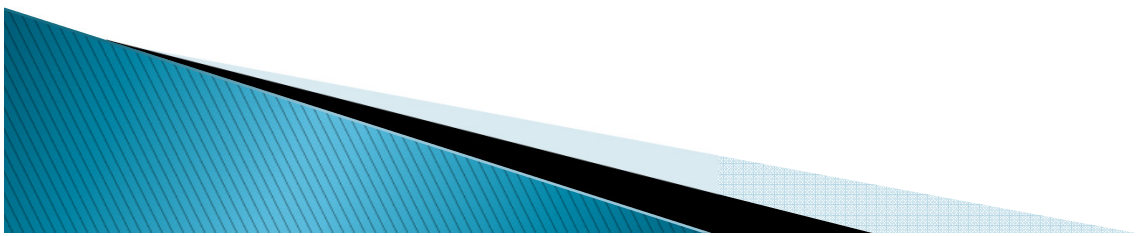
- Preceptor qualities and attributes
- Positive clinical learning environment

1. Diversity of patients and team members
2. Having adequate space/time
3. Supportive learning environment



Qualities and Attributes

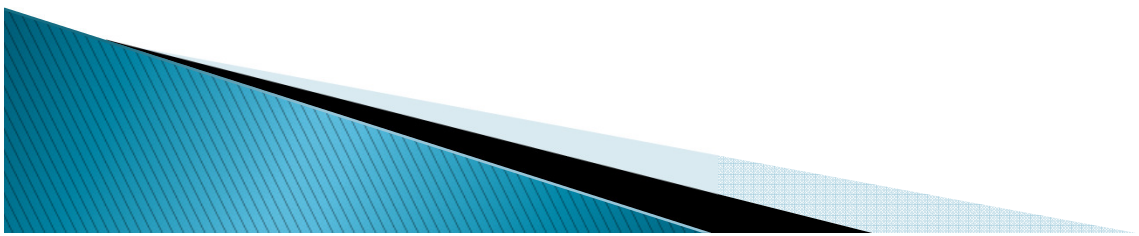
- “Being a preceptor has helped me with my own practice by bringing in new research that I may not be aware of. I have enjoyed being challenged with students.”
- “I firmly believe that as a preceptor I am responsible to facilitate the student experience and provide a respectful environment in order to model appropriate behavior towards learners.”



Clinical Learning Environment

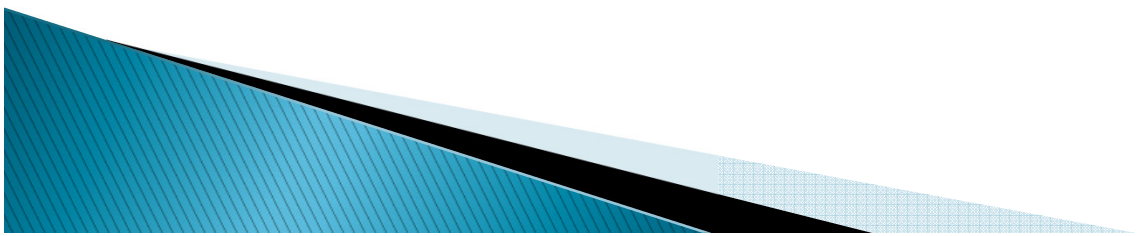
- **Diversity.** "Variety of complex patients with multiple medical issues, mostly acute episodic or exacerbations of chronic disease."

- "All ages ranging from pediatrics to the elderly. Chronic health care/ health challenges."



- **Space/Time.** "Good-sized clinic space with extra room for student, which is essential. Allows continuation of clinic flow and gives student respect to proceed at own [but reasonable] pace."
- "Large exam room – allowed extra time for teaching."

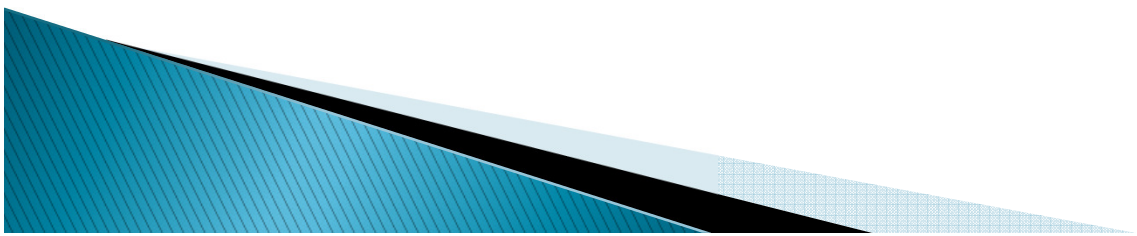
- **Support.** "I work in a teaching environment where collaboration and interdisciplinary dialogue is valued and encouraged."



Barriers

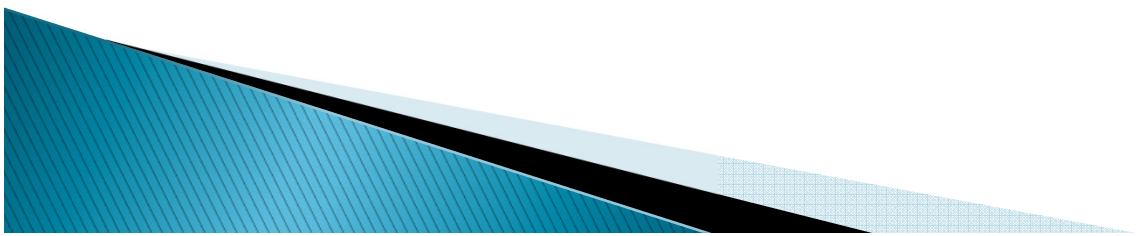
- 4 main barriers were identified:

1. Environment
2. Challenging Students
3. Communication with University Faculty
4. Remuneration



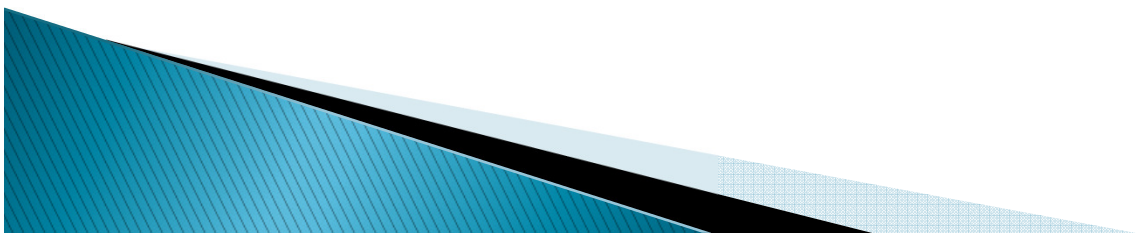
Environment

- “Being a preceptor is very time consuming, if you are doing a quality job at it. It is difficult for the patients, as well, who become tired of seeing students as it takes longer for their appointment and they get less continuity of care.”
- “NOT ENOUGH SPACE AND NOT ENOUGH TIME.”
- “Do not have own patients.”



Challenging Students

- “Personality conflicts can negatively impact a student’s learning. As soon as noted, intervention needs to happen.”
- “One situation that decreased my satisfaction was with a student that was not open to learning and felt they knew everything. There was no acceptance for the guidance and direction that was being provided to them during the time they were present in the clinical setting.”



Communication with Faculty

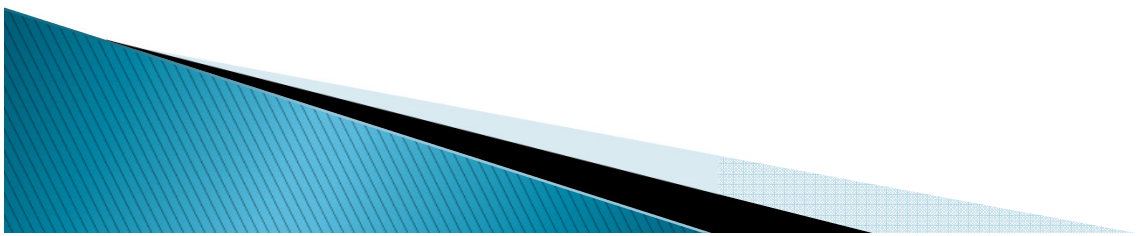
- “More direction and feedback from university. Feedback now is what I ask for from each student in how to enhance the experience.”
- “Better understanding of what is expected of the students and especially what is expected of the preceptors.”
- “It would be of great benefit to have a basic workshop for all new preceptors and a yearly update”.
- “Not knowing how to support a student who was struggling – so feeling like I was failing to meet her needs.”

Remuneration

- “Sorting out payment of the stipend is an issue across the province. There is a lack of consistency among placement sites; some preceptors are compensated, and some are not. I also feel like preceptors should be cross-appointed with the schools/faculty of nursing.

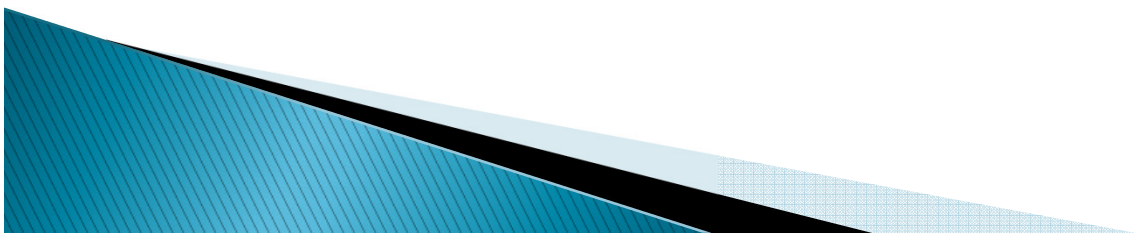
Limitations

- Findings are not generalizable beyond this sample
- Convenience sample may have some bias (e.g., may have captured mostly satisfied preceptors)



Discussion

- These finding are supported in the NP preceptorship literature as well as other health care providers (nurses, physician)
- Heavy workloads, lack of time and adequate training all hamper the experience. Originally identified in 1997 and continue to occur in today's preceptorship experience (Broadbent et al., 2015).
- Many of the themes are amenable to intervention



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