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Advancing Nurse Practitioner Preceptor and Student Engagement in Evidence-based Practice at the Point of Care

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ABSTRACT

Nurse practitioner students focus on the diagnosis, treatment, and management of patient conditions and are less diligent in searching and using evidence to guide clinical decision making. It can be time-consuming for students and preceptors to identify the evidence that supports clinical decisions and to integrate this skill at the point of care. This article presents strategies to assist students and preceptors in translating research into evidence at the point of care and provides concrete suggestions and examples to advance evidence-based practice skills in students and preceptors.

Keywords: evidence based, faculty, nurse practitioner, preceptor, research

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Preceptors are essential in nurse practitioner (NP) education. Without willing preceptors who give freely of their time, practice, and patients, graduate education of this type would not be possible. The preceptor models many roles that include mentor, provider, communicator, consultant, decision maker, leader, and user of evidence. Preceptors facilitate the transition from student to provider and play as large a part in the education of the NP student as full-time faculty. Preceptors recognize the benefits of precepting, such as forming clinical partnerships, gaining personal satisfaction from giving back, meeting relicensure requirements, and staying clinically current and challenged all the while with fewer resources and preparation.[1]

As NP programs grow, so does the demand for preceptors. Preceptors may feel burdened and have time constraints. They experience increasing patient quota volumes, scheduling issues, and changing employer or practice policies that affect their ability to oversee student NPs.[1] Preceptors may be accommodating students from different universities who are at different stages in their programs, all with competing clinical requirements and knowledge levels. To facilitate effective relationships between preceptor and student, the faculty from NP programs can foster the preceptor's role as teacher by supporting both the student and preceptor in the use of evidence-based skills.

Although the research process is the basis of evidence-based practice (EBP), research is not always well understood by NP students.[2] NP students are primarily focused on learning diagnosis, treatment, and management of patient conditions and less focused on the search for and use of evidence to guide their clinical decision making. Even after a research and EBP course, the concepts may be poorly understood because of the student's inability to view research concepts as building blocks for future EBP decisions. This becomes a dilemma because it is important to base practice decisions on valid and reliable evidence.[3,4]

Rather than relying on a research or EBP course, which is often taught in isolation from other courses, a suggestion is to thread research evidence throughout the master's and doctoral NP programs and to concurrently engage preceptors in the use of evidence. When faculty stress the use of primary research sources to establish EBP and boost the preceptor's skills to model this in the clinical setting,

the NP student is able to use research evidence throughout assignments and build confidence in clinical decision making.[5] Foundational research and EBP principles can facilitate the student's use of these concepts in actual patient care situations.

STUDENT AND PRECEPTOR ISSUES RELATED TO MOVING RESEARCH INTO EBP

It can be time-consuming for students and preceptors to identify the evidence that supports clinical decisions and integrate this skill at the point of care. Faculty are well positioned to offer preceptors expertise and guidance in promoting the use of evidence while students are in the clinical setting. Faculty offer help in determining if the research evidence is valid and reliable and whether confidence can be placed in the findings. Students and preceptors need to differentiate between lay or scientific resources that will direct decisions regarding care. Students and preceptors need to have conversations integrating the latest evidence-based findings with current practice decisions at the point of care.

When decisions are made to implement changes in current practice, the decisions should be based on valid and reliable evidence. Therefore, the ability to differentiate between qualitative and quantitative studies and to recognize appropriate study design and sampling techniques is necessary to evaluate a research study for evidence of validity. Identifying the sample, sample size, interventions, data collection methods, results, and study significance when reviewing published findings are essential skills for NP students. Inclusion of these research items in grading rubrics provides consistency of faculty expectations, allows the students to become proficient in meeting those expectations, and enhances their understanding of basic research elements. When faculty share clinical scoring rubrics with NP preceptors, the integration and understanding of course expectations are also fostered in the clinical setting.

To meet course expectations, students routinely search the Internet for information rather than using peer-reviewed sources. It is accessible, quick, and friendly, yet it is a faulty practice for determining evidence for clinical decision making. The ability to access and use health-related information databases (Medline, PubMed, Cumulative Index to Nursing and Allied Health Literature, and the Cochrane Collection) is paramount in finding EBP standards and guidelines that culminate in appropriate practice decisions.[2,6] Therefore, it is essential for faculty to provide the opportunities across the curriculum for students to search, access, and identify acceptable sources for collecting and using peer-reviewed evidence. One opportunity is to consult with a medical librarian who is well positioned to guide the faculty, student, and preceptor in locating peer-reviewed evidence at the point of care.[7] When faculty communicate the necessity of using appropriate peer-reviewed sources with preceptors, students will have the opportunity to validate clinical decisions with established standards or evidence, either verbally with the preceptor or in written assignments.

A frequent question that arises with students is what constitutes appropriate and acceptable peer-reviewed sources for practice decisions and where to find these sources. Faculty are key in directing students toward acceptable and appropriate sources. Additionally, preceptors may have their own sources to share. There are a myriad of options available, and it is easy for the student to become comfortable using a few standard sources. Some resources are available at no charge, but others may incur a charge for use. Some sources may be updated periodically and others daily. During student tenure, it is essential for the student to be given the opportunity for exposure to a variety of point-of-care references. This exposure allows the student to build a repertoire of preferred sources that enable him or her to make evidence-based decisions at the point of care. Encouraging the student to develop backup resource options is important because some databases or sources may no longer be available to the student after graduation (such as health science databases accessible through the university library). The best resource is one that is available, relevant, and usable at the point of care. Table 1 is a list of common resources that are used in teaching and practice and is in no way inclusive.

Although peer-reviewed sources are critical, there are several challenges in using these sources. One such challenge is that peer-reviewed sources use a variety of systems or scales to categorize levels of

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