



Adult/Gero APRN Preceptor *Toolkit*

Developed by:

Members of GAPNA's Education Committee

Table of Contents

I. Preceptor Resources and Guidelines	1
a. Suggested Preceptor Preparation for Role	1
b. Student Geriatric Clinical Site Examples	3
c. National Standards for Nurse Practitioner Competencies	3
d. Rubric for Expected Professional Behaviors (c/o Oakland University, MI)	4
II. Healthcare Resources for Gerontological Education	5
a. Geriatric Assessment Resources	5
b. Geriatric Mental Health/Dementia Resources	6
c. Gero-Pharmacology Resources	6
d. Legal Issues on Advanced Directives	6
e. End of Life Issues	7
f. Nursing Home Issues and Processes	7

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Preface

GAPNA Toolkit of Resources for Adult/Gero APRN Preceptors

Purpose: This toolkit was developed for healthcare providers/clinicians who are precepting advanced practice registered nurse (APRN) students in clinical sites with older adult populations.

The toolkit has two (2) sections:

1. Preceptor resources and guidelines
2. Healthcare resources that promote quality care for older adult populations.

The GAPNA website “Clinical Topics” tab has additional clinical references.

I. Preceptor Resources and Guidelines

A. Suggested Preceptor Preparation for Role

Before making the commitment to serve as a preceptor for an APRN student, the following information will be useful in planning student experiences:

1. Information on the APRN program and course:
 - Obtain a copy of course objectives and clinical practice guidelines so that you clearly understand preceptor expectations for clinical practice with older adults.
 - Determine the current level of the student's clinical expertise. Is this experience their first clinical rotation or one nearing graduation?
 - Determine the criteria for student evaluations (or use those attached).
 - Ask about the frequency methods and length of faculty clinical visits to evaluate the student's performance.
 - Know the name of the faculty responsible for student, how to contact them, and decide how faculty is to contact you.
 - Determine the time commitment; with specific start and end dates and number of hours weekly.
 - Clarify the patient population/characteristics for which the student is expected to do clinical visits and in what amount of time. For example, is the student expected to have experience with approximately 50% adults and 50% older adults, or other characteristics such as "underserved."

2. Practice site questions and factors to consider before precepting APRN students:
 - Will your patient population be receptive to an APRN student?
 - Can you realistically provide students the type of patients needed to meet course objectives?
 - Do you have a collaborating physician or supervisor who needs to be included in the decision to precept an APRN student?
 - Will a student impact your productivity or clinical site productivity?
 - Are the exam rooms large enough to accommodate the patient, family, you, and a student?
 - Do you have enough exam rooms to provide extra time for a student to spend with a patient?
 - Is a contract required between clinical site and school of nursing?
 - Are there issues relevant to malpractice, worker's comp, OSHA, TB skin test, etc.?
 - Will the student have access to electronic health records (EHR) and be documenting in EHR ?
 - Will the student be required to attend an orientation session?

B. Suggested Teaching Guidelines for APRN Preceptors

1. Now that you are serving as a preceptor for an APRN student, the following information will be useful in planning student experiences:
 - Establish your expectations with the student at the outset of the clinical experience and as needed.

- Attempt to match patients' health care problems with the student's level of competence.
 - Clearly explain how the student is to contact you to discuss difficult patients throughout the day. If possible, have a predetermined time for case discussions.
 - Ask direct and critical questions in nonthreatening manner and away from patients.
 - Adjust your expectations based on patients' complexity.
 - Identify student's weaknesses and seek opportunities to assist student in mastery of skills.
 - Be willing to assign outside readings relative to clinical experiences.
 - Be flexible in your teaching style as the student progresses through the rotation.
 - Recognize that students do not progress at the same pace in clinical practice.
2. The following information may be useful if addressing concerns about a student's clinical performance:
- First, talk with the student about the identified problem. Be as specific as possible, including examples of your concerns.
 - Ask the student if there are competence issues or other barriers preventing satisfactory performance.
 - Contact the faculty. If needed, request a site visit.
 - Try different teaching strategies. Does the student need more time shadowing you?
 - Does the student need exposure to different types of patients?
 - Is there a problem between student and staff that is impacting the situation?
 - If problems persist, document observations, corrective measures, and communicate with faculty.
 - Document clinical concerns in writing for a student who is not progressing, unsafe, or unprofessional practice.
3. The following information are suggestions for recognizing excellent student performance:
- For a student who demonstrates exemplarily clinical practice, document their performance, and ask faculty if the APRN program or a regional APRN group has any awards for which such behaviors can be recognized.
 - Consider writing a letter of recommendation for the student's portfolio.
 - Consider inviting them to apply for student awards in GAPNA, regional or state APRN group.

Suggested Readings for Clinical Preceptors:

- Barker, E. R. & Pittman, O. (2010) Becoming a super preceptor: A practical guide to preceptorship in today's clinical climate. *Journal of American Academy of Nurse Practitioners*, 22, 144-149.
- Bott, G., Mohide, A, & Lawlor, Y. (2011). A clinical teaching technique for nurse preceptors: The five minute preceptor. *Journal of Professional Nursing*, 27(1), 35-42.
- Brooks, M.V. & Niederhauser, V.P. (2010). Preceptor expectations and issues with nurse practitioner clinical rotations. *Journal of American Academy of Nurse Practitioners*, 22, 573- 579.

C. Student Geriatric Clinical Site Examples For APRN Students

- A. Long Term Care:** Skilled Nursing Facility, Assisted Living Facility or Group home. All of these facilities require routine and acute visits to patients. The student can experience a multi-disciplinary team approach to the care of older adults. The student can maintain a caseload of patients over time which and learn the evaluation and interventions needed to prevent many gerontological syndromes such as falls, delirium, and functional decline in frail older adults. Students in these settings learn how policy and regulations influence care of older adults.
- B. Wound Care Clinic:** These facilities require routine visits to patients that focus on common gerontological syndromes; pressure ulcer, malnutrition, multiple co-morbidities. The student can experience a multi-disciplinary team managing complex chronic disease and collaborating with primary care.
- C. Geriatric Assessment Clinic:** A multi-disciplinary clinic who provide a comprehensive evaluation of an older adult. Students learn risk assessment for common gerontological syndromes and advocacy skills when older adults /caregivers are connected to local resources that provide support.
- D. Internal Medicine/Family Practice:** This experience allows student to learn skills needed for both acute and chronic care of older adults over the span of several months. The student learns to establish a relationship with patients and their families, negotiate and learn time management.
- E. Home Based APRN Care:** Home based experiences (House Calls, Independence at Home) provide APRN students with unique experiences managing older adults with chronic illness over the span of several months. The experience requires APRN students to establish a relationship with the patient and family, think holistically about their health, and gain skills in patient-centered health care.
- F. Dementia Care Clinic:** An out patient setting that usually provides comprehensive evaluation of an older adult's cognitive abilities and the support . The older adult and caregiver are connected to local resources to provide support and maintain independence. Several days at the clinic would provide the student with the tools to assess and appropriately refer older adults.

D. National Standards for Nurse Practitioner Competencies

The American Association of Colleges of Nursing (AACN), in collaboration with The Hartford Institute for Geriatric Nursing at New York University, and the National Organization of Nurse Practitioner Faculties (NONPF), released the following competencies for Adult/Gero Nurse Practitioner programs:

1. Adult-Gerontology Primary Care Nurse Practitioner Competencies in March, 2010. Competencies for Adult/Gero APRNs from the National Organization of Nurse Practitioner Faculty: <http://www.noAPRNf.org/associations/10789/files/Adult-GeroPCComps2010.pdf>
2. Adult-Gerontology Acute Care Nurse Practitioner Competencies are found at <http://www.noAPRNf.com/associations/10789/files/Adult-GeroACCompsFinal2012.pdf>

E. Rubric for Expected Professional Behaviors (c/o Oakland University, MI)

The following performance criteria may be useful to evaluate student clinical performance:

Excellent

- Performs safely and accurately each time behavior observed with supportive cues from the preceptor/instructor.
- Demonstrates coordination, but uses some unnecessary energy to complete behavior/activity.
- Spends reasonable time on task.
- Appears generally relaxed and confident; occasional anxiety may be noticeable.
- Applies theoretical knowledge accurately with occasional cues.
- Focuses on client initially; as complexity increases, focuses on task.

Very Good

- Performs safely and accurately each time behavior observed with supportive cues from the preceptor/instructor.
- Demonstrates coordination, but uses some unnecessary energy to complete behavior/activity.
- Spends reasonable time on task.
- Appears generally relaxed and confident; occasional anxiety may be noticeable.
- Applies theoretical knowledge accurately with occasional cues.
- Focuses on client initially; as complexity increases, focuses on task.

Good

- Performs safely and accurately each time observed.
- Requires frequent supportive and occasional directive cues.
- Demonstrates partial lack of skill and/or dexterity in part of activity; awkward.
- Takes longer time to complete task; occasionally late.
- Appears disorganized in planning nursing intervention.
- Identifies principles, but needs direction to identify application.
- Focuses primarily on task or own behavior, not on client.

Poor

- Performs safely under supervision, not always accurate.
- Requires continuous supportive and directive cues.
- Demonstrates lack of skill; uncoordinated in majority of behavior.
- Performs skills such as history taking, exam with considerable delay; activities are disrupted or omitted.
- Identifies fragments of principles; applies principles inappropriately.
- Focuses entirely on task or own behavior.

Failure and Unsafe

- Performs safely under supervision, not always accurate.
- Requires continuous supportive and directive cues.
- Demonstrates lack of skill; uncoordinated in majority of behavior.
- Performs skills such as history taking, exam with considerable delay; activities are disrupted or omitted.
- Identifies fragments of principles; applies principles inappropriately.
- Focuses entirely on task or own behavior.

II. Resources for Gerontological APRN Education

Listed below are a few suggested resources that other APRN preceptors have found useful when teaching. The list is not meant to be comprehensive, as there are many excellent gerontological/geriatric resources not listed here. The GAPNA website also lists clinical resources under the “Clinical Topics” tab.

A. Geriatric Assessment Resources

Portal of Geriatric Online Education

A repository of geriatric educational materials in various e-learning formats; new materials are added monthly:

POGOe

<http://www.pogoe.org/>

Hartford Institute for Geriatric Nursing

This Portal contains valuable geriatric initiatives and tools designed to help healthcare practitioners improve the quality of care of older adults. Commonly used APRN Assessment tools:

http://hartfordign.org/practice/try_this/

ConsultGerIRn

A source for evidence-based geriatric protocols for 30+ common geriatric syndromes and conditions:

Hartford Institute for Geriatric Nursing

www.consultgerirn.org

University of Maryland

Provides peer reviewed websites containing geriatric assessment tools:

University of Maryland Geriatric Education

http://geri-ed.umaryland.edu/assess_tools.html

Interact (Interventions to Reduce Acute Care Transfers)

A quality improvement program that focuses on the management of acute change in resident condition. It includes clinical and educational tools and strategies for use in APRN practice in long-term care:

www.interact2.net

Ethno geriatrics

A Stanford University website with curriculum modules covering ethno-geriatric topics:

<http://www.stanford.edu/group/ethnoger/>

The American College of Cardiology

This website provides an excellent resource on cardiology care of older adults. There are several case studies included:

<http://www.cardiosource.org/ACC/ACC-Membership/Sections-Segments-Councils/Cardiovascular-Care-for-Older-Adults.aspx#ECCOA>

B. Geriatric Mental Health/Dementia Resources

Alcohol and substance abuse

Created by the US Department of Health and Human Services, this website provides 9 modules addressing substance abuse issues among older adults:

http://pathwayscourses.samhsa.gov/aaap/aaap_intro.htm

AMA guide to safe driving

This website contains comprehensive information essential for identifying older adults at increased risk for unsafe driving and provides practical management tips:

AMA guide to assessing safe driving

<http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/geriatric-health/older-driver-safety/assessing-counseling-older-drivers.page>

Diminished capacity

Created in conjunction with American Psychological Association (APA), this document describes different psychological and neuropsychological tests use to measure cognition:

Assessment of older Adults with diminished capacity: A Handbook for Lawyers

<http://blogs.law.uiowa.edu/nhlp/wp-content/uploads/2011/12/BuckwalterR1.pdf>

Alzheimer's Disease

Diagnostic Guidelines established by the National Institute on Aging/Alzheimer's Association for Alzheimer's Disease. It outlines new approaches for clinicians on diagnosis and treatments:

<http://www.nia.nih.gov/research/dn/alzheimers-diagnostic-guidelines>

C. Gero- Pharmacology Resources

Beers List

The Beers list was established to identify medications that may be harmful to older adults due to a higher incidence of complications, such as falls, confusion, and constipation:

http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf

D. Legal Issues on Advanced Directives

Advanced Directives

This site allows individuals to download and print state specific advance directives documents and instructions:

Advance Directives State by State Index

<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289>

Physician Orders for Life Sustaining Treatment

National website of the POLST Paradigm, an approach to end-of-life planning based on conversations between patients, loved ones, and medical providers. The POLST Paradigm is designed to ensure that seriously ill patients choose the treatments they want and that their wishes are honored by medical providers:
<http://www.polst.org/>

E. End of Life Issues

End of Life

This interactive site enables users to create a customized living will using an intuitive online interface. Users can print, save, and email the completed document. This site is consumer friendly also:

5 wishes for end of life care

<https://fivewishesonline.agingwithdignity.org/>

National Institute of Health -Bioethics Resources

This Bioethics Resources website provides a compilation of web links to information that interest health care professionals, patients, students and faculty in different disciplines. The website provides resources to many issues in bioethics:

<http://bioethics.od.nih.gov/endoflife.html>

F. Nursing Home Issues and Processes

Nursing homes are strictly regulated and surveyed annually (or when there are complaints) to maintain their licensure. Regulations are both federal and state specific. Primary care providers to nursing home residents need to be familiar with these regulations. Locate your specific states regulation at:

Kane, R & Cutler, L. (2011) Comparing State Regulations Affecting Nursing Homes: Implications for culture change and Resident Autonomy. University of Minnesota. Retrieved from:

http://www.sph.umn.edu/hpm/nbregsPlus/NHRegs_by_State/By%20State%20Main.html

Minimum Data Set (MDS)

Originally established by the Omnibus Budget Reconciliation Act (OBRA) in 1987, the MDS assessment continues to evolve according to CMS guidelines. The MDS is a comprehensive, interdisciplinary assessment based on patient and staff interviews, physical examination, and chart review. It identifies actual and potential diagnoses and serves as a roadmap for formation of care plans. For skilled residents, the MDS also determines Medicare payment. The MDS is repeated frequently during the first 90 days of admission and then every 90 days thereafter or with every significant condition change:

The Centers for Medicare and Medicaid Services provides the official training for MDS

http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp

American Medical Directors Association (AMDA)

AMDA is a group of medical directors for Long-Term Care facilities. The group is dedicated to excellence in patient care and provides education, advocacy, information, and professional development to promote the delivery of quality long-term care medicine:

AMDA web site

<http://www.amda.com/>

**G. See GAPNA Practice Links at
<https://www.gapna.org/GAPNAPracticeLinks>**