

Chapter 3: **Structuring the GITT Didactic and** **Clinical Practicum Experiences**

A. Purpose

This chapter will help you recognize the critical program elements of the GITT didactic and clinical practicum experiences and design successful GITT clinical and didactic experiences.

B. Objectives

After reviewing this chapter, you will be able to:

- Consider three options for overall program design.
- Recognize how GITT didactic and clinical practicum experiences can meet broader practicum requirements for disciplines.
- Determine the appropriate trainees to target for GITT recruitment.
- Recognize critical elements for a successful didactic experience.
- Recognize critical elements for a successful clinical practicum experience.
- Create model partnerships with clinical settings.
- Select and enhance the team training skills of clinical preceptors appropriately.

C. GITT Materials

- Sample GITT Orientation Description¹
- Worksheet Selecting the GITT Clinical Unit
- Worksheet How to be a Good Preceptor²

Introduction

Beginning in 1995, the Geriatric Interdisciplinary Team Training (GITT) Program encouraged leading academic health centers and elder service providers to develop models of team training for medical residents in primary care, advanced practice nurses, and master's level social workers. The models for organizing the didactic and practical curriculum for team training vary; they are reviewed in Chapter 6 and discussed below. However, all programs taught trainees a process to analyze common geriatric issues facing clinicians working in teams.

We teach team skills because after the clinical deliberations and discussions are finished, clinicians, patients, and their families must come to consensus on an appropriate course of action. The meeting outcome, generally an action plan, should specify who does what by when.

¹ Adapted from Minnesota GITT. Geriatric Interdisciplinary Team Training Faculty Manual. (1998). University of Minnesota

² Nursing Special Interest Group, Geriatric Interdisciplinary Team Training Program. (1999). New York: The GITT Resource Center.

Just as clinicians need to gain skill in analyzing the multitude of problems facing frail elders, they also need basic process and management tools for facilitating group discussions and decision-making. Trainees need practice responding to typical problems, prioritizing problems, learning to listen, respecting the skills of other disciplines, and resolving the clinical issues within a health care team. In the GITT curriculum, we have included cases and exercises that attempt to replicate the uncertainty and pressure clinicians face in practice.

Options for Program Design

One major difference in the design of GITT programs centered on how the students worked on teams. Some programs created student-run teams where students worked together in a clinical setting and learned as a team. In other settings, students shadowed their own discipline and observed the preceptor participate in team meetings. Each option has important implications for design of related didactic and clinical content.

Regardless of the structure, the overall goals of the program should be to teach students:

- About teams
Students should understand essential concepts of team structure, process, and outcomes.
- Disciplinary contributions
Students should know what other disciplines do and how their input contributes to care in complex clinical cases.
- Team processing
Students need to learn not only principles of teaming but have an opportunity to process complex clinical cases in a team setting and practice those skills.
- Skills for successful teaming
Communication and conflict management are essential skills of successful teaming. GITT program designers should be aware that since learner teams are always in the forming and norming stages, creating conflict situations and teaching conflict resolution can be difficult.
- Geriatric content
As geriatrics is the source of many complex clinical cases, a GITT program should also seek to enhance geriatric knowledge.
- Role playing
It is generally not worth it to students to deal with interpersonal problems that arise if they will be moving on shortly. Curriculum should include role playing to enable students to act out such conflicts. Further, videos of poor team performance can give the students some material around which to discuss how to handle conflict.

Structuring the Overall Clinical Program

Generally, there are two ways to teach teaming to students. Clinical practica and didactic experiences can create student-run teams. Or students can follow their disciplinary preceptor and participate in previously formed teams. A fused approach used only at the Rush GITT program allowed students to shadow other disciplines while making home care visits. Each approach has its own set of benefits and difficulties.

Having team members work with the same patients throughout their training rotation is the optimum way to teach about interdisciplinary care in the clinical setting. Unfortunately, it is often difficult to create student-run teams because of scheduling conflicts. Furthermore, the short length of time for student-run teams to be in action necessarily means that student-run teams are always in the forming, storming, and norming phases. As a result, team conflict may not come to the forefront, making it difficult to teach communication and conflict negotiation skills essential to full team performance.

When students follow their own disciplines on current teams, depending on the quality of the preceptor's overall team skills, it may be difficult for students to identify team skills. Preceptors and faculty need training to develop confidence in their own GITT skills and they also need ongoing reinforcement about how to help trainees. If the preceptor is not well trained in teaming, the preceptor may not model the appropriate skills. Further, students are less likely to be confronted by the knowledge and skill set of other disciplines and so may not be as likely to internalize an understanding of the valuable role played by other team members.

When students shadow preceptors of other disciplines, it may be difficult for students to gain credit for their experience, as same-discipline preceptors are often required by academic program accreditors. Discipline-specific preceptors need to be trained to become able to function in an interdisciplinary team setting and to precept as a team.

In general, clinical experientials were well received by students but to be effective, preceptors must buy in to the need for interdisciplinary team training and have a clear understanding of what is expected of them in order to teach team content.

Meeting Practicum Requirements for Disciplines

All programs view supervised field instruction as the most effective method of teaching students how to apply knowledge obtained in the academic setting. The development of practice skills is fundamental to the achievement of the goals of each profession. Field instruction enables students to learn contemporary practice issues related to the academic setting. The efficacy of theoretical constructs influences the effectiveness of various modalities of intervention and the opportunity for applied research. Concomitantly, the academic setting provides a formal mechanism for knowledge building central to the growth and improvement of the profession. The ideal GITT experience involves didactic instruction and practica experience with postgraduate trainees from all disciplines participating as a student team.

Medicine

For medicine, GITT was designed as a rotation in internal medicine or family practice. Generally, these were voluntary rotations precepted by an internal medicine or family medicine preceptor as required by the residency standards.

Importantly, residents were especially appreciative of GITT curriculum that included information about the overall health care system (i.e., managed care) in their clinical rotation because they had not received the content previously and found it to be very helpful

Generally, sites found the most difficulty recruiting medical residents in voluntary rotations due to the crowded curriculum of medical school. Further, they found it most challenging to integrate medical residents into teams, as opposed to nursing or social work trainees, as the overall culture of medicine is not generally supportive of such learning. Sites were most successful at involving medical residents where well-respected clinical faculty leaders were supportive of the program.

Although no GITT sites included medical students, some GITT programs recommend targeting a third- or fourth-year clerkship as a GITT experience. GITT sites felt that in the third- or fourth-year clerkship, the clinical skills of residents would allow them to participate with the postgraduate students in nursing and social work. However, it is important to ensure that medical students have sufficient clinical skills to represent their discipline in a team meeting and not feel threatened by the clinical experience level of the postgraduate trainees in other disciplines.

Nursing³

Educational programs at the master's level, developed for the preparation of advanced-practice nurses, have grown recently. However, numerous factors including difficulty with student clinical placements, limited numbers of trained faculty, corporate pressures with regard to clinicians' productivity, and significant difficulties in coordinating faculty and administrators, prevent any serious predictions regarding future expansion of these programs. Clinical placements for students in advanced practice are difficult to obtain, forcing academic institutions to reduce the number of required clinical hours, pay agencies for placements, and reduce the number of faculty field supervisors. Each program establishes its own requirements with regard to didactic and clinical hours. The required number of precepted clinical hours ranges from 600 to 800, depending on the program. Students generally spend between 1-2 days per week in the clinical setting, depending upon their schedules. Most advanced-practice students in nursing are part-time and continue to practice in their current roles. This imposes additional restrictions and difficulties when attempting to schedule and coordinate interdisciplinary team training. Students will often try to have some flexibility in their clinical hours each week, at times working through the summer and on vacations, to fulfill the necessary requirements.

The didactic components of programs vary and curricular content is prescribed increasingly by specialty organizations, credentialing bodies, state education departments, and nursing boards. As with other disciplines, nursing is challenged when attempting to include didactic team training in an already cramped curriculum that includes content on: advanced nursing theory, research and statistics, professional and systems issues, advanced assessment, pharmacology, prescriptive authority knowledge and skills, pathophysiology, psycho-immunology, epidemiology, and/or others, depending on the specialty focus.

Social Work

³ McGivern, D., & Mezey, M. (1999). Advanced practice nursing: preparation and clinical practice. In M.D. Mezey, & D.O. McGivern (Eds.). Nurses, nurse practitioners: evolution to practice. New York: Springer.

In social work, field education consists of a formalized arrangement between the university and the social service or health care agency referencing mutual expectations, requirements, and procedures. Typically, this arrangement is formalized with an agency affiliation agreement signed by appropriate administrative personnel signifying the partnership between the university and the agency.

Students are required to complete approximately 1080 hours of field practicum, which generally includes a combination of a foundation clinical practicum of at least 300 hours and an advanced clinical field practicum of at least 750 hours. Most social work programs place trainees in a single community or health care agency for the entire practica experience. For social work trainees, this means that they watch as other student trainees enter and leave the team. To efficiently use social work trainees, GITT programs recommend allowing the social work trainees to orient new student trainees after the first or second rotation of the other disciplines.

Evaluation of student performance occurs with a combination of assessment and evaluative tools including:

- timely completion of all assignments required in the professional field seminar;
- timely submission and approval of the Student Learning Contract by the student, field instructor, and field seminar instructor;
- submission of a signed Field Performance Evaluation (also a signed time log for part-time students);
- demonstration of satisfactory performance for the field practicum within the specified time frame to the designated person;
- satisfactory evaluation by both the faculty field liaison and the professional field seminar instructor.

Selecting and Recruiting Trainees

Of critical importance in developing a GITT program is determining what level of trainee should be targeted for inclusion in the program. Issues to consider include skill level, clinical experience, and voluntary or mandatory placement.

Skill level

Program designers should consider whether students have enough experience in their field to represent the skills and knowledge of their discipline as compared to students in other disciplines. It is difficult to teach learners about teams when they do not have a clear vision of their own role. For example, there is a marked difference in students between fall semester vs. spring semester learners, or first vs. second year nurse practitioner or social work students.

Further, learners do better in teams when they can contribute clinically. This level of performance requires clinical maturity. Students without a lot of clinical geriatric experience (e.g., fall semester) may need more structured material to discuss, to differentiate teaming issues from clinical issues.

Trainees must be able to appreciate how the skills and knowledge of other disciplines overlap with their own skills and knowledge. If students are too early in their program, they may lack their own identity as a member of their own profession. In other words, they are not yet socialized into their profession well enough to feel comfortable representing their discipline to other professions. Conversely, if students are not yet steeped in the culture of their profession, they may hold less negative attitudes towards other professions.

The student skill level may vary depending on the overall design options for the program — whether student teams or discipline-specific team precepting. Generally, however, the sophistication or skill level of each discipline should be on a somewhat similar level. Program designers should also recognize the typical student profile of their trainees. For example, nurse practitioner students in some programs come with many years of clinical experience. They may have a much higher skill level in their field than medical residents. Such a pairing may create conflict if student teams are the preferred program design.

Exposure time may also be a key element in the overall program design. For instance, the requirement that social work students stay within a clinical site for an entire semester means that the social work students may end up continually teaching the medical residents who cycle into the site every month or so about the social work skill set. Such cycling can become a source of resentment on the part of the social work students and create negative perspectives of social work amongst the medical residents.

If, after designing the program, a large skill differential is discovered or exposure time creates animosity within student teams or in clinical settings, faculty should teach students about different disciplinary roles and educational levels in order to prepare students for such role differentials and conflict. Faculty should also discuss honor as an important aspect of developing effective teams.

Recruitment

Trainees recruited to GITT are often more open to learning, however, mandating GITT experiences insures balanced participation across disciplines.

For the initial eight sites, participation in GITT ranged from required rotations to voluntary placements for the various disciplines. The sites quickly learned, however, that each discipline had strict supervision guidelines that limited the placement options. To deal with this issue, many sites recruited trainees to participate in GITT as an elective or for extra credit, thereby eliminating the need for the activity to count as clinical practica experience.

In general, however, recruitment was a challenging aspect of GITT. Sites found that the interest in aging was not as high as had been anticipated among students. Faculty presented information about GITT and aging in classes to increase interest in geriatrics. As an incentive, some trainees were offered extra credit to participate.

Hints from the Field

Stipends increased interest in GITT in all disciplines. Sites should consider stipends either from their own program or from clinical sites as a way to encourage student participation.

The Didactic Experience

Defining learning objectives for different disciplines is a challenge, because the content must be interesting and relevant to all of the disciplines, while providing unique information for the management and care of the elderly. The purpose of the didactic curriculum is fourfold:

- To relay content in gerontology, interdisciplinary teams, and health care systems;
- To provide a forum for the disciplines to interact with each other and pose discipline-specific and discipline-shared issues for discussion and resolution;
- To expose learners to faculty from all three disciplines using a team teaching methodology;
- To identify other disciplines within the extended team as key to the delivery of quality of care to older persons.

Structuring the Didactic Experience

Teamwork is a "special form of interaction and interdependence between health care providers who merge different but complementary skills in the service of patients and in the solution of their health problems." GITT programs should teach trainees that meetings exist to create care plans — the outcome of an interdisciplinary team meeting. The way to create the care plan is through use of structure in team meetings (agenda, timekeeper, recorder) and the process of teams (skill development in communication and conflict resolution). This knowledge of team process versus outcome can be learned by all trainees in even the shortest rotations.

The didactic curriculum should also help students to target teamwork appropriately. Interdisciplinary teams are particularly useful for patients who require the attention of multiple disciplines, that is, patients who have been described as having "wicked problems."⁴ Teams are needed when patient problems are both complex and non-routine, due to the multitude of options and unpredictable patient responses to treatment. But not all elders need teams. In addition, the need for teamwork may be time limited as the patient's condition stabilizes, the need for team may diminish. Curriculum should recognize these aspects of teamwork and teach students to target teamwork to be an efficient and effective addition to clinical care.

The curriculum should teach students to respect and acknowledge the skills of other disciplines. Such recognition is important for students to work with others appropriately and effectively. Learning should encompass what other disciplines do, what the disciplinary knowledge consists of, licensing and educational structure of each discipline, etc. Knowledge of other disciplines can be taught in even the shortest exposure times or rotations.

Program designers also need to consider whether the didactic should be combined across disciplines or conducted in a disciplinary-specific setting. Sites found that having students of different disciplines interact around material more subtly taught students about discipline-

⁴ Drinka, T.J. K., & Clark, P. G. (2000). Health care teamwork: interdisciplinary practice and teaching. Westport, CT: Auburn House.

specific knowledge. On the other hand, programs found it extremely difficult to schedule cross discipline didactic experiences and even when schedules were adjusted, attendance was low.

Hints From The Field

Academic policies that encourage cross-listing of courses and give credit to faculty teaching from each discipline encouraged the development of interdisciplinary didactic courses.

GITT program designers also need to be cognizant that they are carefully packaging fully developed resources on geriatric skills. Providing comprehensive resources increases the likelihood that GITT will be included in crowded curricula. Resources also need to be user friendly so they can be adapted to varying learning situations.

The GITT programs generally found that the didactic classes were successful. Trainees found that aside from the geriatrics and team training information, learning the roles of each of the disciplines was extremely valuable. Regardless of their future careers or interest in teams, students felt this information was very beneficial.

The Importance of Reflection

We encourage instructors to treat the class discussion as a team meeting. Reminding learners about their responsibility to prepare for case discussions helps learners practice a clinical summary of relevant facts and process skills before peers. In clinical settings, the trainee will be expected to come prepared to team meetings. Ultimately, instructors must recognize that as they teach this case-based approach, they are modeling the very team skills we hope students will learn. By establishing the ground rules for discussions, clarifying statements, encouraging participation from quiet observers, and quelling the loquacious or domineering individual, the instructor is modeling and reinforcing the very facilitation skills the learners need to acquire to effectively process a team discussion.

Students should also be given the opportunity to reflect on their learning. Because the content of GITT is often integrated into the clinical practicum experience, students need a designated time and method to step back and consider how their knowledge of team skills, geriatrics, etc. applies to the clinical setting and informs their clinical practice. One common way to encourage reflection is to encourage students to use a journal and to pose regular questions that students should use to reflect. A general discussion of the journal exercise is included in Chapter 5. Scheduling the time for journal reflection and grading journal reflection may depend, in part, on the structure and scheduling of the didactic experience.

Hints from the Field

In general, the didactic portion was more successful when meetings were scheduled on off hours, such as when no other classes were scheduled, especially at or during weekend seminars. Furthermore, offering food to trainees was a strong inducement to attend, especially for medical residents.

The Clinical Practicum Experience

Sites need to pay special attention to the clinical practicum experience. Administratively, clinical practica are guided by the formalized arrangements between the university and the agency referencing mutual expectations, requirements, and procedures. The structure of those agreements can help to ensure or create barriers to the teaching of teaming in the clinical environment. Standards for these agreements as already practiced in the institution may limit the opportunities for certain program designs. Moreover, it is sometimes difficult to make teamwork explicit at clinical sites.

At minimum, the clinical practicum experience should:

- Orient students to the clinical setting;
- Teach students to integrate what they see into a care plan;
- Demonstrate how the team is held accountable over time;
- Clarify for students why a team is needed;
- Model how teams add value to patient care.

The most effective settings for practicum learning are those where teams of different clinicians operate together. In Chapter 5 (Evaluation) and in Curriculum Topic 1 (Teams and Teamwork) in this manual we suggest ways to assess the team fitness” of model practice teams. It is important to realize that disciplines co-existing in a clinical setting may not be perfect model teams. However, if multiple disciplines share a caseload, demonstrate basic respect for each other, and work to improve patient outcomes, those disciplines do model the reality of teamwork in real clinical settings. While the clinical team may improve over the training period, change communication and conflict management processes during the training, and reflect a better functioning team over time, many sorts of collaborative care models are appropriate settings for students.

Conflict management and collaborative care require a high level of team performance resulting from practice and ongoing continuity of the clinical team experience. These skills are difficult to practice and simulate in short clinical rotations or short team exposures. We recommend using videos to help trainees process cases with such issues; however, sites should recognize that most trainees avoid conflict and have difficulty practicing conflict resolution skills.

Building the Clinical Partnership: Partnering Academic and Clinical Sites

Developing a good partnership between academic and clinical sites requires that the academic environment determine what type of relationship is envisioned. Sites need to ask themselves, “Is this a collaborative model or is the clinical site a hired hand?” Such a question has implications, for instance, such as which titles clinical preceptors are granted or whether the clinical site is allowed to say it is affiliated with the academic institution. How the clinical relationship is developed can have an enormous impact on the quality and content of the students’ clinical experience.

Clinical settings must perceive some current or future benefit from the involvement of significant numbers of trainees in the clinical environment. Such benefits could include the potential for employee recruitment, trainee contributions to ongoing work of the organization, affiliation with academic programs that lend other resources, such as continuing education or staff development, the marketing value of a clinical affiliation with an academic health center, etc. Without such benefits, clinical sites are less likely to want to take on new disciplines or new approaches to student learning.

The clinical experience of trainees affects the productivity of the faculty precepting the trainees. The higher the clinical sophistication, the less the preceptor needs to spend with the trainees. Generally, clinical sites prefer the most experienced trainees, i.e., second-year nurse practitioner and social work students and medical residents rather than medical students. At some clinical sites, trainees were offered stipends from the clinical setting. Many sites were willing to continue to pay for student rotations in an effort to enhance the available services at the clinical site.

Clinical sites found that they benefited from their relationship with the academic health center. Involvement with the academic environment can help to improve the quality of care provided in clinical settings. Academic partners helped the site keep up-to-date on the recent literature. Clinical experts at the site can also be invited to give lectures or grand rounds in their area of expertise, thereby cementing cross-fertilization of knowledge between the academic and clinical partners. Assuming the preceptor meets the requirements for preceptors, offering adjunct faculty status is an important incentive for clinical preceptors.

The availability of pre-existing models of care in the institutional and community setting can facilitate the development of successful clinical experientials. However, academic partners need to consider whether building on these prior models of care is likely to result in enhanced geriatrics and teams knowledge or whether the structure of these models may be antithetical to good team skills.

Readiness to Teach GITT Skills

Not all clinical sites are ready to teach GITT skills. The academic partner must decide what specific skills it wants its students to learn in the clinical practica — be it geriatrics, conflict management, or complex case processing — and establish which sites may be best able to function as interdisciplinary training sites.

The academic partner should also recognize that due to differing philosophies and basic economics, many clinical settings do not have truly active, functioning interdisciplinary teams. Instead, they often have hybrids (a combination of a multidisciplinary and interdisciplinary team)

or some related approach. As such, the clinical setting may not model the team skills being taught in the didactic curricula appropriately.

The issues for the GITT project sites may vary, depending on whether the clinical sites and preceptors are experienced and well-functioning or are brand new sites with persons new to the preceptor role. New sites or preceptors may need substantial assistance to develop a truly effective clinical experience for students.

In general, practitioners from the clinical sites found that they liked the case study approach to interdisciplinary care. Sites that used geriatric syndrome modules in the didactic content or transferred these cases to the clinical site found that practitioners were interested and able to become involved in the content and teaching.

In general, the use of interdisciplinary teams works better at some sites than it does at others for reasons having to do with logistics, types of patients served, availability of training resources such as preceptors, and changes in the organizational structure of sites. Such considerations should be recognized when designing the practicum portion of a GITT program.

Orienting Students to the Clinical Site

Students will need specific orientation to the GITT clinical sites, especially since the best sites for teaching interdisciplinary learning are not acute care settings. Students need specific information in order to prepare them to function effectively in the site. Without such preparation, the relationship between the academic and clinical partners is likely to be damaged by students unprepared for the clinical experience or the learning environment.

At minimum students should learn about:

- Organizational mission and time in existence;
- Structure of clinical services;
- Structure of reimbursement, especially reimbursement that drives the organization of clinical services;
- How the site fits into the continuum of care;
- Demographics of patient population; and
- How teams work in the clinical environment.

Negotiating Clinical Agreements

A variety of aspects is important for the negotiation of clinical agreements. The majority of issues are common across all types of contracts for clinical preceptors and institutional affiliations. Issues can include non-employee confidentiality, health screening, and insurance for students or preceptors. The GITT experience indicates that disciplines continued to negotiate separate agreements for each discipline as per their clinical practica / residency requirements.

Volatility at the Clinical Site

Given the tremendous volatility of the health care market, changes in the larger system can easily cause roadblocks for using a clinical site. Academic partners need to recognize that turnover in personnel can easily derail carefully defined arrangements.

Management turnover at a site may make it hard to keep the clinical champion involved. If the clinical site champion leaves or changes job positions, a critical aspect for program success may be lost. In other circumstances, management at a site may continually have to be taught the value of GITT or the value of having GITT trainees. Staff turnover in sites may be so high that the academic partner needs to train preceptors not just once, but often.

Redundancy of involved faculty and preceptors for each participating discipline is optimal but not always possible and a variety of arrangements should be considered in overall program design.

Considerations for the Clinical Partner

The clinical partner also has critical issues to consider in its involvement in a GITT program. The site must communicate to its staff why it is important to have students come in to the site and be involved. Teaching students and involving them in clinical activities takes time from already busy workloads. Staff, especially line staff, need to understand how teaching students is a valuable addition to the institutional mission.

New clinical settings also need to recognize the level of assistance that they will need. Sites first have to develop new procedures, solidify institutional learning about how to best integrate students into their setting, and discover how to make student contributions an asset to the clinical environment. Furthermore, an unfortunate consequence of being a new setting is that new settings often get students who are at the earliest stages in their training and are, therefore, likely to be the least productive students. Such timing may create disincentives to joining with an academic partner, because they may need to increase staff training to enable staff to manage students. Moreover, the least prepared students are often paired with the least prepared preceptors, making the clinical experience less enjoyable for both parties.

The Clinical Preceptor/Liaison

A critical aspect of developing a GITT program is determining how to get a preceptor to meet the overall needs of the clinical program. In some sites, preceptors were excellent clinicians with an additional interest or involvement in teams. Other sites tried to identify “teamists” — individuals whose knowledge of teaming and team concepts was highly developed. Not all sites believed that teamists were required to model team skills, as long as the didactic and case processing portions of the curricula provided adequate models for good team skills.

Program designers will also need to consider what type of clinician at what level of preparedness is allowed to precept for a student. For instance, social workers can only have master’s level clinical social work as preceptor. The need to find such individuals in the sites where interdisciplinary teams are common practice can increase the cost difficulties of designing the overall program.

The academic site must also work to develop the clinician into an effective team-training preceptor. This issue is of paramount importance. While preceptors may be great clinicians, to be great GITT preceptors, they must be able to model teaming, as well. The GITT Nursing Special Interest Group developed a tool entitled, “How to be a Good Clinical Preceptor” to assist

sites and preceptors in their roles. Preceptors and faculty need regular training to develop confidence in their own GITT skills. Preceptors also need ongoing reinforcement about how to help trainees learn good teaming skills.

The academic partner also needs to translate for the preceptor the program's vision of what skills students should be learning. Programs need to work with preceptors to ascertain whether students share a caseload that is already identified as in need of care provided by an interdisciplinary team, resulting in learning about complex patient care, and when and why teams matter for these patients. If students shadow a discipline, do they get to go to later team meetings to see team processing of the clinical issues? Do students have chance to process cases with other students? If the preceptor is not informed of these needs or is not able to manipulate the clinical environment to enable students to access these experiences, the preceptor or the site may not be appropriate for students.

Academic sites may also have to work with the clinical partners to modify job descriptions and staff evaluations to include teaching students as part of the mission of the organization and staff. Without such modifications, preceptors may not have the institutional support to provide a good trainee experience.

Finally, the academic partner needs to consider how it will demonstrate its support and valuing of the preceptors. The program should consider if preceptors are granted faculty or adjunct ranking, provided reimbursement for costs incurred or time spent, invited to departmental functions, offered continuing education, university credits or other incentives for participation. Generally, the response from the academic partner should be to work with the preceptors to develop their knowledge and skills so that they can fulfill the requirements of a good preceptor.

Content of the Clinical Practicum

The key to a successful clinical practicum involves being sure that students are oriented to the clinical site, designing the practicum to make learning of geriatrics and teaming most effective, and ensuring that cases are processed as an interdisciplinary experience.

Logistically, when structuring the practicum, designers should assess what students do in their time at the site. Do they see and touch real patients or only watch team meetings without any hands-on clinical connection to the patient? Do students have an opportunity to see patients with other students? If so, are they able to process the complex cases as a team or only learn from a clinical expert? Do students have an opportunity to see patients with other clinicians in order to enable students to learn the skills and knowledge set of other disciplines? Do students have a chance to learn to interpret how a care plan is developed or do they only see the results of a finalized care plan? Do students learn how a team is held accountable over time for the management and implementation of care plan for complex patients? Do they get an opportunity to ask why a patient even needs a team and learn how a team adds value to the patient's care? Each of these aspects is an essential element of a good clinical practicum. Moreover, good clinical practicum can enhance the value of the didactic experience by providing students with exciting issues to discuss and reflect upon once they are outside of the clinical environment.

GITT Materials

Sample: GITT Orientation Description: Program Summary¹

Program Description

Project Background: The Minnesota Geriatric Interdisciplinary Team Training (GITT) project is one of eight 3-year training demonstration programs across the country funded by the John A. Hartford Foundation in January of 1997. This project is a cooperative effort between the University of Minnesota Center on Aging; School of Medicine, School of Nursing, College of Pharmacy, and School of Social Work at the University of Minnesota; three ambulatory clinic sites, the University Wilder Senior Health Clinic, Hennepin County Medical Center (Center for Senior Care), Regions Foundation (Regions Hospital Seniors Clinic); and one southwest Minnesota rural site that is being coordinated by the MAGEC South, a regional geriatric education center located in the School of Nursing at Mankato State University and for which training is occurring at Lake Shore Inn Nursing Home located in Waseca, Minnesota.

Project Purpose: The GITT program is designed to prepare medical residents, geriatric nurse practitioner students, master's level social work students, and doctoral level pharmacy students with the skills, knowledge, and attitudes to provide interdisciplinary team care and to assume leadership in the continued refinement of team care models for the elderly. The program's overall learning objectives are divided into three broad skills, knowledge, and practice groupings: interdisciplinary team participation, geriatrics, and team functioning.

Procedures: This program combines three learning experiences: training components specific to interdisciplinary team training; the training programs of the individual participating disciplines (e.g., medicine, nursing, social work, and pharmacy); and the clinical placement. The interdisciplinary team training components are unique to the GITT program and include at least one full 2-hour orientation (GNP, SW, and PharmD learners will repeat a 1-hour portion of the orientation when a new medical resident joins the team), and two (i.e., learner and clinic) 1-hour weekly team meetings.

Benefits: This program is designed to provide participants with a variety of first-hand opportunities to learn about the different types of interdisciplinary health teams and their capabilities; how to effectively and efficiently care for older patients, especially those with complicated problems; and how to gain an understanding of the background training and skills of primary team members (e.g., social workers, pharmacists, geriatric nurse practitioners, and physicians), and incorporate this new expertise into clinical practice.

Evaluation: For this project, learners will be asked to complete a Strength Deployment Inventory (SDI) form; a demographic entry, and exit survey; and two pre- and post-tests (i.e., a written and a videotaped case study test). Completion of these project evaluation materials is voluntary.

Confidentiality: All materials (e.g., entry, exit and demographic surveys; pre- and post-tests; and Strength Deployment Inventory forms) completed by program learners at the beginning and end of their rotations will be kept private and confidential. Such materials will be used for

program evaluation purposes only. (Note, a disguised identifier will be used only to enable linking of before and after data; once data are linked the identifier will be deleted). In any report that we may publish or make presentation on the program, we will not include information that makes it possible to identify program participants. Participant consent will be sought before any videotaping or audiotaping of meetings. Such tapes would only used for purposes of education and analysis by program participants and faculty.

Contacts and questions: The project manager for this project at the University of Minnesota is _____. She can be contacted at _____. University of Minnesota Faculty involved include: Names of Faculty.

The Rural Site is coordinated by _____. She can be contacted at _____. Mankato State University Faculty include: Names of Faculty.

Program Goals

The GITT project is a demonstration program designed to prepare students with the skills, knowledge, and attitudes to provide interdisciplinary team care and to assume leadership in the continued refinement of team care models for the elderly. This program combines learning experiences from three different training components: a didactic component that is provided by the program itself; the training programs of the individual participating disciplines (e.g., medicine, nursing, social work, and pharmacy); and the clinical practicum including opportunities for interdisciplinary collaboration in clinical care.

Program Learning Objectives

After completing the GITT program, student learners will be able to:

- Identify different types of teams and their capabilities;
- Describe and give examples of key elements of interdisciplinary teams, including those related to individual and team roles and values, organizational issues, and the development and maintenance of teams;
- Describe the background training and skills of the cardinal members of the interdisciplinary team and begin to use this knowledge in clinical practice;
- Put into practice key ways in which professionals interact and behave under normal circumstances and under conditions of conflict;
- Assume functional leadership roles in the team;
- Recognize conflicts in the clinical activities of an interdisciplinary team and propose ways to manage them;
- Identify patients for whom team consultation or management is appropriate;
- Recognize elements of good team behavior;
- Work with other disciplines to collaboratively develop plans of care that include patient and family preferences; and

- Identify communication techniques that do not require team meetings.

Program Didactic Components

Program didactic components include an orientation and two weekly team meetings. The following describes each of these components in detail.

Orientation: A two-part session, approximately 2 hours in length; the orientation is intended to provide learners with a framework that will enable them to better benefit from the clinical interdisciplinary team experience. All student learners participating in the GITT program are expected to attend an initial full orientation session (i.e., both the primary and secondary components).

The following describes the two parts of the orientation in more detail:

Part A of the orientation is expected to be approximately 1 hour in length. Learners will spend the majority of this hour completing program forms and pre-test surveys. (Note: If a site is not using the core measures, this orientation may be unnecessary)

Part B of the orientation is also expected to be approximately 1 hour in length. This session is intended to be a briefing in which program faculty will review the GITT program's goals and learning objectives, present concepts and materials relating to interdisciplinary teams and, finally, explore learners' previous interactions and/or experiences with the other program disciplines.

Weekly Team Meetings: During their participation in the GITT program, student learners are expected to participate in two weekly meetings: 1) a clinic interdisciplinary team meeting (learners and clinic faculty, plus academic faculty member on a rotating basis); and 2) a learner interdisciplinary team meeting (learners and academic faculty). These two meetings will provide an opportunity for student learners to meet with clinical and academic faculty members, to continue their participation in team care activities, reflect on their experience in the clinical learning site, and augment their developing team skills and knowledge.

Clinical Team Meetings: Clinical team meetings are expected to be approximately 1 hour in length and to be attended by student learners and clinic faculty. The agenda will be the cases seen by the clinical team and learners during the previous week. This meeting will provide learners with an opportunity to observe and participate in the processing of assessment information and care planning. It will also provide an opportunity to present cases on which they have been working and to receive feedback and counsel on their clinical activities with patients and as part of the team.

Learner Team Meetings: Learner team meetings are also expected to be approximately 1 hour in length. A member or members of the academic faculty, however, will conduct these meetings. The purpose of these meetings is to deepen learners' appreciation of the conceptual issues of team care. These sessions are designed to be interactive group experiential sessions. As such, the intent is for the learners to not only get acquainted, but also to begin to explore and examine the impact of the different values and expectations each of them brings to the team. In these meetings, different complex cases, exercises, and videos will be used to facilitate reflections and analyses of the dynamics, effectiveness, idiosyncrasies, and strengths and weaknesses of the learner team experience (i.e., a working interdisciplinary health team).

To enrich these meetings with real life scenarios, student learners will be asked to identify cases from their clinic experiences to share with the team. On these occasion, the student will be asked to lead the team meeting.

Worksheet: Selecting a GITT Clinical Setting

1. Have you selected clinical practicum setting(s) or service on which to begin GITT?

If not, what care settings would you nominate? Why?

If so, which unit or service did you select?

2. Does this setting have:

- a large percentage of patients ages 65 and older?
- staff interested in improving their interdisciplinary teams?
- a patient population with a limited number of admitting diagnoses?
- other advantages:

3. What types of interdisciplinary teams does the setting use?

4. Does the setting provide students with opportunities to:

- participate on teams with other students?
- observe well-functioning teams?
- observe team care provided for patients with clinically complex needs?
- other advantages:

5. Have you identified people in the setting to act as preceptors to train GITT students?

If so, who? If not, whom would you nominate?

6. What additional training might the preceptors need to appropriately precept students?

7. What incentives will be provided to the clinical setting or preceptors for participation in GITT?

Worksheet: How to be a Good Preceptor²

Nurse Practitioner Clinical Preceptor Guide

Fay, V., Feldt, K., Greenberg, S., Vezina, M., Flaherty, E., Ryan, M., & Fulmer, T

Essential to the education of advanced practice nurses is interaction of didactic learning and clinical experiences. While many of the NP faculty members have practice sites and precept students in these practice sites, educators rely on clinical preceptors outside of the school to act as role models and reinforce the application of didactic material in clinical settings^{5,6}. Although some nurse practitioner programs provide comprehensive orientation programs, guidelines, or preceptor manuals to assist preceptors in this role, busy clinical practice settings may limit a preceptor's ability to attend orientation programs or read lengthy related materials⁷. Faculty have voiced concerns about the increasing demands on clinical preceptors, the differing expertise of preceptors, the need for good communication of faculty expectations, and the need for guidelines that would shape the student-preceptor experience.

Background on Development of the Guide

In 1997, the John A. Hartford Foundation funded eight project sites to develop geriatric interdisciplinary team training programs (GITT). At the same time, a Resource Center (RC) was funded at New York University Division of Nursing in order to promote synergy across the eight projects. Special interest groups are supported by the RC and the Nursing Interest Group reflects one such group. All GITT nurse members were invited to participate. A subset of the group developed the Nurse Practitioner Preceptor guide. This interest group identified the need for simple tools to assist faculty of nurse practitioner programs in enhancing communication with preceptors engaged in gerontological education. One of the tools developed by this group was a brochure for preceptors based on the literature and resources from the involved institutions⁸. The guide discussed in this article is adapted from the Gerontology Nurse Practitioner preceptor guide.

The Preceptor Role and Clinical Teaching Skills

The brochure begins by defining a preceptor as "clinically expert individuals who are vital members of the teaching team and with whom students have the opportunity to work". A preceptorship has been defined as a one-to-one relationship between an experienced practitioner and a novice.^{9,10} The preceptor provides guidance through mentoring and acts as a role model.¹⁰ Nurse practitioner students are generally assigned to an individual who guides the clinical experience.

⁵ Sloand ED, Feroli K, Bearss N, Beecher J. Preparing the next generation: precepting nurse practitioner students. *Journal of the American Academy of Nurse Practitioners*. 1998; 10(2):65-9.

⁶ Hayes E. Helping preceptors mentor the next generation of nurse practitioners. *Nurse Practitioner*. 1994;19(6):62-6.

⁷ Goldenberg D. Preceptorship: A one-to-one relationship with a triple "P" rating (preceptor, preceptee, patient). *Nursing Forum*, 1987; 23 (1), 10-15

⁸ Feldt K, Fay V, Greenberg S, Vezina M, Flaherty E, Ryan M, Fulmer T. Gerontological nurse practitioner preceptor guide. *Geriatric Nursing* (in press)

⁹ Busen, N. & Engebretson, J. Mentoring in Advanced Practice Nursing: The Use of Metaphor in Concept Exploration. *The Internet Journal of Advanced Nursing Practice*, 1999 12(2):[<http://www.icaap.org/iuicode?88.2.2.2>]

¹⁰ Neher J, Gordon K, Meyer B., Stevens N. A five-step "microskills" model of clinical teaching. *Journal of the American Board of Family Practice*, 1992;5(4):419-424.

The interest group identified ten specific components of the preceptor role, which were important (See Box 1). First, the preceptor orients the student to the clinical site and agency policies^{6,7}. During a student's academic program they may be in a number of clinical sites and these clinical sites and expectations may vary greatly. Basic information, when to arrive, where to park and put their personal belongings, and key staff involved in delivery of patient care at the site, is important for students to know^{5,6}. In the orientation, the preceptor should address the agency policies and procedures that affect the student experience. These include identifying a recommended dress code (e.g., need for lab coat, identification tag), an orientation to the patient record, identifying resources and staff at the site, and identifying additional individuals who can answer site-specific questions.

Creating a respectful and collaborative environment for student learning is an essential role for the preceptor. For example, a good preceptor listens to assessment information and questions or suggestions the student raises while guiding them toward a plan of care that is realistic for the client. The preceptor provides a reflective practice that enables the student to determine how and why clinical management decisions are made and how these decisions impact patient care outcomes.^{9,11}

Preceptors need to be expert role models. The opportunities to observe preceptors in action are extremely valuable to students throughout their education. An expert role model can demonstrate clinical expertise and identify how a clinician draws on other experts to solve problems that require consultation with other members of the health care team.

Providing feedback to students about their assessment and management skills is another important role for the preceptor^{5,6,7,8,9,10}. Feedback to the student that is honest and direct, yet supportive of learning is sometimes difficult for the preceptor. The guide provides relevant microskills for clinical teaching, modified from Neher, Gordon, Meyer, and Stevens¹⁰. These microskills give concrete examples of how to provide feedback and enhance learning¹⁰. (See Box 2). Feedback given in a mentoring format, rather than a judgmental or grilling format, allows a student to become empowered to take responsibility for learning^{9,11}.

Preceptors should be encouraged to provide valuable and evidence-based learning experiences with appropriate client populations. In clinical settings, such as primary care family practice sites, where the preceptor sees clients of all ages, the preceptor should be sure that the NP student focuses on those patients appropriate for their specialty (PNP, GNP, ANP).

If available in the setting, the preceptors should encourage students to participate in interdisciplinary team meetings. This opportunity allows the student to learn respect for other viewpoints and incorporate contributions and recommendations from other members of the team into the plan of care. Since formal team meetings represent only a small fraction of the work done by interdisciplinary teams, preceptors need to point out how often interdisciplinary encounters take place formally and informally in the course of routine care¹².

¹¹ Hayes E Mentoring and self-efficacy for advanced nursing practice: A philosophical approach for nurse practitioner preceptors. *Journal of the American Academy of Nurse Practitioners*, 1998;10 (2);53-57.

¹² Gleason, M., Farness, J., Schneider, A., Wilson, N. & Fay, V. Structuring the GITT Clinical experience in Siegler E., Hyer K., Fulmer T., Mezey M. (Eds) *Geriatric Interdisciplinary Team Training*. New York: Springer Publishing, Inc. 1998.

Guiding the student learning experience is another important role for the preceptor. This role can be difficult and frustrating for new preceptors who need to balance the clinical schedule, the patient needs, and the student's level of understanding^{5,6,13}. Hayes notes that some nurse practitioners may find preceptorship too stressful or time consuming¹¹. Educators need to be sensitive to the realities of clinical practice, e.g. management changes, caseload constraints that can overwhelm preceptors. Respecting the need for periodic "time off" from precepting can strengthen a relationship between the clinician and the educational institution.

Preceptors need to draw on the student's past experiences and education. Many students entering NP programs having years of nursing experience and some are considered experts in their clinical areas (e.g. critical care, home health care, hospice). Students that have been master's prepared clinical specialists or nursing faculty may have an especially difficult transition returning to the novice status in a new nursing role⁵. This shift from expert back to novice can cause emotional conflicts for students which need to be identified and acknowledged^{5,6}. The student's previous clinical expertise can be useful in that some of the principles they have learned can be applied to other situations. However, students may need encouragement to work harder in those areas where they lack expertise to broaden their knowledge base and to give themselves permission to unsure of themselves and ask questions^{5,7}.

As adult learners, NP students need to be periodically directed back to their resources and readings. Preceptors who are given the course syllabus and reference list can ask the student what their readings reported about a particular problem. In order to impress upon the student the need for constant integration of evidence-based knowledge, preceptors can model the need to "look things up" and encourage the student to do so as much as possible. Preceptors often report that the reciprocal learning that comes from having a student with them makes the extra time spent worth while¹¹.

Finally, preceptors need to notify the faculty of any concerns about student behavior, clinical skills, or student progression. Hayes has developed an excellent list that identifies the faculty role in ensuring success in a student preceptor relationship⁶. In order to foster ongoing communication between the clinical and academic sites the nurse practitioner faculty needs to develop partnerships with clinical preceptors. Early identification of concerns about student clinical skills or behavior can allow the faculty and preceptor to modify or restructure a program for a student who is having difficulty. Systematic faculty communication with preceptors is essential for these particular students.

Setting Up Expectations for Student Performance

In order for preceptors to provide a clinical experience congruent with course expectations, faculty must provide them with a course syllabus that clearly explains objectives, assignments, readings, and expectations. As adult learners, students carry part of the responsibility for their learning experience. The brochure lists the responsibilities of students entering the clinical setting that can be reinforced by the preceptor. (See Box 3).

Students need to agree upon a clinical schedule with their preceptor. In most situations students should arrange clinical days with preceptors directly. This arrangement should respect the time and needs of the preceptor as well as the clinical agency. Many of the nurse practitioner students are also employed either full time or part time. Unfortunately, some students have

¹³ Beauchesne MA. Howard EP. Short communications. An investigation of the preceptor as potential mentor. *Nurse Practitioner*. 1996;21(3):155-6,158-9.

unrealistic expectations that preceptors will work in the evening or on weekend to accommodate the student's work schedule. The availability of precepted hours on evenings or weekends is rare and in many places not available. It is the faculty role to clarify the days and hours that preceptors/clinical sites are available at the beginning of the clinical experience or semester. Faculty should inform the student that the preceptor's time is a precious commodity and must be respected as such. If these conflicts arise, they need to be resolved early in the clinical experience or semester.

Students should identify personal learning objectives for each clinical experience. These personal objectives should complement the goals of the course and help the student improve in areas that they identify as needing improvement. Students should review their personal objectives with their preceptors and faculty. The faculty member and preceptor can advise the student and assist with changes if personal objectives are incongruent with course objectives for that particular clinical experience.

Students need to observe the policies of the agency. Although students may make helpful suggestions on improving a practice site, they need to first understand how the agency operates and be respectful of the environment in which they are learning. Common courtesies such as notifying the preceptor and the agency of changes to the arranged schedule (such as absences due to illnesses or spring break) should be observed. Similarly, preceptors should notify faculty of unexplained chronic late behavior or absences of the student.

Ongoing communication with the faculty and the preceptor is essential for a successful student experience. Faculty and preceptors need regular updates on how the clinical experience is progressing, concerning both student performance and changes that may have occurred at the clinical site. If during a clinical experience the student feel that they are not gaining the experiences needed to complete the course objectives, the student needs to be notified the preceptors and faculty. Occasionally, student experiences need to be enhanced by visits to other sites to fill in the gaps of a specific site^{5,6}. Site visits by faculty help ensure the quality of the clinical experience for the student and provide valuable insights for student evaluation.

Finally, students need to adhere to the standards and scope of professional practice. The transition into a new role does not imply abandoning the ethical standards that guide the profession of nursing. Students may need to be reminded of patient confidentiality issues, and must be respectful of the boundaries of professional practice.

Progression of a Nurse Practitioner Student

This preceptor guide acknowledges that student learning needs and preceptor capabilities vary depending on whether the nurse practitioner student is a beginning student or closer to program completion⁵. Understanding the developmental progression of student expectations and learning needs allows the preceptor to adjust experiences accordingly. (See Box 4) Clinical sites and preceptors should be selected to meet the learning needs of students at the various stages in their program. For example, a fast paced high acuity clinic may be inappropriate for a beginning students who needs a high level of direction and takes a longer time to assess patients.

Recommendations

The guide for preceptors is meant to be a simple reference for preceptors to remind them of their roles, approaches to teaching, student progression differences and responsibilities of

students. It is a useful reminder of information previously provided to clinicians in a preceptor's manual or guide. The guide, although not all-inclusive, provides relevant, succinct guidance to preceptors in clinical sites and be especially helpful to preceptors who are able to attend orientation meetings on the role of the preceptor. Copies of the preceptor guide are available by contacting the GITT website www.gitt.org and the guide can be downloaded.

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Advanced Nursing Practice: Curriculum Guidelines and Program Standards for Nurse Practitioner Education (2nd ed.). Washington, DC: National Organization of Nurse Practitioner Faculties. 1995.

Box 1

Role of the Preceptor

- Orient the student to the clinical site and agency policies.
- Facilitate an informal, collaborative and mutually respectful environment in which to learn.
- Be an expert role model.
- Provide valuable and evidence-based learning experiences with appropriate client populations.
- Provide ongoing feedback to improve the student's assessment and management skills.
- Guide the student to pace the learning experiences to meet client population and clinical site needs.
- Draw on the student's past experiences and education.
- Direct the student to resources and readings.
- Notify faculty of any concerns about student behavior, clinical skills, and/or student progression.

Box 2

Microskills for Clinical Teaching

- Agree on the central issue. "***What do you think is going on?***"
 - Get the learner's opinion.
 - Refocus if necessary.
- Make the central issue the education focus.
- Meet the client's needs and the learner's needs at the same time
- Ask targeted questions to define the learner's needs:
 - ***What led you to that conclusion?***
 - ***What part of the comprehensive assessment is most important in this situation?***
 - ***Is the patient's primary concern the same as yours?***
- Teach general clinical rules. "***When this happens, you need to consider...***"
- Reinforce the principles of comprehensive geriatric care whenever possible.
- Positively reinforce good clinical skills and appropriate professional behavior.
 - Reinforce what is right.
 - Review what needs to be improved.
 - Correct mistakes.
- Demonstrate/critique skills in client and family education.
- Promote critical thinking skills.

Box 3

Setting Up Expectations for Student Performance

The student is responsible for....

- Arranging a mutually agreeable clinical schedule.
- Developing personal learning objectives.
- Integrating personal learning objectives with course objectives.
- Observing policies of the agency.
- Notifying the preceptor/faculty of illness/absence and arranging to make up missed clinical time.
- Conferring with preceptor/faculty to keep informed of progress.
- Conferring with preceptor/faculty when experience is not meeting the learning objectives.
- Adhering to the standards and scope of professional practice.

Box 4

Progression of a Nurse Practitioner Student

Beginning Student

- Student spends initial time observing preceptor.
- Student assessment skills should be validated by the preceptor.
- Student management plans need significant guidance.
- Student needs high level of direction, which decreases as skill level increases.
- As student progresses, preceptor allows student to take on more independent responsibilities.

Intermediate Student

- Student becomes more proficient in analyzing data, is more skilled with assessing and formulating management plans.
- Student improves use of time and resources.
- Student may require assistance in prioritizing and coordinating care.
- Student requires support and assistance for complex cases.
- Student is ready to demonstrate other NP functions such as patient/family teaching and participating in teams.

Advanced Student

- Student is expected to perform all role functions in an organized, efficient, skillful and independent manner.
- Student is expected to engage in interdisciplinary role collaboration, consultation, and referral.
- Student and preceptor develop a more collegial relationship.

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