Models in RT Preceptor Training- Some are better than others!

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Learning Objectives

- Describe the importance of preceptorship training for our RT students and new hires
- Review the evolution of RT preceptorship training
- Examine barriers to preceptorship training
- Compare & contrast strategies to overcome those barriers
- Review the resources which exist for preceptorship training for those wanted to learn more

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Why Care About Preceptorship Training?

- Preceptors perform a critical role in RT education, training and competency.
- However, RT's are (generally) not born with the skills necessary to do the job well.
- They need foundational (clinical and interpersonal) skills
- They also need to be trained and mentored on how to educate, and train others to enter our profession.

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Operational Definitions

- **Clinical Instructor**: Generally a paid faculty member who oversees and evaluates the clinical education of students.
- **Preceptor:** Preceptor is a person with expertise in a particular field who guides, tutors, and provides direction to a learner, especially medicine, allied health and nursing.
- **Mentor:** An experienced individual who teaches or helps a less-experienced individual learn more about their chosen role in an organization.
- **Validity:** The extent to which a concept, conclusion, or measurement is well-founded and likely corresponds accurately to the real world.
- **Reliability:** The ability to do the same procedure in the same way under similar conditions.
- **Inter-rater reliability:** The extent to which raters (preceptors) will evaluate the same student(s) under the same conditions in the same manner.

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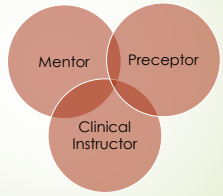
Relationship Among These Terms—They are **not** mutually exclusive



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Trends in RT student Preceptorship

- **Title: Respiratory care clinical education: a needs assessment for preceptor training (Jones-Boggs, 2009)**
- **Aim:** To identify the preceptor training needs of programs that lead to the Registered Respiratory Therapist or Certified Respiratory Therapist credential (RT programs).
- **Methods:** Via e-mail directors of accredited RT programs were surveyed.
- **Results:** Seventy-four RT program directors, from programs across the United States, responded.
  - The majority of the respondents' programs use unpaid clinical preceptors.
  - Thirty-two percent of the respondents indicated that the preceptors had received no preceptor training.
  - Among the preceptors who did receive training, the duration of training ranged from 1 hour to 6 weeks.
  - The training was typically delivered by the director of clinical education or program faculty.
  - Eighty-one percent of the respondents believed there is a need for a standardized preceptor-training program.
- **Conclusions:** A ***standardized preceptor-training program is needed*** to improve the quality of preceptorship and assure that RT programs prepare graduates for 21st-century RT practice.
- **Citation:** Kathy Jones-Boggs Rye 1, Erma L Boone. Respiratory care clinical education: a needs assessment for preceptor training. Resp Care. 2009 Jul;54(7):868-77. doi: 10.4187/002013209793800358.

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According to Newble & Cannon (2011)

- "…clinical teaching is the most neglected area of teaching, despite being the one where more deficiencies have been found than any other…"
- Furthermore, they describe many clinical teaching encounters as "haphazard, mediocre, and lacking in intellectual stimulation."
- **Source:** Newble, D & Cannon, R, A Handbook for Medical Teachers, Springer Netherlands, Oct 21, 2011

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Trends in RT student Preceptorship (cont.)

- **Title: Respiratory Therapy Administrators' Perceptions of Effective Teaching Characteristics of Clinical Preceptors (Aldhahir, et al, 2020)**
- **Aim:** To determine which teaching characteristics are effective among RT clinical preceptors from the administrators' perspective.
- **Results:** A total of 34 RT administrators participated in this study, representing 18 health care institutions. The response rate was 54.8%.
  - Participants showed the most interest in the **professional competence**, followed by **personal attributes and relationship with students. Years in clinical practice as a respiratory therapist was negatively associated with participants' final scores.**
- **Conclusions:** This study indicates that the ***professional competence of clinical preceptors is believed by RT administrators to be the most important behavioral characteristic***. The results also indicate that role modeling and showing genuine interest in patients and their care are the most effective teaching characteristics of clinical preceptors.
- **Citation:** Abdulelah M. Aldhahir, Abdallah Y Naser, Douglas S Gardenhire, Respiratory Therapy Administrators' Perceptions of Effective Teaching Characteristics of Clinical Preceptors, Respir Care. 2020 Feb;65(2):191-197.

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Since 2009, Much Progress has been made to increase resources for clinical preceptorship training

- **2009—We Knew We had a Problem**
- **2010-2015—Developed Strategies and Program to Deal with the Problem**
- **2015-Now-Ohio State and AARC Partner to Develop an RT Student Preceptorship Program**
  - Four online modules addressing adult learning, understanding the learning context, the challenging trainee and handling of feedback.

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Why Are RT Student Preceptorship Programs Valuable?

- Some RTs (and potential preceptors) are more clinically proficient than others.
- Some RTs are very good clinicians but don't have good people skills.
- Being a good RT is not the same as being a good student preceptor.
- Teaching and precepting are not innate abilities, they need to be learned.
- Highly competent RTs with good interpersonal skills and aptitude still needs to learn how to teach and precept RT students.

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Preceptorship Program Value (cont.)

- Not all RT student evaluation forms/rubrics are valid.
- Validity means the ability of a tool (grading rubric) or process (student evaluation Process) to accurately depict a student's clinical performance.
- Factors which can negatively influence Validity
  - An invalid grading rubric
  - Interpersonal bias (the preceptor hates me…)
  - In adequate preceptorship training and education
  - Poor inter-rater reliability-Different preceptors rate the same student under the same conditions, differently.

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Evaluation For/Rubric Validity

- A Rubric is a form used to evaluate academic or work performance.
- Some rubrics are more valid and better than others.
- Some don't cover the scope of competencies covered in that semester.
- Some have a flawed (unbalanced) rating scale.
- Others are not sufficiently descriptive and/or redundant.
- Some digital platforms are not stable or lack full functionality.

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An Example of a Good Evaluation Form/Rubric-Missouri Southern University

- What makes it "Good"?
  - Adheres to the **KIS** principle-Keep it simple
  - Defines the semester and nature of the rotation
  - Delineates between Behavior and Clinical Proficiency
    - Much easier to enhance proficiency than change attitude
  - Score or evaluation is simple: Pass/Fail
  - Permits additional narrative comments
- How can it be improved?
  - More discrete rating categories 5-Point Likert Scale.
  - The Proficiencies should be expanded (and probably are)

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Context Matters!!! Even with a Valid Rubric, the Process Can Undermine Validity

- Recruiting clinical preceptors with:
  - A low emotional IQ of preceptor.
  - Poor interpersonal communication skills.
  - Cultural, religious or other bias.
  - Insufficient training and mentoring.
  - Views the student as "slave labor" rather than teaching them.

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Characteristics of Preceptors

- High level of clinical competence
- Empathy
- Patience
- Outstanding Communication
- Time management
- Cultural, Religious, ethnic sensitivity
- Appeal to various learning styles

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Characteristics of the Clinical Site
(Institution at which are which the students precepting)

- They value preceptor's role
- They help provide initial and ongoing preceptor training and education
- They support preceptor pay
- They understand that precepting takes time and accounts for that in work-load

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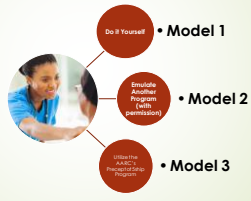
Starting or Revising A Clinical Preceptorship Program– Three Common Models



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Model 1: Doing it Yourself

Advantages	Disadvantages
Can Adapt Program to the Environment	Failure to Learn from Others Experience & Expertise
Quicker to Implement	Learning the Hard Way
	Set up for a poorly designed and implemented program
	Poor outcomes-Students who don't learn
	Requires the investment of time and other resources.

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Model 2: Emulating Others-

Advantages	Disadvantages
Can Adapt Program to the Environment	May be emulating a poorly designed and implemented program
Collaboratively learn from others' experience	Still may involve learning the Hard Way
Don't have to reinvent the wheel	Still may risk poor outcomes-Students who don't learn
	Still requires the investment of time and other resources

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Missouri Southern State University

- Devised a RT Student Preceptor Training Program
  - Set Criteria for being a preceptor.
  - Rigorous recruitment and screening process.
  - Training involves several training modules.
  - Must pass a quiz.
  - Ongoing education, evaluation and training.

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Sample Preceptor Qualifications-Missouri Southern State University – Clinical Preceptor Training Manual

- Criteria for Selection of a Clinical Preceptor: A person who is considered for selection as a clinical preceptor in the Respiratory Care Program must:
  - 1. Express interest in working with students in a preceptor role.
  - 2. Display enthusiasm.
  - 3. Demonstrate communication skills necessary to accomplish teaching.
  - 4. Meet with the approval of the Program Director, the Director of Clinical Education, and the Director of the Respiratory Care Department in which they work.
  - 5. Maintain an active state license in Respiratory Care in the state in which they practice.
  - 6. Complete required preceptor training to assure Inter-Rater Reliability.
  - 7. Maintain a minimal rating of satisfactory on the employee evaluations.
  - 8. All preceptor candidates will review the Clinical Preceptor Training Manual, take the preceptor quiz with a > 70% success, and pass an evaluation by either the DCE or a clinical faculty member for Inter-Rater Reliability.

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Preceptor Quiz--Missouri Southern State University -- CLINICAL PRECEPTOR TRAINING MANUAL

Preceptor Quiz

MSSU/FTC Consortium for Respiratory Care

Name: _____

Address: _____

Email: _____

Hospital/Facility: _____

State: _____

Read each question carefully, then place a "T" (true) or an "F" (false) on the line next to the question.

When you have completed the quiz, email your responses as an attachment for grading.

_____1. When teaching adults new ideas it is best to verbally instruct, demonstrate, and then allow the student to demonstrate.

_____2. The adult learner prefers to learn using a "Hands on" approach.

_____3. Part of a preceptor's responsibility includes providing educational insight and supervision to Respiratory Care students in the clinical setting.

_____4. A Creative Thinker tends to have difficulty troubleshooting.

_____5. A clinical preceptor's input can impact a student's clinic grade.

_____6. If problems or concerns arise from a student's clinical performance or behavior, the preceptors are able and encouraged to meet with the program's faculty to discuss the situation.

_____7. It is not necessary for a preceptor to sign off or check the computer for proper charting.

_____8. The preceptor must verify a new physician's order prior to a student starting a therapy.

_____9. A student may perform ABG's, intubations, extubations, and securing an ETT without preceptor supervision.

_____10. The student will receive and give a formal patient report at the beginning and at the end of the shift, respectively.

Post quiz: Save as a file and email answers to dunneyw@mssu.edu **as an attachment or mail to:**

Janice Dunaway, Respiratory Care Program MSSU, 3950 Newman Rd. Joplin, MO. 64801.

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Model 3: Best to Follow the ***Experts***- AARC & Ohio State

Advantages	Disadvantages
Evidence based	Requires an investment of time and resources.
Designed and delivered by experts	Poor implementation--Still may not follow the program…
Don't have to reinvent the wheel	
Can Adapt Program to the Environment.	
Collaboratively learn from others' experience	

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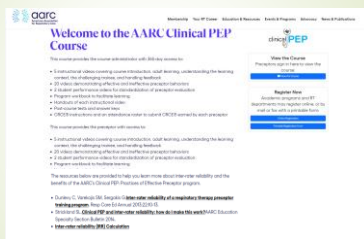
AARC Clinical Preceptorship Program

https://c.aarc.org/education/clinical_pep/



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Welcome to the AARC Clinical PEP Course

clinical PEP

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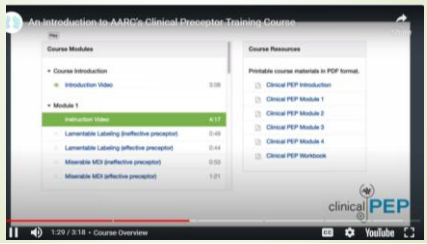
A screen shot from the AARC's Clinical Preceptor Course Video



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Example of a Key Principle Emphasized: ***Inter-rater Reliability***

- **Reliability-The ability to do the same procedure in the same way under similar conditions.**
- **Interrater Reliability- The extent to which raters (preceptors) will evaluate the same student(s) under the same conditions in the same manner.**
- **RT Student Clinical Preceptorship training program aims to maximize validity and inter-rater reliability.**
- **Here again, Inter-rater reliability can be enhanced via:**
  - **Recruiting preceptors with the right attitude, aptitude and clinical proficiency**
  - **Using valid evaluation rubrics and related processes.**
  - **Proper and ongoing training of preceptors**

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Features of The AARC Clinical Preceptorship Program

- For $199 for AARC Members, One Year access to:
  - Four online modules addressing adult learning, understanding the learning context, the challenging trainee, and handling feedback
  - Four online instructional videos with additional scenario videos containing multiple examples of effective and ineffective preceptor behaviors.
    - Example: Videos depicting what to do and what not to do with MDI Use
  - 2 online videos demonstrating student performance for standardizing preceptor evaluation
  - Downloadable workbooks and handouts for preceptors
  - Downloadable course management documents for Respiratory Manager/Department Educator
- Deliver the training one-on-one, in a group setting, or both—you decide

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Further Advancement in Preceptorship Will Require Individual ***and*** Organizational Efforts

Individuals:
Engagement, Attitude, Degrees

Organizations:
Educational Institution, Clinical Sites, AARC

Future Advancement of Preceptorship

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Key Points!

- Clinical Preceptorship is a highly important role
- Several models can be used to train preceptors
- Some are better than others
- Proper Preceptor training and education requires Investment by all stakeholders
  - The educational institutions
  - The Clinical Site(s)
  - Students
- That investment often pays off!!!
- Using "Expert Resources" such as the AARC Program
- Keep abreast as new developments, as new research is evolving, as are the Preceptorship programs on which they are based.

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Key References

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Thank You!

Questions?

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