

A Quality Improvement Project:
Implementation and Evaluation of a Preceptor Preparedness Program

Allison L. Davis, DNP-S, MSN, ARNP, FNP-BC

Abstract

Background: Lack of access to primary care necessitates increasing both the number of nurse practitioner (NP) training programs and the number of students in these programs. Clinicians report a lack of training and experience in evidence-based models for precepting as one obstacle.

Local Problem: The clinic system in Eastern Washington has difficulty recruiting and maintaining quality clinical preceptorships for local university nurse practitioner (NP) students. Clinicians identify a proficiency deficit in precepting techniques and the lack of specific student data as barriers to considering and/or continuing to precept NP students.

Methods: The purpose of this project was to implement and evaluate preceptor training of clinicians in an Eastern Washington family practice clinic group using the Reporter-Investigator-Manager-Educator (R.I.M.E.) Framework and One Minute Preceptor (OMP) Model. The project used the Plan, Do, Study Act (PDSA) model as a process theory and the ARCC model as a philosophical theory to frame the project.

Intervention: Targeted in-person training for preceptors in the R.I.M.E. Framework and OMP was completed. In addition, for each preceptorship, student-specific experiential data and clinical goals were available for students to share. Observations of the clinical preceptorship were completed with each pair to evaluate for use of the preceptor models.

Conclusions: The quality improvement project demonstrated that a one-hour training session on the OMP Model and R.I.M.E. Framework was informative and effective in introducing the preceptors to evidence-based models of precepting. The project showed increased use of the

models while precepting and an increased confidence for the preceptors in precepting techniques.