Interprofessional Precepting - 
5 Steps to Success

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Learning Objectives
By the end of this session, the participant will be able to:
1. Identify core competencies for interprofessional collaborative practice
2. Discuss preparation of the environment, learners and health care professionals to support interprofessional clinical teaching/precepting
3. Identify strategies for interprofessional precepting

Interprofessional Collaborative Practice (IPCP)
"When multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver the highest quality of care.” (WHO 2010)

Goal: Impact on the Triple Aim
– improve the care experience
– improve population health
– reduce the per capita cost of health care

Interprofessional Collaborative Practice
Effective interprofessional collaboration:
• enhances patient- and family-centered goals and values
• provides mechanisms for continuous communication among caregivers
• optimizes participation in clinical decision-making within and across disciplines
• fosters respect for the disciplinary contributions of all professionals (RWJF, 2015)
1. Are you currently working in an interprofessional collaborative environment?
   a. Yes
   b. No
   c. I’m not sure

2. Do you teach learners outside of your profession?
   a) Yes
   b) No

3. Did you receive training on how to teach learners outside of your profession?
   a) Yes
   b) No

4. What is your approach in teaching learners outside of your profession in the clinical setting?
   a) Teach the same way I teach my learners; same expectations
   b) Educated guess about their level of training and best match with level of my learners
   c) I leave the teaching to the faculty from the other profession and primarily consult if needed
   d) Customized teaching based on their role and responsibility, level of training, and learning needs

How are preceptors teaching interprofessional learners?

- Preceptors (for NP and MD) supportive of IPE
- Lack formal preparation for IP clinical teaching
- Adapt best practices from discipline-specific precepting:
  a) Undifferentiated – treated all learners the same
  b) Semi-differentiated – guessed the level and best matched with own learners’ learning needs
  c) Together but separate – consult if needed
  d) Adjusted for level and profession – customized teaching
How are preceptors teaching interprofessional learners?

- Positive factor: IPE Champion
- Wanted:
  - Faculty development
  - Knowledge of other professions’ roles and responsibilities & learning needs
  - Included in feedback cycle – formal and informal
  - Administrative/Institutional support

5. The biggest barrier to IPE in the clinical setting for me is:
   a) Lack of knowledge of learner roles and responsibilities
   b) Lack of knowledge of learner’s goals and objectives
   c) Lack of support from administration
   d) Lack of time to teach
   e) Other

Pilot Study to better support IPCP

- Childrens Health Center and Family Health Center
  - IPE Champion (NP)
- Preparation of Environment
  - MD and NP learner schedules evident
- Preparation of Learners
  - Core principles of Interprofessional Practice curriculum
  - Shared clinical conferences
- Preparation of Faculty Preceptors
  - Faculty development sessions (IPE/IPCP, professional training trajectory/curriculum, teaching different levels of learners, and giving/receiving feedback)
- Maximize opportunities (formal/informal) to model and foster IP interactions between clinicians and learners (rounds, conferences, IP consults, projects, etc)

Five Steps to Success for Interprofessional Precepting

1. Set the stage
2. Engage all learners
3. Modify traditional teaching tools
4. Role model
5. Timely feedback

Step 1 – Set the Stage

- Environment
  - Prepare the culture of inclusiveness for all professions
  - Have each profession represented in the environment
- Learner
  - Set ground rules: professionalism, respect, and clear expectations
  - Recognize own professional identity and biases
- Faculty/Clinician
  - Serve as IPE Champion
  - Facilitate discussions with an interprofessional lens

Discussion

- Is your setting/facility set up for IPE?
- What is one thing you might change to support IPE?
Step 2 – Engage All Learners

- Know learners’ roles and responsibilities, scope of practice, and learning needs
- Implement Teaching Huddle
  - Discuss roles and responsibilities
  - Discuss learning needs
  - Incorporate interprofessional collaboration opportunities
  - Sharing of expertise
  - Opportunities for feedback

IP Precepting Video

- Medicine intern
- FNP student
- Pharmacy intern
- NP preceptor
- Interprofessional Teaching Coach

- What would you have done differently?

IP Precepting Video – Take 2

- Feedback from Interprofessional Teaching Coach

Step 3 – Modify Traditional Teaching Tools

One Minute Preceptor (OMP)

1. Get a commitment
2. Probe for evidence
3. Teach general rules
4. Reinforce what was right
5. Correct mistakes

Sample OMP Case in Peds Endocrine Clinic

Learner presents in IP huddle with learners from nursing, medicine, pharmacy, social work +/- nutrition
- Mariana is a 16-year-old girl with a history of type 1 diabetes, diagnosed at age 7 here for FU
- She is managed on a regimen of Lantus 45 units every evening and Humalog 1 unit/10 grams CHO at meals. The family had been interested in transitioning to a pump last year, but then they never followed through with the plan. The patient and family report that she has continued with her same regimen at home.
- On exam today, her weight is 126 lbs, which is 8 lbs less than when she was here 4 months ago. Her physical exam was unremarkable. She has had no polydipsia, polyphagia, polyuria at home. Her hemoglobin A1c in clinic today is 10.4; in looking at her past labs, her hemoglobin A1c has been <8 for over 2 years.”

Preceptor: Using OMP model, how would you help the IP learners through this case?

Step 4 – Role Model Effective Collaborative Communication and Conflict Management

- Communication skills
  - Avoid use of professional jargon
- Conflict management
  - Challenge assumptions
  - Utilize collaborative language
- Acknowledge other professional expertise
Step 5 – Timely Feedback

- Learner
  - Seek feedback from faculty/clinician
- Faculty/Clinician
  - Monitor group dynamics
  - Reflect and debrief “apply IP context when appropriate
  - Seek feedback from learners
  - Consider teaching observations

Features of BEST feedback:
- Behaviorally focused; not person
- Explanatory
- Selective and specific; calibrating the amount of feedback
- Timely; immediate and often

6. Which of the following demonstrates the B in Behaviorally focused feedback? (choose all that apply):
   a) “You did great!!”
   b) “You didn’t document anything under past medical history”
   c) “Body language is an important component of communication. For example, when someone crosses their arms that can be interpreted as a lack of interest. Eye contact can increase confidence”
   d) “Great job asking an open ended question to identify the patient’s biggest concerns”

7. The most important aspect of timely feedback is:
   a) Provide feedback often and frequently
   b) Sandwich the feedback (positive-negative-positive)
   c) Provide written and verbal feedback
   d) Inform the learner you are about to provide feedback

Next steps...

- What can you incorporate into your teaching of IP learners?
- What approach will you take in the future?
- How can you make your environment more interprofessional/collaborative?

Resources

- NEXUS (National Center for Interprofessional Practice and Education)
- Preceptors in the Nexus Toolkit https://nexusipe.org/preceptors-nexus
References


