

# Online Clinical Education Training for Preceptors: A Pilot QI Project

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## ABSTRACT

The purpose of this quality improvement project was to implement online education to improve preceptors' knowledge, skill, and comfort related to clinical teaching. Online modules were developed, implemented, and evaluated. Data were analyzed using descriptive statistics and paired *t* tests. Forty-five percent (*N* = 18) of 40 consenting participants completed the project. Knowledge scores were significantly increased after participation (*P* = .003); skill and comfort were not significantly changed. Satisfaction was rated as excellent or good by 94.7% of the preceptors. Increased preceptor knowledge and high levels of satisfaction suggest that online education for preceptors may be an effective approach to formal preceptor education.

**Keywords:** clinical education, continuing education, nurse practitioner, online education, precepting

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Office visits to primary care providers are projected to increase from 463 million in 2008 to 565 million in 2025.<sup>1</sup> To compensate for this exponential growth in office visits, an additional 52,000 new primary care providers are needed.<sup>1</sup> Health care reform, increasing complexities related to patient care, and much needed health systems transformations were several converging factors influencing the Institute of Medicine's 2010 report identifying the need for nurses to practice to the full extent of their educational preparation and for more nurses to achieve higher levels of training.<sup>2</sup> Increasing the capacity to educate nurse practitioners (NPs) presents a number of challenges, one of which is the need to identify and prepare additional community-based preceptors.

Educating health care providers for the future is largely dependent on developing high-quality clinical preceptors who work with students in community clinical settings and help to bridge the gap between theory and practice.<sup>3,4</sup> Preceptors often experience demands that are different than those typically encountered in their clinical practices, and few receive the necessary training on the role of the

preceptor.<sup>5,6</sup> Furthermore, the preceptors' time for teaching in the clinical setting is very limited and is often measured in minutes with the focus of teaching that centers on "what" rather than "why."<sup>5,7</sup> Neher et al<sup>8</sup> noted that teaching by untrained preceptors often results in "minilectures" rather than teaching and learning that effectively develops the students' clinical reasoning skills.<sup>5</sup>

In partnership, faculty and preceptors support the central elements of clinical practice, clinical instruction, and clinical supervision.<sup>8</sup> Studies show that providing education and support to preceptors can improve their clinical teaching skills.<sup>9</sup> Additionally, preceptors have expressed an interest in education and support for this fundamental role.<sup>10</sup>

## LITERATURE REVIEW

### Learner and Preceptor Preferences Related to Clinical Teaching

Four descriptive studies explore preceptor preferences related to clinical teaching; 1 study focuses on the barriers and motivators influencing providers who precept advanced practice registered nursing (APRN) students, whereas 3 assess preferences of residents in medical training.<sup>8,11,12</sup> Altruism and personal

professional development are factors that motivate preceptors to work with APRN students, whereas the ability to obtain continuing education (CE) from the sponsoring university is highly valued.<sup>8</sup> Studies evaluating concordance and discordance of clinical teaching attributes valued by both learner and preceptor show mutual agreement related to important clinical teaching attributes of clinical competence, enthusiasm, feedback, nonjudgmental attitude, and role modeling.<sup>11-13</sup> Although the literature provides insight into behaviors valued in the clinical setting by learners and preceptors, results have not been correlated to clinical learning outcomes.

### Effectiveness of Implemented Programs

Two systematic reviews of the literature and 1 randomized controlled trial examined a collective 25 studies from 1975 to 2008 with interventions aimed at improving the clinical teaching effectiveness of physician residents' clinical teaching with results establishing that formal training programs lead to improvements in clinical teaching skills.<sup>14-16</sup> The One-Minute Preceptor (OMP) model and Summarize Narrow Analyze Probe Plan Select (SNAPPS) technique are 2 structured clinical teaching and learning techniques that improve learner outcomes.<sup>17-20</sup>

### OMP Model

The OMP model is a clinical instruction tool designed to help preceptors focus their clinical teaching while enhancing learner clinical reasoning. The model concisely integrates the following 5 microskills: (1) get a commitment, (2) probe for supporting evidence, (3) provide positive reinforcement, (4) correct mistakes, and (5) teach a general principle.<sup>21</sup> Five clinical trials exploring the effectiveness of the OMP model were reviewed, representing 1 randomized controlled trial<sup>22</sup> and 4 observational studies with pretest-posttest designs.<sup>17-20,23</sup> The results showed improvements in clinical teaching after education regarding the OMP model that was provided to clinical preceptors.

All 5 studies show some degree of clinical teaching improvement; however, the degree of improvement and focused area of enhancement are inconsistent across studies. This inconsistency may be attributed to varied study designs, sample sizes,

and evaluation methods, with 3 studies evaluating learner and preceptor behavior through coded videotaped interactions<sup>17,19,20</sup> and 2 trials exploring learner and preceptor perceptions in the clinical setting.<sup>18,21</sup>

### SNAPPS Technique

The SNAPPS technique is a learner-centered method of clinical case presentation that promotes enhanced clinical reasoning and student-directed learning as the learner implements the following 6 steps: (1) summarize the history and findings, (2) narrow the differential, (3) analyze the differential, (4) probe preceptor regarding uncertainties, (5) plan management, and (6) select case-related issues for self study.<sup>24</sup> Two randomized controlled trials<sup>24,25</sup> and 1 secondary data analysis<sup>23</sup> show that students who use the SNAPPS technique are consistently more precise when delivering oral case presentations and display increased clinical reasoning while verbalizing more differential diagnoses and clinical uncertainties, prompting improved preceptor feedback.

### Applicability to Practice

Sufficient evidence exists to support creating and evaluating the effectiveness of a structured preceptor development CE module focusing on the OMP model and the SNAPPS technique. Both preceptors and learners value enthusiasm related to clinical education, clinical competency, effective clinical teaching, and structured feedback,<sup>11-13</sup> and evidence exists showing that the introduction of clinical teaching methods supporting these virtues effectively improves clinical teaching.<sup>14-16</sup> Specifically, available data indicate that educating preceptors regarding the OMP model is effective in improving clinical teaching and learning outcomes.<sup>14,17-21</sup> Additionally, the SNAPPS technique, a student-centered model for case presentations, has repeatedly been shown to promote students' increased clinical reasoning and preceptor feedback.<sup>23-25</sup>

Although limitations exist within the body of evidence, outcomes show increased effectiveness of clinical teaching and improved learner and preceptor satisfaction. This benefit supports the development of a structured preceptor training program based on the OMP and SNAPPS techniques in order to promote

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