# Effective Precepting

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# Disclosures

Honorarium from Respiratory Associates

No other disclosures that would be considered a conflict of interest for this lecture.

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# Objectives

- Review some of the literature related to Clinical Precepting
- Identify barriers related to both Preceptor and Student success
- Observe "reenacted" actual scenarios between Preceptors and Students (What went wrong? How can we do better?)
- Discuss the importance of Preceptorship, Communication and Feedback during clinical rotations (Respiratory Care-others.)
- Develop incentives or programs that can enhance/entice our staff for the sake of our students.

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**Let's start with an interesting definition**

Preceptor: Teacher or Instructor

Preceptorship: A short-term relationship between a student (as a novice) and an experienced staff person as the preceptor who provides **individual attention** to the students learning needs and **feedback** regarding performance, students' **experiences**, **relative independence** in making decisions, setting priorities, management of time, and patient care activities

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# What the literature tells us.

Patten, Deborah A., Thomas Baxter, and Mike Chaney. "Learning from Past and Present: Tips for Respiratory Care Preceptors Using an Evaluation of Current Student Perspectives on Their Clinical Learning Experiences." *Journal of Allied Health* 50.2 (2021): 67E-72E.

"Challenges and benefits of precepting are **not** exclusive to the filed of Respiratory Care"

All healthcare fields have challenges when it comes to effective preceptorship and engaging students

"Current student perceptions were very similar to those of 25 years ago. This could be a comparison of two generations"

People haven't changed over the years, so what has? How we learn and technology.

"**RT program faculty can improve their students' clinical experiences through supportive continuing education programs for their hospital RT preceptors"**

We will discuss this statement later in the presentation.

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# Barriers for effective Preceptors

**Staffing Shortages, not enough in hospital Clinical Educators for the number of students (All therapists considered to be educators' therapists are overwhelmed with assignments and view students a burden that will slow down their workflow.)**

**Feedback/Communication (Therapists don't want to provide useful feedback at the risk of hurting a student's feelings but readily share comments and opinions to other therapists.)**

**No formal training (Unclear of how or what to teach, no formalized training or outlines on what to do with the students.)**

**Perception of students being disinterested and disengaged (Students who have poor knowledge base, resist feedback, don't want to be "questioned" or fail to pitch in are frustrating to Therapists.)**

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# Barriers for the students

**Staffing shortages. (Not being wanted due to the staffing shortages or perceptions of preceptors that they are not helpful.)**

**Lack of hands-on experiences (Students do not want to be idle or observe, they want to be actively involved in care.)**

**Afraid of being humiliated (Students report negative learning experiences from preceptors who correct them in front of others or are overly critical and negative of their performance.)**

**Receive no feedback or overly positive feedback (Students want EFFECTIVE feedback, they need to know how they are doing and what specifically their strengths and weaknesses are.)**

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# Case scenarios

- The following scenarios are based on **actual events.**
- They are satirical purpose of discussion for this lecture
- Proper procedures were NOT followed such as infection control or specific protocols or policies
- Each incident could have been better, and can be with proper direction
- The "actors" were actual students during a clinical rotation at our hospital at the time.

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## I don't want a student!

9

## You are taking the student….

10

## My first successful blood gas….

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## My first successful blood gas, better

12

## Book Smart, Clinic Foolish…

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## Book Smart, answered!

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# Preceptor

- In 2009 Kathy Jones-Boggs Rye and Erna Boone published, "Respiratory Care Clinical Education: A Needs Assessment for Preceptor Training" in the Respiratory Care (AARC)
- 56% of responders received some type of orientation/training, 32% did not. The orientations ranged from 1-8 hours. More formalized training lasted 2 hours to 4 days.
  - Respondents' importance rankings of various preceptor training needs included:
    - How to assess/evaluate clinical performance
    - How to provide effective feedback
    - Understanding the preceptors' roles and responsibilities
    - Communication skills
    - Understanding Inter-rater reliability
    - Dealing with difficult students
    - Understanding student needs
    - Principles of adult learning

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# Inter-rater Reliability

- Inter-rater reliability measures the degree of agreement, consistency, and consensus between different judges, observers, or raters assessing the same phenomenon. High inter-rater reliability indicates that different, independent observers produce similar results when evaluating the same subject, reducing subjective bias and ensuring data/information reliability (and consistency)
  - Objective vs subjective
  - Leave your feelings/biases at the door
  - Do they "check off the boxes" Perform the procedure with minimal to no coaching
  - If all evaluators all know the correct steps and evaluate that and that alone, all observations should be very close to each other

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# Preceptor

- Tariq Aljasser, published a thesis in the Fall of 2012 at Georgia State University entitled, "A Survey of Preceptor Training in Clinical Education of Respiratory Care Departments in Selected Hospitals in Metropolitan Atlanta" The findings of his research questions :
- 83% of students are supervised by RT **staff** members
- 61% received some training (82% workshop, 91% at least 8 hours long)
- 78% students were "assigned" to the therapists
- 40% stated that training was provided by Hospital Personnel
- 52% responded they receive no incentives
- 80% agree there is a need for **standardized preceptor training** for Respiratory Care

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# Student

- Alghamdi, Siraj and Ari, published "Evaluation of Clinical Learning Environment in RT Education: Student Perceptions" in Resp Care in 2019 (Feb. Vol 64 No.2)
- Feel comfortable and staff is easy to approach
- Students truly appreciated effort by staff
- Expectations were made clear, and they received FEEDBACK
- Sense of trust, respect, mutual interaction promoted learning
- Able to integrate theory into practice
- Made to feel like they are colleagues


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## No program? Don't worry! Start with the key items.

- It takes time to research and develop an effective Preceptor training program, whether it is one hour or 4 days- if you had to choose something to focus on now that can be easily rolled into a more formal program. You should at least start with:
  - **Clear expectations, guidelines, outline** – anything the RT can use to follow during the preceptorship. They know what their **role and responsibilities** are regarding the student and themselves.
  - Include information on or provide education on **Improved communication** techniques as well as providing **Effective Feedback**

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## Communication

- What is the best definition of communication?
- Communication is simply **the act of transferring information from one place, person or group to another**. Every communication involves a sender, a message and a recipient.
- There are several different forms and types of communication

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## Communication Types – not for this lecture, but as an FYI

- Passive
- Aggressive
- Passive-Aggressive
- Assertive
- Verbal
- Non-verbal
- Visual
- Written

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## Keeping it Simple …..

- Basic Communication Skills
  - HONEST - truth without misleading
  - DIRECT - clear messages and instructions
  - ACTIVE LISTENING - make it a point to "hear." To really understand and retain what is being relayed to you
  - PARTICIPRATORY- dialogue based on sharing of information, perceptions or opinions of all stakeholders, allows for feelings of empowerment

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# Key Items for Effective Communication

- Always Be Consistent : Everyone loses when the rules change day after day. If you want people to trust you and want them to be consistent in their words and actions, keep the rules the same everyday
- Clarity: You must be clear in your intent, wants and needs. Be clear and concise, have people repeat back to you if there is a question
- Respect: No one is more important than anyone else, regardless of position. People will respond when treated with respect - conduct conversations in a private area. Communication should occur out of ear shot of other employees, patients or their families.

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# Communication Resources


- YouTube
- Ted Talks
- In person courses (Crucial Conversations)
- Books
- Evidence based research

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# Feedback

- **What is feedback?**
- Appreciation: recognizing and rewarding someone for great work. ...
- Coaching: helping someone expand their knowledge, skills and capabilities. ...
- Evaluation: assessing someone against a set of standards, aligning expectations and informing decision-making.
- (Formerly known as Positive, Constructive and Negative)
- **How many types of feedback are there in communication?**
- According to Douglas Stone and Sheila Heen from Harvard University, there are **three** different types of feedback based on purpose: Evaluation, Appreciation and Coaching. Evaluation feedback needs to be done "in the moment" to help the person receiving the feedback know where they stand.

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# Evaluation (Effective) Feedback

- Effective feedback is specific, timely, action-oriented, and focused on behaviors rather than personality, fostering a supportive, growth-oriented environment. It should be, "Goal-referenced," meaning it directly addresses established goals, and should be delivered with a clear, supportive tone to encourage improvement. The goal is to provide actionable information, **not just praise or blame**, to help the recipient improve performance.
- Avoid the Feedback Sandwich
  - We need to talk about the mistakes you made
  - Overall, you did GREAT, time management, completed your assignment…..
  - However, you failed to do your post assessments

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# Feedback Resources

- YouTube
- Ted Talks
- In person courses (Giving Constructive Feedback Training Course)
- Books
- Evidence based research


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# Developing your own training

- **Involve stakeholders** – discuss directly with staff, ask them what they feel they need for the job. Talk with students ask them what they feel works and what as not worked so well.
- **Set clear expectations and guidelines** for the Preceptors (and stick to them)as well as providing students with can/cannot do lists and what is expected of them at your facilities
- **Offer resources for personal development in effective communication and feedback.** Let them know you are there to support them and answer their questions and concerns.
- Work towards a more **formalized course** which includes adult learning styles, **evaluating clinical performance and how to deal with difficult students**
- **(Inter-rater reliability)** Degree of agreement among independent observers who rate, code and assess the same phenomenon (activity)

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# We can and should do better, providing support and incentives

- Training and Supporting our Clinical Preceptors (Therapists)
  - AARC Clinical Preceptor Course (PEP)
  - NYS Education Department allowing licensed therapists to receive continuing education credits for precepting.
  - Preceptor pay
  - Career Ladder
  - PRAP (Professional Respiratory Therapy Advancement Program)
  - Development of a site based clinical preceptor course or in conjunction with a local college RT program

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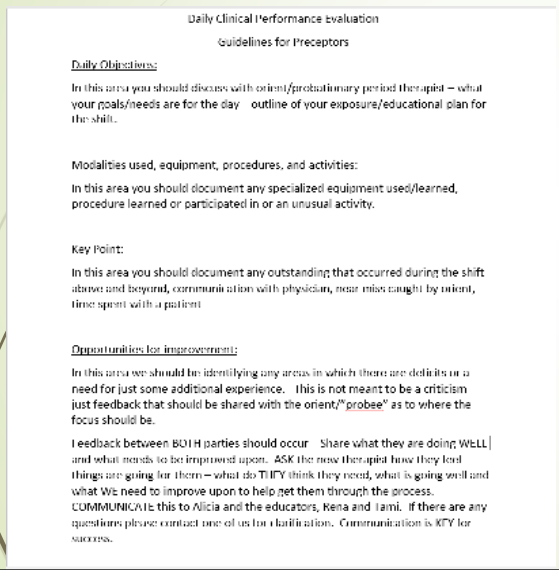
# Some of our materials



Daily Clinical Performance Evaluation

Guidelines for Preceptors

Daily Objectives:

In this area you should discuss with orient/probationary period therapist – what your goals/needs are for the day outline of your exposure/educational plan for the shift.

Modalities used, equipment, procedures, and activities:

In this area you should document any specialized equipment used/learned, procedure learned or participated in or an unusual activity.

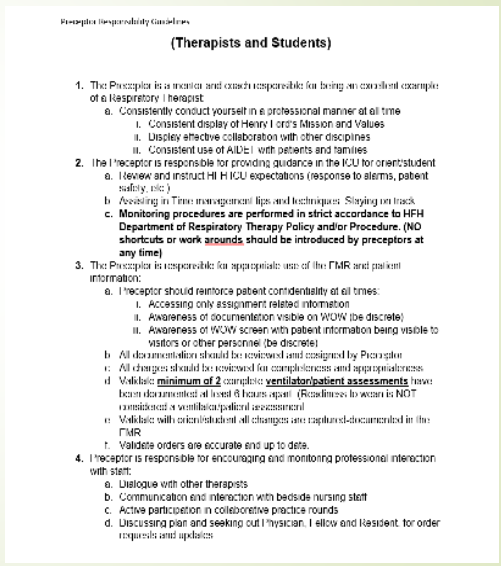
Key Point:

In this area you should document any outstanding that occurred during the shift above and beyond, communication with physician, near miss caught by orient, time spent with a patient

Opportunities for improvement:

In this area we should be identifying any areas in which there are deficits or a need for just some additional experience. This is not meant to be a criticism just feedback that should be shared with the orient/"probee" as to where the focus should be.

Feedback between BOTH parties should occur Share what they are doing WELL and what needs to be improved upon. ASK the new therapist how they feel things are going for them – what do THEY think they need, what is going well and what WE need to improve upon to help get them through the process. COMMUNICATE this to Alicia and the educators, Kena and Tami. If there are any questions please contact one of us for clarification. Communication is KEY for success.



Preceptor Responsibility Guidelines

(Therapists and Students)

1. The Preceptor is a mentor and coach responsible for being an excellent example of a Respiratory Therapist
   a. Consistently conduct yourself in a professional manner at all time
      i. Consistent display of Henry Ford's Mission and Values
      ii. Display effective collaboration with other disciplines
      iii. Consistent use of AIDET with patients and families
2. The Preceptor is responsible for providing guidance in the ICU for orient/student
   a. Review and instruct HFH ICU expectations (response to alarms, patient safety, etc.)
   b. Assisting in Time management tips and techniques: Staying on track
   c. **Monitoring procedures are performed in strict accordance to HFH Department of Respiratory Therapy Policy and/or Procedure. (NO shortcuts or work arounds should be introduced by preceptors at any time)**
3. The Preceptor is responsible for appropriate use of the EMR and patient information:
   a. Preceptor should reinforce patient confidentiality at all times:
      i. Accessing only assignment related information
      ii. Awareness of documentation visible on WOW (be discrete)
      iii. Awareness of WOW screen with patient information being visible to visitors or other personnel (be discrete)
   b. All documentation should be reviewed and cosigned by Preceptor
   c. All charges should be reviewed for completeness and appropriateness
   d. Validate **minimum of 2** complete **ventilator/patient assessments** have been documented at least 8 hours apart (Readiness to wean is NOT considered a ventilator/patient assessment
   e. Validate with orient/student all changes are captured-documented in the EMR
   f. Validate orders are accurate and up to date.
4. Preceptor is responsible for encouraging and monitoring professional interaction with staff:
   a. Dialogue with other therapists
   b. Communication and interaction with bedside nursing staff
   c. Active participation in collaborative practice rounds
   d. Discussing plan and seeking out Physician, Fellow and Resident, for order requests and updates

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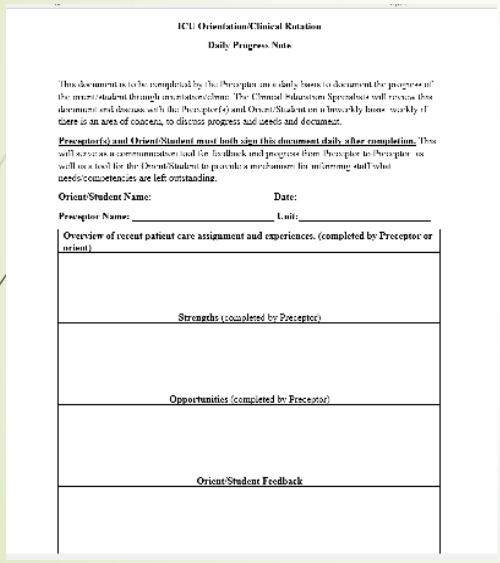
# Some of our materials



**ICU Orientation/Clinical Rotation**

**Daily Progress Note**

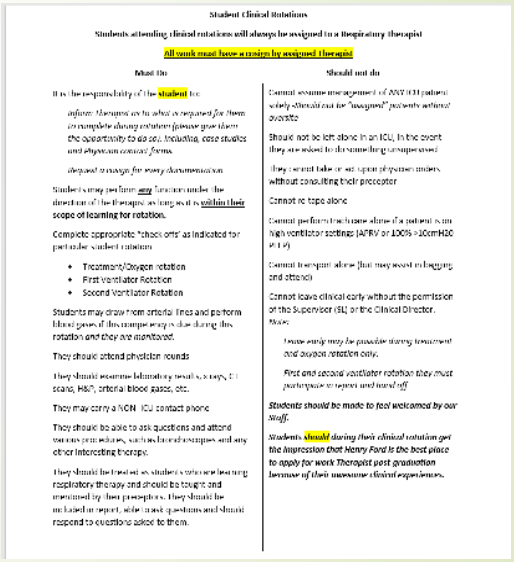
This document is to be completed by the Preceptor on a daily basis to document the progress of the student/student through orientation/clinic. The Clinical Education Specialists will review this document and discuss with the Preceptor(s) and Orient/Student on a biweekly basis- weekly if there is an area of concern, to discuss progress and needs and document.

**Preceptor(s) and Orient/Student must both sign this document daily after completion.** This will serve as a communication tool for feedback and progress from Preceptor to Preceptor as well as a tool for the Orient/Student to provide a mechanism for informing staff what needs/competencies are left outstanding.

**Orient/Student Name:** **Date:**

**Preceptor Name:** _____ **Unit:** _____

| **Overview of recent patient care assignment and experiences. (completed by Preceptor or orient)** |
|---|
| **Strengths (completed by Preceptor)** |
| **Opportunities (completed by Preceptor)** |
| **Orient/Student Feedback** |



**Student Clinical Rotations**

**Students attending clinical rotations will always be assigned to a Respiratory therapist**

**All work must know a respiratory therapist assigned**

| Must Do | Should not do |
|---|---|
| It is the responsibility of the student to: | Cannot assume management of ANY ICU patient solely clinician on "assigned" patients without preceptor |
| *inform therapist as to what is required for them to complete during rotation (please give them the opportunity to do so), including, case studies and physician contact forms.* | Should not be left alone in an ICU, in the event they are asked to do something unsupervised |
| *Request a mask for every documentation* | They cannot take or set up physiologic monitors without consulting their preceptor |
| Students may perform any function under the direction of the Preceptor as long as it is within their scope of learning for rotation. | Cannot re tape alone |
| Complete appropriate "check offs" as indicated for particular student rotation | Cannot perform inclusive alone if a patient is on high ventilator settings (APRV or 100% >40cmH2O or PEEP) |
| • Treatment/Oxygen rotation<br>• First Ventilator Rotation<br>• Second Ventilator Rotation | Cannot transport alone (but may assist in hanging and attend) |
| Students may draw from arterial lines and perform blood gases if the sample site is clear during this rotation and they are monitored. | Cannot leave clinical early without the permission of the Supervisor (SL) or the Clinical Director. |
| They should attend physician rounds | *Note:* |
| They should examine laboratory results, x-rays, CT scans, H&P, arterial blood gases, etc. | *Treatment only may be possible during treatment and oxygen rotation only.* |
| They may carry a FCN ICU contact phone | *First and second ventilator rotation they must participate in report and hand off* |
| They should be able to ask questions and attend various procedures, such as bronchoscopies and any other interesting therapy. | ***Students should be made to feel welcomed by our staff.*** |
| They should be treated as students who are learning respiratory therapy and should be taught and mentored by their preceptors. They should be included in report, able to ask questions and should respond to questions asked to them. | ***Students should during their clinical rotation get the impression that Henry Ford is the best place to apply for work Therapist post graduation because of their awesome clinical experiences.*** |

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# In Conclusion

**The Student/Preceptor Relationship in Respiratory Care has never been more important than right now. We need to provide a positive clinical experience, one that will solidify their decision to become and remain a Respiratory Care Practioner. Students are our future and need to be nurtured and encouraged.**

**We can help our students succeed by being and creating Effective Preceptors/Mentors who have been properly trained and are eager to share our passion and expertise. Respiratory Therapists possess an abundance of knowledge and are the only ones that can integrate theory learned in the classroom to bedside practice. Connecting everything we do to the "why" will empower our RT students.**

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# The End


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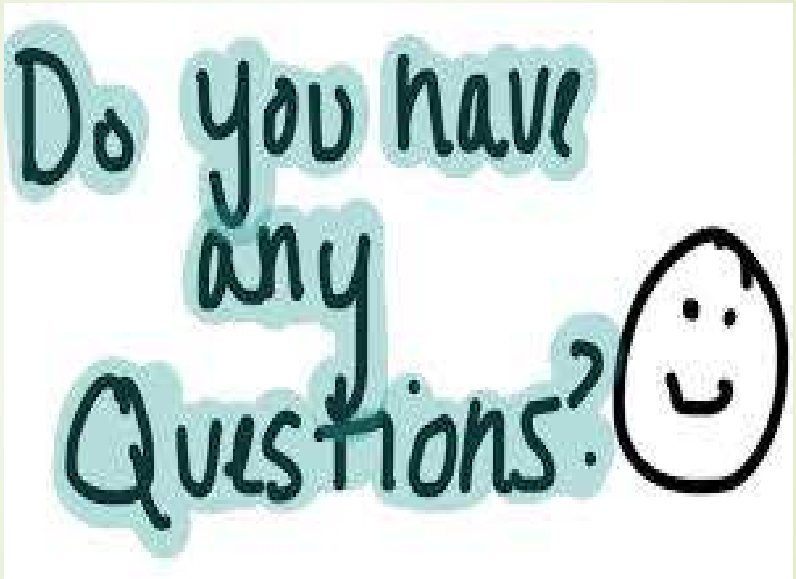


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