Helping Our Students AND Preceptors Succeed

Doctor Frank J. Tornetta
Memorial Lecture
Contact Information

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• Michael Kost
  – kostmike@einstein.edu
Our Discussion Plan

• The stakes
  – Why CRNA preceptors and SRNAs should care

• The teaching-learning environment
  – Today’s perioperative environment

• Parallel priorities
  – Safe patient care combined with student success

• A review of educational best practices
  – Moving from theoretical principles to practical principles
Learning Objectives

• Describe current processes in preparing preceptors and statements for their roles
• Review environmental and situational factors that determine an effective teaching/learning environment
• Analyze trigger videos and clinical vignettes to identify problems and potential solutions
• Reiterate practical applications to the clinical area
Developing Agreement

- Are all NAPs and their students alike?
- What is the main job of a preceptor?
- How to individualize to students?
- Are SRNAs truly adult learners?
- How do patient care priorities impact clinical precepting?
Ex: Student vs. Preceptor Expectations

Medication Preparation
Why is Precepting Challenging?

- Stressors of student role
- Stressors of the faculty role
- Production pressure
- Complex patients
- Mismatch of student level to case/situation
- Remediation student
Importance of Preceptor Education and Preparation for the Role

Composition of the COA
1. What is the composition of the COA?
2. How is the composition of the COA determined?
3. What criteria must a candidate meet to serve as a director on the COA?

Development of COA Standards
1. What was the rationale for establishing a minimum total case number requirement of 500 cases, rather than the proposed 650 cases in the first draft Standards?
2. What was the rationale for requiring a minimum number of clinical hours?

ACCREDITATION REVIEWERS’ MANUAL
COUNCIL ON ACCREDITATION OF NURSE ANESTHESIA EDUCATIONAL PROGRAMS

American Association of Colleges of Nursing
Advancing Higher Education in Nursing

CCNE Accreditation
About CCNE
Why Accreditation?
Find Accredited Programs
Find New Applicant Programs
Directory of Accredited Programs

Quick Links
Preparing for an On-Site Evaluation
Baccalaureate and Graduate Nursing Programs
Nurse Residency Programs
Preparing a Continuous Improvement Progress Report
Baccalaureate and Graduate Nursing Programs

STANDARDS FOR ACCREDITATION OF NURSE ANESTHESIA PROGRAMS
Practice Doctorate
How Do We Align Expectations
Focus: Precepting Best-Practices

• Interactive learning
• Review of educational best practices for clinical precepting
• Mostly expert consensus, from other professions or taken out of the simulation world
  – Ex: Loading (Power/load, cognitive load), feedback, pre-brief/debrief, reflective learning, novice to expert development process
• Provide practical approaches/techniques to improve the teaching-learning environment
Baseline Clinical Vignette

KPSAN Baseline Video
Baseline Video
Group Discussion
3 Key Precepting Skills
(among others)

Observation
for signs of stress, anxiety, overload and ‘gaps’
- This will allow you to intervene when students become overloaded
- Often useful to identify a task or function they CAN do

Communication
Expectations and objectives clearly
- This will reduce SRNA confusion about what is expected and....
- Set the stage for deeper understanding of their performance

Use of Techniques
Coaching, prompting and cueing
- Being mindful about which techniques are most effective for students at different levels of ability is critical
- For example: more novice students or those under stress may require that you use more direct instruction as compared to more advanced students
Careful Preceptor Observation
Identifying & Closing ‘Gaps’

CRNA Preceptor: Observation of performance

SRNA: Perception of performance

Performed well ← Performed poorly

Performed poorly ← Performed well

Feels good ← Feels bad

Feels bad ← Feels good

Knowledge
Skill
Behavioral

GAP

PERCEPTIONS
Common Precepting Techniques

• **Active instruction- do**
  – Coaching
    • Directing, instructing and training .....aim to achieve some goal or develop a specific skill
  – Prompting
    • Well....what was our plan?
  – Cueing (more experienced)
    • Giving more subtle clues- verbal non-verbal that are designed to trigger an action

• **Passive instruction- show**
  – Modeling- demonstrating effective behaviors that you want students to emulate
Importance of Preceptor Use of Educational Best Practices

- Personalized experience
- Making didactic information come to life
- Transfer of knowledge and skill
- Serving as a positive role model
Clinical Vignette #1

Video 1
Video 1
Group Discussion
Video 1: Effective Planning Practical Application

• Educational Time Out (ETO) – Pre-briefing
  – Occurs at the beginning of the day BEFORE beginning of the first case or a few minutes prior to the case

Prebrief
Assess SRNA Level and Experience
Prebrief
Prebrief

“This is my fourth day in the O.R.”
Prebrief

Plan and set achievable goals...

• “Just want to let you know that you will be receiving an unsatisfactory clinical evaluation on one of your students. Really has to work on room turnover and anticipating events in the O.R...”
Patricia Benner
Stages of Clinical Competence

From Novice to Expert
Excellence and Power in Clinical Nursing Practice

Patricia Benner
Dreyfus Model of Skill Acquisition

• Stuart Dreyfus
  – Mathematician and systems analyst

• Hubert Dreyfus
  – Philosopher
  • Developed a model of skill acquisition based on the study of chess players and airline pilots.

• Benner applied it to nursing practice

The 5 Levels of Nursing Practice

NOVICE

ADVANCED BEGINNER

COMPETENT

PROFICIENT

EXPERT
The Expert Practitioner

“Experts are always made, not born.”

-Ericsson, Prietula, & Cokely
Dreyfus Model of Skills Acquisition

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert
I. Novice

Frank J. Porcheron School of Anesthesia at Montgomery Hospital
Clinical Evaluation Form (Months 1-4)

Student ___________________________ Date ___________________________
Clinical Site _______________________ Preceptor _______________________

Cases:

<table>
<thead>
<tr>
<th>Criteria for Clinical Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Objectives:</td>
</tr>
<tr>
<td>Meets Objectives:</td>
</tr>
<tr>
<td>Developing Skills:</td>
</tr>
<tr>
<td>Objectives Not Met:</td>
</tr>
</tbody>
</table>

Independent performance is safe, accurate, proficient, coordinated, without supporting cues
Performance is safe, efficient, completed within a reasonable time period, with occasional supporting cues and supervision
Performance is safe, skillful in parts of behavior, requires frequent guidance using verbal and occasional physical cues
Performance is unsafe, unskilled and inefficient even with continuous verbal and physical cues — Comment Required

Critical Objective
Preceptor Evaluation

<table>
<thead>
<tr>
<th>I. Room Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Performs thorough FDA machine check and assures proper functioning of all equipment</td>
</tr>
<tr>
<td>2. Maintains basic work area with adequate supply of drugs including emergency drugs</td>
</tr>
<tr>
<td>3. Demonstrates ability to operate routine monitors and basic anesthesia equipment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Preadesthesia Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complies with patient and procedure identification policy</td>
</tr>
<tr>
<td>2. Conducts a preanesthesia evaluation based on chart review, patient interview and patient assessment</td>
</tr>
<tr>
<td>3. Formulates an appropriate, patient specific anesthesia plan of care and discusses with anesthesia team members</td>
</tr>
<tr>
<td>4. Performs fluid and drug calculations accurately for uncomplicated cases</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Records all appropriate information on the preanesthesia assessment form and anesthesia record legibly</td>
</tr>
<tr>
<td>2. Ensures anesthesia consent is signed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Induction</th>
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</thead>
<tbody>
<tr>
<td>1. Properly applies and uses appropriate monitoring devices: NIBP, pulse oximetry, EKG, precordial stethoscope, temperature</td>
</tr>
<tr>
<td>2. Utilizes proper technique for IV insertion, Bier Block, mask fit and ventilation, LMA insertion</td>
</tr>
<tr>
<td>3. Possesses initial ability to establish and maintain a patent airway. Recognizes an airway obstruction</td>
</tr>
<tr>
<td>4. Exhibits pharmacologic knowledge of induction agents and administers only with direct supervision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V. Maintenance and Emergence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates basic knowledge of management of inhalational agents (MAC), narcotics, muscle relaxants, reversal agents, and anesthesia adjuncts</td>
</tr>
<tr>
<td>2. Identifies and manages basic complications of anesthesia maintenance making appropriate adjustments throughout case</td>
</tr>
<tr>
<td>3. Correlates anesthesia plan with entry-level surgical procedures</td>
</tr>
<tr>
<td>4. Safely transports patients to PACU and reports all pertinent data to the PACU RN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VI. Interpersonal Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prompt, courteous, professional in clinical areas</td>
</tr>
<tr>
<td>2. Follows School and Department of Anesthesia policies</td>
</tr>
<tr>
<td>3. Accepts constructive criticism</td>
</tr>
</tbody>
</table>

Preceptor’s Comments:

Preceptor’s Signature: ___________________________
The Novice SRNA

**Characteristic**

The SRNA has the theoretical knowledge of anesthesia from their didactic study but little practical application.

**CRNA Preceptor Role**

Discuss your expectations for the SRNA and his/her responsibilities before beginning patient care.

Read the care plan and discuss it with the SRNA while imparting any knowledge you have about the case.
I. Novice Expectations

• SRNA
  – No experience
  – Should not be expected to ‘perform’
  – Behavior in the clinical area is inflexible and limited
I. Novice Expectations

- **CRNA Preceptor**
  - Understands not ‘all’ didactic course work initiated
  - Observation days are utilized by some programs
    - 2 to 3 days early in program
  - Initial clinical assignments
    - Assign ‘routine, reasonable’ clinical cases
    - If possible, assure student has case assignment prior to clinical day
  - Extremely stressful
    - SRNA does ‘not know what they do not know’
I. Novice Expectations
### I. Room Preparation
1. Performs thorough FDA machine check and assures proper functioning of all equipment
2. Maintains basic work area with adequate supply of drugs including emergency drugs
3. Demonstrates ability to operate routine monitors and basic anesthesia equipment

### II. Preanesthesia Assessment
1. Complies with patient and procedure identification policy
2. Conducts a preanesthesia evaluation based on chart review, patient interview and patient assessment
3. Formulates an appropriate, patient specific anesthesia plan of care and discusses with anesthesia team members
4. Performs fluid and drug calculations accurately for uncomplicated cases

### III. Documentation
1. Records all appropriate information on the preanesthesia assessment form and anesthesia record legibly
2. Ensures anesthesia consent is signed
Clinical Vignette #2

Video 2
Video 2
Group Discussion
Video 2: Effective Evaluation
Practical Application
Forms of Student Evaluation

Formative

- Critiques the SRNA’s performance for the day
- Reflects the SRNA’s performance at the end of a rotation
- Verbal feedback should be offered to SRNA when possible
- Clinical coordinators should review with the SRNA if possible
- Unsatisfactory performance should be discussed with the SRNA and documented on the daily evaluation

Summative

- Clinical Coordinator should be made aware
- Unsatisfactory performance should be discussed with the SRNA’s advisor

### Formative Assessment Is Feedback!

“Learning without feedback is like learning archery in a darkened room.”

(Cross, 1996)

7 Principles of Good Feedback Practice

1. Clarifies what good performance is
2. Facilitates self-assessment (reflection) in learning
3. Delivers high quality information to students about their learning
4. Encourages teacher and peer dialogue about learning
5. Encourages positive motivational beliefs and self-esteem
6. Provides opportunities to close the gap between current and desired performance
7. Provides information to teachers to improve teaching

Adapted From: Nicol & Macfarlane-Dick, 2006
Effective Evaluation

- Timely
- Non Judgmental
- Private
- Objective
SRNA Expectations

• Preceptor has working knowledge of:
  – Principles of adult education and adult learning
  – Learning styles
  – Planning and implementing learning experiences
  – Principles of providing objective clinical evaluations and providing constructive feedback
  – Resources to problem solve
Ideal Characteristics

• Overall, they agree that critical requirements of the effective clinical preceptor include:
  – Sound interpersonal skills
  – Able to provide timely feedback
  – Are clinically competent
  – Function as good role models
  – Encourage mutual respect

Practical Approaches to Evaluation

• Production/Patient Care Pressures
• Practical and easy to use approaches
  – Plus - Delta
  – One minute preceptor
  – Newspaper review
  – GAS
Plus/Delta

What did you do effectively?

What would you do next time?
One Minute Preceptor

• Described by Neher, Gordon, Meyer and Stevens in 1992

• Beneficial when ‘teaching moments’ are very short.

• Effectiveness evaluated in several studies – (Aagaard, Teherani & Irby 2004)
# One Minute Preceptor

Key steps of the OMP model, along with selected suggested phrases to use, follow:

<table>
<thead>
<tr>
<th>STEP</th>
<th>PHRASES TO CONSIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get a commitment from the learner about what they think is going on with the patient</td>
<td>• “What do you think is going on with the patient?”</td>
</tr>
</tbody>
</table>
| 2. Probe for underlying reasoning              | • “What were the major findings that lead you to this diagnosis or decision?”  
|                                               | • “What else did you consider?”                          |
|                                               | • “What other information might you need?”               |
| 3. Teach general rules (key teaching points)   |                                                          |
| 4. Provide positive feedback                   |                                                          |
| 5. Correct errors in reasoning                 |                                                          |

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‘End of the Day Newspaper Review Technique’

• End of the day review that focuses on:
  • Learning goals achieved
  • Clinical tasks accomplished
  • Student perception of clinical day
  • What worked
  • What did not work
  • Identification of ‘clinical corrections’ for next clinical day

Plus/Delta
Goal:
Listen to the SRNA to understand what they think & how they feel

Actions:
Have the SRNA fill out this portion of the evaluation form.

Sample Questions:
How do you feel the clinical day went?

Were your goals achieved?
Goal: Facilitate the SRNA reflection on & analysis of their actions

Actions:
- You complete this portion of the evaluation – include narrative about things that stuck out in your mind during the clinical day.
- Report observations (correct & incorrect steps)
- Reveal the SRNA’s thinking processes
- Reflect on performance

Sample Questions:
- “Tell me more about...”
- “What were you thinking when...”
- “I understand, however, tell me about “X” aspect of the case...”
- “Let’s refocus... what’s important is not who is right but what is right for the patient...”
<table>
<thead>
<tr>
<th>Goal: Facilitate identification &amp; review of lessons learned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions: The SRNA identifies positive aspects of his/her performance along with areas of improvement</td>
</tr>
<tr>
<td>Sample Questions:</td>
</tr>
<tr>
<td>&quot;List two actions or events that you felt were effective or well done&quot;</td>
</tr>
<tr>
<td>&quot;Describe two areas that you think you need to work on...&quot;</td>
</tr>
</tbody>
</table>
Summary: Using the GAS Model

Gather: Student impression

Analyze: Base on goals/ case detail

Summarize: Went well/ Need for improvement
Video 3
Group Discussion
Video 3: The ‘Safe’ Learning Environment

- Assignments match the clinical objectives
- Environment is viewed as ‘safe for learning’
- Student feel comfortable and ‘free to ask questions’
Objective Evaluation

- Objective assessment of
  - Basic knowledge application
  - Assessment skills
  - Technical skills attainment
  - Time management
  - Critical thinking
  - Communication
UAB Nurse Anesthesia Program  
School of Health Related Professions  
The University of Alabama at Birmingham  

Daily Clinical Evaluation

Name of Resident Nurse Anesthetist: ____________________________  
Affiliate: ____________________________  
Date: ____________________________

Number & Type of Case(s): 1) ____________________________  
2) ____________________________

Use additional evaluation forms if more than two cases are done per day

Current Semester: 1st (Jun-Aug)  2nd (Sept-Dec)  3rd (Jan-May)  4th (Jun-Aug)  5th (Sept-Dec)

Numerical values listed for evaluating clinical performance (1, 2, 3) are relative to the Semester Clinical Objectives found in the clinical site’s Resource Manual for UAB Resident Management (e.g., expectations are different for the first year vs second year students)

Below Expectations  1  Meets Expectations  2  Exceeds Expectations  3

<table>
<thead>
<tr>
<th>Area of Assessment</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preanesthetic assessment</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Physical setup</td>
<td></td>
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<tr>
<td>Patient preparation (e.g., placement of monitors, universal precautions in place [goggles &amp; gloves], selection appropriate IV fluids)</td>
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</tr>
<tr>
<td>Induction of anesthesia</td>
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<tr>
<td>Maintenance &amp; monitoring</td>
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<tr>
<td>Emergence from anesthesia</td>
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<tr>
<td>Postoperative management</td>
<td></td>
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<tr>
<td>Knowledge base / theory</td>
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<tr>
<td>Manual Skills (e.g., peripheral IV, intubation, central line insertion, spinal)</td>
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<tr>
<td>Knows Limitations</td>
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<tr>
<td>Interpersonal relationships</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>OVERALL EVALUATION</td>
<td></td>
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</tr>
</tbody>
</table>

Clinical Faculty’s Comments

Clinical Strengths

Areas Needing Improvement

Signatures: Clinical Faculty ____________________________  
Resident Nurse Anesthetist ____________________________

Check here if □ a conference between Clinical Faculty & Resident is requested.

Check here if □ a conference between the Nurse Anesthesia Resident Manager, SRNA, & Director of Clinical Education is recommended.

Resident comments: check here □ if any additional comments are included on the back side of this form.

Consistent (i.e., 55% of the total daily evaluations) Below Expectations performance is the Overall Evaluation category will result in the initiation of clinical probation. Subsequently, the resident’s next clinical rotation will be at UAB Hospital for continued evaluation by UAB Nurse Anesthesia Program faculty.

9/21/03
Safe = Factual
Safe = Fair
Safe = Legal

Family Educational Rights and Privacy Act (FERPA)

- Privacy of Student Education Records
- SRNA Clinical Evaluation Forms

Clinical Vignette #4

Video 4
Video 4
Group Discussion
Video 4: Practical Application

Clinical Service versus Education
CRNA’s and Clinical Sites are Program Partners
Student as Consumer
SRNA = Our Consumer

MONTGOMERY HOSPITAL
Powell and Fornance Streets
Norristown, Pennsylvania

DEPARTMENT OF ANESTHESIOLOGY
Frank J. Tornetta, Ph.D., M.D., Director

Bernard A. Kusava
Assistant Director
School of Anesthesia
Montgomery Hospital
Norristown, Pennsylvania
August 23, 1965

Dell R. Burky R.N.
111 N. 49th Street
Phila. 39, Pennsylvania

Dear Dell R. Burky:

The current cost of books and papers as required by the course amounts to approximately $45.00 if purchased at Hospital discount rate. These same books will cost over $50.00 if purchased separately.
$177.68
Tuition and Fees
CRNA Perspective

- What is the ROI for having students?
  - Service
  - Professional rewards—teaching, satisfaction
  - Recruiting opportunities
  - Exposure to the latest thing
Achieving Balance
FINAL COMMENTS/DISCUSSION