

Course objectives, student strengths and weaknesses, clinic flow, and both student learning and preceptor teaching styles guide the clinical experience. Common approaches to teaching include use of case discussions, identifying appropriate patients for the student to examine, direct questioning, suggesting resources for student review, direct observation of the student in action, and coaching the student to learn new skills.

Preceptors can best guide a student when they understand the student's level of clinical decision making. It is helpful for the preceptor to ask the student, "What do you think might be the cause of...," or "What evidence supports your plan?" Students rely on the preceptor's experience and can benefit from shared patient cases that further illustrate a point. Coaching gives the positive feedback needed to motivate the student, while seizing teachable moments reinforces the student's competence and confidence in advanced practice skills. Limiting teaching points to one or two at each interaction is recommended.

**A number of strategies can be used to incorporate the teaching role into the clinic routine with the least amount of disruption to usual work flow:**



## Wave Scheduling

Two or three patients are scheduled at the same time followed by a break. The student sees one patient while the preceptor sees the other(s). The student and preceptor meet to review the student's findings, which must be confirmed by the preceptor.



## Built-In Scheduling

The preceptor arranges for appointment times to be blocked throughout the day (e.g., one in the morning and two in the afternoon) to allow dedicated time to the student. This lets the preceptor stay on schedule, but can potentially decrease productivity and requires approval of the clinic manager.



## Clinical Focus

The student and preceptor establish the clinical focus (diagnosis or skill) for the day (e.g., cardiac assessment). The student spends time before and after the patient arrives studying the chart and reviewing material related to the day's focus and patient care. The preceptor sees the rest of the patients and confines teaching that day to the focused issue. This is an effective approach for remediating weak performance.



## Draft of Assessment and Plan

The student sees the patient and documents the HPI and PE in an area separate from the patient record, allowing the preceptor to review and edit the information before it is entered into the patient record. This enables the student to synthesize the patient visit, even if it is not possible for them to enter the note into the official patient record.



## Shared Patient

The student and preceptor jointly perform the history and PE, and document the findings. A concern with this approach is the student is not provided the opportunity to function independently of the preceptor.



## Combined Plan

The student sees the patient and presents their findings and plan to the preceptor. The preceptor sees the patient and validates the history, confirms the physical assessment findings, and reviews the plan with the student. The student enters a draft of the visit, which the preceptor later reviews and edits.



## Student Reflection

The student sees the patient independently and presents their findings to the preceptor. The student independently develops the management plan while the preceptor sees the patient to confirm findings. The student then presents the plan to the preceptor, who revises it as necessary, and the student, or student and preceptor, return to the room to communicate the plan to the patient.

**NOTE:** The presentation component is a common struggle for nurses educated to think very holistically about their patients. It may help for the preceptor to demonstrate a concise and focused presentation by presenting patients to the student in the same manner they want to see from the student.