A Multidisciplinary Perspective on Educating Students and Entry-Level Staff in Clinical Settings

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Abstract

As clinical staff participate in the role of preceptor to undergraduate students and entry-level employees, high levels of uncertainty and stress are often experienced. The curricula for health care provider programs usually do not include content on how to address the role of preceptor once in practice. The process of this DNP project was the introduction an evidence-based framework, the One-Minute Preceptor (OMP) model, to a multidisciplinary population of patient-care staff in an acute care facility with the intention of improving comfort and confidence in the role of teacher/preceptor when sharing care with students or entry-level employees. Training sessions focusing on instruction and application of the OMP model were offered to multidisciplinary clinical staff and, also, health sciences college clinical faculty. Inclusion criteria were any clinical staff working in the clinical setting while sharing care of patients with students, new employees, or new graduates. Following each training session, participants were asked to complete a 6-item questionnaire indicating gained comfort for future teaching/learning relationships and self-perceived value of the OMP model. Descriptive statistics for the categorical and continuous variables of the questionnaire were used to evaluate the perceived value of and comfort in applying OMP model by staff. Data did reveal that the OMP training sessions did result in the participant's recognition of the value of the OMP model as well as increased levels of comfort in future teaching/learning interactions while sharing patient care with students and entry-level employees.

Keywords: clinical teaching, preceptor, preceptorship, preceptor training, and preceptor education, preceptor model one-minute preceptor, five-minute preceptor, and microskills

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Introduction

The preceptor role in clinical settings is an essential part of undergraduate education as well as new graduate training for most clinical disciplines in the health care setting. Preceptors are charged with the responsibility of teaching as well as role modeling and socializing the learner to the professional role within practice (Bott, Mohide, & Lawlor, 2011). The experience, knowledge, attitude and confidence of staff personnel who are placed in the preceptor role can vary, thus resulting in diverse learning experiences and outcomes for the novice practitioner. Some staff thrive in the position as preceptor while others may not. In some facilities the assignment of being a preceptor is not an option: It is simply expected (De Fulvio, Stichler, & Gallo, 2015).

Nursing, medical, and allied health professions have come to depend on the preceptor role to sustain the educational environment in the clinical setting. Nursing education continues to evolve and is currently moving toward an increased reliance. Medical residency programs that have been in existence for many years are an example of the utilization of experienced health care professionals to educate and mentor students and newly graduated staff (Rodrigues & Witt, 2013). The surge of this essential role in the education of future health care professionals identifies the importance for the preparation of experienced staff to be effective with this responsibility.

Variable Preceptor Skill Levels

When a staff member has not had guidance on how to approach the preceptor role, the clinical experience for both the learner and the preceptor can result in negative outcomes for the

learner, the preceptor, and most importantly, the patient. This problem requires a resolution that can guide staff members to generate a successful teaching-learning clinical environment. Rodrigues & Witt (2013) identified that competency in the role of preceptor exists through continued education with a focus on teaching in the clinical setting. An effective intervention in response to these issues can come in the form of introducing a preceptor-specific framework as guidance for the staff of health care facilities where the preceptor role is customary within most scopes of practice.

The OMP Model

A practical framework that can be applied to this setting is the One-Minute Preceptor (OMP) model (Neher, Gordon, Meyer, & Stevens, 1992). Initially, this framework was known as the Five-Step Microskills Model of Clinical Teaching and was first applied to the learning environment for physicians, however, this model can be easily applied to other "clinically relevant topics" (Parrott, Dobbie, Chumley, & Tysinger, 2006; Bott et al., 2011, p. 36). The OMP model was developed as a response to unsuccessful teaching encounters in family practice residency programs to focus the interaction on the decision-making process (Neher, Gordon, Meyer, & Stevens, 1992).

The Five OMP Components. This framework exists as five separate, preceptor-led components that require a minimal time commitment while still enhancing the teaching relationship of the preceptor and student in the clinical setting (Bott et al., 2011). The five components include:

1. Get a commitment
2. Probe for supporting evidence
3. Teach general rules

4. Reinforce what was done right
5. Correct mistakes (Neher et al., 1992, p. 420)

These elements are microskills or tasks arranged in a specific method to capitalize on the teaching opportunity of even the shortest of clinical encounters while providing effective feedback to the learner. This collaborative process encourages problem-solving and decision-making while not emphasizing task completion (Kertis, 2007). This allows the clinical teacher, or preceptor, to evaluate the student's understanding of concepts and thought process in patient care. The open-ended questions, which are the framework for this model, induce reasoning on the part of the student and reveal how the student comes to conclusions (Bower, 2008).

Advantages of OMP. Instruction in the clinical environment requires preceptors to be effective in the areas of teaching, role modeling, and supporting socialization into the professional role. However, most clinical staff do not receive any formal training or education related to these aspects (Bott et al., 2011). The OMP model supports these areas and clinical staff can learn and apply the OMP model in a relatively short period (Neher et al., 1992). The OMP framework can be applied to the teacher-student relationship in any clinical setting as long as the scope of each particular practice is considered in each of the five steps. This model has been linked to positive learner outcomes in clinical instruction for both nursing students and new graduate nurses and can logically be applied to other clinical areas as well (Bott et al., 2011; Kertis, 2007; Hu, Chen, Chen, Shen, Lin, & Chang, 2015).

Problem Statement

Health care staff in the clinical settings are experiencing high levels of uncertainty and stress as they participate in the role of preceptor to undergraduate students or newly graduated employees. This strained relationship is intensified by ambiguous role guidelines, increased

teaching responsibility, and unfamiliarity with the teaching-learning process (Omansky, 2010; Chang, Lin, Chen, Kang, & Chang, 2015). Students feel that lack of effective learning opportunities provided by clinical staff can directly affect the ability for students to meet set standards (Lawal, Weaver, Bryan, & Lindo, 2016). Staff who provide care in the clinical setting require some form of preparation for the role as a preceptor to provide an enriched learning experience for the clinical learner (De Fulvio et al., 2015).

The health care environment has grown in intensity and has become more demanding regarding time and responsibilities of staff. “Tension often exists between efficiently caring for patients and allowing enough time to teach students and residents in busy clinical” settings (Swartz, 2016, p. 95). Health care staff are often required to adequately care for patients while effectively teaching learners within their realm of practice. The curricula for health care provider programs usually do not include content on how to address the role of preceptor once in practice, therefore, tools and guidelines that can direct staff towards successful implementation of this role are essential. Effective preceptors are vital to the growth and safety of the health care force.

Purpose Statement

Using the One-Minute Preceptor (OMP) model as a framework, a project will involve the adoption of this model to promote effective learning experiences in the clinical setting for students as well as newly hired employees in multidisciplinary areas of direct patient care. The introduction of and proposal for integration of the model to the administrative team of an acute care facility that currently has limited guidelines or support for staff regarding the preceptor role will be the initial step. Instruction will be provided on the five elements of this framework in addition to how the framework can be applied to different clinical disciplines throughout the facility. Upon acceptance of this project proposal by administration of the intended facility,

further instruction and orientation to the model will be provided to staff in each of the desired clinical disciplines. Understanding and utilization of the model by clinical staff will be determined through a post-intervention questionnaire administered at the conclusion of each training session.

For sustainability purposes, the introduction of the model will be presented to the clinical faculty of the Health Sciences and Human Services department at the college within the same community. Instruction of the application of the model regarding continuing support of the clinical preceptors by faculty will also be included. A post-intervention questionnaire pertaining to faculty's views of the OMP Model and its application to practice will be used for evaluation.

Project Objectives

Objective One

Collaboration with the administrative team at an acute care facility to determine preceptor needs of different departments that perform some aspect of bedside care. Inquiry as to current practice within the preceptor role of each discipline will assist with the understanding of the needs of each area. This collaboration will be a segway to the introduction of the OMP model for teaching in the clinical setting.

Objective Two

The OMP model and how it can be applied to practice will be introduced to the administrative team and heads of each department. Information as to how this framework can be applied to different disciplines will be provided. Approval to move forward with the introduction of the organizational model and its application to staff will be determined during this meeting.

Objective Three

Create a policy/procedure using the OMP model as a framework to guide effective clinical teaching in patient care departments of health care facilities. This policy/procedure can be applicable to preceptor roles in all areas of direct patient care. It will take into consideration the clinical teaching needs of each area.

Objective Four

Clinical staff will be oriented to the OMP model and its potential for application to practice. Through a post-intervention questionnaire, changes in knowledge, attitude, and confidence in the preceptor role of staff will be determined. Through the results of this assessment, the sustainability of the model within this clinical setting will be determined.

Objective Five

Clinical faculty who place students within the facility will be introduced to the organizational model and its application to clinical practice. If the acute care facility adopts the recommended organizational model within its organization, faculty will be able to support clinical staff with information on effectiveness as preceptors in the clinical setting on a continual basis through their understanding of the framework. A post-intervention assessment can be used to determine understanding and plan for future use of the organizational model application.

Project Question

How does the introduction of an evidence-based model for clinical teaching to multidisciplinary, clinical staff in an acute care facility improve knowledge, attitudes, and confidence within the preceptor role?

Literature Review

The literature review for this project began with a search for an understanding of the needs of clinical staff to be successful in the teaching role as preceptors. Databases that were used for the literary support include Medline, CINAHL, Proquest, Health Source, SAGE, and Google Scholar. The initial search incorporated clinical teaching, preceptor, preceptorship, preceptor training, and preceptor education as key words. Any source that included information on perceptions of preceptors, the precepting experience, or clinical teaching in any area of health care were included for review. Sources with a focus on student views or perceptions of a preceptorship experience or academic faculty instruction in the clinical setting were eliminated. Most sources indicated a common theme regarding the training needs of health care staff who serve in the precepting role. Preceptors, clinical staff who participate in a teacher-learner relationship with students or new employees while also caring for patients, face a challenging role for which they may lack any preparation. Literature has identified the value of this role in educating students and transitioning newly hired practitioners in the clinical setting of a variety of different disciplines (Bott et al., 2011; Henderson, Fox, & Malko-Nyhan, 2006; Truong, Wyllie, Bailie, & Austin, 2012; Weitzel, Walters, & Taylor, 2012).

Commonly, teaching faculty and employers place students and new graduates with staff who are neither comfortable with the preceptor role nor prepared to provide an acceptable learning experience. Unfortunately, adequate preparation and understanding of how to address this teacher-learner relationship is commonly minimal or, in many cases, not available to clinical staff (De Fulvio et al., 2015). Lack of support and training designed for those who assume this

role can quickly lead to job dissatisfaction, aggravation, stress, and, eventually, burnout while creating an inadequate learning environment for the student (Hautala, Saylor, & O'Leary-Kelley, 2007).

Research has revealed that the perceptions of clinical staff regarding the existence of valuable teacher-learner interactions in the clinical setting include a preceptor who has received education or training focused towards being effective in that role (De Fulvio et al., 2015; Kertis, 2007; Bott et al., 2011; Henderson & Eaton, 2013; Cloete & Jeggels, 2014). Lack of knowledge relating to clinical teaching aspects, promoting critical thinking, and providing effective feedback and evaluation are detrimental to the staff member's motivation and effectiveness as a preceptor (De Fulvio et al., 2015; Henderson et al., 2006; Kertis, 2007). Integrating these aspects as a preceptor can begin with the understanding and incorporation of a precepting model that also takes into consideration the time requirements of staff in busy patient care areas (Bott et al., 2011; Hu et al., 2015; Kertis, 2007). Clinical staff who have participated in preceptor training have reported being more confident and effective in that role, according to past research (Burns & Northcutt, 2009; Henderson et al., 2006; Horton, DePaoli, Hertach, & Bower, 2012; Salerno, O'Malley, Pangaro, Wheeler, Moores, & Jackson, 2002). Successful clinical teaching by staff can be supported through an initial understanding of a preceptor model on which to base the teacher-learner interaction.

The literature review for this project continued with the search for a clinical teaching model that could be adoptable to different clinical situations and environments, promoted critical thinking, enhanced the mutual value of the teacher-learner relationship, did not interrupt patient care, and could be easily understood and applied to practice by clinical staff. Any source that included information on an applied clinical teaching model or specific preceptor training

methods were included for review. Sources that reflected the application of preceptor models in health care areas outside of a patient care facility or with a population other than students, new graduates, or newly hired employees were eliminated for review. The Five-Step Microskills Model, later referred to as the One Minute Preceptor (OMP) model, was frequently referenced in a majority of the sources that were reviewed. The literature search continued with the utilization of one-minute preceptor, five-minute preceptor, preceptor model, and microskills as key words. The OMP model, originally intended for use in family practice for teaching medical residents in a clinical setting, has also been recognized as an effective teaching tool in other health care clinical areas such as nursing, pharmacy, psychiatry, and emergency medical services (Neher et al., 1992; Bott et al., 2011; Kertis, 2007; Hu et al., 2015; Teherani & Daroff, 2013; Bower, 2008; Gurchiek, 2014). Once the OMP was retained as an evidence-based model that met the requirements for utilization, a search continued with a focus on the OMP model. The keywords used in this focused search were one-minute, five-step, microskills, model, preceptor, preceptorship, clinical, and teaching. Sources that reflected the use of any other clinical teaching model were eliminated for review, however, sources including adaptations of the OMP model were retained.

Responding to the opportunity of maximizing the rich learning environment of a clinical setting through capable teaching clinical staff, Neher et. al presented the Five-Step "Microskills" Model of Clinical Teaching (1992). Soon after, this model became known as the One-Minute Preceptor (OMP) model due to its minimal time commitment while in use and ease of understanding its concepts (Neher & Stevens, 2003). Its effectiveness and efficiency in preparing clinical staff for the teaching role and enhancing teaching opportunities as been reported by both staff and students (Irby, Aagaard, & Teherani, 2004; Teherani, O'Sullivan, Aagaard, Morrison,

& Irby, 2007). Instruction and preparation of clinical staff for utilization of the OMP has also resulted in guiding the student to an advanced level of clinical reasoning as well as higher satisfaction levels with preceptors by the students after the preceptor-student relationship had ended (Irby et al., 2004; Hu et al., 2015).

The OMP model has also been described as a practical approach to the preceptor role in nursing as it has in the medical field (Bott et al., 2011; Barker & Pittman, 2010; Harris & Roussel, 2010). In some sources, adaptations have been recommended relating to the time allowance to complete the steps of the model (one versus five versus ten minutes) and, in other sources, recommendations for adaptation of the model have been made regarding the articulation of each step to better fit the nursing process (Bott et al., 2011; Hu et al., 2015). Additional sources maintained the original wording and content of the OMP with suggestions and descriptions explaining how each of the five imperatives could be applied to nursing practice (Barker & Pittman, 2010; Walters & Brown, 2010).

The OMP model has also been used for clinical teaching in other areas of health care. Gurchiek (2014) recommended its use as part of a five-phased approach to precepting in a paramedic program where the OMP model was adapted for use in a "debriefing assessment phase" (p. 58). The OMP model's application in the teacher-student relationship in the clinical environment within the discipline of pharmacy has also been reviewed due to its effectiveness in soliciting critical thinking and ability to promote the relevance of theory to clinical practice among students (Bower, 2008; Weitzel, Walters, & Taylor, 2012). Recommendations for use of the OMP model in a psychiatric clinical practice context have been supported, also, due to substantial research support of the model and its evidenced effectiveness in other specialties (Irby et al., 2004). The capability of application in a variety of disciplines is recognizable, thus

suiting multidisciplinary adoption of the OMP model within diverse clinical settings. The presence of research studies focusing on the effectiveness of the OMP model in disciplines other than nursing and medicine are limited. However, the sources that have been reviewed have reported success in its use.

Theoretical Framework

The theoretical framework for this project includes two different aspects. One is the catalyst that will be the center of the project, and the other is the process of its implementation into practice. The One-Minute Preceptor (OMP) model, the nucleus of this project, is best affiliated to a theory of experiential learning that will be explained later. For the entire project, an ideal guide exists in a framework directly related to the application of evidence-based practice. One theory is applied to the entire process while the other more directly relates to the evidence-based model of clinical teaching that will be introduced to multiple disciplines in a health care facility. Both of these theories best define each of these specific processes.

Clinical Teaching Model Applicable Theory

Different theories and frameworks have been linked to the One-Minute Preceptor (OMP) model in past research. One source related each of the separate parts of the five steps of the OMP model to different frameworks such as Malcolm Knowles' andragogy, Jerome Bruner's constructivism theory, and Donald Schon's theory of reflective practice (Kertis, 2007). Bott, Mohide, & Lawlor (2011) indicated a practical relationship of Burnard's theory of experiential learning to the entire OMP model. Burnard's theory is a theory of knowledge that was developed to clarify the learning process that occurs in the clinical environment of nursing education (Burnard, 1987). The intent of this theory's original application was in nursing education to guide

skill development and integration of theoretical knowledge in the clinical environment (Loveridge, 2003). However, it applies to any clinical learning context.

Three interrelated domains of learning - propositional, practical, and experimental - exist within this theory. Propositional knowledge is acquired through didactic instruction which would include knowledge and understanding of concepts, theories, and processes. This dimension of knowledge is necessary for the clinical learner to make appropriate decisions in the clinical setting. Practical knowledge is gained, most commonly, through skill practice (Burnard, 1987). The level of practical knowledge is usually evaluated by performance assessment of the student's ability to complete a particular skill. Experiential knowledge, a relationship-based domain, is developed through personal interaction with a "subject, person, or thing" (Burnard, 1987, p. 190). This process creates a learning environment where educating rather than training the learner is the result (Felton, Sheppard, & Stacey, 2012).

With the three domains in mind, Burnard developed an experiential learning cycle applicable to the clinical learning environment. The stages of this cycle directly relate to the stages of the OMP model. The first two stages of Burnard's (1987) cycle include *Practical experience* followed by *Sharing of experience. Getting a commitment*, the first step of the OMP model requires the students to complete an assessment and then determine the intervention that they would recommend in response to information acquired during the assessment process (Neher et al., 1992, p. 420). The student would be applying practical knowledge of assessment to gain insight as to the patient's needs. Following the assessment process, the student would participate in interaction with the clinical teacher, sharing ideas and recommendations for further steps in care.

Stages three and four, *Reflection on the experience* and *Discussion based on the outcome of reflection*, of Burnard's cycle, directly guide steps two and three, *Probe for supporting evidence* and *Teach general rules,* of the OMP model (Bott et al., 2011). At step two, the clinical teacher guides the student to provide reasonable support for the commitment that was verbalized in step one. This would be evidenced through thoughtful questioning to guide the student in a search for supporting evidence of recommendations either through the reflection of past propositional knowledge or other resources. Once the student has responded to further questioning, gaps in knowledge are filled, errors are corrected, and ideal connections can be made through providing the information required for the student to move forward.

Burnard's fifth stage, *Evaluation of learning and planning for future experience,* occurs through positive reinforcement, *Reinforce what was done right,* and *Correcting mistakes* in steps four and five of the OMP model (Burnard, 1987; Neher et al., 1992). During these elements, the clinical teacher is evaluating the performance of the learner while providing experiential knowledge that will be used in future interactions by the learner. Positive and constructive feedback are provided to build the student's self-esteem and recognize aspects that need further development (Kertis, 2007). Through the methods of Burnard's cycle guiding the OMP model, the student's knowledge, skill level, and professional attitudes will continue to advance through each interactive opportunity that is presented in the clinical setting (Bott et al., 2011).

Project Framework

Translating and implementing evidence-based practice (EBP) can be a complicated, multifaceted process which requires an applicable model for guidance (Schaffer, Sandau, & Diedrick, 2013). Rosswurm & Larabee's framework for the application of evidence-based practice is a logical model for the process of this project (1999). This model promotes staff

engagement in the process of research utilization and stems from organizational theory (Brown & Ecoff, 2011). This six-step process is an ideal change model for facilitating assessment for need and application of evidence-based practice in any health care setting (Myra, Zink, & Van Horn, 2005). Because the introduction and integration of new evidence-based practice are limited in the practice setting where the OMP model will be introduced, this model for change to evidence-based practice will aid in future EBP integration as well. The steps and how each will guide the integration of the OMP model into a practice setting are as follows:

Assess need for change in practice. External and internal information from various sources is gathered to determine a problem that relates to practice in a certain area initiates the first step of the EBP framework (Rosswurm & Larrabee, 1999). Inquiries as to the needs of clinical staff and nursing administration will be the initial sources for existing problems or needs within in the chosen facility. External data will be gathered from faculty at the local college that uses the facility for student placement. Stakeholders that will be affected by this project exist both internally and externally.

Link problem with interventions and outcomes. Various intervention and outcome possibilities are determined at this step in the EBP model (Rosswurm & Larrabee, 1999). Through personal interviews with potential stakeholders mentioned in step one, possible needs for specific outcomes could be determined. Through the discovery of desired viable outcomes, ideas for EBP intervention resulting in the desired change are considered. A commonly reoccurring theme reported internally and externally was the need for instruction, training, and support of clinical staff for the teaching role. The Chief Nursing Officer stated the need for this was not only in nursing but other clinical areas of the facility as well (personal communication,

2016). The identification of the need for an evidence-based model for clinical teaching was determined as a logical basis for training clinical staff within this facility.

Synthesize best evidence. Step three involves discovery and analysis of research literature in addition to utilization of "clinical judgment and contextual data" (Rosswurm & Larrabee, 1999, p. 319). An effective search includes concepts derived from the problem, potential interventions, and outcomes that fit the needs assessed in step one (Bemker & Schreiner, 2016). Initially, the literature search began using key concepts to locate an appropriate, evidence-based model for this task. When a model that appeared ideal for the context of this facility was discovered, further research pursued to identify support for the need for its integration, its effectiveness, and its practicality.

Design a change in practice. The design of the change in practice is valuable because it can directly affect the level of acceptance by all stakeholders. Higher acceptance levels come with a process that has a lower level of complexity as well as a higher level of significance to the organization (Rosswurm & Larrabee, 1999). In defining the planned change, objectives focusing on dissemination and application of the OMP model were developed. These objectives act as a guide to planning the entire process and determining desired outcomes.

Implementing and evaluating change in practice. As one level of stakeholders accept the proposed change, instruction and practice in implementation moves to the next level. Implementation of training clinical staff in the use of the OMP model will begin with the administration, move to staff, and then on to faculty. Any level can stop or limit the progress of implementation if the recommended intervention is rejected by any level above. Evaluation of the proposed implementation will occur through a post-intervention questionnaire completed by those participating in the training sessions where the OMP is introduced.

Integrate and maintain change in practice. Results of evaluation methods are used to determine support for integration of the proposed change into a standard of care. Resistance to change can be limited by allowing stakeholder involvement throughout the entire project. Sustainability of the change is enhanced through the provision of supporting resources, observation of the process and the outcomes, and possible incentives (Rosswurm & Larrabee, 1999). Following training sessions, meeting with staff within the facility will be essential to determine application and effectiveness of the OMP model in practice. Results of these meetings will be reported to the administration for them to decide the need for further training of staff. Meetings with faculty who place students within the facility will also take place to determine if they had witnessed staff utilizing the OMP model and whether they perceived this staff-student interaction valuable to staff-student learning interactions.

Burnard's experiential learning cycle and the Evidence-Based Practice change model both are logically applicable to this project in different ways. Both frameworks provide guidance that is ideal for the implementation of the proposed project intervention while each supports different aspects of the project.

Project Plan

Project Design

As part of the proposal process for this project, collaboration will be essential to determine current practices of the agency regarding the preparation of staff from different clinical disciplines for clinical teaching and interaction with students and new employees. This research and collaboration addresses project objective one. It was discovered that no formal course work or training was provided to clinical staff, except for those nurses working as preceptors with new nursing graduates. Within the four-hour preparation course for the nurse

preceptors, no framework or model that could be utilized as a method for teaching and learning in the clinical environment was applied. Upon collaboration with the agency's nursing administration and its directors, nursing and non-nursing clinical areas, the need for a functional method of clinical teaching in the clinical setting was verbalized by all individuals in these positions. This group of individuals also granted acceptance of a plan to introduce the One-Minute Preceptor (OMP) model to clinical staff and provide training with a focus on its utilization.

Rosswurm & Larabee's framework for the application of evidence-based practice was chosen as the framework for implementing the dissemination of the OMP model to clinical staff in this agency (Rosswurm & Larrabee, 1999). Each step of this framework is described in the *Theoretical Framework* section of the project proposal along with specific intervention that revealed how the OMP model is applied. The fourth step of this framework, *design a change in practice*, became the focus after a majority of the stakeholders, agency nursing administration and clinical directors, recognized the need for this evidence-based intervention and provided approval for its dissemination to staff. As part of the design for change, application of the OMP model will be explained and directed through the development of a written policy/procedure. This procedure will be used as the basis for all staff training of the integration of the OMP model to practice. This element of the implementation would meet objective two. See Appendix E.

Because of the intentional brevity of the OMP model, training staff to utilize and apply it does not require a tremendous time commitment either. Research indicated an allowance of a one-hour timeframe for instruction and training (Kertis, 2007). Included within this period of time, strategies that include instruction of the OMP model content and introduction of the newly developed clinical teaching procedure, review of an example of the model's integration, and

role-playing scenarios to practice using the model are key components to its instruction (Bott et al., 2011; Gallagher, Tweed, Hanna, Winter, & Hoare, 2012). The length of the training had to be adjusted due to a request by administrative stakeholders of the agency that the training only require 30 minutes of staff time and be delivered to staff as part of scheduled department staff meetings.

To support the sustainability of the OMP Model implementation, members of the nursing faculty of a local college will also participate in a training session. Their training session will be identical to the sessions provided to the health care agency's staff. These training sessions address both objective four and five of the project. Having faculty understand the OMP model and its application will aid in the support of the health care organization's staff use and its sustainability.

To address the element of the OMP training that includes a review of an example of the OMP model's integration, a video portraying the application of the OMP model in a clinical setting will be produced with the assistance of other doctoral students (Bott et al., 2011). Scripted films are an effective method for instruction of the OMP model (Hickie, Kelly, & Nash, 2016). Specific scenarios will also be developed for role-playing and practice application of the OMP model during the training sessions. See Appendix D.

Evaluation of the project will be in the form of a questionnaire available at the conclusion of each training session. The focus of the questionnaire is to gather information regarding staff's area of practice and perceived value of the OMP model for practice, staff's view of the effectiveness of the intervention in individual practice, anticipated use and/or application of the information provided, and additional ideas for application of the OMP model.

Population of Interest and Stakeholders

Initially, the population of interest was nursing clinical staff working in a facility that was used by the nursing department of a local community college for clinical placement. Because the application for the OMP model can be applied to multiple disciplines, others who are included in the population of interest will be clinical staff in the cardiopulmonary department with a possibility of including physicians. Inclusion criteria are any clinical staff working in the clinical setting who also share care of patients with students, new employees, or new graduates. Exclusion criteria would be staff in the facility who do not participate in direct, bedside patient care and do not share patient care responsibilities with students, new employees, or new graduates.

Setting

Intervention and evaluation of the project will occur at a rural acute care facility. Training of clinical staff regarding the application of the OMP model will be scheduled, at the request of the administrative team at the facility, during scheduled monthly staff meetings. Informational training of nursing faculty employed by a local community college will take place on that campus during a scheduled meeting specifically for the purpose of orienting nursing faculty to the OMP model. Permission to provide the training to clinical staff at the acute care facility was granted by the Chief Nursing Officer and department directors of the facility during an informational meeting. The Dean of Health Sciences and Human services granted permission for the training of the nursing faculty on the college's campus during a personal meeting with her.

Stakeholders

Stakeholders, individuals or groups of individuals who are directly affected by or directly affect the success of an intervention, in this project exist in two different settings (Schiller, Hanson, & Ashe, 2013). The stakeholders in the primary setting, the acute care facility, hold the

highest level of jurisdiction over this project and consist of the administration and management of the clinically-based departments. Other stakeholders in this setting are those who work in the clinical setting and will be receiving the OMP training. The clinical staff's reception and application of the proposed intervention will determine its success and sustainability in the primary setting. In the secondary setting, the local community college, nursing faculty and the Dean of the Health Sciences and Human Services are identified as stakeholders. Faculty will have a great deal of influence on the future sustainability of the OMP model. They will be in a position to provide further guidance to clinical staff and help them work through applying the concepts of the OMP to practice with students. Rapport with all stakeholders has already been established through meetings where the OMP model was introduced, personal interaction, and previous experience and presence in each of the stated settings.

Recruitment Methods

Before the scheduled staff meetings when the OMP model will be presented to clinical staff, flyers advertising the upcoming training will be posted in each department. Flyers will also be emailed to the faculty of the community college in addition to verbal interaction with faculty to establish interest. Understanding that the teaching role is a source of concern, stress, and uncertainty for clinical staff and the idea of establishing a more comfortable, meaningful relationship that is conducive to learning when working with students or new staff in a busy clinical setting will be the focus of the flyers (De Fulvio et al., 2015). See Appendix F for an example of the flyer.

Tools and Instrumentation

A questionnaire available on Survey Monkey, a free, online surveying application, following OMP model training sessions will be the evaluation tool for this project. Electronic

surveys are valuable in maintaining anonymity of the participants as well as providing immediate responses for the surveyor to analyze (Cope, 2014). The general purpose of this tool will be to determine staff's perception of the effectiveness and value of the OMP model in their own practice as well as their intention for application in practice. For this project, access to the assessment tool will be granted at the conclusion of the training through the use of three tablets and two laptop computers. To determine the sustainability of the instruction, an additional survey inquiring about actual application of the OMP model to practice by staff members would be desired information six months following the training, also. Due to time constraints of the curricular schedule, the six-month assessment will have to be done outside of the educational course of the DNP student leading the project. See Appendix A for survey questions.

Presentation materials will include a short PowerPoint that will introduce the OMP model and reveal how it can be used in practice. Please see Appendix C for slides included in the PowerPoint. Following the PowerPoint introduction, a video including an example of the application of the OMP model in practice will be played for the participants. Please see Appendix H for the URL address of the video. During the final phase of the training, time will be used for the participants to practice application of the OMP model with each other. Short, simple scenarios will be distributed to each participant to reference for application of the model. Please see Appendix D for examples of application scenarios. A small, pocket-sized card will be provided to all participants that summarizes the steps of the OMP process. The card will be an abbreviated version of the table seen in Appendix B. The intent for this item will be to support sustainability through easy access and availability of a visual guide as clinical staff interact with the student, new graduates, or new employees months following the OMP model training.

Data Collection Procedures

A "sign-in" sheet for each training session will be used to determine numbers of attendees. The sign-in form will remain in the possession of the DNP student and be destroyed once the evaluation process of the project is complete. No identifying information will be solicited on the post-intervention questionnaire and a statement of confidentiality will also be included on the form. Following the OMP model training, participants will be asked to complete the questionnaire via a provided link for its access Survey Monkey. Computers and electronic tablets will be available in the training area for the participants to use for completion of the questionnaire following each training session.

Intervention/Project Timeline

The plan for proposal development will take place over a period of thirty-two weeks, beginning in March of 2016 through the end of October 2016. During that time, preparation for implementation will be occurring simultaneously over the later sixteen weeks of that thirty-two-week period. Implementation preparation will include the development of an OMP model-based procedure, a PowerPoint presentation introducing the components of the OMP model and its utilization, a video example of OMP model application in practice, and small scenario vignettes for staff to practice application of the OMP model with each other. Additionally, collaboration with key stakeholders, facility administration and department directors, and academic administration will be frequent and current with the progression of the project's proposal process and plan for implementation. Completion of preparation for implementation and approval for the project is anticipated towards the end of the thirty-two week projected period, which will be late October 2016.

Because the administration of the facility requested the OMP model training to occur during monthly staff meetings, recruitment for the training will exist as flyer announcements

blanketing each participating department. These flyers will be placed directly following approval for implementation, early November of 2016. Recruitment of faculty in the stated academic institution will occur through email correspondence and verbal collaboration. Because this secondary setting is on a smaller scale, these forms of recruitment will be most appropriate.

Implementation of the training is planned to occur over an approximately one-month period, the month of November of 2016 and possibly into early December. Staff meetings in the health care facility are scheduled sporadically throughout the month, so reaching all participating areas may take a month. One training session will be planned for the faculty of the nursing department at the college closely following approval of the project, early November 2016. Training sessions in both areas are scheduled to last thirty minutes in length.

Data collection will exist in the method of a brief questionnaire on Survey Monkey following the OMP model training. The conclusion of each training session will yield data collection, so when training is complete in each planned area of practice, data collection will exist throughout the month of staff training sessions. Evaluation of data will take place for up to two weeks following the conclusion of all training sessions. Evaluation will most likely occur in early December 2016. See Appendix G for timeline illustration.

Ethics and Human Subjects Protection

Participation in the training and the questionnaire that follows the training will be completely voluntary. Although the training is scheduled to follow staff meetings, staff will not be required to stay afterward. At the facility where the intervention will occur, attendance at staff meetings is not required by the administration, so 100 percent of the staff will not be at all staff meetings. Because the survey that follows the training is in the form of a questionnaire, its

completion will serve as consent by the voluntary participants as well (Grove, Burns, & Gray, 2013).

The purpose of this project is to demonstrate an evidence-based change application to the procedure of interaction between clinical staff and learners (students, new graduates, new employees) who share in the care of the patients. The risk to participants in this project is minimal and would include possible anxiety when first applying the procedure to practice if they so choose to utilize their gained knowledge. Benefits would include knowledge gained related to a better understanding of the interaction between clinical staff and learner, the opportunity for a more efficient and effective interaction between clinical staff and learners, improved professional relationships in the work environment, and increased confidence by clinical staff when interacting with learners in the clinical setting. Regarding Institutional Review Board approval, as stated previously, the benefits of the project, far outweigh the risks.

Compensation in the form of a candy bar will be provided to those participants who complete the questionnaire at the conclusion of each training session. To protect the identity of those who participate, no identifying information will be solicited or retained in the survey. Only the project manager will see the results of the questionnaires that staff is to complete following the OMP model training.

Plan for Analysis/Evaluation

Feedback will be obtained from a 6-item questionnaire designed by the project manager to discover clinical staff members' views on the OMP Model and its application to practice. This data will be available in the online application where the participants will be directed to complete the questionnaire, Survey Monkey. Descriptive statistics for the categorical and continuous variables of the questionnaire will be determined with the use of IBM SPSS.

Descriptive statistics will address each item of the questionnaire specifically and provide information such as the mean, standard deviation, and range of scores for the continuous variables (Pallant, 2013). For the categorical variables, descriptive statistics will provide information to the frequency of "yes" versus "no" responses as well as the number of participants responding to these questions. The first and final item of the questionnaire solicits written responses from the participants. Common themes within these items will be determined and coded, and the frequency of each coded item will also be determined by descriptive statistics. The assumption that data will be gathered and evaluated by the project manager will apply to this project. Staff who decide to attend the training will be random considering the training will not be required by the facility's administration.

Significance/Implications for Nursing

The most valuable anticipated outcome of the project results would exist as an increased level of comfort and understanding of the teaching role by clinical staff. With this improved understanding as to how clinical staff can address interaction with learners in the clinical setting, improved job satisfaction may soon follow. De Fulvio et al. discuss the value of professional development sessions aimed at the teaching role for clinical staff and its relatedness to improved confidence and competence in practice (2015). The availability and understanding of a specific teaching tool for clinical staff to use with any interaction, formal or informal, with students may produce a greater willingness by staff to serve in that teaching role. Project results will aid in determining clinical staff's willingness to utilize the OMP model in practice. The advantage of using the OMP model is because of its practicality and time efficiency (Neher & Stevens, 2003). The willingness of clinical staff to apply the OMP model to practice will greatly depend on how practical its use is portrayed during each training session.

Implications for clinical practice in nursing and any of the other discipline areas that are accounted for during training will be the provision of a more effective learning environment for students, new graduates, and new employees. Staff will feel better prepared for the precepting role and in turn manifest an environment of higher clinical reasoning for the learner while not taking time away from patient care (Irby et al., 2004; Hu et al., 2015). This preparation is essential to staff's willingness towards a dedication to the teaching role and the students.

The current literature calls for the need of applicable tools for clinical staff to use for more effective teaching/learning interactions with learners in the patient care setting (Sandau, Cheng, Pan, Gaillard, & Hammer, 2011; Barker & Pittman, 2010; De Fulvio et al., 2015). Satisfaction and confidence in the teaching role are largely related to an understanding of how to logically approach the teacher/learning relationship in the practice environment (Henderson & Eaton, 2013; De Fulvio et al., 2015; Smedley, Morey, & Race, 2010). Providing staff with a tool that is straightforward, can be used in diverse situations, and is easy to recall will foster its application in the practice setting (Gallagher et al., 2012). Following training sessions introducing staff to such a tool, the OMP model, it is hopeful that staff will indicate the intent of its use in practice and a higher level of comfort in the teaching role.

Project Implementation

The implementation phase of the project took place over a four-week period. OMP trainings were conducted on four separate occasions in four different settings. Administration of the acute care facility where three out of the four training sessions occurred requested that all trainings follow scheduled monthly staff meetings. Unfortunately, some of the departments in this facility do not schedule staff meetings every month. The directors of some of the departments reported that they would not be scheduling staff meetings until after the first of the

year and one director was out of town and unable to be contacted, so a larger number of participants may have been more accessible if the project had not been implemented towards the end of the year during the holiday season. Flyers were placed in every department of the facility with contact information for further material dissemination, however, no inquiries were received. The different settings where training was provided included the Medical-Surgical-Pediatric-ICU department, the Obstetrics department, a Nurse-Preceptor refresher course, and during a departmental meeting with Health Sciences and Human Services faculty at the local community college. Staff in the Cardio-Pulmonary department were also invited to the training, but were busy with patients during the training sessions.

Upon conclusion of the scheduled training sessions, a meeting with the Chief Nursing Officer (CNO) was conducted to discuss sustainability and project progress. The policy suggestion that was developed as part of the DNP project was reviewed by the CNO during this meeting. She did not reveal any decisions regarding the policy's integration in the facility, but she did verbalize further review of it by herself and other administration.

Evaluation

Analysis of the Results

Each of the four training sessions were 30 minutes in length and all tools that were developed to enhance learning during training were used. Computers and tablets were provided for completion of the online questionnaire at the conclusion of each session, however, access was also gained via privately owned smart phones by some participants. Descriptive statistics for categorical variables were obtain through the utilization of the IBM SPSS program. All variables included on the post-training questionnaire were categorical. A total of twenty-three individuals (n =23) participated in the training with eleven being faculty members, seven from the Obstetrics

department, four from the Medical/Surgical department, and one from the Intensive Care Unit. All participants completed the questionnaire at the conclusion of each training session. Two participants named their discipline as EMS (Emergency Medical Services), 19 individuals identified as nurses, and one participant did not name a discipline. See Tables 1 and 2 for demographic information of all participants.

Table 1
Participant Employment Department

Department	Number of Participants	Percentage of Participants
Medical/Surgical	4	17.4
Intensive Care Unit	1	4.3
Obstetrics	7	30.4
Health Sciences Faculty	11	47.8
Total	23	100.0

Table 2
Participant Discipline

Discipline	Number Identifying in Discipline	Percentage of Participants in Discipline
Nursing/RN	19	82.6
EMS	2	8.7
Radiology	1	4.3
Total[a]	22	95.7

a - one participant (4.3 percent) did not complete this portion of the questionnaire.

The last five questions of the survey, inquired about the value of the OMP model, its applicability and comfort in its use, and the training process. All participants agreed that the OMP model was applicable to their area of practice. Some level of comfort in applying the model to practice was expressed by all participants as well. Twenty-two (95.1 percent)

individuals in the sample expressed that the OMP model was “very useful” in its application to teaching in the clinical setting, with one (4.3 percent) expressing that the model was “somewhat useful” in this setting. Following the OMP training session, eleven (47.8 percent) of the participants reported to be “very comfortable” in their use of the OMP model in practice while twelve (52.2 percent) reported to be “somewhat comfortable” with the application of the OMP model in a teaching/learning situation. Regarding an increase in comfort while participating in the teaching/learning relationship in clinical practice following the training, twenty-one (91.3 percent) felt that the training did increase their comfort in this relationship with students, new graduates, and/or new employees. Two (8.7 percent) felt that the training did not increase comfort in this professional teaching relationship.

The final variable of the questionnaire asked the participants to specifically name the part of the training that was most valuable and explain why this choice was listed. Oddly, no responses included an explanation as to why the named element was chosen. The results of this portion of the survey were coded as five separate outstanding themes. See Table 3 which includes the list of each named theme and the number and percentage of participants naming each element as being most valuable.

Table 3
Most Valued Part of OMP Training

Valued training element	Number of participants choosing element	Percentage choosing element
Role play	5	21.7
Video example	1	4.3
Reference card	3	13.0
OMP concept	8	34.8
Learning environment	2	8.7
Total[a]	19	82.6

a - four participants (17.4 percent) did not complete this portion of the questionnaire.

Discussion of the Findings

The question to be answered through the implementation of this project would be whether or not exposure to the use and application of the OMP model for clinical learning increased multidisciplinary staff members' knowledge, attitude, and confidence in the preceptor role. From the positive trend of the results generated through the questionnaire, the introduction and instruction in applying the evidence-based model to practice did improve the knowledge and confidence in the preceptor role for over 90 percent of the attendees. After training on the utilization of the OMP model, attendees reported a level of comfort in its use as they interact with students, new graduates, and new employees.

Role playing, the OMP table card, and the video example were elements of the training that were mentioned by participants as being effective components of the training. Oh and Solomon discuss the importance of role play in training and how it has proven to apply to the experiential learning process (2014). Second only to the concept of the OMP model itself was the element where attendees had the opportunity to apply it to situations through role play.

The administrative team was introduced to the OMP model where approval to move forward with training sessions was received. The team included not only directors from areas of nursing but other multidisciplinary departments such as cardiopulmonary and radiology. Unfortunately, as evidenced in the first item of the questionnaire, the diversity, relating to discipline, of the participants was limited. Further dissemination efforts may be needed to enhance inclusion of disciplines other than nursing in the future.

To promote sustainability of the OMP model's application, multidisciplinary faculty at the local community college were participants in one of the four training sessions as per objective number five. This population included the highest number of attendees being 11 out of

the 23. This session also included the highest level of multidisciplinary diversity with disciplines such as emergency medical services and radiology being represented in addition to nursing. As these faculty members work with staff in clinical settings, the OMP model can be introduced and further promoted with the clinical staff that work with their students in each of these different areas.

Significance/Implications for Nursing

Just as training for any new position or role is required, the role of preceptor to students, newly hired employees and new graduates is no different. Through their study, De Fulvio et al. (2015) determined an essential need for training of staff acting as preceptors in areas such as teaching/learning theory and evaluating learning for the learner to be successful. Hautala et al. (2007) found that stress levels due to the preceptor role were decreased with guidelines and effective training courses focusing on a variety of aspects including strategies for effectively providing feedback and assessing critical thinking. The introduction of the OMP model to clinical staff as a basis for teaching/learning interactions with students, new employees, and new graduates showed a positive effect in staff comfort and effectiveness in this role in the past as well as with the implementation of this DNP project. Although the sample size was small, data did reveal that over 90 percent of the participants felt that the OMP model training did increase the comfort level in relation to the preceptor role. One hundred percent of the participants felt that the OMP model is useful for learning in the clinical setting to some extent as well. Through this effective, evidence-based precepting method, clinical skill and competence of the learner can be enhanced and improved more considerably than when an approach such as the OMP model is not being utilized (Eckstrom, Homer, & Bowen, 2006).

Realizing the appropriateness of the OMP model amongst multiple disciplines is also significant to the application of this model. Positive learner outcomes due to OMP model training have been revealed in clinical areas such as medicine, nursing, pharmacy, and emergency services (Bower, 2008; Gallagher et al., 2012; Gurchiek, 2014; Kertis, 2007; Neher et al., 1992; Neher & Stevens, 2003; Truong et al., 2012; Weitzel et al., 2012). The population of participants in this DNP project's OMP training did include clinical staff from nursing, radiology, and emergency services. All participants agreed that the model was appropriate to their area of practice. The unlimiting application of this model in regard to other disciplines in addition to nursing increases its value and significance in the healthcare environment.

Another area of significance that must be taken into account is the effectiveness of the design of the training. Gallagher et al. (2012) found that a variety of teaching and learning activities while training clinical staff on the use of the OMP model as effective for understanding and sustainability for use. Bott et al. (2011) recommend a workshop format for training clinical staff on the use of the OMP model. This type of format would include a variety of learning elements that would include the promotion of learning about the model, observing a demonstration of its use, and then practice in its application (Bott et al., 2011). The elements used in the DNP project's training implementation did include just these components. A PowerPoint was used for OMP model instruction, a video for a demonstration, and scenarios were provided for practice. Including a variety of elements such as those mentioned is essential in avoiding learning obstacles due to diverse backgrounds of participants such as educational preparation, learning styles, past preceptor experience, and age (Bott et al., 2011).

Limitations of the Project

One of the most predominant limitations to the project was evidenced by the small number of attendees in each training session. Limitations in the timeline of the project, as well as scheduling requests of the hosting facility, may have to be reconsidered for further application and sustainability of the project. To increase the number of attendees, other options for scheduling may have to be explored such as scheduling training sessions as stand-alone educational opportunities for hospital staff at different points throughout the year. Integrating the policy into practice at the facility may also increase awareness of the OMP model possibly increasing attendance of training sessions as well.

Another limitation of the project was the amount of time available to practice application of the model during training. More time in practice during the training sessions may have better reinforced the utilization of the OMP model for further use in practice; allowing more time and experience to commit to memory aspects of the model (Furney, Orsini, Orsetti, Stern, Gruppen, Irby, 2001; Bott et al., 2011). Active engagement as a means of learning produces a more effective learning environment as well as a higher level of retention of the content that was taught (Gallagher et al., 2012).

Data collection intervals may have limited the volume and quality of the data that was collected for the project. Pre- and post-intervention data collection as well as administering the questionnaire once again approximately six months following each training session may provide a more accurate representation as to the effectiveness of OMP model application in practice as well as the training process (Eckstrom et al., 2006; Sandau et al., 2011). Investigating the difference in confidence, comfort, and knowledge of preceptors before and after training may indicate a statistically significant value of the training program (Pallant, 2013). Due to time

limitations of the project, a six-month questionnaire could be done outside of the DNP program timeline to indicate sustainability of the intervention.

Areas for Further Dissemination

As part of the intervention for the project, a sample video of the application of the OMP model was developed and uploaded to the YouTube social media site. This social media platform has become one of many commonly used sites by scientists and professionals for communication of scientific findings to a vast array of populations (Van Eperen & Maricola, 2011). Videos containing evidence-based practice methods on this site have historically been utilized as a resource to health care professionals and have revealed the potential to reach sizable numbers as well (Backinger, Pilsner, Augustson, Frydl, Phillips, & Rowden, 2011; Harrison, Wilding, Bowman, Fuller, Nicholls, Pound, & ... Sampson, 2016). Additional tags for the video may have to be added to further promote the video as an example of an effective evidence-based practice.

Dissemination of information at a conference via a verbal or poster presentation can be an effective method of sharing innovation and best practice also. Choosing conferences that include a targeted audience that can best benefit from the information where the innovation may be enhanced from a prompt response of observers through a poster presentation may aid in advancing best practice a step further than the project itself (Price, 2010). Abstract submission for a poster presentation of the OMP model and its application is being considered for two future conferences: Nurse Tim's Nuts and Bolts for Nurse Educators and the 2017 Nurse Educator Institute: Leading the Path for Change. A further consideration for dissemination opportunities to promote sustainability of the project will also be considered as opportunities present themselves.

To promote sustainability of the intervention at the facility where the project was implemented, consideration for its inclusion in the nurse preceptor training and refresher courses has been discussed with the facility's Nurse Educator and the Chief Nursing Officer. Both individuals felt that the OMP model's continued use in that environment would benefit those participating populations. Another opportunity for sustainability exists in the implementation of training sessions in areas of practice that were missed due to time limitations of the DNP academic schedule.

Conclusion

With the increasing dependence on clinical staff for teaching and support for both students and entry-level employees in practice, effectiveness in that role has become essential for the quality of future staff members. To aid in the development of valuable clinical staff, existing staff require adequate training and effective tools to assume the preceptor role. This DNP project introduced clinical staff to the OMP model; a tool, used for guidance in teaching/learning interactions that exist between clinical staff, students and entry-level employees while sharing care of patients. Participants expressed value in the OMP model and its ability to enrich the preceptor role as well as comfort levels in that role following training sessions with this model as a focus. The execution of the entire DNP project indicates a logical beginning towards preparing staff for the preceptor role; an intervention essential for improving the quality of future staff in all areas of care.

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Appendix A

OMP Training Questionnaire

This questionnaire is anonymous. I will not be collecting or retaining any information about your identity. The records of this questionnaire will be kept strictly confidential. Questionnaire results will be kept in a locked file, and all electronic information will be coded and secured using a password protected file.

1. What is your current area of practice? Please state department and discipline.
2. Is the OMP model applicable to your area of practice? **Yes or No**
3. How would you rate the value of the OMP model for teaching in the clinical setting?

   1 = Very Useful

   2 = Somewhat Useful

   3 = Not Useful
4. How would you rate your comfort with the use of the OMP model for teaching/learning interactions?

   1= Very uncomfortable

   2 = Somewhat uncomfortable

   3 = Somewhat comfortable

   4= Very comfortable
5. Did this training increase your comfort towards precepting students, new graduates, or new employees in your practice? **Yes or No**
6. What was the most valuable part of the training? Why?

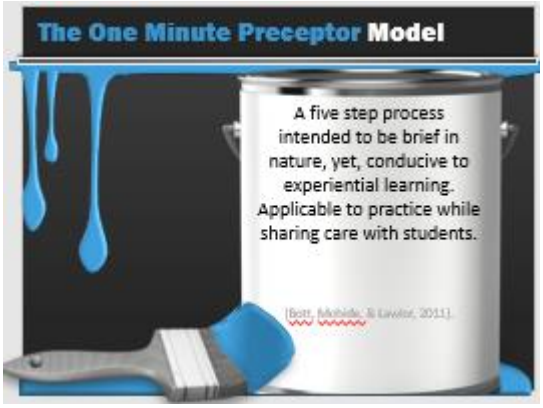
Appendix B

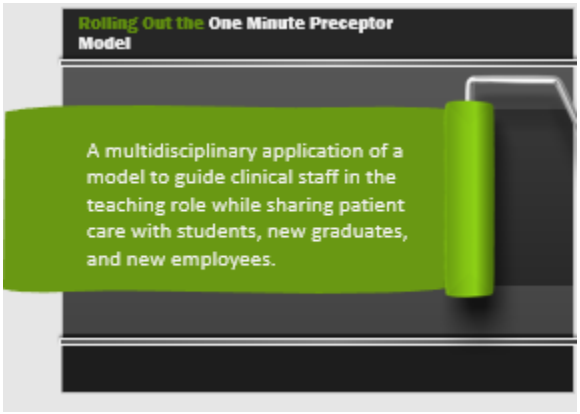
The One-Minute Preceptor

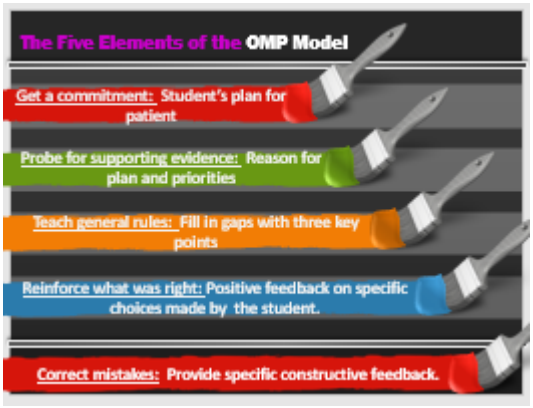
A conceptual model to guide critical thinking in the clinical setting

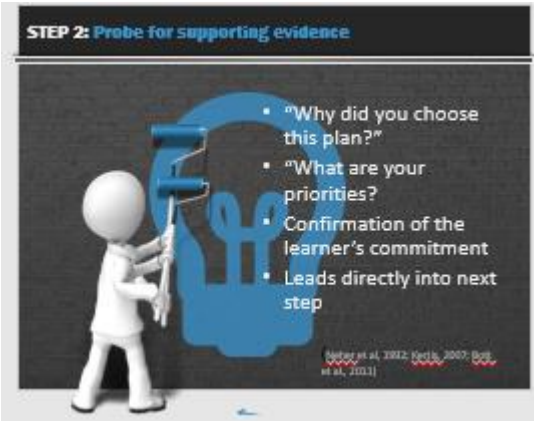
1	2	3	4	5
Get a commitment.	**Probe for supporting evidence.**	**Teach general rules.**	**Reinforce what was right.**	**Correct mistakes.**
The staff teacher solicits a plan or conclusion related to aspects determined during an initial assessment: **"What problems did you find and what is your plan?** Purposely withhold input at this point and use generalized questions or comments to stimulate learner's thought process. Be careful about trying to solve the problem for the learner by asking data questions that would lead them through the teacher's thought process.	The staff teacher establishes learner's knowledge base for step 1. **"Why did you choose this plan and what is your priority?"** Allows for "thinking out loud" which provides evidence of critical thinking on the part of the learner. Teacher can identify the learner's gaps in knowledge and understanding.	The staff teacher briefly fills in the gaps or makes connections that were missed by the learner in the first two steps. **Include a maximum of three key points or expectations for knowledge.** Direct learner to location of resources for further information if needed. Avoid personal preferences and lengthy narratives. Stick with the facts!	Positive feedback on specific actions or choices made by the learner. **"You have demonstrated a solid understanding of…"** This reinforces identifiable knowledge, skills, and/or attitudes on the part of the learner so they will be more apt to repeat them in the future. Be specific, not general, avoid saying, "Good job". Be clear on the action that needs to be encouraged for future application.	The staff teacher provides specific, constructive feedback to improve future choices and performance. **Indicate necessary improvement and rationale** Focus on how to prevent similar circumstances in the future. Ask learner to assess his/her performance first. Discuss what was wrong and consequences of wrong choices. Be discreet and protect dignity of learner.

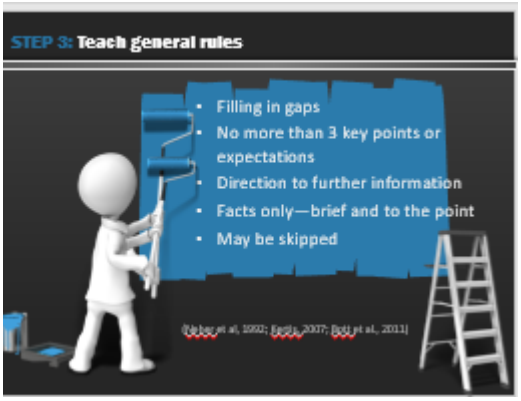
Appendix C: OMP Training PowerPoint

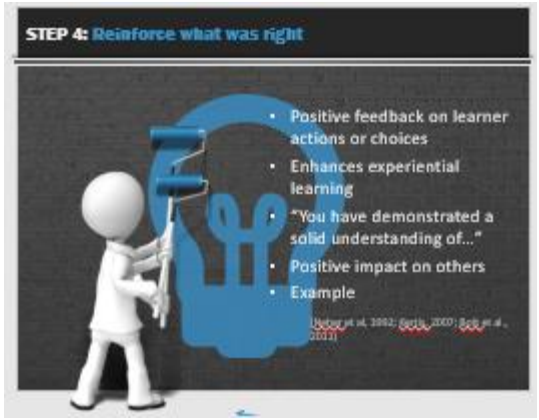


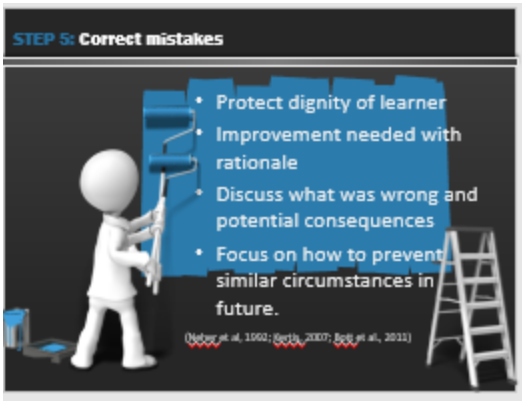




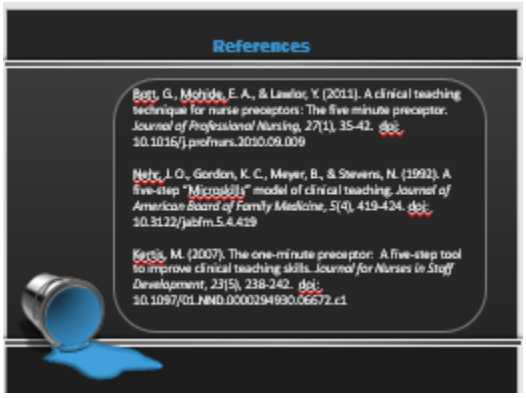



STEP 3: Teach general rules
Filling in gaps
No more than 3 key points or expectations
Direction to further information
Facts only—brief and to the point
May be skipped


STEP 4: Reinforce what was right
Positive feedback on learner actions or choices
Enhances experiential learning
"You have demonstrated a solid understanding of..."
Positive impact on others
Example


STEP 5: Correct mistakes
Protect dignity of learner
Improvement needed with rationale
Discuss what was wrong and potential consequences
Focus on how to prevent similar circumstances in future.


Your Turn!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Nehr, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "Microskills" model of clinical teaching. Journal of American Board of Family Medicine, 5(4), 419-424. doi: 10.3122/jabfm.5.4.419
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Appendix D: OMP Training Scenarios

The following ideas are used to spur possible clinical conversations reflecting the OMP model. Participants in the OMP training would pair with another taking on the roles of teacher and learner.

- Clinical teacher questions learner about patient status
    - Learner reports signs and symptoms of possible UTI.
- Clinical teacher questions learner about patient status
    - Learner reports current cervical, uterine, fetal status, and needs of a laboring patient.
- Clinical teacher questions learner about patient status
    - Learner reports patient concerns about upcoming surgery
- Clinical teacher questions learner about patient status
    - Learner reports patient complaints of shortness of breath and other contributing factors
- Clinical teacher questions learner about patient status
    - Learner reports patient's complaint of pain during activity and fear of ambulation after a current surgical procedure.
- Clinical teacher questions learner about patient status
    - Learner reports a couple's concerns about their child's plan of care regarding respiratory symptoms consistent with pneumonia

Appendix E: Facility Policy/Procedure

Clinical Staff Teaching Method

Clinical Staff Policy

SCOPE:

Multidisciplinary Clinical Practice Areas

PURPOSE:

To provide clinical staff of all patient care departments with a method of collaboration to maximize learning opportunities for learners (students, new graduates, and new employees) during patient care experiences for successful transition to independent professional practice.

POLICY:

When working with learners (students, new graduates, or new employees) while sharing patient care, the One-Minute Preceptor Model (OMP) will be applied as a teaching/learning method by experienced clinical staff to determine the learner's decision making abilities and process while, also, providing opportunity for learners to obtain clinical competence and confidence.

PROCEDURE:

Experienced clinical staff will share patient care with students, new graduates, or new employees assigned to the same patients or area. This may include nurses assuming the preceptor role with new graduates as well as other clinical staff sharing care with students or orienting new employees.

The OMP can be utilized in a brief encounter with the learner or expanded throughout the course of the day while sharing patient care; whichever is deemed most conducive to learning by the clinical staff member.

Key elements of the One-Minute Preceptor Model are:

- Make a commitment
- Probe for supporting evidence
- Teaching general rules
- Reinforce what was right

- Correct mistakes

Practical application of elements:

Make a commitment

- After learner has concluded an assessment of the patient at some level, clinical staff asks learner, “What is your plan?” or “What is your conclusion about the patient’s status?”
- Stimulate learner’s thought process, do not provide input at this point.
- Do not lead the learner to conclusions with focused questioning.

Probe for supporting evidence

- Clinical staff asks learner to provide support for initial plan
- Ask learner to set priorities
- Encourage learner to “think out loud”
- This element is where learner gaps can be determined

Teach general rules

- Clinical staff will state a maximum of three key points to fill in gaps of learner
- Direct the learner to additional resources (lab, patient interview, patient medical record) if needed
- Limit time spent on this, do not give lengthy narratives or personal preferences
- If the leaner doesn’t exhibit any gaps, this element can be omitted

Reinforce what was right

- Provide positive feedback to encourage actions that should be repeated
- Use statements such as, “You evidenced great critical thinking when you…”
- Be specific not general, avoid saying, “good job”.

Correct mistakes

- Constructive feedback to improve future performance
- Be discreet and respect the dignity of the learner, apply this element in a private area away from others.
- Ask learner to assess his/her performance first

- Discuss what was wrong and consequences of wrong choices

The entire process of this model can be applied numerous times throughout day of care.

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Bott, G., Mohide, E. A., & Lawlor, Y. (2011). A clinical teaching technique for nurse preceptors: The five minute preceptor. Journal of Professional Nursing, 27(1), 35-42. doi: 10.1016/j.profnurs.2010.09.009

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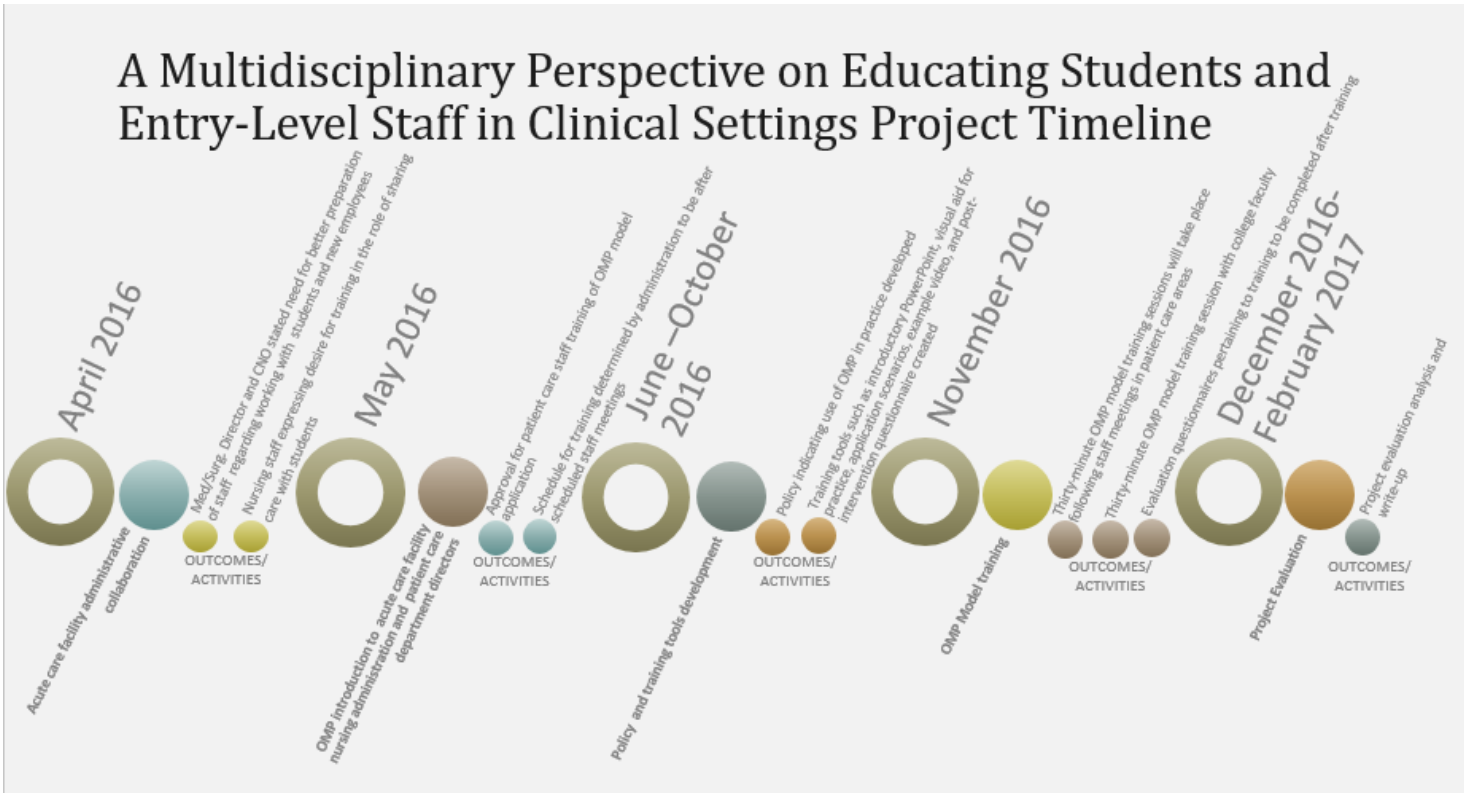
Appendix F: Training Announcement Flyer

Appendix G: Project Timeline



Appendix H: URL Address for OMP Sample Video

The YouTube address of the produced video is as follows:

https://www.youtube.com/watch?v=oDSyo0ihTqQ&feature=youtu.be