12. Model Answers

3. Adult Learning

Situation: Taking a history from an elderly patient.

Cognitive Component:

* Knowing common health problems of the elderly;
* Knowing normal historical findings for the elderly and findings indicative of health problems;
* Knowing procedure and forms or other documentation systems to be used;
* Selecting information for documentation;
* Recording in an organized fashion.
Affective Component:
* Respecting the patient;
* Treating the patient as a competent adult, not a child;
* Showing sensitivity toward and accommodating special needs of the patient; e.g., assess patient’s cognitive, auditory, visual, mobility status and give appropriate consideration to these factors during history taking.

Psychomotor Component:
* Arranging physical environment for comfort and convenience;
* Assembling needed materials and using them without fumbling;
* Recording information efficiently.

Situation: Examining a woman who is a victim of domestic violence.

Cognitive Component:
* Knowing frequent physical findings in domestic abuse;
* Knowing patient’s previous history, if available.

Affective Component:
* Showing respect and consideration for the patient;
* Maintaining a nonjudgmental approach;
* Creating an atmosphere that encourages the patient to talk.

Psychomotor Component:
* Assembling the proper equipment and using it efficiently and correctly;
* Identifying and using landmarks as appropriate to the physical examination.
Situation: Obtaining a history and performing a physical examination of an ill child accompanied by his mother, who is very nervous.

Cognitive Component:
* Recognizing appropriate questions to be asked, examination to be performed, and diagnostic procedures to be carried out in relation to history of present illness, presenting signs and symptoms.
* Giving relevant and accurate information to mother and child (as is age appropriate).
* Knowing “normal” age-related developmental indicators for child.

Affective Component:
* Acknowledging mother’s concern, treating her with respect, offering appropriate and realistic reassuring information.
* Using age-appropriate and calming communication with child.

Psychomotor Component:
* Creating a comfortable and calming environment as feasible;
* Choosing and assembling proper equipment;
* Performing examination skillfully.

Situation: Performing an annual physical examination for an irate patient who has waited to see the APN for a longer time than she expected.

Cognitive Component:
* Knowing the requirements of the annual physical examination;
* Knowing patient’s previous history if available.

Affective Component:
* Acknowledging patient’s anger;
* Communicating respect for the patient’s time, offering an explanation (though not an excuse) for the delay if appropriate;
* Showing respect for the patient.

Psychomotor Component:
* Carrying out the physical examination skillfully and efficiently;
* Completing thorough examination, i.e., not being careless due to time pressure.

Julie, The APN Student

1. Which of the AIR categories of adult learning principles predominate in Julie’s situation?
   - ✔ Relevance and motivation. Julie is giving priority to her job because of financial and professional needs.
   - ✔ Active involvement and individual differences categories are also evident. She prefers the active learning in the clinic to the more passive learning situation in class and in studying on her own.

2. What actions will you take?
   - ✔ Clarify expectations with Julie. She cannot be excused from preparation for clinical practice because of her job. She needs to accept that she must have baseline knowledge in order to benefit from clinical practice. Require her to gain the information she lacked and report it to you or demonstrate it for you the next time.
   - ✔ If the pattern persists, share your observation with the faculty member.
   - ✔ Ask Julie to identify ways to create study time in her schedule. She is the only one who can do this, but she first must accept the need to create time to study. Who can help her? What can she delegate? What can she do differently or not at all for the duration of the course?

4. Assessing
STUDENT ASSESSMENT: MARY ANN

Person

Data: Rapid speech and lots of detail-oriented questions; arrived early; brought lots of books.

What else I need to know: Is she overly anxious about this experience?

How I will find out: Ask what concerns she has about this rotation.

Learning Style

Data: Wants to learn by observing; brought lots of books.

What else I need to know: What other learning preferences does she have? Will she be willing to get actively involved after initial observation?

How I will find out: Ask Mary Ann how she has learned best in the past.

Knowledge

Data: 3 years staff RN experience in CHF clinic; passed Advanced Health Assessment course.

What else I need to know: What did she actually do in her position?

How I will find out: Ask Mary Ann some specific open-ended questions.

Attitude

Data: Appears to have positive attitude toward learning.

What else I need to know: What is her attitude toward patients and colleagues?

How I will find out: Ask her to tell me about the patients she saw in clinic. Ask her about her work situation and interdisciplinary interactions in clinic.

Skill

Data: From course work should be able to perform physical exam and write SOAP notes. CHF Clinic Staff RN skills.

What else I need to know: What is her actual skill level?

How I will find out: Observe her performing physical exam; review her SOAP notes; ask her which skills she feels very comfortable with and which she thinks she needs to practice more.
5. Planning

Obtain a social history in a manner that helps the patient feel comfortable and encourages frank disclosure.

**PLAN:**

- Acknowledge with Katie that her previous experience in the fast-paced ER and with the Spanish-speaking clinic clientele didn’t offer much opportunity for her to practice ways to encourage patients to express themselves.
- Ask her what questions she plans to ask to obtain certain pieces of information, particularly sensitive pieces of information. Give her feedback on her plans.
- Observe her interviewing a patient. Give her feedback.
- Review and critique her notes. Give her feedback.

6. Teaching

**WHICH COACHING TECHNIQUE(S) WOULD YOU USE IN THESE SITUATIONS?**

1. When the student performs well
   - Encourage the student by recognizing good performance and giving positive feedback
   - Sponsor if there are opportunities to showcase the student

2. When the student does not meet expectations and you do not know the reason
   - Confront the student with his/her deficiencies regarding expectations; ask for feedback
   - Depending upon reasons for failure to meet expectations, educating or counseling may be appropriate.
3. When the student fails to try or tries to fail

Note: As you gather more information about the student’s failure to perform, you may discover that one recommended technique is more appropriate than another is. For example, simply giving information or instruction (educate) may be all that the student needs to succeed. However, if the failure is due to more than a simple lack of information, some counseling approaches to explore reasons for failure, or some confronting approaches may be most effect.

Whenever the student’s performance fails to meet standards, make sure that the student understands that his or her performance does not meet the standard and specifically what improvements are needed in order to meet expectations.

<table>
<thead>
<tr>
<th>Possible Reason</th>
<th>Possible Coaching Techniques</th>
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<tbody>
<tr>
<td>Student is unclear about performance expectations</td>
<td>Educate</td>
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<tr>
<td>Student’s perception that performance expected is</td>
<td>Educate</td>
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<tr>
<td>not really important</td>
<td>Encourage</td>
</tr>
<tr>
<td></td>
<td>Counsel</td>
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<tr>
<td>Student lacks skill</td>
<td>Confront</td>
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<tr>
<td></td>
<td>Educate</td>
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<tr>
<td></td>
<td>Encourage, Counsel</td>
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<tr>
<td>Student lacks desire or motivation to perform at</td>
<td>Confront</td>
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<tr>
<td>expected level</td>
<td>Counsel</td>
</tr>
<tr>
<td>Real or imagined barriers interfere with performance</td>
<td>Sponsor</td>
</tr>
<tr>
<td>Student may receive more reward (e.g., attention)</td>
<td>Confront</td>
</tr>
<tr>
<td>for poor performance than for good performance</td>
<td>Counsel</td>
</tr>
<tr>
<td></td>
<td>Encourage</td>
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<tr>
<td>Student has not received adequate performance</td>
<td>[Arleen, this question from Chapter Six doesn’t not match up with the question listed in feedback]</td>
</tr>
<tr>
<td>Student does not perceive positive outcomes (or</td>
<td>Confront</td>
</tr>
<tr>
<td>rewards) for good performance</td>
<td>Counsel, Encourage</td>
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<td></td>
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The Case of the Painful Ear

**Context:** A bright Advanced Practice Nursing student presents this case to her preceptor in the ambulatory clinic.

**One Alternative Strategy**

**Preceptor:** “What do you think is going on?”

**Student:** “I think he has an upper respiratory infection, probably otitis media.”

**Preceptor:** “What led you to that conclusion?”

**Student:** “He has a history of repeated otitis media and currently has a fever, a painful right ear and a runny nose.”

**Preceptor:** “What would you like to do for him?”

**Student:** “First, I would like you to confirm my findings on the right ear. If you concur about otitis media, then we should give him some antibiotics. Since he doesn’t have any allergies to medication, I think amoxicillin is a reasonable choice.”

**Preceptor:** “You did a good job of putting the history and physical exam findings together into a coherent whole. It does sound as if otitis media is the most likely problem. There is great variability in ear problems. The key features of otitis media that I look for in the physical exam are the appearance and mobility of the ear drum, landmarks, opacity of the drum, and mucus discharge, and in the history are prior upper respiratory infections and past problems with the ears. This child would seem to fit these criteria. With the lack of allergies, amoxicillin is a logical choice for an antibiotic. I’ll be glad to confirm your exam findings. Let’s go and see the patient.”

As you read this alternative response, were you thinking, “But my student doesn’t respond like the student in this ideal situation”? The preceptor-student relationship is indeed a *relationship*—you can’t conduct it effectively all by yourself. One of the things students needs to learn is how to learn successfully in a preceptorship. Give students some examples of the kind of responses you expect from them.
How would you handle the following problems?

1. The student who “knows it all.”
   ☑ Validate the student’s competencies yourself.
   ☑ Point out differences between the student’s previous experiences and expectations of the Advanced Practice role.

2. The student who blames learning deficits on past classes, “I had a really bad pharm’ teacher.”
   ☑ Emphasize that whatever the reason for gaps in her knowledge base, she needs to find ways to supplement her knowledge base.
   ☑ Focus on resources and approaches available for her to learn.
   ☑ Consult with faculty regarding additional resources.

3. The student who is stressed out over personal circumstances.
   ☑ Acknowledge that personal situations do need to take priority at times. But, if there is an ongoing pattern of distraction, learning is jeopardized.
   ☑ Do not get intimately involved in solving the student's problems or take on the problems.
   ☑ Keep the focus on the clinical experience and whatever problems are arising because of preoccupation or absences. Ask the student what different arrangements she could make to allow her to concentrate more fully on the business at hand when in clinical.
   ☑ Consult with faculty if necessary.

4. The student who wants to solve all the patient's problems RIGHT NOW. E.g., the female patient who is a victim of domestic violence and is seeking care regarding diabetes mellitus and family planning.
   ☑ Direct the student to elicit feedback from the patient so that the student can gauge how much information the patient is taking in and what the patient will act on.
   ☑ Assist the student to map out a realistic plan for following up on the patient’s problems and concerns.

5. The student who is performing a pelvic exam ignores the patient’s discomfort and doggedly continues.
   ☑ Model the behavior you would expect of the student; e.g., inquire of the patient about how she is doing. Ask if she’d like the student to pause for a minute. Reassure the patient that the procedure is almost over (if true). Tell the patient what sensations she can expect to experience.
   ☑ After the procedure is completed, give the student feedback in private. Remind the student that she will be able to perform the procedure more effectively when the patient is relaxed.

6. The student who fumbles repeatedly during a physical examination.
   ☑ Encourage the student to practice with a fellow student or other willing person.
   ☑ Suggest that the student practice particular subskills repetitively until she masters each subskill rather than practicing the entire examination procedure.
   ☑ Remind the student that patients’ confidence in her will be negatively affected unless she develops more smooth technique.

7. The student who cannot interpret the findings of her physical examination.
   ☑ Identify the reason by asking the student to think out loud through the process of attempting to interpret. Focus on the part of the process that is problematic.
   ☑ Role model for the student; think out loud through the interpretation process.
   ☑ Give the student some findings to interpret for practice from patient records or from books, articles, or other resources Ask the student to obtain practice materials from the faculty.
   ☑ Breakdown the process into component parts that the student can practice.
7. Evaluating

In the boxes, you will find some “right” answers to open communication with the student about the issue. There are other perfectly appropriate ways to apply the principles of feedback and I-messages.

1. You have a bad attitude!

I heard you telling Mrs. Lane that you “have no idea” how she might handle the problems she has been having with our billing and her insurance company. It sounded to me as though you didn’t care about helping her . . .

2. You should be more careful!

When I notice that you’ve omitted this part of the history and physical from your charting again, I’m concerned . . .

3. You’re always late!

I’ve seen you come in 15 minutes late three times now . . .
(Follow up with: How will you prevent this from happening again? OR How will you make sure you are here on time from now on?)
4. You should get your work done early like Sam does!

   I notice that you seem to have a half hour’s worth of paperwork left at the time you’re scheduled to leave . . .

   (Follow up with: How will you plan differently to finish on time?)

5. You’re a real troublemaker and you are insensitive to others. And, you’re always late and you always interrupt people!

   (Take one issue at a time. Complete one before you bring up the other.)

   When I heard you make that remark about “fat people,” I felt badly that our secretary Jane overheard it because she really struggles with her weight. I was embarrassed.

   (After student’s response, clarify the expectation.)

6. Your documentation was a real mess last week!

   When I read this note, I get confused because you skip from one problem to another and then come back to the first . . .

   (After the student’s response, clarify the expectation. Then give guidelines and principles for revising and instruct the student to rewrite the entry.)

7. Why did you talk to the secretary that way this morning! (Angry tone)

   When I overheard your complaints to the secretary this morning, I thought you insulted her . . .
8. You never carry through on anything I ask you to do, and then I have to be responsible for it!

   You’re so undependable.

After you left yesterday, I discovered that you left those physical exam reports incomplete. We agreed that you would do them before leaving . . .

9. You always want things your way!

When we reorganized the schedule you had set up, I got the impression you were angry . . .

10. You’re so disorganized!

After you began the procedure with Mrs. Gale, I noticed that you had to interrupt the procedure because you hadn’t brought in all the specimen slides you needed. I remember that same thing happened yesterday with Mrs. Harris . . .

   (Follow up with: How can you be sure that you’ve brought in everything you need?)