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Cultivating Community Relations and Fostering Student Self-Efficacy with an Improved Clinical Placement Process

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Abstract

In my action research study, I have looked closely at my transition into the role of the clinical placement coordinator for the nurse practitioner programs at the University of San Diego (USD). A role that is traditionally filled by clinical experts has been occupied by a student service professional and this study begins to provide solutions and strategies for navigating the role as an outsider of the nursing field. I have focused on challenges for identifying and retaining quality, appropriate community providers, referred to as preceptors, to volunteer as mentors to the students. I have also reintroduced myself as a valuable resource for advising and mentoring as an internal administrator. Using Coghlan and Brannick's action research methods, I have sought out feedback from current students and preceptors to take the study through three cycles of reflection and change implementation. I used this knowledge gathering to identify ways to improve the levels of self-efficacy in student clinical experiences. I expect that students will enter clinical sites with a greater level of empowerment and will create a better mentoring experience for both themselves and these community providers.

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Introduction

Working with graduate students for the last 16 years has been a rewarding experience that has informed me of the impact that I can have on their educational journey. It is important that I am adding to the richness of their experience and constantly working towards improved student service. I understand the value of working alongside faculty to inspire leadership qualities that will encourage our students to be a positive representation of their profession and university. In my previous role as an academic advisor, I met regularly with students both in groups and individually to guide them on navigating the university, licensing boards, and certification bodies. I saw myself as a valuable resource in that capacity. As I transitioned to the role of the clinical placement coordinator, that scope changed. Although there is some student interaction, the majority of my time is spent identifying clinical opportunities and assigning community providers to the students. Over the two and a half years I have pondered the benefits of creating more focus on the advising aspects of my position, and see opportunities to increase their knowledge and communication skills to ease the burden on our preceptors.

Although placement services are an expectation of the position as well as a major selling point for student recruitment, the lack of student involvement in the process has the potential to be problematic for their growth as professionals. Students that do not participate in the activity do not appear to have the opportunity to create the same bonds with their preceptors as those students that collaborate in the process. They also are less likely to network with the nursing community, which limits their connections when they graduate and are looking for employment. In addition, there are times when the lack of participation can complicate the process for these community providers that are volunteering their time as clinical preceptors. They enter the site in a passive capacity expecting that the preceptor possesses the teaching experience and

understands their needs. It leaves the burden on the placement coordinator and faculty to educate the preceptors on the expectations of the student experiences, and provide continuous support. The department has tried to create protocols with resources such as preceptor handbooks, and an immediate contact by the clinical faculty at the start of the semester. However, this can be challenging because the resource materials are dry and difficult to connect in advance of the actual experience. Also, the clinical instructors are part time, and change frequently. Thus, their knowledge is varying and limited.

Placement with community providers is one of the most rewarding aspects of nurse practitioner education, but also nerve-wracking and anxiety producing for students. They are often overwhelmed with the amount of hours that need to be completed, and feel underprepared to begin patient assessments. Helping students articulate the expectations that relate to their relevant course, is an important first step in the placement process. In my experience over the last year and a half, I have observed that students that are more active in the placement process are better able to express their needs to the community providers. Students should be considered experts in their clinical experiences, and I believe that holding them accountable for this information has the potential to be a good foundation of learning. The purpose of my study was to find ways to improve the flow of the placement process to benefit both student experiences and the impressions of the USD nurse practitioner program in the community. An improved placement process has the potential to improve student learning, ease the recruitment process and retain community providers as preceptors and mentors.

Research Questions

This study is guided by the following research questions. How can I elevate the quality of the clinical experiences for both the graduate nurse practitioner students and the preceptors to

develop student empowerment and the retention of the community volunteers? How can I encourage student involvement in the placement process to improve their satisfaction with clinical assignments? How can I streamline communication methods between clinical faculty and community providers to increase the level of support from the university?

Background

My experience with placing students in clinical settings over the last two years has been complicated and unpredictable. I liken my role to other professional positions in career placement, as success in these areas rely on a team effort and sometimes luck. Barriers in the placement process include, but are not limited to, site administration restrictions, requests from multiple programs, decreased preceptor productivity, and frequent changes in preceptor's job sites (Brooks and Niederhauser, 2010; Forsberg, I., Swartwout, K., Danko, K., Delaney, K. R., & Murphy, M., 2015). Given these numerous challenges, it is essential that I better understand how my role can ease some of these burdens. Sobralske and Naegele (2001) explain the importance for clinical placement coordinators to have proficiency in academic advising, administration, and clinical supervision. The administrative responsibilities are not to be underestimated. The role of clinical placement coordinators vary greatly from institution to institution, but identifying qualified and receptive preceptors is certainly a shared challenge (Sobralski & Naegele, 2001).

Students express varying degrees of interest and involvement in the clinical placement process. Bandura articulates that strategic behaviors are influenced by the belief that individuals are producers of their own environment (2000). The students that believe they are more capable are more likely to exercise influence over their lives (Bandura, 1994). Some students have identified possible preceptors before the start of the program, while others are not involved or seemingly interested at all. In other schools, the students are responsible for identifying

receptive providers (Sobralski & Naegele, 2001). I hear regularly that students choose our program because they are not in charge of finding their own placements. We are educating working professionals and these connections are important to foster. Bandura suggest that when people feel that they do not have control over their institutional practices, they tend to shoulder responsibility to others in authority and in doing so they eliminate some stressors (2000).

Hayes (1999) provides some valuable reflection on what type of experience will be most valuable to nurse practitioner students. Some correlations have been identified between the student's level of self-efficacy and the mentoring that developes in the student/preceptor relationship (Hayes 1999). There were also significant findings that indicated that when students chose their own preceptor, as opposed to those that were assigned, they had higher mentoring scores that are essential for student learning (Hayes, 1999). If students at USD are not responsible for finding their own placement, perhaps there are ways to involve them in the process earlier that will increase the likelihood of a positive experience. The expectation would be that better prepared and more satisfied students will in turn, create a better experience for their preceptors.

Context

The University of San Diego is a small, private Catholic school that houses a school of nursing focused on graduate education. I have worked for the nurse practitioner program for many years, and stepped into the role of the clinical placement coordinator in November of 2015. All graduate students in the program have professional experience as registered nurses, and the majority maintains clinical positions during their graduate program. My previous role as an academic advisor and this current role allow me to foster relationships with the students in a way that gives me a deep understanding of their challenges. I have the opportunity to meet with

students regularly to discuss their needs for future placements and to troubleshoot any site/provider issues.

It is important to note that traditionally, the person in my position has been a master's prepared, advanced practice nurse with a clinical expertise. Student services professionals have not previously filled the position because the accrediting bodies generally expect a nursing background. The university has faced many challenges in keeping the position filled in recent years. I suspect that this is partially due to the salary competition with advanced practice nursing positions. When the leadership within the school of nursing was faced with trying to fill the position again in the fall of 2015, they began to widen their search to alternate backgrounds. The team decided that it might be beneficial to have a student services professional with a strong understanding of the curriculum and a comfortable understanding of when to use their resources for more clinical expertise. I am lucky to work in a very close-knit environment with the director, faculty and assistant for the NP program. Because I have worked for the program for such a long period of time as both the academic advisor and now in my current role, I understand how to use my colleagues' expertise as a resource.

Within the USD family NP program, students are required to complete between 648 and 1080 clinical hours with a preceptor. These preceptors are licensed NPs, physicians and nurse midwives that volunteer to mentor students and create a clinical learning experience within their medical practice. The preceptors can change each semester so that the students get a variety of experiences with different age populations and levels of complexity. The students also are assigned multiple preceptors in a semester to achieve their target hours. In the 2017-2018 academic year, USD has 89 current student in the family NP program. Of these students,

approximately 36 are in the pre-clinical semesters of the program, 32 will be in their first clinical year, and 21 students will be progressing into their final clinical year.

Needs Assessment

I have worked for the nurse practitioner program at the University of San Diego in different capacities for the last 15 years. One of the difficult obstacles that the program has faced is identifying and securing quality clinical placements. The process has become increasingly complex with greater competition and excessive bureaucracy. The number of on campus programs in the area has remained somewhat steady, but online programs have increased the numbers of students needing placement all over San Diego County. As the need for nurse practitioner placements has increased, the sites have struggled with how to track and monitor the students within their facilities. Protocols have been put in place for requesting placements, and paperwork needs to be closely monitored to ensure that students have been adequately vetted for each site. It seems that every semester, more time needs to be dedicated to administrative tasks leaving less time for outreach into the community.

In addition to these challenges, my current position as clinical placement coordinator has had a large amount of turnover. The faculty struggled to keep an advanced practice nurse in the position because of the competition for clinical compensation and the amount of administrative duties required to be successful in the role. As the first non-nurse in this position at the university, I was able to bring a fresh student services perspective but I had to be savvy with using the faculty as a clinical resource. Creating and maintaining relationships with the providers and gatekeepers that accept our students in the San Diego community is an integral part of doing my job successfully, but I am just one piece of the placement “puzzle” and have

very little face to face interaction with these preceptors. Our reputation relies on the students and clinical faculty to reinforce these connections as they become the face of our program.

Dr. Karen Macauley is the Program Director and has firsthand knowledge of the clinical placement process from a number of perspectives. She has been a student, a preceptor, a clinical faculty, and a faculty supervisor. When she and I collaborated on ideas for my action research project, she was most interested in what factors impacted our reputation. She has concerns about the needs of our volunteers, and how our role could improve the facilitation process. Placement challenges are a common occurrence in nurse practitioner programs all over the county. As the demand for primary care providers increases, more registered nurses are applying to nurse practitioner programs and increased enrollment leads to a greater need for clinical placement in the community. Forsberg (2015) identifies multiple challenges for the providers that mentor students, including productivity demands, student experience level, and an overwhelming amount of requests from many programs. The more difficult the process is for these providers, the less likely that they will accept students into their clinical settings. Although many nurse practitioner decide to precept because of a duty to the profession, declining to precept is one of the only aspects of control they have over their practice (Lyon, 2005).

While the literature does a thorough job of outlining the difficulties of clinical placements, it does not offer a lot of practical solutions for improving the process from the perspective of a coordinator. "Nurturing, supporting, and rewarding clinical preceptors is an ongoing concern for faculty in NP programs" (Campbell, 2005). Compensation for preceptor's time is often brought up as an incentive for taking students, but this is not well received by the employers or professional organizations. We are limited by financial resources that are supported federally for traineeships like medical physicians, which compensate clinical sites for

the decreased productivity that results from preceptorships for nurse practitioners (Lyon, 2005). There is no compensation available for graduate nursing programs in this same capacity, so I believe that providing support to our students in new and innovative ways will help decrease the burden put on preceptors. Lyon suggests that good communication with the academic support personnel could also be a key factor in why preceptors will continue to take students (2005).

I am clear that we are facing many challenges but struggled with understanding how we can encourage and empower our students to help manage them. This study has had the ability to help inform that. More clarity from the preceptor's perspective about their experience with students was an important first step. I explored the types of characteristics that the students bring into the clinical setting that create a more effective space for learning. By instituting small changes to increase and improve communication, we will support students' ability to clearly articulate their needs and expectations. Finding more efficient ways to use our resources for the students, to lessen the burden on the community providers.

My participants were a combination of preceptors and students. I used my current position to solicit participation, but was mindful that the information gathered during the process could not interrupt my regular duties. With feedback from Dr. Karen Macauley and our lead clinical faculty, Dr. Sharon Boothe-Kepple, I was able to regularly to discuss the process of the study and ask for guidance when necessary.

Methodology

I have chosen to use Coghlan and Brannick's (2010) action research methodology for my project, which specifically addresses the challenges of researching within my own institution. The results of my study will positively impact the day-to-day operations of my current position for future years to come, but I wanted to be mindful of the separation that will have to exist

between the objectives of my inquiry and the tasks of my position. As Coghlan and Brannick suggest, I am choosing to be opportunistic with my project choice, in that I am focusing on an effort that has to occur regardless. The placement process has to continue successfully to ensure that students are able to complete their coursework, and I have the support of the faculty to alter some of the processes.

Coghlan and Brannick (2010) outline a four step process that is comprised of 1) Constructing, 2) Planning action, 3) Taking action and 4) Evaluating action. This progression is based on the assumption that at the same time actions are being taken to achieve the project goals, there is also a reflection process that happens concurrently. A clearly defined reflection process is especially important as I look towards making a change in my current role. It has possible implications on my future success as a clinical placement coordinator. There are three forms of reflection that are applied to each cycle. Focusing on what steps are being planned (context), how things are unfolding and being evaluated (process), and what has not been addressed or identified (premise) are all essential for creating what Coghlan and Brannick describe as a meta cycle (2010). Practicing this type of regimented reflection has had a positive impact in both my research study in addition to other professional goals moving forward.

For researchers focusing on a project internally they are taking into account four factors of a successful inquiry; context, quality of relationships, quality of the process, and the outcomes (Coghlan & Brannick, 2010). Within the context of the project, I have carefully aligned my goals with that of my supervisor and Dean. I am mindful that politics exist within any institution, and that my actions with students and community providers have potential impact on the reputation of the school. To keep my relationships strong, I have been transparent in my intentions and plans, and asked for input regularly. While I believe that can provide a valuable

perspective and innovative ideas, I have gotten the support of the team at every step. I have put a great deal of thought into my plan for a quality action research process and keep sustainable outcomes in mind.

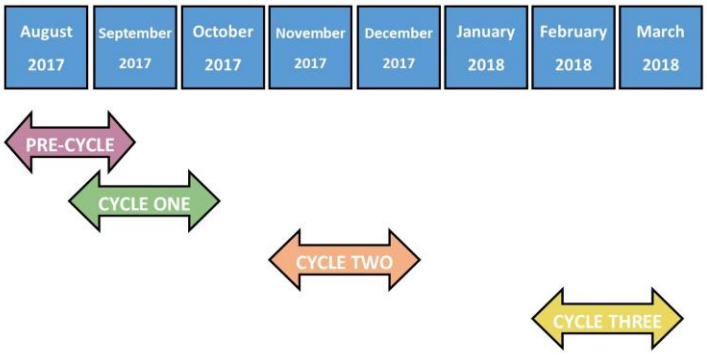
This method has shed light on my research questions, but I am mindful that this type of reflection-focused methodology has the potential to be very one-sided. Because of my long history with the program, my view of the meta cycle has been clouded with years of past experience and expectations. As I began the three stage reflection process with each cycle, I have used my colleagues and the clinical faculty as a sounding board to ensure that I have evaluated my actions through a clear lens.

After carefully reviewing Coghlan and Brannick's (2010) method for completing action research within my own organization and thinking critically about the needs of the nurse practitioner program, I formulated concrete ideas for unfolding three cycles that would allow me to slightly alter our current placement process. These cycles formed their own meta-cycle with an overarching purpose for the project as well as the four action steps of constructing, planning, taking and evaluating. Qualitative methods were used to gather and analyze my data. As Perl and Noldon (2001) describe, qualitative research uses an inductive approach and I have used the information I collected from both the students and preceptors to identify new ways to solve problems. Constructivism is a qualitative theory that acknowledges multiple ways of knowing and that there are many layers of truth that are dependent on both the researcher and subjects (Perl and Nolden, 2001). This strategy was appropriate for my research study because of the varying perspectives that were considered in the cycles.

I began with a pre-cycle that I hoped would help confirm some of my pre-established notions and offer additional insight about how our programs were received out in the

community. This was an important first step to help anchor the direction of my first cycle and ensure that established the appropriate purpose. Although the pre-cycle was not complete by the time the first cycle was set to begin, it gave me enough information to move forward. This first cycle looked at how the stakeholders (students, faculty, administration, and preceptors) impacted each other as students began a clinical rotation in their first clinical semester. New processes of communication between all four parties were created and carried out, and then examined carefully to determine if there was an improved dynamic. In my second cycle, I needed the student's insight and reflection on their experience to help me plan for the next cycle that would focus on taking action and then evaluating it. Using one-on-one and small group interviews I compared my reflection on their first cycle with their accounts of the experience. I wanted to be able to use the information in formulating a group meeting with the students that were set to begin clinical hours in the fall of the next year. This third and final cycle to inform this next group of students of the feedback that I gathered in the previous cycle and present them additional knowledge and new tools that I expected would improve their experiences. I then asked for their feedback to evaluate its effectiveness.

Timeline



Pre-Cycle

Context and Purpose

I began the pre-cycle in the summer of 2017 with the purpose of gathering data that would help me more concretely identify my challenges and delineate the goals of my change implementation. I began to see two foci within the project. I wanted to know what the nurse practitioner programs (including myself) could do improve our standing with the community providers and understand what changes could be made from the student perspective that would yield the same result. It was important that I reflected deeply because many of my assumptions have developed over a long period of time and the program has transitioned though different leadership and various challenges.

Constructing

Our team needed a better handle on our current reputation within the community. These volunteer preceptors do provide evaluations on student performance but are not given the opportunity to give any formal feedback on their experiences. They are asked to host a visit from the faculty, but it would not offer an appropriate time to give constructive criticism of the program. My impression of the challenges they face in this role comes mostly from their responses to my precepting requests. If a potential provider takes the time to respond to my outreach and they offer a negative response, they sometimes will offer some sort of reason. They sometimes express a change in workload, site restrictions, change of role, or personal obligations. All of these types of barriers are things that we cannot control as a program. What needed further exploration was feedback about the things we could improve, so I decided to begin with a survey.

Planning Action

Past experience with outreach has told me that getting responses from the preceptors may be difficult. I tried to create an assessment tool that was very brief and easy to respond with the hopes that they would be more likely reply. Using a web-based program called SurveyMonkey, I created seven multiple choice questions with an optional eighth, open-ended area asking for feedback. A copy of the survey can be found in Appendix A. I sent the survey via email to approximately 150 providers that volunteered time to our students in the 2016-2017 academic year. The exact response rate is difficult to determine as many of the emails came back as undeliverable. The questions related to their personal experiences with both the students in our program and their interaction with faculty. Although the majority of the prompts seem related to how the student present themselves in the clinical setting, each of the seven concepts can be impacted by the students, faculty and the administration. For example, in prompt number one the student has the ability to carry varying levels of enthusiasm to the clinical site, but the administration carries the responsibility of making sure the student has the information on the site and preceptor, and the faculty should be checking in with the student to ensure it's a good fit. Similarly, a student can be given all of the appropriate information to begin their hours by the faculty and administration but have to take the responsibility to carry that forward to the site.

Taking Action

There were 45 total respondents and the majority expressed a positive experience with our family nurse practitioner program. The greatest variation of responses was specifically from the prompt that related to the student's preparedness to begin a clinical rotation. Only 55% of the respondents expressed strong agreement that the students were prepared in advance. Similarly, about 10% either felt neutral or slightly disagreed that the students were clear of their objectives when entering a rotation. Of the 45 respondents only 19 offered feedback in the open-

ended comment section. Two examples of comments that I found helpful were: "Students rarely come with their written objectives," and "I would like to have the course objectives prior to my student's clinical hours starting." These two comments about course objectives are examples that articulate a lack of communication to the preceptor from the school. Although there are two kinds of objectives that exist for a student experience, there are times when they are either not reaching the preceptor in a timely manner or are never clearly defined. For example, one respondent noted, "What is the course of action when a student just does fit in the clinical site. Please place students in areas that they want to work, match with skill sets, critical care etc."

This type of comment reminds me of the importance of the student and preceptor "match."

> "Students need to understand they need to commit to the clinical time. I understand working is important, but clinical hours should be prioritized over working hours since as preceptors we also commit to being in clinic the days the student is present and we are volunteering our time to the student. I appreciate with students communicate at the beginning of the rotation about the expected schedule and if they will be missing any days."

Previous placement coordinators and the faculty have frequently commented about student's availability for clinical hours and scheduling difficulties with their preceptors. I can be assured that this is still an ongoing issue.

Evaluating Action

I spent quite a bit of time reflecting on these responses and in general was pleasantly surprised and comforted by the positive feedback. In my experience, people will generally take the time to give feedback if they have had either a very positive or very negative experience, so I wanted to pay particular attention to the responses that were somewhere in the middle. Because both of the prompts that had some of this variance had a focus on student's preparedness I began to conceptualize better ways for the clinical placement coordinator to facilitate and introduction between all related parties at the beginning of the semester.

Cycle One

Context and Purpose

I began to spend more time contemplating the expectations of my role as the clinical placement coordinator and how I was currently completing my tasks and duties. In the past, once the pool of preceptors has been identified and the student matches are made there have been varying ways of confirming the placements with the student. As I took over the role in 2015, I adopted and email confirmation process that was sent to the attention of the student and copied the preceptor. The email included the clinical site address and contact information and any relevant information on orientation instructions. I thought about the relationship between student preparation and this first introduction, and contemplated ways that may improve the process.

Construction

I strategized with Dr. Sharon Booth-Kepple, a lead faculty that is responsible to match the students with their clinical facilitators. Clinical facilitators are the part time faculty members that have direct connections with the preceptors after the students are formally placed in a site. Dr. Kepple and I agreed that it might be possible to introduce the clinical facilitators to the preceptors informally via my confirmation email. We hoped that it would create more streamlined communication between the preceptor, student and faculty and help the preceptors feel more supported. Half of the placements that would be finalized for the fall semester would be for students in their first clinical semester. Many of them would be receiving and email from me introducing them to a preceptor before they even connected with their course faculty or clinical instructor. Although I have certainly realized this timeline was problematic in past years, the preceptor feedback survey in my pre-cycle shed a new light on the issue.

Planning Action

I decided that the action step of this cycle would be to attempt to improve on the confirmation process. A student, even an adult that is a working professional, may benefit from some guidance on how to make an initial introduction to a preceptor. This was something that to my knowledge has never been put in writing before, but I thought it would be a good first step. I drafted an email and then got faculty input from Dr. Kepple to ensure it was appropriate. The email was sent in late August went to all of the students that would be placed in their first clinical semester. Although normally communication is sent only to USD specific email addresses I copied their personal addresses in the event that they weren't yet checking the school account regularly. I hoped that this would bring their attention back to the start of the semester. The email informed the students that they could expect further communication to their school address that would introduce them to a preceptor. It assured them that although they did not yet know what to expect that more information would be forthcoming in class and it also gave them a suggestion for how to communicate with their preceptor in advance of that information.

Taking Action

I began to send confirmations in late August. Keeping in mind the preceptor's feedback from my pre-cycle I made some adjustments. Although I still included the site information and copied the preceptor on the email, I also included the clinical instructor's information and cc'd them as well. The idea was that this would facilitate a three-way introduction and ensure that all parties were aware of each other and could initiate communication at any time. In addition, I outlined the expected timeline for the students to submit their clinical objectives to the preceptor.

Objectives for a clinical rotation are two-fold. Although there are clinical course objectives that are outlined in the syllabus, these goals are generalized, non-specific and might not always be meaningful to a preceptor. In addition to the course objectives, students are also

required to initiate their own clinical goals in each semester and share them with their mentors. The feedback survey clearly told me that those objectives would be helpful for the preceptors earlier in the student's experience. As I mentioned earlier, these first-year students are meeting with their preceptor before they have and understanding of how to create these objectives which again creates complications. I worked with Dr. Boothe-Kepple to understand the required timeline for creating their goals and decided to include that date in my introduction email to the preceptor. I hoped that this idea, paired with the students understanding of what they had yet to cover in class (or knowing what they didn't know) would help the process.

Evaluating Action

In evaluating this first cycle of change, I got some informal feedback from the clinical faculty at our first team meeting. There were positive comments made about the way the emails were formulated and gave the faculty a simplified process for introducing himself or herself to the preceptor. There was some confusion however, in that the faculty assignments underwent some changes after the emails were sent. Some of the instructors were contacted by preceptors not assigned to students under their supervision, and students also were confused when my email introduced one instructor and then a week or so later they were contacted by another clinical instructor. Overall, students seemed less anxious about contacting their clinical site, which created less energy from me to respond to them individually. I believe there was a clear benefit in sending the email in advance of the assignments and will continue to make efforts to prepare students for their initial outreach. I have some hesitation about continuing to send a template for their introduction given that these students are professionals and this may be "overkill." I will continue to work with the faculty to determine the appropriate suggestions for students entering their first clinical experience.

Cycle Two

Context and Purpose

The focus of my second (and third) cycle was on the student experience and expectation. I began planning in October of 2017 and concluded in early December. The first cycle informed me that it might be more appropriate to focus my attention on the 32 students that were currently completing hours in their first clinical experience in our family nurse practitioner program. Narrowing my scope to this group was helpful because they were all looking at the process with fresh eyes and I expected that they could better articulate suggestions for the next class of students. The purpose of this cycle would be to create stronger connections with this group of student and truly listen to their feedback. I anticipated that not only would they feel a deeper connection with me for future placements, but that their input would be valuable to future cohorts.

Constructing

Like years before, this group had offered varying levels of involvement in identifying preceptors. Twenty percent of the students identified a provider in the community that proved to be an appropriate fit for the first semester. Of those seven students, the majority of them are enrolled in the doctoral nurse practitioner track. The nurse practitioner program is offered both at the masters and doctoral level. Both students are enrolled in the clinical courses simultaneously but one differentiation is that the doctoral program is a three-year program as opposed to the two-year masters. This first year of the doctoral program focuses solely on theory and didactic content but it is safe to say that the students would have more knowledge of the clinical curriculum simply by having an advanced year of familiarity with the faculty and academic flow. I met with a number of these students in year one (2016/2017 academic year) to

talk casually about their first clinical year and some also came to me with some potential providers at that time.

Planning Action

I began to reflect on how the self-efficacy of the students was impacted by the varying curriculum. Efficacy beliefs have the potential to affect the placement experience in a variety of ways. They not only can influence a desired task in an optimistic or pessimistic way, but they also impact commitment to goals and how much effort is put forth (Bandura, 2006). I requested that all students meet with me about the spring 2018 placements and then asked for additional participation and time for a project related interview. Students would be asked to complete a short questionnaire at the start of the interview that asked them to self-report on their level of self-efficacy surrounding clinical placements. The survey was designed by the researcher but modeled from many of Banduras scales. Bandura (2006) articulates that the scales should give the user the ability to rate their level of skill and performance with a related task, and that each item should be written as "can do" rather that "will do." The scale describes six tasks that related to participating in the placement process and asked the students rate their confidence by assigning a number of 0 (Cannot do at all) to 100 (Highly certain I can do) for each task.

The remainder of the interview would focus on their experiences to date. A set of oral questions was created to measure the following 1) the level of their involvement with securing their placements (providing possible sites, asking for faculty recommendations, participating in interviews, etc), 2) how prepared they felt in their first clinical experiences and what types of information could be provided in advance of starting hours to increase their level of preparedness, and 3) their level of satisfaction with their preceptors and experiences in their assigned sites to date. My first five interviews were not recorded and I quickly realized the

challenges of maintaining accurate notes while staying present in the conversation. With the guidance of my faculty advisor, the remaining 17 interviews were recorded and transcribed.

Taking Action

Twenty-two total students participated in my interview and completed the survey. Results of the survey can be found in Appendix B. The interviews were done individually or in small groups of two or three. To maximize participation, I had offered available times that I anticipated would be convenient, for example right before or right after their class. Students took it upon themselves to participate in small groups. I believe it impacted the knowledge gathering in a positive way, students seemed more candid in small groups. I determined that overall most students had a moderate to high level of self-efficacy in all six prompts. Most of the uncertainty seemed to be having the time to participate in the placement process, and also having a comfort level with networking with colleagues and faculty. In reviewing the student interviews, I looked for correlations between the level of self-efficacy, student involvement and satisfaction with their experiences to date. I found their input extremely informative and identified three common themes: Confusion about clinical objectives, a lack of professional network, and struggles faculty support.

Evaluating Action

I closed on this cycle with a feeling of success. I was encouraged and energized by the student's candor. Students come into our program with high levels of self-efficacy in many areas and offered many ideas for how we could support future cohorts. Even though the interviews were self-serving in some respect, many of the students thanked me for the added interest in their experiences. I got the impression that they felt like their feedback had the potential to change the program in a positive way and in turn, I certainly feel an added obligation to make that happen.

Cycle Three

Context and Purpose

In beginning my third cycle, I reflected deeply on my interviews with the students the previous fall. I began to think about the how the role of the clinical placement coordinator could continue to empower the students by utilizing the existing faculty resources. Although all students have access to the evaluation forms in handbooks that there are given at the start of the program, they are bombarded with information during that time. The preceptors are also provided with the evaluation form each semester through the mail. This is sent after all the placements are finalized and to save administrative efforts, our team has typically waited a few weeks because of the changes that frequently occur within the first few weeks of the semester. This continued to help me understand the problematic timeline in this first semester. I thought about their high levels of self-confidence that came through in the self-assessment survey and started strategizing on ways that I could channel that to the placement process. The students in our program believe that they have the characteristics to participate in the process but may be lacking certain tools to feel comfortable in utilizing them. The purpose of this cycle was to empower them with information.

Constructing

I wanted to be able to share some of the themes that emerged from the cycle two interviews with future clinical students. I focused my attention to the group of doctoral students that would be hitting their first clinical course in the fall of 2018. Instead of individual interviews I decided that a group meeting was a better avenue for this last step of my study. It gave me an opportunity to reach a large number of students at one given time and create a dialog. I was

inspired to review all of the resources in the student handbooks and in Blackboard with the hopes that I could reformat some of the material.

Planning Action

Dr. Karen Macauley gave me the opportunity to reintroduce myself to the group in early February during one of her seminar classes. I let the students know that I was beginning to plan for the fall semester and gave them a foundation of information about my role. This is something that to my knowledge has not been done this far in advance before. It gave them the opportunity to ask some questions about what to expect through the remainder of their program. I asked for their future participation in a group meeting that I would conveniently schedule on one of their class days. As I began to plan more specific objectives for the meeting, I realized that this would be different than a traditional focus group in that I as the moderator would probably do the majority of the talking. With that said, I did want to reserve a portion of my allotted time for discussion and keep track of their feedback. I also used the existing language from the preceptor evaluation to draft a handout of expectations by semester in a very concise document. This is something that they could easily bring with them on their first day or could just be reviewed in advance of their hours to help them draft their own personal objectives. The handout consolidated all of the evaluation criteria for each semester of the program into one document. It allows the student to clearly see the skill level that they should be working towards in every semester, a copy can be found in appendix D.

Taking Action

Twenty seven students attended the focus group on February 22nd, 2018. I was able to schedule a room through the school of nursing that was large enough to adjust the chairs in a circular fashion. I began the dialog with a background on my project goals and a detailed

description of the themes that emerged from my recent interviews with their predecessors. I began with the topic of expectations and objectives. I wanted to have the opportunity to reiterate the time commitment for their fall experience, so that they could begin planning. These students lead very full lives balancing personal life, career and school. I wanted to articulate the amount of flexibility it would take to create a schedule with a preceptor. It gave me the opportunity to share some of the preceptor concerns that were mentioned in my pre-cycle survey. I hoped that this would encourage some awareness of the preceptor's challenges in the relationship as they are also very busy professionals that are balancing multiple responsibilities. During this time I asked the students to share previous experiences they had with mentors at the undergraduate level. We had a very fruitful discussion and they were able to share ideas about maximizing the experience. I also described the different types of objectives that existed for the clinical experiences and asked the students to review the handout that I had created.

My next topic of discussion was recruitment and networking. I described the various sites that would be appropriate for a first semester placement. I outlined the possible ways that they could identify potential providers, and also offered insight on ways that I could help "take the baton" before the outreach became too burdensome. I shared the previous cohorts concerns with networking, but then provided examples about how some were able to create connections. I asked them to share any of their outreach they had done on their own with the group. Students began to express that they had begun to wonder about what sites that they would be placed in, and that they may have some ideas. One student in particular asked about talking with the current clinical students for recommendations on sites. There were also two students that described current connections with providers that they would like to explore in the next few months.

My final topic of conversation was more one sided. I wanted to go over the various roles of support that existed among the faculty and staff. I provided them with a description of the expected interaction between the clinical facilitator and the preceptor, so that they could have an example to compare it with the following semester. I made sure to note that these faculty frequently changed and that if they had any concerns that weren't met by their assigned facilitators that there were other levels of support in place to guide them.

Evaluating Action

Because I wanted a more concrete way of measuring the effectiveness of this meeting, I decided to ask for the student's feedback using Survey Monkey. It was a quick four prompt survey that asked for their opinions about how the topics covered could improve their experiences. Although the responses were positive, I was only able to get seven students to participate. The results were can be found in Appendix D.

Findings

These action cycles revealed three main themes that offered insight on how to improve placements from the perspective of a non-faculty, clinical placement coordinator.

Theme One: Objectives

Both preceptors and students expressed some concern about clarity with clinical objectives for the semester. Preceptors felt that they weren't offered in a timely manner or clarified at all. When the students were asked about how their readiness for a first clinical experience, they expressed concern about the amount of information they were bringing with them on their first day. There seemed be a lot of confusion about the goals and expectations for the semester's experience. I reflected back to the timeline of their first clinical day and remembered that most of these students in their first clinical semester were beginning these hours prior to their first didactic class. As mentioned in the description of cycle one, two types of

objectives exist for the students in each clinical semester. Course objectives in the syllabus and are generalized goals that will be met with both the didactic content and clinical experiences. Prior to beginning their course students would probably have access to the syllabus in Blackboard. Unfortunately, they probably wouldn't have any knowledge of how to draft their personal objectives for the experience without guidance from the faculty. In addition to no prior knowledge of this task, the students also presented further complications. They felt the amount of guidance that they eventually got to create these objectives was lacking, and that they didn't give the preceptor any knowledge of their clinical competence or expectations for competence by the end of the semester.

Many of the 22 students that I interviewed mentioned that if the school had something drafted that they could bring with them on their first day it may ease some of their anxiety. The quote below is one example:

> I guess I kind of had hoped that maybe my preceptor would take the reins a little bit more than she did. I mean I followed her around for most of the day, which is fine. But I guess I'm almost kind of wondering if it would have been…… I guess what I really wanted was to be able to hand her a template of the objectives……

One particular student in my early, unrecorded interviews described how she, like her classmates, had some uncertainty about what she was supposed to doing in her first semester with the preceptor. She decided that she would try to look through all of the literature that was provided in both Blackboard and in the student handbook and she found a copy of the form that the preceptor would be evaluating her with later in the semester. She brought that form with her on the first day and went over it with the preceptor.

Preceptors would benefit from advanced knowledge of the objectives. The students would be able to provide them if they had an advanced understanding of the types of objectives

that existed and which are most relevant for their preceptors. In addition, knowing the expectations of that first clinical semester could empower the students to feel more confident to participate in the outreach of potential providers in the community.

Theme Two: Networking

When students were asked about the barriers that existed to participate in preceptor recruitment, another common theme emerged. I was not surprised that they expressed concerns about their limited professional networks with local nurse practitioners and primary care physicians. Some students relocate to San Diego to begin the program and have not had time to establish a network that will allow them to seek out potential providers for placement. One student anticipated that outreach to potential providers would feel like cold calling and mentioned that there was a fear of rejection.

Although most of our students are currently employed or seeking employment as registered nurses, they are commonly working in hospital or inpatient settings. The nurse practitioners that they interact with are usually in a specialty setting at the hospital. This is not only intimidating to a novice student but this type of setting would also not be an appropriate until later in their academic journey. If a student noted in the assessment survey that had a high degree of certainty about their ability to network to colleagues, they still may not feel that they had enough understanding of the expectations from potential providers to be able to articulate them. Preceptors respond more favorably when their matched students have similar interests and energy, and professional networking would allow students the student to showcase their experience and enthusiasm for the profession.

Theme Three: School Support

In the student interviews of my second cycle, my questions became more open-ended and I asked for their feedback about what we could do better as a school. Their answers were forthcoming and offered some valuable insight on areas of improvement. Although the theme of faculty support only presented itself in about 6 of the 22 respondents, the response was so strong from those 6 that I immediately took note. Assigned clinical instructors review all of the clinical logs, complete an evaluation of performance in the clinical setting, and provide guidance and support as necessary. For this cohort of 32, there were 11 faculty instructors assigned to varying amounts of students. As mentioned previously, this group of faculty has different levels of experience in their roles and are given some academic freedom to create their own timeline for the semester. I asked for Dr. Sharon Boothe-Kepple's insight on the expectations were of the faculty for the fall 2017 semester. I needed to understand what took place in this particular September as it regularly changes as people move in and out of positions. She explained that in past semesters she had tried to require all her faculty to attend the first didactic class of the semester, but that due to unforeseen circumstances it was not possible to get them all together. Instead of providing an opportunity for only some of the class to meet their facilitators, she asked them to reach out to their students individually.

The first two students that brought the clinical faculty into the conversation began by calmly mentioning that they wished that had met their faculty in advance of their scheduled evaluation date. When I probed them further they explained that some of their classmates had the benefit of meeting their faculty early in the semester, which helped provide some guidance on how to navigate the clinical setting. They mentioned that some others talked by phone at some point as well, but that there was a group only connected with the instructor when it was time to schedule a date for the faculty to come to the clinic. Later interviewees expressed blatant

outrage over similar situations. One student in particular mentioned that she had fears that she would not pass her evaluation because the concerns that she mentioned in her logs were not addressed. Alternately some students felt that not meeting their instructor in advance was not problematic, but that they did not feel that there was consistent information given about what was due and when.

Past experiences with clinical instructors has given me insight on how difficult it can be to get a group to outline and enforce student requirements equally across the board. Although the lead faculty should be able to hold them accountable, it can be laborious and time consuming to monitor them excessively. Forcing them all to adhere to very strict guidelines seems to take joy out the role both the lead faculty and the clinical facilitators. Taking away the academic freedom to mentor the students in their own way is difficult on the facilitators, and unfortunately, it is not always an easy role to fill.

In my last question of the interview, I encouraged the students to give me candid responses about improving my processes as the placement coordinator. I realized in advance of asking for their feedback that it would be difficult to offer criticism in a face-to-face interview, but I assured them of the importance of their responses for future students and let them know that I would not take it personally. The majority of the students interviewed noted that an earlier notification of placement would be helpful for planning. There were many comments about complicated orientations into the clinical sites and they believe that an added amount of time would help them take care of things in advance. In addition, they wondered if I could offer more insight into the preceptor's schedule.

Outcomes

The students starting their first clinical experience in the fall of 2018 have now been provided with additional knowledge and some tools that they can take with them out into the community. A better understanding of the appropriate type of placement will allow them to be more mindful of opportunities out in the community. As they communicate with even a limited network, they will be able to articulate what types of experiences are appropriate throughout the program. Advanced knowledge of the objectives of their first semester will allow them to more easily relay them to their preceptors, which will alleviate some first day nerves and help them advocate for themselves. They have an understanding of the evaluation criteria at the beginning of their experience, which will allow them to create momentum throughout their first semester.

The greatest measure of the positive outcomes of this project has been the advanced interest of the placement process for the students that will be transitioning into their first clinical course in the fall of 2018. To date I have met with 7 students about potential placement opportunities in the community for next September. Although there is no data to compare this with, from experience I know that the number is greater than in years past. It is still too early to determine if any of their suggestions will be fruitful, but I am encouraged by the interest and energy that they are bringing to the table. As I expected, there is still a level of resistance to actively recruit their own placements from some individuals in the program. If the program continues to guarantee the placements services that there will always be some personalities that will choose to leave the majority of the responsibility with the placement coordinator position. This can be attributed to their lack of professional networks, competing outside responsibilities, and sometimes a sense of entitlement with the high tuition rates.

The placement confirmation process has continued to improve as well. Although there have been more placements overall as compared to last spring, I have had less interaction related

to student performance issues. Preceptors are more aware of the clinical instructors and are taking their concerns directly to the faculty that can support them. These interactions are important to help them feel connected with the university, even if the clinical instructor has been unsuccessful in their outreach at the beginning of the semester. The clinical instructors have also expressed continued appreciation of the added communication.

Limitations

The length of this study has provided the greatest challenges for measuring its success. As the focus of the project evolved into an exploration of first semester students, it became more challenging to measure their ability to participate in the placement process and if the preceptors felt less burdened. Students always begin their first clinical experience in the fall semester and therefore I was only able to get feedback for one group's experience.

Although the benefits of convenience outweighed any negatives, I did face difficulties in separating my researcher responsibilities with my professional responsibilities. In my role at work I add an element of "customer service" to my every day duties. I explain it as customer service, as opposed to student service, because I believe that some of my techniques of keeping them satisfied is more in tune with business practices. It is part of the reason that I have been successful in my various roles at USD including my current one. In my interviews, I found it somewhat difficult to ask candid questions about their participation in the placement process without feeling like I was threatening some of their expectations of our administrative team. I would sometimes feel the need to assure them that we had not planned to make any changes to the provided placement services, for fear that the idea of taking that away in any capacity would cause stress and anxiety. I also had to be very mindful not to lead my questions with my prior knowledge of years past. For example, when I was asking them about the barriers they might

face in participating in the placements, I found myself sometimes assuming that they chose the program in part because of that service. As the interviews went on I learned that it was important to clarify that with a question.

Recommendations

Regulated Meetings in Advance of the First Clinical Experience

My most important recommendation is for a regulated pre-clinical meeting with all students in advance of their first clinical semester. There are many challenges that can exist for scheduling this type of interaction, but I believe the added effort provides value to both the student experience and eases the burden on the community providers that precept them. Within the academic flow of the doctoral nurse practitioner program at the University of San Diego which offers a pre-clinical year to the three-year program, I believe there is a benefit for scheduling those group meetings a semester in advance to help the student begin to prepare mentally and logistically for the extra hours and expectations. For the master's students that begin clinical hours in their very first semester, I believe there would be an advantage to having individual meetings in the month of August before they began the program.

Faculty Office Hours

There would be an advantage to requiring the part time, clinical faculty to hold office hours and strongly encourage them to meet with their assigned students in advance of the semester. A non-faculty, clinical placement coordinator can relay information to the students to improve their experience, but it is also essential to nurture the faculty/student mentorship to ensure they have the appropriate support. These faculty should also be reaching out to their student's assigned preceptors in a more regulated pattern. Both the students and preceptors

expressed some confusion about the objectives of the clinical experience, and I believe the faculty can offer more insight than just printed resources.

Mentorship Program

I recommend creating a mentor program between first year and second year clinical students so that they can share their experiences and create and environment for candid questions. This type of mentorship program could be especially helpful to the doctoral students that are present on campus one year prior to their clinical experiences and also have a larger number of hours to complete in their first clinical semester. The students in their second year would be able to relay their actual experiences with their first preceptor and articulate any challenges that they encountered. Special attention could be made to match local students with those that have recently moved to the area, with the hopes that these connections may improve their professional networks as well.

Personal Learning and Conclusions

I genuinely appreciated the opportunity to look this closely at my role over the last year. As I transitioned into this position, I have felt a heavy burden and responsibility to my students. Unlike jobs that I have held in the past, the clinical placement coordinator position has a very clear success marker- that all students are placed and able to complete their hours each semester. With a clear success marker comes also a very clear mark of nonsuccess. I took on the challenge two years ago with a good amount of hesitation, as I watched people transition in an out of the position. Many of the factors that contribute to my success have often seemed out of my control. The process of this action research study has helped me feel like more of an active participant and it has also forced me to really scrutinize ways to improve how we are delivering service to the students.

The student interviews in my second cycle were eye-opening. It allowed me to connect with the group on a relationship level in tandem with the goal of working on their placements for the subsequent semester. This interaction allowed me to understand them in a way that influences my confidence in matching them with an appropriate preceptor, especially when I am fortunate enough to know the preceptor on a personal level or have insight on their personality traits from past student. This also made me mindful to discuss my interpretations with the other faculty and staff to ensure that I am always balancing any biases that I may assign to the students or preceptors. I valued being able to hear my interactions with them in the recorded audio files. I asserted a level of confidence in those meetings that leads me to believe that I could continue to have future success with a more relationship focused leadership style moving forward.

Overall, I am excited and encouraged that this action research study has uncovered some very specific ways that we can improve on the clinical placement process. Continued work on the communication process between our preceptors, students and faculty will hopefully create a stronger connection between these outside providers and the university, and in turn encourage them to maintain a long-lasting relationship. Helping the students nurture professional relationships and drawing them closer into the placement process can empower them to more actively participate in their learning. Clearly defining the different levels of support that exist will create more confident students out in the community. Although there is an overwhelming amount of work still to uncover about how to perfect the art of placement coordination, I am certainly confident that progress has been made during this research study.

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Appendix A

Preceptor Feedback Survey

Q1. USD students enter my clinical site with enthusiasm for the learning experience

Answer Choices	Responses	
Strongly Agree	88.89%	40
Slightly Agree	6.67%	3
Neutral	2.22%	1
Slightly Disagree	2.22%	1
Strongly Disagree	0.00%	0
	Answered	**45**
	Skipped	**0**

Q2. USD students and faculty are respectful of my time and schedule

Answer Choices	Responses	
Strongly Agree	86.67%	39
Slightly Agree	11.11%	5
Neutral	0.00%	0
Slightly Disagree	2.22%	1
Strongly Disagree	0.00%	0
	Answered	**45**
	Skipped	**0**

Q3. USD administration and faculty have adequately prepared the student to begin a clinical rotation

Answer Choices	Responses	
Strongly Agree	54.55%	24
Slightly Agree	36.36%	16
Neutral	4.55%	2
Slightly Disagree	2.27%	1
Strongly Disagree	2.27%	1
	Answered	**44**
	Skipped	**1**

Q4. USD students enter my clinical site compliant with all related orientation paperwork specific to my site

Answer Choices	Responses	
Strongly Agree	86.36%	38
Slightly Agree	6.82%	3
Neutral	2.27%	1
Slightly Disagree	2.27%	1

Strongly Disagree	2.27%	1
	Answered	**44**
	Skipped	**1**

Q5. USD students enter my clinical site with clarity on their clinical objectives

Answer Choices	Responses	
Strongly Agree	70.45%	31
Slightly Agree	18.18%	8
Neutral	6.82%	3
Slightly Disagree	4.55%	2
Strongly Disagree	0.00%	0
	Answered	**44**
	Skipped	**1**

Q6. USD faculty communicate in a timely manner to offer their support and guidance

Answer Choices	Responses	
Strongly Agree	70.45%	31
Slightly Agree	18.18%	8
Neutral	4.55%	2
Slightly Disagree	6.82%	3
Strongly Disagree	0.00%	0
	Answered	**44**
	Skipped	**1**

Q7. USD students make the most of their experience in my clinical site

Answer Choices	Responses	
Strongly Agree	84.09%	37
Slightly Agree	11.36%	5
Neutral	2.27%	1
Slightly Disagree	0.00%	0
Strongly Disagree	2.27%	1
	Answered	**44**
	Skipped	**1**

Q8. Please provide any feedback for how we can improve your experience in future semesters:

Answered	**19**
Skipped	**26**

Appendix B

Student Self-Assessment Survey

Rate your degree of confidence by recording a number from 0 to 100 using the scale given below:

0 10 20 30 40 50 60 70 80 90 100
Cannot do at all Moderately I can do Highly certain I can do

I can represent myself well in interviews to secure clinical sites _____
I can find time in my schedule to assist in the clinical placement process _____
I am comfortable networking with colleagues and faculty _____
I feel confident introducing myself to potential mentors in the community _____
I can clearly articulate my clinical goals and interests to my preceptor _____
I am comfortable advocating for myself in the clinical setting _____

Results

	0	10	20	30	40	50	60	70	80	90	100
	Cannot do at all				Moderately can do				Highly certain I can do		
Q1					5%	5%	5%	17%		50%	17%
Q2			5%		9%		18%	9%	18%	14%	27%
Q3					5%	14%	5%	18%	23%	23%	14%
Q4					5%		18%	9%	18%	36%	22%
Q5					5%		9%	9%	36%	23%	18%
Q6						9%	5%	23%	14%	36%	14%

Appendix C

Cycle Two Interview Guide

Student Participation

1. In your recent placements (USD or RN program placements) can you describe any ways that you were able to participate in the placement process?
2. Describe any barriers that might prevent you from participating further in the process.

Preparedness for Clinical Placement

1. Can you describe your experience with reaching out to your preceptor to create a schedule? How did your preceptor make you feel (welcome, etc.)?
2. How were you prepared by the faculty, placement coordinator and preceptor for your first day? Did you feel like you had enough information about the objectives of experience to be able to articulate them? Did you feel like the preceptor was familiar with the teaching role?

Student Satisfaction

1. How would you describe your level of satisfaction with their preceptors and experiences in your assigned sites to date?
2. Are there any recommendations for better ways to approach the clinical site and preceptor from the student perspective? Any adjustments that you will make as you approach your next preceptor, or better ways that you can help yourself prepare?
3. Are there any recommendations for the faculty and placement coordinator? Any ways that we can make the process smoother for the preceptors and students?

Appendix D

PRECEPTOR EVALUATION DESCRIPTION BY SEMESTER

DNP FNP Program

Fall 2018 **NPTC 602** **Primary Care IA** *162 Required Hours* **1.5 Days Per Week x 15 weeks**	1. **Subjective Well History-taking Skills** Elicits reasonably complete history - may miss some basic history and/or one to two topic areas; incorporates the principles of health promotion, health maintenance, and risk assessment. 2. **Oral Examination Skills** Presents patient as a person. Organized presenting basic history data clearly omitting one to two topic areas; incorporates the principles of health promotion, health maintenance, and risk assessment. 3. **Communication Skills** Smooth, clear communication. Recognizes and openly acknowledges patient's stated feelings. Pursues "red flags". Communicates openly and constructively with preceptor and faculty. 4. **Record Keeping Skills** Mostly complete, clear and organized history written according to the NP Handbook Appendix R format with all but one or two topic sections included; includes most pertinent positives and negatives. 5. **Professionalism** Acts respectfully & responsibly. Consistently presents self in a professional manner, including appropriate dress & student ID.
Spring 2019 **NPTC 604** **Primary Care IIA** 108 Required Hours **DNPC 630** **Additional DNP Hours** 108 Target Hours *216 Total Hours* **2 Days Per Week x 15 weeks**	**1. Subjective History-taking Skills** Elicits reasonably complete history relevant to patient's problem(s) & preventive health care needs. May miss some detail but not likely to lead to missed diagnosis. **2. Objective Physical Examination Skills** Selects PE areas appropriate to patient's problems; Uses good technique. May miss minor steps but not likely to miss diagnosis or injure patient **3. Assessment Skills** Reasonable assessment. Identifies common differential diagnoses & need for clinical preventive services **4. Oral Presentation Skills** Presents patient as a person; summarizes basic data clearly, although order may be mixed & may be less than succinct. May omit some minor pieces of relevant data. **5. Communication Skills** Generally clear, fairly smooth communication with respect for individual differences. Reasonably comfortable with patient. Able to elicit and report delicate problems in a culturally sensitive manner. Usually communicates openly and constructively with preceptor. **6. Management Planning** Plan includes basic management needed for patient's problem(s), including consultation & referral if appropriate. Able to state rationale for options chosen. Plan may be incomplete, but not

	unsafe. **7. Implementation of Management Plan** Able to initiate basic elements of the treatment plan essential for safe care while promoting patient responsibility for health to a limited extent. **8. Record-keeping Skills** Complete recording of process of care in SOAP format. Formulates/updates problem list appropriately. May need some guidance for clarity and organization. Includes major health issues; may miss some minor ones but none that might compromise adequate follow-up **9. Professionalism** Acts respectfully & responsibly. Consistently presents self in a professional manner, including appropriate dress & student ID.
Summer 2019 **NPTC 605** **Primary Care IIB** 108 Required Hours **DNPC 630 & Dual Tracks (PNP/AGNP/ENP)** 108 Target Hours *216 Total Hours* **2.5 Days Per Week x 12 weeks**	**1. Subjective History-taking Skills** Elicits reasonably complete history relevant to patient's problem(s) & preventive health care needs. May miss some detail but not likely to lead to missed diagnosis. **2. Objective Physical Examination Skills** Selects PE areas appropriate to patient's problems; Uses good technique. May miss minor steps but not likely to miss diagnosis or injure patient **3. Assessment Skills** Reasonable assessment. Identifies common differential diagnoses & need for clinical preventive services **4. Oral Presentation Skills** Presents patient as a person; summarizes basic data clearly, although order may be mixed & may be less than succinct. May omit some minor pieces of relevant data. **5. Communication Skills** Generally clear, fairly smooth communication with respect for individual differences. Reasonably comfortable with patient. Able to elicit and report delicate problems in a culturally sensitive manner. Usually communicates openly and constructively with preceptor. **6. Management Planning** Plan includes basic management needed for patient's problem(s), including consultation & referral if appropriate. Able to state rationale for options chosen. Plan may be incomplete, but not unsafe. **7. Implementation of Management Plan** Able to initiate basic elements of the treatment plan essential for safe care while promoting patient responsibility for health to a limited extent. **8. Record-keeping Skills** Complete recording of process of care in SOAP format. Formulates/updates problem list appropriately. May need some guidance for clarity and organization. Includes major health issues; may miss some minor ones but none that might compromise adequate follow-up **9. Professionalism**

	Acts respectfully & responsibly. Consistently presents self in a professional manner, including appropriate dress & student ID.
Fall 2019 **NPTC 608** **Primary Care IIIA** 108 Required Hours **DNPC 630 & Dual Tracks (PNP/AGNP/ENP)** 108 Target Hours *216 Total Hours* **2 Days Per Week x 15 weeks**	**1. Subjective History-taking Skills** Elicits reasonably complete history relevant to patient's problem(s) May miss some sharpness of focus or detail relevant to differential diagnosis. **2. Objective Physical Examination Skills** Complete, smooth exam focused to patient's problem. Selects and performs special, advanced techniques as appropriate **3. Assessment Skills** Correct assessment. Identifies common & emergent differential diagnoses but may miss obscure ones. **4. Oral Presentation Skills** Presents patient as a person. Clearly organized and succinct; includes most major issues in the differential diagnosis and suggested management plan. **5. Communication Skills** Clear, smooth communication with patient throughout the encounter. Recognizes and openly acknowledges patient's stated feelings. Pursues "red flags". Communicates openly and constructively with preceptor **6. Management Planning** Appropriate plan for identified diagnoses & preventive health care needs. Able to give rationale for all options chosen. **7. Implementation of Management Plan** Able to initiate all aspects of the treatment plan (dx,tx,ed.), while promoting patient responsibility for health to a significant extent. **8. Record-keeping Skills** Clearly and logically organized in SOAP format with all sections appropriate. Includes pertinent positives & negatives. May mix problems. Formulates or updates complete problem list. **9. Professionalism** Acts respectfully & responsibly. Consistently presents self in a professional manner, including appropriate dress & student ID.
Spring 2020 **NPTC 609** **Primary Care IIIB** **108 Required Hours** **DNPC 630 & Dual Tracks (PNP/AGNP/ENP)** **108 Target Hours** ***216 Total Hours***	**1. Subjective History-taking Skills** Elicits reasonably complete history relevant to patient's problem(s) May miss some sharpness of focus or detail relevant to differential diagnosis. **2. Objective Physical Examination Skills** Complete, smooth exam focused to patient's problem. Selects and performs special, advanced techniques as appropriate **3. Assessment Skills** Correct assessment. Identifies common & emergent differential diagnoses but may miss obscure ones. **4. Oral Presentation Skills** Presents patient as a person. Clearly organized and succinct; includes most major issues in the differential diagnosis and suggested management plan. **5. Communication Skills**

2 Days Per Week x 15 weeks	Clear, smooth communication with patient throughout the encounter. Recognizes and openly acknowledges patient's stated feelings. Pursues "red flags". Communicates openly and constructively with preceptor **6. Management Planning** Appropriate plan for identified diagnoses & preventive health care needs. Able to give rationale for all options chosen. **7. Implementation of Management Plan** Able to initiate all aspects of the treatment plan (dx,tx,ed.), while promoting patient responsibility for health to a significant extent. **8. Record-keeping Skills** Clearly and logically organized in SOAP format with all sections appropriate. Includes pertinent positives & negatives. May mix problems. Formulates or updates complete problem list. **9. Professionalism** Acts respectfully & responsibly. Consistently presents self in a professional manner, including appropriate dress & student ID.

Appendix E

FA18 Placement Preparation Meeting Feedback Survey

Q1. The clinical placement preparation meeting was worth my time.

	Agree		Slightly Agree		Moderately agree		Slightly disagree		Disagree		Total	Weighted Average
1	85.71%	6	0.00%	0	14.29%	1	0.00%	0	0.00%	0	7	1.29
											Answered	**7**
											Skipped	**0**

Q2. I feel empowered to participate in placement process to some degree.

	Agree		Slightly agree		Moderately agree		Slightly disagree		Disagree		Total	Weighted Average
1	85.71%	6	14.29%	1	0.00%	0	0.00%	0	0.00%	0	7	1.14
											Answered	**7**
											Skipped	**0**

Q3. The meeting was held at an appropriate time in my program.

	Agree		Slightly agree		Moderately agree		Slightly disagree		Disagree		Total	Weighted Average
1	100.00%	7	0.00%	0	0.00%	0	0.00%	0	0.00%	0	7	1
											Answered	**7**
											Skipped	**0**

Q4. The meeting was helpful in anticipating what to expect in my first clinical semester.

	Agree		Slightly agree		Moderately agree		Slightly disagree		Disagree		Total	Weighted Average
1	71.43%	5	28.57%	2	0.00%	0	0.00%	0	0.00%	0	7	0.57
											Answered	**7**
											Skipped	**0**

Q5. Please let me know if you have any feedback that would be helpful for future students.

Answered	**2**
Skipped	**5**