6. Teaching

- Implementing the Plan
- Teaching as Reflection-in-Action
- Coaching
- Teaching Critical Thinking
- Teaching by Role Modeling
- The One-Minute Preceptor
- Strategies for Letting Go
- Strategies for Managing Problem Learners
- Teaching Interdisciplinary Collaboration
- Truths About Teaching

Teaching brings the precepting plan to life. Section 6, Teaching explores teaching strategies for effective precepting. Effective precepting also requires giving feedback to the student and seeking feedback from the student. Techniques for giving feedback to students and eliciting feedback from students are included in Section 7, Evaluation.

Implementing the Plan

Section 5, Planning emphasized the importance of making a plan for each day and asking the student to reflect upon each day’s experience to give focus to the next day’s plan. Another essential ingredient, however, drives the day’s activities—your practice! On any day, events and learning opportunities will arise that you could not predict or incorporate into your
initial plan for precepting. When you begin each precepting day with the student, overview the day as you expect it to unfold. If you and the student decide to pursue some unforeseen learning opportunities, give the student responsibility for incorporating the activities that you had originally planned into future plans.

Learn to perceive your practice setting with a view toward learning opportunities for the student. Filter your perceptions considering the student’s objectives and the unique opportunities available in your practice. Adjust your plan as opportunities arise and as you observe the student’s performance and identify new learning needs. Flexibility is an important key to precepting success.

Teaching as Reflection-in-Action

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

While you are explaining a case to the student, you see the student’s eyes glaze over and you readily see that the student is no longer actively engaged. But it is not always so obvious when an approach is not working. Even when the student is exhibiting my-eyes-glaze-over (humorously called MEGO), a preceptor might fail to notice and continue to drone on.

Seek feedback from the student frequently. Not by asking questions that can be answered “Yes” or “No,” such as “Did you get that?”, “Do you understand?”, or “Do you see the relationship between . . . and . . .?” Instead, ask the student to tell you what he or she got out of an explanation or ask, “What did you think was most important in what I just told you?” or “If you had to summarize this case in 60 seconds, what would you say?”

Validate your perception that your present approach is (or is not) working. Validate often so that you do not waste valuable time pursuing an ineffective approach. Validate the effectiveness of your
teaching approaches with students just as you validate the effectiveness of treatment plans with patients. Remember the learning vector concept (described in Section 5, Planning), and its implication that students benefit differently from teaching approaches depending upon their level of development. At a given time, a student may learn best from a collegial approach in some aspects but at the same time need a very directive, didactic approach in aspects that are entirely new.

By taking a holistic approach, Advanced Practice Nurses offer patients a unique approach to primary care. The student needs to practice comprehensive patient care, but at times in the learning process, the student may benefit from repetitive practice of a narrow aspect of care in order to master a skill. For example, if you assess a weakness in the student’s skill in history taking, you might assign the student to take and document a number of histories on a given day and limit the focus to taking and documenting histories for that day.

Keep your flexible stance, practice the techniques included in this section, and seek feedback from the student to validate the effectiveness of your approaches.

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**Coaching**

“T he term coaching is derived from a French term that means to convey a valued person from one point to another.” (Haas, 1993). While the term in that sense referred to travel by a stagecoach-like conveyance, its meaning fits well in the context of precepting a student in your practice.

Long recognized as an effective means of improving performance in sports and the performing arts, coaching has more recently received attention as a means of supporting professional development and improving performance of the management team. The coaching process parallels the precepting process: defining goals, planning means to achieve goals, sharing information and demonstrating techniques, role modeling, giving corrective feedback, changing strategy to address changing situations, and clarifying and validating perceptions.
CHARACTERISTICS OF THE COACHING RELATIONSHIP APPLIED TO PRECEPTING
(ADAPTED FROM FARLEY, 1990)

1. Preceptor and student forge a partnership.
2. Preceptor and student commit to produce a result.
3. Preceptor and student accept each other in a nonjudgmental fashion.
4. Preceptor agrees to encourage the student to improve; student agrees to listen to coach’s interpretations.
5. Preceptor acknowledges the uniqueness of each student, each relationship, and each situation.
6. Preceptor and student prepare for coaching encounters and practice their roles in the coaching relationship.
7. Preceptor and student must give and receive information and feedback.
8. Preceptor and student integrate into the team and exhibit willingness to go beyond what is already achieved.

Effective coaches use five techniques, sometimes blended in various combinations. These techniques, when to use each, the intended outcome, and the skills that each requires are shown in the following chart.

<table>
<thead>
<tr>
<th>Coaching Techniques</th>
<th>When to Use</th>
<th>Intended Outcome</th>
<th>Coach’s Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate</td>
<td>When goals, roles, or conditions change</td>
<td>New knowledge and skills are acquired</td>
<td>Articulate performance expectations clearly</td>
</tr>
<tr>
<td></td>
<td>To orient a newcomer</td>
<td>Confidence increases</td>
<td>Recognize “real life” learning laboratories</td>
</tr>
<tr>
<td></td>
<td>When the coach is new</td>
<td>A broader perspective is gained</td>
<td>Reinforce learning</td>
</tr>
<tr>
<td></td>
<td>When new skills are needed</td>
<td></td>
<td>Role model</td>
</tr>
<tr>
<td>Sponsor</td>
<td>When an individual can make a special contribution</td>
<td>Outstanding skill or contributions is showcased</td>
<td>“Debureaucratize”</td>
</tr>
<tr>
<td></td>
<td>To let an outstanding skill speak for itself</td>
<td>Skill is fine-tuned or perfected</td>
<td>Dismantle barriers to performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual is recognized</td>
<td>Let go of control</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide access to information and people</td>
</tr>
<tr>
<td>Coaching Techniques</td>
<td>When to Use</td>
<td>Intended Outcome</td>
<td>Coach's Skills</td>
</tr>
<tr>
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</tbody>
</table>
| **Encourage**       | - Before or after a first-time experience  
                      - When affirming good performance  
                      - When simple, brief corrections are needed | - Enhanced confidence and skills  
                      - Improved performance | - Express genuine appreciation  
                      - Listen |
| **Counsel**         | - When problems interfere with performance  
                      - When educating and encouraging fail to attain desired level of performance  
                      - When responding to setbacks and disappointments to speed recovery | - Behavior is redirected  
                      - Enhanced sense of ownership and accountability  
                      - Renewed commitment | - Listen  
                      - Give clear, useful feedback  
                      - Facilitate problem solving |
| **Confront**        | - When emotions have cooled after a conflict  
                      - When privacy can be assured  
                      - When performance does not match the expectation | - Open up communication  
                      - Establish mutual understanding  
                      - Effect a change in behavior  
                      - Establish trust  
                      - Reassignment | - Listen  
                      - Give direct, useful feedback  
                      - Discuss sensitive issues without “over-emotionalizing”  
                      - Communicate objectively, directly, clearly |

Notice that the skill of listening is considered important in more than one of the coaching techniques. Listening is also of great importance throughout the precepting process—from the time of the initial contact with the student, when you are identifying and clarifying objectives and plans and throughout your precepting relationship. Careful, attentive listening is a communication tool that has probably already proven valuable in your practice. One recommended listening technique is called active listening. When using active listening, you listen carefully to what another person says to you and then repeat the essence of the message back to the person for his or her verification. Active listening is of special importance early in the student/preceptor relationship to assure mutual understanding and avoid erroneous assumptions.

Decide which coaching techniques to apply in the situations in the box on the following page. Compare your choices to the suggestions in Section 12, Model Answers.
WHICH COACHING TECHNIQUE(S) WOULD YOU USE IN THESE SITUATIONS?

1. When the student performs well
2. When the student does not meet expectations and you do not know the reason
3. When the student fails to try or tries to fail

<table>
<thead>
<tr>
<th>Possible Reason</th>
<th>Possible Coaching Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is unclear about performance expectations</td>
<td></td>
</tr>
<tr>
<td>Student's perception that performance expected is not really important</td>
<td></td>
</tr>
<tr>
<td>Student lacks skill</td>
<td></td>
</tr>
<tr>
<td>Student lacks desire or motivation to perform at expected level</td>
<td></td>
</tr>
<tr>
<td>Real or imagined barriers interfere with performance</td>
<td></td>
</tr>
<tr>
<td>Student may receive more reward (e.g., attention) for poor performance than for good performance</td>
<td></td>
</tr>
<tr>
<td>Student has not received adequate performance feedback</td>
<td></td>
</tr>
<tr>
<td>Student does not perceive positive outcomes (or rewards) for good performance</td>
<td></td>
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</tbody>
</table>
As a preceptor, you may seek coaching as a useful means of refining your preceptor skills. The faculty member or a peer might serve as your coach. Garner (1993) recommends a faculty development approach called cognitive coaching. Cognitive coaching is a peer coaching technique. One acts as coach, the other as the partner who receives coaching. The coach and partner:

- Discuss the teaching goals of the partner.
- Describe the student encounter in which the partner will work toward these goals. The coach asks clarifying questions in order to fully explore the situation and the alternatives for the partner’s actions.
- Identify a few specific actions that the partner will take during a student encounter to work toward these goals.
- Agree that the coach will observe the encounter and later give feedback to the partner.

The peer coach then observes the partner during the encounter with the student. The peer coach gives feedback to the partner. They discuss how well the planned approaches worked and what additional approaches might be tried in the future. They may agree to continue goal setting, planning, and observing with feedback. The cognitive coaching technique can be applied in a single episode or as an ongoing approach to faculty development.

You might find peer coaching helpful when you are trying new approaches such as Socratic questioning with students. You might also serve as a peer coach for another preceptor.

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**Teaching Critical Thinking**

A completed Delphi study of critical thinking nursing (Rubenfeld and Scheffer, 1998) identified skills and attitudes or orientations (habits of the mind) that describe critical thinking in nursing practice.
**Skills for Critical Thinking in Nursing**

- Analyzing
- Applying standards
- Discriminating
- Information seeking
- Logical reasoning
- Predicting
- Transforming knowledge

**Habits of the Mind for Critical Thinking in Nursing**

- Confidence
- Contextual perspective
- Creativity
- Flexibility
- Inquisitiveness
- Intellectual integrity
- Intuition
- Open-mindedness
- Perseverance
- Reflection

To use these generally stated skills and habits of mind, operationalize them into behaviors that a student can practice and a preceptor can evaluate. Reflect on practice examples of the skills and habits of mind. Identify examples in the boxes on the following pages.
<table>
<thead>
<tr>
<th>Skills for Critical Thinking in Nursing</th>
<th>Examples in My Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyzing</td>
<td></td>
</tr>
<tr>
<td>Applying standards</td>
<td></td>
</tr>
<tr>
<td>Discriminating</td>
<td></td>
</tr>
<tr>
<td>Information seeking</td>
<td></td>
</tr>
<tr>
<td>Logical reasoning</td>
<td></td>
</tr>
<tr>
<td>Predicting</td>
<td></td>
</tr>
<tr>
<td>Transforming knowledge</td>
<td></td>
</tr>
<tr>
<td>Habits of the Mind for Critical Thinking in Nursing</td>
<td>Examples in My Practice</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Confidence</td>
<td></td>
</tr>
<tr>
<td>Contextual perspective</td>
<td></td>
</tr>
<tr>
<td>Creativity</td>
<td></td>
</tr>
<tr>
<td>Flexibility</td>
<td></td>
</tr>
<tr>
<td>Inquisitiveness</td>
<td></td>
</tr>
<tr>
<td>Intellectual integrity</td>
<td></td>
</tr>
<tr>
<td>Intuition</td>
<td></td>
</tr>
<tr>
<td>Open-mindedness</td>
<td></td>
</tr>
<tr>
<td>Perseverance</td>
<td></td>
</tr>
<tr>
<td>Reflection</td>
<td></td>
</tr>
</tbody>
</table>
After you identify some of the specific examples of critical thinking in your practice, two general strategies will assist you in facilitating development of the student’s critical thinking: questioning techniques and role modeling.

Asking questions of oneself, or reflecting, develops expertise in both practice and precepting. Ford and Profetto-McGrath (1994) proposed a model of critical thinking, which is represented in the diagram below.

Ford and Profetto-McGrath suggest that when we encounter a situation, we reflect critically on our knowledge base. This reflection guides us to select and incorporate other pieces of information in the situation. For example, when you approach a patient, you choose to collect particular assessment data, based upon your education and previous experience. Further reflection upon this knowledge will lead you to select and implement action. After acting, you reflect upon the actions you have taken. Reflecting on the effectiveness or ineffectiveness of actions you took leads to new knowledge—that you will continue to take your chosen approach with the patient, or you will modify our approach. In the process, you have added to the knowledge base that you will take with you into future encounters with patients. Reflect on your management of particular patients and identify the relevant questions you can pose to students to guide them in the process of critical reflection.

Recall the levels of the cognitive domain, introduced in Section 3. Adult Learning. The three most complex levels: analysis, synthesis, and evaluation are the critical thinking levels. Asking questions in the three lower levels, however, are often prerequisite to critical thinking questions, unless the student is quite proficient in the care of the patient you are discussing. The boxes that follow suggest some questions that facilitate both assessing and teaching at the knowledge-comprehension-application levels and at the critical thinking levels of the cognitive domain.
### Sample Knowledge-Comprehension-Application Questions

<table>
<thead>
<tr>
<th>Question Type</th>
<th>Sample Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is . . . ?</td>
<td>How is . . . ?</td>
</tr>
<tr>
<td>Whom will you contact?</td>
<td>List the major . . .</td>
</tr>
<tr>
<td>How do you use . . . ?</td>
<td>Give some examples.</td>
</tr>
<tr>
<td>What approach will you take for . . . ?</td>
<td>How will you apply this technique with . . . ?</td>
</tr>
<tr>
<td>Use these fact to . . .</td>
<td>How will you change . . . ?</td>
</tr>
</tbody>
</table>

### Sample Critical Thinking Questions

<table>
<thead>
<tr>
<th>Question Type</th>
<th>Sample Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does . . . relate to . . . ?</td>
<td>How will you prioritize?</td>
</tr>
<tr>
<td>Do you agree with this diagnosis? Why?</td>
<td>How can you improve upon . . . ?</td>
</tr>
<tr>
<td>What do you predict will happen?</td>
<td>How will you evaluate this plan?</td>
</tr>
<tr>
<td>Given these latest lab results, how will you change your plan?</td>
<td>How will you create a plan with which this patient will comply?</td>
</tr>
<tr>
<td>What home care services are needed?</td>
<td>How will you validate your assumptions?</td>
</tr>
<tr>
<td>How do you rate this caregivers' competence?</td>
<td>What other alternatives might work?</td>
</tr>
</tbody>
</table>
The questions that you ask display your own critical thinking. You ask questions about the most important aspects of care, and students quickly learn priorities and significance from the aspects that you choose to question.

Ask questions that allow you to assess the student’s knowledge base in relation to a particular patient. For example, the student has assessed a patient who has congestive heart failure and found that the patient has tachycardia. Ask the student, “Would you expect this patient to have tachycardia? Why?

Require the student to do a critical appraisal of treatment from time to time. When more than one treatment alternative seems reasonable, require the student to review pertinent current research to justify one choice over another for the particular patient in question. Assist the student to narrow down the question to improve precision of a literature search. For example, rather than looking for evidence about the effect of digoxin in heart failure, refine the question to something like: Will elderly patients (like Mr. D.) who are in sinus rhythm, have systolic dysfunction, and resultant heart failure following myocardial infarction, have fewer exacerbations if digoxin is added to their diuretic therapy?

Guyatt and Nishikawa (1993) suggest the following outline for student presentation of critical appraisal.

**Key Elements for Presentation of Research Selected**

I. Objective. E.g., to determine the impact of digoxin on clinical status in patients with heart failure in sinus rhythm.

II. Population. Number of patients, key exclusion criteria.

III. Study design and intervention. A brief synopsis.

IV. Outcome.

V. Can you believe the results?

VI. What are the implications for patients in general?

VII. What are the clinical implications of the results for your patient?

**Questions for the Student to Address in Critical Appraisal**

- How did you select this particular article or piece of research?
- Were the patients randomized?
- Were all clinically relevant outcomes reported?
- Were studied patients similar to your patient?
- Were both statistical and clinical inference considered?
Is this therapeutic approach feasible?
Were all the patients accounted for?
What does this research imply for your patient?
What does this research imply for your future practice?

Interrupt the student when necessary to redirect priorities or to show an alternate approach. Intervening may help the student incorporate the corrections more readily than would a critique after the fact.

Unlike teaching psychomotor skills, with critical thinking we most often see only the results of the student’s thought process and not the thought process itself. To make the thought process available for your corrective feedback, ask questions such as, “What did you notice that caused you to pursue that sequence? How was this like a previous encounter with a patient? Draw a decision tree to show me how you arrived at that conclusion.”

Encourage the student to compare and contrast the treatment plans and responses of similar patients and to identify the features that account for differing responses.

Use the physical examination as an occasion for stimulating critical thinking with questions such as those in the box below.

**SAMPLE CRITICAL THINKING QUESTIONS RELATED TO THE PHYSICAL EXAMINATION**

- After the student takes the history, but before the physical examinations, review the student’s hypotheses. Ask what the student expects to find.

- What other results supplement or may be more valuable than the physical examination?

- What findings of the physical examination help assess prognosis?

- What features of this physical examination predict response to therapy?
Encourage the student to partner with a student peer to practice cases. Instruct the student to present the case succinctly and maintain eye contact with the partner. Instruct the student to complete the presentation and then ask the partner to give a 30-second summary of what was presented. Eliciting and examining alternative perspectives is an important part of critical thinking. This process can be practiced with a peer by presenting the case without diagnoses and asking the partner to state and defend diagnoses based upon the information presented. For example, advise a student to listen to a fellow student when he or she presents a case. Instruct the student to help the fellow student fill in the gaps in his or her presentation. This practice will sharpen the case presentation skills of both students.

Pause before you give the student answers and information, and challenge yourself to ask the student a question that will help him or her to discover the answer.

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**Teaching by Role Modeling**

Students will learn from your role modeling whether or not you purposefully present yourself as a role model. Two of the most significant aspects of learning accomplished through role modeling are critical thinking and professional role behavior in interaction with patients, interdisciplinary colleagues and others.

Your thinking is invisible—just as the student’s thinking process is invisible unless you ask for responses that call for the student to describe his or her thinking. Make your thinking visible to teach clinical judgment. Think out loud whenever appropriate, since thinking out loud is not a very natural behavior, practice. As you go about patient management without a student present, challenge yourself to formulate a description of your thought process.

You will find some times inappropriate for thinking out loud (because of concerns about the effect on a patient who is present, or because of concerns about the effect on interdisciplinary or political relationships). In those situations, alert the student in advance to attend to particular critical features of your behavior. Afterward, ask the student questions about his or her observations and ask the student to interpret your rationale. This approach is a version of a “pop-quiz” on thinking out loud.
When you are thinking out loud, call attention to the essential features of your actions. In some situations, there may be a crucial sequence of actions or other features that are more important than others. Let the student see the consequences of your actions. Seeing your favorable outcomes and tying them to specific actions focuses the student’s attention and motivates.

Brookfield, an adult education authority, refers to our mistakes as our “instructional friends.” Our instructional friends teach us how to improve, what to watch out for, and many other valuable lessons. You will find students extremely attentive to your war stories of valuable lessons learned from mistakes.

Obviously, you do not want to present yourself as an incompetent buffoon. But wise, experienced professionals know that everyone makes mistakes occasionally or at least can see a better course of action with 20/20 hindsight. Use an occasional, “I remember the time...” or “I learned this the hard way when...” This approach is a variety of role modeling that draws upon reflection on practice. With this approach, you can sometimes prevent student errors. Students may also have greater willingness to approach you with their uncertainties if they perceive that you have a reasonable tolerance for error. This certainly is not meant to suggest lowering performance standards or quality of care. Rather, the intent is that when mistakes occur, as they inevitably will, find the learning opportunity as well as apply whatever corrective action is indicated.

The approach that you model with your patients profoundly affects the student’s approach, for example asking the patient’s permission for the student to participate in his care, protecting patient privacy, warning the patient of sensations or discomfort, thanking the patient for accepting the student, or offering to discuss any questions with the patient and family.

Wiseman (1994) identified highly salient role model behaviors as perceived by baccalaureate nursing students as shown in the box on the following page. While some are peculiar to undergraduate, acute care experiences, many apply to graduate, primary care experiences as well.
ROLE MODEL BEHAVIORS IN THE CLINICAL SETTING

- Demonstrates use of equipment unique to the setting.
- Demonstrates nursing care procedures.
- Listens to change of shift reports.
- Asks questions regarding the patient’s condition.
- Reports clinical data to staff personnel in a timely fashion.
- Uses therapeutic communication skills with each patient.
- Interacts with physicians in a confident manner.
- Identifies self to patients when first meeting them.
- Demonstrates up-to-date nursing practices.
- Is neat and clean in professional appearance.
- Displays sense of humor in appropriate context.
- Demonstrates ability to care for patient’s needs.
- “Pitches in” when necessary to assist students.
- Demonstrates a caring attitude toward patients.
- Demonstrates a caring attitude toward students.
- Keeps confidential information to self.
- Is organized in the clinical setting.
- Is flexible when the situation requires a different approach.
- Appears to have respect of agency personnel.
- Provides a positive atmosphere for students to learn.
- Listens to students’ points of view.
- Respects the patient’s integrity.
- Encourages discussion of ethical dilemmas.
- Gives positive feedback.
- Gives negative feedback in a positive manner.
- Demonstrates accountability for own actions.
- Demonstrates an enthusiastic attitude toward nursing.
- Demonstrates problem-solving ability in the clinical setting.
The One-Minute Preceptor

The One-Minute Preceptor summarizes five user-friendly techniques that you can put to use in a busy clinic setting.

Microskill 1: Get a Commitment

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

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

**Sample Questions:** “What do you think is going on with this patient?”

“What would you like to accomplish in this visit?”

“Why do you think the patient has been non-compliant?”

Microskill 2: Probe for Supporting Evidence

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

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

**Sample Questions:** “What were the major findings that led to your conclusion?”

“What else did you consider?” “How did you reject that choice?”

“What are the key features of his case?”

Microskill 3: Teach General Rules

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

**Preceptor:** Provide general rules at the level of the student’s understanding. A generalizable teaching point can be phrased as, “When this happens, do this . . . “ General rules are more memorable and transferable than specific facts.
Example: “If the patient only has cellulitis, incision and drainage is not possible. You have to wait until the area becomes fluctuant to drain it."

“Patients with UTI usually experience pain with urination, increased frequency and urgency, and they may have hematuria. The urinalysis should show bacteria and WBCs, and may also have some RBCs.”

**Microskill 4: Tell Them What They Did Right**

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

**Preceptor:** At the *first opportunity*, comment on the specific good work AND the effect that it had. As Belasco (1989) wrote, “What gets measured gets produced; what gets rewarded gets produced again.”

**Example:** “You didn’t jump into working up her complaint of abdominal pain, but kept open until the patient revealed her real agenda. In the long run, you saved yourself and the patient a lot of time and unnecessary expense by getting to the heart of her concerns first.”

“Obviously you considered the patient’s finances in your selection of a drug. Your sensitivity to this will certainly contribute to improving his compliance.”

“Why do you think the patient has been non-compliant?”

**Microskill 5: Correct Mistakes**

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

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

**Example:** “You may be right that this patient’s symptoms are probably due to a viral upper respiratory infection. But you can’t be sure it isn’t otitis media unless you’ve examined the ears.”

“I agree that the patient is probably drug-seeking, but we still need to do a careful history and physical examination.”
Apply the One-Minute Preceptor Microskills to create an alternative strategy to the preceptor’s response in the following situation. Compare your alternative response to one better alternative in Section 12, Model Answers.

The Case of the Painful Ear

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

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

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

**Preceptor:** “This is obviously a case of otitis media. Give the child amoxicillin and send him home.”

Strategies for Letting Go

Letting go, providing more autonomy for the student, is a challenge for the preceptor. Yet the student will not successfully complete the objectives if all of his or her practice is closely supervised and assisted. Assure yourself of the student’s competence to perform each aspect of patient management and then allow the student to perform those aspects independently. Monitor progress through documentation, reports from the student, and responses you obtain from
patients. Discuss and negotiate the letting go process with the student. Find out what type of support from you will contribute to the student’s growing independence.

Davis, Sawin, and Dunn (1993) identify the indicators in the box below as signals that the student is ready for increased responsibility.

**INDICATORS OF STUDENT READINESS FOR INCREASED RESPONSIBILITY (LETTING GO)**

**Intuitive Indications**
- There is a mutual increase in comfort, almost intuitive, mutual decision.
- Student and preceptor build up trust. Preceptor trusts the student not to get in over his or her head and to be responsible for his or her own actions and decisions.

**Indicators Related to Student Performance**
- Student proves that he or she will not miss something important.
- There is no longer a need to review every detail with preceptor.
- Student has proven physical assessment skills; rechecks of the examination are satisfactory.
- Student gives accurate clinical presentation of significant positives and negatives.
- Data presented by the student proves that (s)he has covered all the bases with the patient. (S)He has not only met all the patient’s needs, but has also not found anything wrong with the normal patient.
- Student shows ability to tie in past experience with new skills and apply them to new scenarios.
- Student recognizes limits of knowledge and admits to weaknesses.
- Student asks appropriate questions.

**Indicators Related to Student Initiatives**
- The student becomes a self-starter, can cope with an unstructured setting, or a change in the schedule.
- Student asks for more challenging experience, exhibits confidence.

A very important key to letting go is to assure yourself that the student will recognize the need for information or assistance and actively seek it from you or from whatever resource is appropriate.
Be sure you are solving the right problem—that advice is as valid for managing student learning problems as for managing patient problems. Explore the perceived problem fully before putting solutions in place. When you perceive indications of a problem, share your perceptions with the student. You do not need to label the problem, accuse or reprimand the student, or outline a solution. Simply share your observations and ask for the student’s interpretation. Given the limited practicum time, it is very important to identify problems aggressively before bad habits develop or misinterpretations lead to irreconcilable differences. Many perceived problems resolve as soon as preceptor and student clarify differing perceptions of expectations. For example, you may perceive that your student, a mature, experienced nurse, is “just not getting it.” You may mentally “write her off” in terms of providing her active, enthusiastic involvement, because you think she’ll “never make it.” If you share your observations (not your dire predictions) with her, you may discover that as a mature, experienced nurse she has numerous, complex “brain files” that she searches and matches to incorporate new learning. She knows herself well enough to tell you that she takes a little longer than her younger classmates to “get in the groove,” but once she settles in, she outperforms many of them. The faculty member can validate student’s learning history. Despite trying a few approaches, you may think that you and the student are not communicating effectively about a potential problem that you perceive. In this case, share your perceptions with the faculty member.

Identify the problem you perceive within the framework of domains of learning. Is this a cognitive, an affective, or a psychomotor problem? Problems in each domain respond best to strategies particular to that domain.

**Cognitive Problems: Thinking**

*Examples:*

-- Hand-eye-brain coordination

-- Critical, orderly thinking at all times following the steps of the patient management process

-- Effective communication skills

-- Application of theory base to clinical practice
Respond to:  -- Case presentations  
-- Simulation—talking through cases and thought processes  
-- Breaking down performance according to steps of the management process  
-- Direct questioning, requiring reasons for proposal actions  
-- Use of precepting style appropriate to the student’s cognitive level  
(knowledge, comprehension, application, critical thinking)  

**Affective Problems: Feelings, Values**  

*Examples:*  
-- Willingness to make decisions  
-- Accountability for actions/care.  
-- Commitment to school/agency/professional philosophy of care  
-- Honesty/integrity – includes willingness to say “I don’t know, but I’ll find out.”  
-- “Common sense”  

*Respond to:*  
-- Use and knowledge of self in interactions  
-- Use and knowledge of values orientation  
-- Concepts of accountability, autonomy  
-- Standards of practice documents, code of ethics  
-- Self- or peer-coaching using a performance checklist  

**Psychomotor Problems: Hand Skills**  

*Examples:*  
-- Hand-eye coordination  
-- Effective time utilization: timing and speed  

*Respond to:*  
-- Practice, practice, and more practice  
-- Demonstration, return demonstration  
-- Videotapes and review of performance  
-- Observation with corrective feedback  
-- Self- or peer-coaching using a performance checklist  

Having explored and identified a problem with a student, ask the student to identify factors that are contributing to the problem and ways to overcome these difficulties. Offer suggestions (such as those
above) and recommend resources, but give the student accountability for resolving the problem.

Ask the student to submit a written plan, with realistic time frames and steps toward solving the problem. Share the plan with the faculty member. Regularly document progress with both the student and the faculty member. Ask the faculty member if a more formal contract or particular documentation needs to be completed. Reflect upon these questions and raise them with the student and the faculty member:

- Is it realistic for the student to overcome the identified deficit within the time limits?
- Is it appropriate to recommend professional counseling?
- What are the appropriate considerations to take into account when designing the time frame for the learning contract?
- How much allowance should be given to family/personal problems interfering with the learning process?
- Is the outside time limit for continuing in the program clearly identified, realistic, and understood by all parties?
- Is there a mutual understanding and clear mutual expectations among the student, the faculty member, and the preceptor?

How would you handle the following problems?

1. The student who “knows it all.”
2. The student who blames learning deficits on past classes, “I had a really bad pharm’ teacher.”
3. The student who is stressed out over personal circumstances.
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.
5. The student who is performing a pelvic exam ignores the patient’s discomfort and doggedly continues.
6. The student who fumbles repeatedly during a physical examination.
7. The student who cannot interpret the findings of her physical examination.

Compare your thoughts with the suggestions in Section 12. Model Answers
One of the preceptor's most valuable contributions to the student's learning of the Advanced Practice role is imparting skill in interdisciplinary collaboration. The student learns best by role modeling accompanied by later analysis of interdisciplinary encounters. Through previous nursing experience, the student has probably learned that each discipline, and the patient and family as well, have varying perspectives and priorities that make collaboration challenging. Remember that the student and preceptor have some differing priorities and goals as well. At times, conflicts may arise in the preceptor-student relationship that require collaboration.

One useful paradigm for collaboration is the Thomas-Kilmann conflict resolutions strategy in the diagram below:

![The Collaboration Process Diagram]

We both win and get what we need.
The circle and the square represent two different perspectives on the same problem. Each recommends a different course of action. To reach a collaborative solution, each party identifies the most important ingredients in an effective solution from his point of view. These needs, or requirements, are represented by the dots contained in the circle and the square. To collaborate, each party identifies and shares these requirements. These requirements then become the specifications of an approach to the situation that both parties can support. In the diagram, this new, collaborative approach is represented by the triangle.

Guide the student in recognizing the important ingredients (from the Advanced Practice Nurse perspective) to be obtained in interdisciplinary collaborations. Facilitate the student in learning how to elicit those ingredients from those with whom you collaborate. Assist the student in brainstorming with collaborative partners to create solutions that satisfy all parties involved.

**Truths About Teaching**

Reflect upon these truths about teaching proposed by Brookfield (1990). How can you apply these while precepting a student? Note especially the last “truth.”

- Be clear about the purposes of your teaching.
- Reflect on your own learning.
- Be wary of standardized models and approaches.
- Expect ambiguity.
- Remember that perfection is impossible.
- Research your students’ backgrounds.
- Attend to how students experience learning.
- Talk to your colleagues.
- Trust your instincts.
- Create diversity.
Take risks.

Recognize the emotionality of learning.

Acknowledge your personality.

Don’t evaluate only by student satisfaction.

Balance support and challenge.

Recognize the significance of your actions.

View yourself as a helper of learning.

Be skeptical of all of the above and discover your own truths.

“No man can reveal to you aught but that which already lies half asleep in the dawning of your knowledge.

. . . If [the teacher] is indeed wise he does not bid you enter the house of his wisdom, but rather leads you to the threshold of your own mind.

. . . For the vision of one man lends not its wings to another man.”