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Transitioning from Student to Nurse Practitioner Using the One-Minute-Preceptor Model

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Walden University

College of Health Sciences

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Yetrevias Seymour

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2019

Abstract

Transitioning from Student to Nurse Practitioner Using the One-Minute-Preceptor Model

by

Yetrevious Seymour

MS, Walden University, 2014

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

May 2019

Abstract

Nurse practitioners (NPs) are significant members of the health care team. Variation and lack of standardization in the practicum preparation of the NP has been identified as problematic. There is a need to improve NPs preparation to efficiently and independently impact health care. This project presented the 1-minute-preceptor (OMP) model as a standard tool in the practicum preparation of the NP through a preceptor-focused continuing education session. The aim of the OMP is to help ensure that students are exposed to the level of critical thinking and problem solving needed in the role of an independent, efficient NP. Knowles's adult learning theory and the educational design process model provided the theoretical framework and guided the development, implementation, and evaluation of the continuing education program. Participation in the continuing education program was voluntary. Pretests, posttests, and evaluations of the continuing education session were collected and analyzed. Ten preceptors participated in the educational session and evaluation. Based on pretest and posttest results, knowledge of the OMP model improved from 70% before the education program to 100% after the program. Participants also indicated interest in using a tool capable of ensuring an effective student-preceptor encounter, and 100% stated they would use the information presented in future preceptor–student interactions. Continuing education program evaluation results indicated participant satisfaction with the presentation. To positively impact social change, the findings of this project may be used by NPs and preceptors to effectively and efficiently impact patient outcomes early in practice.

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Dedication

This project is dedicated to my mother and my children. Your encouragement and support have been my saving grace during this process. To my children, I will be forever indebted to you for never complaining when I was consumed with “just one more thing.” To my mother, you are and will always be the “wind beneath my wings.”

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I would like to acknowledge of Dr. T. Jefferson. Your willingness to precept and mentor me during this journey will never be forgotten. You embody the spirit of nursing. Your willingness to nurture student nurse practitioners by encouraging the critical thinking and dialogue required in the practicum setting will continue to ensure that those whom you encounter are presented with practicum experiences that will be instrumental in easing their transition.

Of utmost importance, I would like to acknowledge my family. Your patience, understanding, support, and love were instrumental in my ability to reach the conclusion of this academic journey. To my children, I hope that my completion of this goal inspires you to reach for the stars. You each have amazing gifts that have yet to be untapped. Set those goals! Make those dreams a reality!

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Section 1: Nature of the Project

Despite the need for nurse practitioners (NPs) who are prepared to significantly impact health care in the United States, little literature was found outlining restructure of the practicum experience to foster ease of transition from student to practitioner. Current methods of educational preparation and clinical training for NPs poses a variety of challenges including the current one-on-one preceptor/student format, which has proved problematic in an era of increased competition and demand for preceptors, variability of student clinical competency upon entering the clinical training environment, and variability of clinical training models utilized in individual academic programs (American Association of Colleges of Nursing [AACN], 2017). Identifying methods to address these challenges is paramount.

NP clinical training has not been significantly revamped since its development over 45 years ago (AACN, 2017). The population of students entering NP programs has changed, making it imperative that the methods used to prepare these students must be reflective of that change. Universities offering advanced practice nursing programs have increase by 17% over the past 5 years (AACN, 2017). The problem is not admitting students into the programs, but rather preparing students for the NP role. The AACN endorses the importance of the practicum experience, yet little congruency exists among the experiences (Giddens et al., 2014). Despite the importance of the practicum experience in preparing the NP for transition to practice, little literature has been found identifying a standard model for the practicum experience.

To address the challenge, a standardized model must be researched and implemented. Various models have been proven successful in the preparation of other health care professionals, including the one-minute preceptor (OMP) model and the layered learning practice model in the clinical preparation of pharmacists (Ignoffo et al., 2017). The OMP model has also been successful in clinical preparation of medical doctors (Swartz, 2016). Exploring models, tools, and methods for standardization is a crucial step in addressing one of the challenges in the advanced practice curriculum. The current project represented a step in addressing this documented void. The long-term implications of not addressing this education-to-practice gap could prove detrimental in the ability of new NPs to have a significant, immediate impact on the health care industry and patient population. Exploring use of a standardized tool in the practicum encounter could prove beneficial in the preparation of the NP student for transition to practice.

Defining the Problem

There was a need for a standardized model for the practicum encounter to ensure that students are exposed to practicum experiences that foster the ease of transition to practice, and that students develop the critical thinking and problem-solving skills needed to be independent, efficient members of the health care team. Addressing this problem began with identification through the literature that NPs are entering the workforce unprepared for smooth transition into the NP role (Barnes, 2015). Poronsky (2013) argued that student NPs are having difficulty with transition to practice because of delays in progression through the stages of change that begin in graduate education.

Evidence suggested that practicum preparation is problematic. Traditionally, the one-on-one practicum experience has varied based on the background of the preceptor (AACN, 2017). The AACN (2017) further noted that these variations in student performance expectations and evaluation tools can hamper the practicum experience. Given the emphasis on producing NPs prepared to efficiently and independently impact health care, the dynamics of the current practicum preparation are questionable. Various tools and models exist that could aid in the standardization of the practicum experience. Presentation of these tools and models to preceptors to ensure congruent practicum encounters could play a significant role in improving the effectiveness of the practicum experience. The implementation of such a model or tool could have a significant impact on the academic program and preceptor's ability to ensure that students are exposed to the level of critical thinking and problem-solving needed in the role of an independent, efficient NP.

Purpose Statement

With so little known about the best approach for the clinical preparation of NP students, the purpose of this evidence-based project was to identify and illustrate the use of the OMP model as a standard method to aid in the practicum preparation of the NP student for transition into practice. I introduced the OMP model to NPs serving in the role of preceptor. The primary question guiding this project was the following: Would development, implementation, and evaluation of a continuing education program on the one-minute model as an instructional method for facilitating the nurse practitioner practicum result in increased knowledge, skill, and program satisfaction by preceptors?

Nature of the Doctoral Project

This project was an education program designed to assess whether development and implementation of a continuing education program on the OMP model as an instructional method in the preparation of student nurse practitioners would prove beneficial in addressing the education-to-practice gap identified in the literature. The methods used to assess the effectiveness of the continuing education program included pretest, post-test, and program evaluations. The pretest was conducted prior to the start of the session. The posttest and program evaluations were collected and analyzed at the completion of the 60-minute session.

Using the staff education manual as a guide, I obtained sources from textbooks, scholarly journals, and peer-reviewed articles. Additionally, the Georgia Nurses Association and American Association of Colleges of Nursing websites were analyzed for data relevant to this project. Additional information was collected and analyzed from the National Organization of Nurse Practitioner Faculties.

Significance

This project addressed the need for a standard strategy guiding practicum encounters. The results generated from this project may benefit advanced practice nursing students, college faculty, preceptors, and accrediting agencies. The most significant benefit may be to the health care consumer.

Preceptors are pivotal to the practicum experience. A study focusing on re-envisioning this encounter to aid in strengthening the educational foundation may be beneficial in easing the student-to-practitioner gap. The literature suggested re-evaluation

of the practicum encounter as essential in better transition outcomes (AACN, 2017). Although these recommendations are available, little research had been done regarding use of a specific tool or model guiding the academic practicum preparation. A study focusing on preceptor evaluation of a continuing education session using the OMP model as a standardized tool may fill the void by identifying a specific tool for use in an environment lacking in standardization.

Findings of this project may prove beneficial in legislation regarding full practice authority for NPs around the United States. Currently practice authority varies according to each state. Approximately one third of U.S. states have adopted full practice authority (Hain & Fleck, 2014). The educational preparation of the advanced practice nurse has been identified as a barrier impacting nationwide full practice authority (Hain & Fleck, 2014). As advanced practice nurses strive for full practice authority and independence, the educational system of the advanced practice registered nurse (APRN) must be evaluated. The academic preparation of the advanced practice nurse will have to undergo modification. The results of this project may prove beneficial in that modification process. The findings of this study may validate the commitment of the profession to ensuring that the advanced practice academic model is sufficient in preparing the APRN for practice. The introduction of the OMP model may be a significant step in re-envisioning the nursing curriculum by impacting graduate nursing faculty who are responsible for designing the APRN curriculum.

Lastly, the findings of this project may play a significant role in addressing a problem that has hindered the new NP's ability to effectively and efficiently impact

patient outcomes early in practice. Use of a standard model of instruction for students may ensure that students graduating with an advanced practice nursing degree are fully equipped for independent practice and taking an active role in filling the identified gaps in health care (Poghosyan, Boyd, & Clarke, 2015). Addressing practice problems that could impede progress clinically, socially, or ethically is an expectation of the DNP-prepared practitioner.

Summary

Literature has provided evidence regarding the impact that advanced practice nurses have on the health care system. Literature has also indicated that barriers impede the APRN's ability to effect change. Of those barriers, practicum preparation of the APRN, has not been adequately addressed. The lack of a standard model driving practicum preparation as well as variances in expectations of preceptor engagement must be addressed. This evidence-based project was an initial attempt in addressing the identified gap.

Section 1 of this study provided a broad overview of an identified barrier to transition. This section also presented information regarding the purpose and significance of this study to the profession. Section 2 provides additional information regarding the practice problem and the conceptual framework guiding the project. I explain this project's relevance to nursing practice and provide background information including my role in the project.

Section 2: Background and Context

There has been a call for efficient nurse practitioners prepared to play a significant role in caring for the U.S. population (AACN, 2017). Nurse practitioners must enter the workforce prepared to answer this call. Academic preparation plays a significant role in the ability to transition from student to nurse practitioner (Barnes, 2015). The practicum encounter is integral in the preparatory process. To ensure that students are exposed to a practicum experience that prepares them for the role they are expected to assume after graduation, the practicum encounter must be re-evaluated. Currently, the APRN academic preparation, specifically the practicum encounter, varies from state to state (AACN, 2017), and a standardized model or tool guiding the experience does not exist.

This project introduced the OMP model as a standardized instructional method guiding the practicum encounter. The introduction of this model addressed the following practice focused question: Would development, implementation, and evaluation of a continuing education program on the one-minute model as an instructional method for facilitating the nurse practitioner practicum result in increased knowledge, skill, and program satisfaction by preceptors? Section 2 provides the theoretical underpinnings of the project. Clarification of terms used in the doctoral project is also provided. I explain the relevance of the project to nursing practice, provide the background and content of the project, and describe my role in the project.

Concepts, Models, and Theories

Knowles's adult learning theory provided the theoretical framework for this project. Additionally, the educational design process model was used to guide development, implementation, and evaluation of the continuing education program. Use of this process aided in ensuring that the educational standards of the American Nurses Credentialing Center (ANCC) as well as adult learning principles were followed (ANCC, 2015).

The principles guiding Knowles's adult learning theory are based upon the differences between educating adults and children. The adult learning theory includes five assumptions that those in the role of educator should assume: (a) self-concept, (b) past learning experience, (c) readiness to learn, (d) practical reasons to learn, and (e) driven by internal motivation (Curran, 2014). The assumption related to self-concept is that adult learners are developmentally mature and desire to take part in their own learning (Curran, 2014). Past learning experience relies on the principle that adult learners have experiences to draw on as an asset to learning. Adult learners have a readiness to learn, which directs them to approach learning with focus. Adult learners also possess practical as well as internal motivators for learning (Curran, 2014).

Because this project was geared toward adult learners, the application of the principles of Knowles's adult learning theory was appropriate. Preceptors are in the unique role of clinician and educator, and recognition and application of adult learning principles an integral component to success in the role. According to the principles of adult learning theory, the adult learner is a collaborative partner in the learning process.

The principles of the theory are centered on the understanding of this collaborative need. The first principle is reflective of the premise that adult learners require a rationale related to the proposed topic (Curran, 2014).

In the current project, the continuing education session began with a brief explanation of the need for standardized practicum experiences. The second principle focused on the need for the adult learner to be involved in the learning process. The evaluation tool was formulated with this principle in mind. The tool allowed the adult learner to provide feedback regarding topic presentation satisfaction, increased skills, and knowledge. The third and fourth principles were combined and focused on the presentation of the information in a problem-focused rather than content-focused manner, and incorporated the understanding of various learning styles. The model was presented by an expert and included scenario examples as well as role-play activities. Written information was provided to the preceptors on the OMP model, which allowed self-directed use after conclusion of the continuing education session.

Application of Knowles's theory with use of the OMP method in the practicum setting allows the preceptor to draw from the experiences of the student. This application of previous experiences allows the preceptor to apply meaning to a learning experience. According to adult learning theory, if meaning is applied to the learning experience, greater depth of learning occurs. The use of open-ended dialogue regarding the OMP promoted collaboration needed in adult learning. Table 1 shows how adult learning theory was aligned with the OMP in the study.

Table 1

Alignment of Knowles Theory to the One Minute Model Presentation

Concepts and principles based on Knowles adult learning theory	The one-minute model presentation	Alignment of Knowles theory to the one-minute model presentation
<p>Adults need to be involved in the planning and evaluation of their instruction</p>		<p>The evaluation tool will be formulated with this principle in mind. The tool will allow the adult learner to provide feedback regarding topic presentation satisfaction, increased skills and knowledge.</p>
<p>Experience (including mistakes) provides the basis for learning activities.</p>		<p>The presentation will draw from preceptor past practicum student encounters through presentation of a pre-test</p>
<p>Adults are most interested in learning subjects that have immediate relevance to their job or personal life. Adult learning is problem-centered rather than content-oriented.</p>		<p>With this principle in mind, the presentation of the information will be provided in a problem focused manner opposed to content focused with the incorporation of the understanding of various learning styles.</p>

The educational design process model (EDP) was used to guide the continuing education session presentation of the OMP model. This process included identification of the professional practice gap, selection and organization of a committee to assist in planning the educational activity, ensuring learner engagement, identification of the criteria for awarding contact hours, and determination of the method of program evaluation (ANCC, 2015). Transition from student to efficient practitioner has been identified as problematic and impedes the immediate health care impact of the NP (Poghosyan et al., 2015). Re-envisioning the practicum experience of the student NP could prove beneficial in addressing the education-to-practice gap (AACN, 2017). Presentation of the OMP model as an evidence-based teaching strategy may improve the practicum experience.

I functioned as the nurse planner and project leader taking an active role in planning, implementation, and evaluation of the project. The planning committee consisted of me and a content expert on the OMP model. The content expert worked with me in applying for continuing education contact hours through the Georgia Nurses Association.

As outlined in the EDP model, the criteria for awarding contact hours were determined. Attendance and completion of the evaluation form were the proposed criteria to earn contact hours. Because the continuing education session lasted approximately 60 minutes, contact hours were earned if the attendee missed no more than 10 minutes of the session and completed the evaluation.

To ensure active learner engagement in the education session as outlined in the EDP model, I provided opportunities for questions and answers. Additionally, role-play was incorporated into the session to ensure thorough understanding of the principles of the OMP model. Lastly, evaluation of the continuing education session included a survey with questions addressing intent to include the principles of the OMP model in practice as well as observation by the content expert during role-play to ensure proper application of the OMP principles.

The OMP model offered an evidence-based method for preceptor use that promoted optimal learning for students. Use of the OMP model supported the principles of adult learning outlined in Knowles's adult learning theory. Lastly, formulation of an OMP continuing education session following the principles of the EDP model enforced the expectation of high-quality provision of evidence in a format conducive to the adult learner. Table 2 shows how the EDP was aligned with the OMP presentation.

Table 2

Alignment of ANCC Educational Design Process and One Minute Model Presentation

ANCC educational design process	The one-minute model presentation	Alignment of ANCC educational design process and one-minute model presentation
Planning		This student will serve in the role as nurse planner. Contact was made with the local advance practice nurse organization chapter president for permission to hold the presentation at a monthly meeting (See Appendix A). A content expert was found to present the One Minute Preceptor model. An application for continuing education credits was submitted to Georgia Nurses Association inclusive of an education planning table with an outline of the presentation, and the number of requested CEU credits (Appendix C). The application also included a description of the current gap in practice, evidence validating the practice gap, educational needs as it relates to the gap and lastly, a description of how the presentation on the One Minute Preceptor will be evaluated (Appendix F).
Implementation		The One Minute Preceptor Model presentation will be conducted on January 17, 2019. A content expert will present an evidence-based presentation regarding this instructional method (See Appendix C). A pre-test will be provided (See Appendix H). The presentation will be followed by a post test (See Appendix G) and an evaluation (See Appendix D). This student will tally the results of the pre-test, post-test and evaluation.
Evaluation		An evaluation has been developed which will evaluate the effectiveness of the content as well as the content expert (See Appendix D).

Clarification of Terms

Clinical/practicum learning experience: “Direct hands-on, planned learning activities with patients across the lifespan, interaction with the interprofessional team, and interaction with the patient’s family and friends that are sufficient and appropriate to achieve the end-of-program student learning outcomes, program outcomes, and/or role-specific professional competencies, and are overseen by qualified faculty who provide feedback to students in support of their learning” (“Clinical/practicum Learning Experience,” 2017, p. 2).

Evidence-based: “Actions, processes, or methodologies that are grounded in and flow from the translation of substantive and current research” (“Evidence-based,” 2017, p. 5).

Preceptor: “An academically and experientially qualified person who has received formal training to function as a resource and role model for nursing students. When specified, preceptors must meet the stated requirements for the level of nursing education offered. Examples include, but are not limited to, requirements set by a state regulatory agency for nursing or requirements set by the governing organization/nursing education unit” (“Preceptor,” 2017, p. 13).

Scope of practice: “The services that a qualified health professional is deemed competent to perform, and permitted to undertake in keeping with the terms of their professional license” (American Nurses Association, n.d., para. 2).

Standard: “Agreed-upon expectations to measure quantity, extent, value, and educational quality” (“Standard,” 2017, p. 16).

Relevance to Nursing Practice

The literature indicated the need to re-envision the clinical preparation of the nurse practitioner student due to sparse information related to the practicum preparation of the advanced practice nurse. Most literature focused on undergraduate clinical preparation. This capstone project was my attempt to narrow that void.

Preceptors in the local chapter of a national organization were the topic of interest. The group took part in a continuing education session on the OMP model delivered by an expert on the topic. The satisfaction of preceptors with the model's ability to impact the practicum encounter was assessed. The assumption was that the preceptors would report that the information gained during the continuing education program would prove beneficial in guiding the practicum encounter. The intervention was a continuing education session presented during the monthly meeting of the organization.

A comprehensive review and synthesis of the literature was conducted to evaluate transition-to-practice gaps of the NP, the clinical preparation of the NP, and use of the OMP model. Textbooks, peer-reviewed articles, and journals from PubMed, Medline, and CINAHL were used as sources. Search terms included *preceptor*, *One Minute Preceptor model*, *advanced-practice nurse*, *nurse practitioner*, *transition*, *clinicals*, and *practicum*. Searches resulted in over 160 peer-reviewed articles. Articles older than five years were discarded unless they were seminal publications. To ensure a targeted search, Boolean operators "and" and "or" were used with the search terms.

Review of over 160 abstracts resulted in the utilization of six pertinent articles. These six articles were comprised of pre-test-posttest, case study, qualitative descriptive, comparative, and descriptive cross-sectional designs. A white paper report by the American Association of Colleges of Nursing (2017) regarding re-envisioning clinical education as well as the Carnegie Foundation report discussed by Benner et al. (2010) regarding the same topic was added for content.

Transition to Practice Gaps

As we aim to ease student to NP transition, the factors impacting that transition must be discussed. In this subsection, literature was provided regarding identified transition to practice issues. In a qualitative study, a web-based survey was provided to newsletter subscribers to a national NP journal regarding NP perceptions of preparedness for practice. The survey resulted responses from 698 NPs (Hart & Bowen, 2016). This study revealed several identified themes, but of significant importance was the identification of over 50% of those surveyed identifying that clinical education did not adequately prepare them for transition into the role of NP (Hart & Bowen, 2016).

Additionally, a descriptive cross-sectional study was reviewed that surveyed greater than 150 NPs who graduated from an accredited NP program and were in their first 12 months of residency. This study aimed to identify those characteristics that impact transition of the NP student to NP practice (Faraz, 2017). It was identified that many factors impact transition and turn over. Of those identified factors, educational background, prior work experience, role acquisition, and job satisfaction were common themes. It was identified that the nurse practitioners who have autonomy in their practice

were less likely to have high turnover rates. It was further identified that during this time of impending policy changes at the educational as well as workplace level, identification of and ongoing research regarding these factors must be undertaken. As many factors play a part in adequately arming the new graduate NP for transition into practice, the impending policy changes at the educational level will undoubtedly address the student NP practicum experience. Addition of an education strategy such as the One Minute Preceptor model into the practicum experience could prove beneficial in improving NP role acquisition.

An additional study by Sargent and Olmedo (2013) addressed transition to practice as well. In response to the identified transition to practice gap, a residency program was developed to assist new graduates in the transition process. The focus of the program was to strengthen clinical skills as well as improve feelings of preparedness for practice (Sargent & Olmedo, 2013). This study proposed incorporation of residency programs post-graduation to assist in easing the transition to practice gaps (Sargent & Olmedo, 2013).

Re-Envisioning Clinical Preparation of the NP

The American Association of Colleges of Nursing (AACN) presented a white paper in 2015 with republication again in 2017 regarding the need for re-envisioning the clinical education of advanced practice nurses. The AACN (2017) identified many recommendations regarding the clinical education of the APRN. Of those recommendations, simulation implementation in the practicum setting, adoption of AACN and the American Organization of Nurse Executives (AONE) principles by all

APRN programs, competency-based APRN clinical education and assessment, and the support of the development of innovative APRN clinical education models were outlined (AACN, 2017). A specific notation listed under the recommendations is that of standardized assessment tools for preceptor use for formative and summative evaluation of common competencies (AACN, 2017).

In an article by Giddens et al. (2014), the reconstruction of NP clinical education was addressed. This article presented the themes that resulted from a national leaders' dialogue regarding the topic. Twenty leaders in multiple disciplines convened to discuss the challenges faced by nursing education. Of those themes emerging from this dialogue, the need for an academic practice co-design of the clinical education experience, standardized preclinical preparation, standardized student assessment, transition to entrustable professional activities in the NP curricula, immersive clinical experience, interprofessional education, and lastly, innovative education practices resulted (Giddens et al., 2014). The recommendations from this leadership meeting laid the foundation upon which a new model of clinical education can be molded.

NP Student Practicum Strategies

In an article published in *Nurse Educator*, an innovative preceptorship strategy was implemented where the preceptor in the emergency department does the initial interview and evaluation of the patient and enters needed orders (Ro, 2017). The study further notes that the student then sees the patient and performs an evaluation and interview. This innovative approach allows the preceptor to have knowledge of the patient which allows for immediate feedback to the student regarding questions in the

interview that were missed that could have impacted the treatment plan as well as provide feedback regarding the student's suggested treatment plan (Ro, 2017).

For additional content, an article by Burns, Beauchesne, Ryan-Krause, and Sawin (2006) was reviewed which outlined various clinical teaching strategies. This article described strategies for clinical teaching of adult learners. Of those strategies identified in the article, the Think-Out-Loud and the One Minute Preceptor model were discussed. Both strategies were noted as effective in the practicum setting.

A qualitative descriptive study was undertaken to better understand the strategies utilized by preceptors of other healthcare professions with the goal of guiding best practices and guidelines in nursing preceptor training and development (Chen, Rivera, Rotter, Green, & Kools, 2016). Fifteen preceptors were observed utilizing an observation guide based upon the One Minute Preceptor Model. The investigators observed each preceptor encounter assessing whether preceptor behavior was consistent with the five steps of the OMP model (Chen et al., 2016). Semi-structured interviews were also completed within the same month of the observation. These interviews allowed preceptor reflection as well as exploration of perceptions regarding training different professions. The results of this study solidified the use of various methods, including the OMP model, as a foundation in the development of preceptor training (Chen et al., 2016).

The OMP model was addressed in a study by Hu et al. (2015). This study modified use of the OMP model to be applied in nursing preceptorship and yielded results comparative to those seen with its use in the clinical preparation of other health professions (Hu et al., 2015). This study by Hu et al. (2015) noted that use of the OMP

had been successful in the training of family practice residents. This study demonstrated that the new graduates who were precepted utilizing the OMP model perceived greater satisfaction with the preceptor and the experience than those who did not utilize the OMP model (Hu et al., 2015). The results of this study further solidified that use of a model such as the One Minute Preceptor model could prove beneficial in aiding in a smooth transition from student to practitioner.

In summary, the literature reviewed demonstrated lack of a consistent method or model utilized in the practicum setting for preparing nurse practitioner students for transition into the role of independent practitioner. As nurse practitioners are expected to enter the workforce prepared to care for increasingly complex patients often with multiple comorbid conditions, there must be increased focus placed upon ensuring that they are prepared adequately and equipped with the foundational skills required to function safely. The literature reviewed solidified the education to practice gap. The re-envisioning of the clinical preparation of the NP as well as the possible implementation of a post graduate residency program were some of the evidence-based solutions suggested to ease the NP transition to practice. Although the number of studies utilizing the OMP model specifically in nursing is limited, the available studies do indicate that further research in use of the method in nursing may prove beneficial in improving the NP practicum experience.

Local Background and Context

The Institute of Medicine (IOM) call for nurses to gain higher levels of education placed many nurses back in the academic setting. The ability to transition once degree

completion is reached has been noted as an ongoing barrier to fully answer the call to action by the IOM (Giddens et al., 2014). Giddens et al. (2014) further argued that the under preparation of the student nurse for transition into practice is multi-faceted. One significant factor noted was the need for a reconstruction of NP clinical education. Giddens et al. (2014) argued that some programs currently follow a model of one- on-one apprenticeship which has been in existence since the introduction of the NP in the 1960s. It was further ascertained that a guiding model does not exist in others. Giddens et al. (2014) also noted that variations and inconsistencies in assessing learning outcomes, providing feedback, and encountered experiences all are significant factors needing attention in the academic reconstruction. These variations in clinical preparation play a significant role in transition to practice and must be thoroughly researched to gain an evidence-based solution.

As a new nurse practitioner, conversations with peers lead to the questions regarding the preparation variances among advance practice nurses. These peer discussions uncovered instances of practicum encounters where the student was in the practicum setting for observation only. Others noted practicum experiences were more interactive allowing student and preceptor to work in conjunction in the care of the patient. It was further discovered that some preceptor-student engagement did not include any dialogue regarding thought processes regarding the final plan of care of the patient. With this much variation noted, the question became “What is the standard of practice regarding the clinical/practicum experience?”

Research by this scholar regarding this question led to identification that a standard model to direct this clinical experience does not exist. Further research noted the recommendations for standardization in various aspects of the encounter such as evaluation tools and models to guide the encounter.

This scholar took this thought a step further and reached out to the local president of a professional organization of which this student is a member. This organization provides a listing of preceptors available to assist students in fulfilling their practicum requirements. Discussions with the president of the local chapter further identified that a standard model of preceptor engagement was not utilized by the preceptors in the listing.

In Georgia, the number of licensed advance practice nurses and nurse practitioners is growing (Stephens, 2015). Stephens (2015) argued that although Georgia ranks 8th in the number of nurse practitioners, the state ranks 38th in its population to patient ratio. One recommendation noted by Georgia Watch included local and state policymaker support in graduate nursing education through funding of nursing faculty development as well as investment in practicum re-envisioning (Stephens, 2015). This recommendation further solidified the need for an evidence-based solution to the education to practice gap. This information combined with known current recommendations regarding re-envisioning the education of nurses led to an extensive review of existing literature regarding the topic of standardized methods and tools utilized in precepting advance practice nurses. These known disparities regarding uniformity of tools and models guiding the practicum encounter led to the formulation of the practice focused question.

Role of the DNP Student

The advance practice nurse is poised to play a significant role in shaping the trajectory of healthcare going forward. As we strive to answer the call to action by the IOM and assist in meeting the current gaps in healthcare, we must ensure that we are actively researching and implementing practices that ensure effective, efficient practice. Adequately answering the IOM call requires action by all facets of the profession.

I am committed to ensuring that all advance practice nursing students are exposed to an education that properly prepares them to transition into the workforce seamlessly. This project contributes to the efforts of the professionals currently working to re-envision the academic preparation of the APRN. While following the foundation set forth by the DNP Essentials (American Association of Colleges of Nursing [AACN], 2006), I utilized this project to design and implement a continuing education program that provides a solution to one of the major barriers identified by both the AACN (2017) as well as the National Council of State Boards of Nursing (NCSBN, 2008). Identification of tools and models that could be utilized to ensure academic preparation of students who are equipped to handle the changing healthcare patient dynamic is of paramount importance. There is documented evidence of the education to practice gap (Giddens et al., 2014). Addressing this issue must take precedence as we fight for regulation and legislative changes as well as ensuring we are conferring the highest quality of APRNs.

I facilitated this project from planning through evaluation. I was also responsible for all costs associated with this project including but not limited to the continuing education program dinner. I reached out to professionals who are well versed in the use

of the One Minute Model for a commitment to present the model at the session. I ensured that continuing education credits are in place and awarded to participants.

Role of the Project Team

The project team consisted of the president of the local APRN organization, continuing education nurse planner, and the content expert. The local chapter president was presented with a flyer for electronic dissemination to members of the preceptor pool. The president of the chapter disseminated the results of the study via electronic notification.

I served as the continuing education nurse planner with input from the project committee chair, APRN president, as well as the content expert as needed. In the role of the continuing education nurse planner, I ensured that ANCC criteria for continuing education credit was met. I ensured that conflict of interest and biographical information was provided on both the content expert as well as the continuing education nurse planner. I also ensured application for the individual educational activity was presented to the Georgia Nurses Association (GNA) within the requested timeframe. Furthermore, the continuing education nurse planner in collaboration with the content expert, ensured an agenda for the planned continuing education session was developed and presented to GNA. I will ensure that the information is available to the local chapter president for dispersal for the required timeframe.

The content expert and I developed a presentation of the one minute preceptor model. The content expert presented an evidence-based presentation of the model at the local chapter meeting on January 17, 2019. The content expert ensured all objectives

outlined were addressed. A pretest was provided at the onset of the session, prior to the presentation of the content. I collected the pretest prior to the start of the session. The content expert ensured content was presented in a manner conducive to the adult learner, following the guidelines identified in the educational design process model. Lastly, I provided the post-tests and evaluations which were completed and submitted prior to leaving the session.

Summary

The importance of the academic preparation of the APRN is well documented. What is lacking is the use of standard tools, models, and methods that ensure that all students are exposed to similar preparation. As we strive to address these barriers, theory-based research must be undertaken. Understanding the context of the problem is paramount in working towards a solution.

The next section of this proposal provides an extensive literature review on the project topic. A focus on the research methods to be utilized was addressed in section three. Section three identified the setting, selection of participants, methods for collection, and lastly, methods of analyzing project data.

Section 3: Collection and Analysis of Evidence

The ability of student NPs to transition smoothly into the role of independent, efficient members of the health care team is dependent on an effective, outcome-driven practicum experience (Poghosyan et al., 2015). As preceptors strive to prepare students for a seamless transition to NP practice, factors hindering that transition must be addressed. A hindrance noted is that of the practicum experience. There is a documented lack of standardization in models and tools guiding the practicum experience (Poghosyan et al., 2015). Use of standardized models and tools to ensure congruency of the experience has been discussed (Poghosyan et al., 2015). The incorporation of evidence-based tools and models into all NP practicum curricula could play a significant role in improving the practicum experience and better preparing the student for transition.

The OMP model is an evidence-based strategy that has been successfully used in the clinical preparation of other health care students (Farrell, Hopson, Wolff, Hemphill, & Santeen, 2016). This model consists of five steps followed by the preceptor in the practicum encounter that can facilitate a teaching discussion after a student case presentation fostering critical thinking (Farrell et al., 2016). These steps include getting a commitment from the student regarding the patient diagnosis, probing the student learner for rationale to support the proposed diagnosis, provision of a teaching “pearl” by the preceptor based on the student’s answers to Questions 1 and 2, positive feedback by the preceptor, and preceptor correction of any errors (Farrell et al., 2016). Farrell et al. (2016) referenced the successful use of the model in the education of scientists and medical specialties. Use of this model could have similar impact on the preparation of NP

students. The current project was intended to further the dialogue regarding effective, efficient tools and strategies for use in the practicum setting. In Section 3, the primary research question is restated and sources of evidence for this project are presented. This section also addresses participant recruitment and the instrument used to collect data. Lastly, this section provides information regarding analysis and synthesis of the data.

Practice-Focused Question

Given the need to adequately prepare NPs for smooth transition into independent practice, the documented variation in practicum preparation must be addressed. The need for standardized tools, models, and strategies guiding preceptor- student engagement has been a topic of discussion (AACN, 2017). A model such as the OMP model could prove useful in the quest for standardization. The OMP model was presented to a group of preceptors attending a local professional organization meeting to examine this proposal. The following question guided this project: Did development, implementation, and evaluation of a continuing education program on the one minute model as an instructional method for facilitating the nurse practitioner practicum result in increased knowledge, skill, and program satisfaction by preceptors?

Sources of Evidence

Review of the many websites specific to nursing and education was pivotal in collecting information for this project. The American Association of Colleges of Nursing's Essentials of Doctoral Education for Advanced Nursing Practice provides the foundation for advanced practice nursing education. The outline provided by this document addresses the curricular components of doctoral education as well as

competencies that all graduates must meet prior to graduation (AACN, 2006). A thorough review of this document indicated that guidance regarding the practicum preparation of the advanced practice nurse was not outlined.

To further gather information regarding the academic preparation of the advanced practice nurse, specifically the practicum component, I reviewed the National Organization of Nurse Practitioner Faculties (NONPF). This document addressed the curricular components and competencies for the NP specialty (NONPF, 2017). When I reviewed this document, the information regarding the models and tools to be used in the practicum experience was not available.

The idea of a continuing education program aimed at introducing an instructional tool that could be used in advanced practice nursing practicum curriculum redevelopment seemed an appropriate first step in bridging the identified gap. Review of the Georgia Nurses Association continuing education process outline provided the needed road map for development and evaluation of the proposed program. The Georgia Nurses Association was the agency through which continuing education credits were requested for the OMP model program.

Further review of various journals and literature regarding evidence-based instructional tools was conducted. Although tools and models specific to advanced practice nursing practicum was limited, evidence-based tools used in undergraduate nursing and other health care professions was reviewed. The purpose of this project was to examine the use of the OMP model as a standard method to aid in the practicum preparation of the nurse practitioner student for transition into practice. Given the limited

practicum guidance in the AACN and NONPF documents, the collection and analysis of the data from this project may prove beneficial.

Evidence Generated for the Doctoral Project

Participants and Procedures

This project supplied additional data regarding use of the OMP model in nursing education. The selection of participants and identification of procedures that were used during the generation of evidence was addressed. Initially, I scheduled a telephone interview with the president of a local nurse practitioner chapter organization. The purpose of the telephone call was to gather additional information because the local chapter uses a preceptor pool to assist NP students in locating preceptors. The interview with the chapter president addressed the use of tools, strategies, and models by the preceptors listed on the chapter preceptor pool. The chapter president noted that preceptors used tools and strategies according to their own discretion and there was no standard tool or model mandated by the chapter. Discussions were held with the president regarding the transition-to-practice issue as well as suggestions for standardization of clinical education as a recommendation. The OMP model was discussed as a possible strategy for use in clinical preparation of the NP student. The chapter president was presented with information regarding the possibility of a continuing education session regarding the OMP model with the preceptors of the local chapter pool. The president of the chapter was agreeable to an education program at a monthly meeting in January of 2019.

The participants for the DNP project were advanced practice nurses listed as preceptors in the local chapter preceptor pool. This pool consists of advanced practice nurses with at least 1 year of experience who had volunteered to precept students. In keeping with the requirements of many universities, the preceptors must hold a master's or doctoral degree in nursing, have a current unencumbered license to practice as a nurse practitioner, and have certification in a specialty with at least 1 year of experience. This pool is inclusive of approximately 30 preceptors (APRN chapter president, personal communication, May 16, 2018). There were no additional limitations placed on participants related to age, sex, or years of practice.

A flyer was disseminated inviting those involved in precepting to the continuing education program. The flyer was presented to the local organization president for review and approval. After chapter president approval, the digital flyer was e-mailed to the chapter president for inclusion in the chapter newsletter e-mail, which was sent to the members of the chapter 8 and 4 weeks prior to the continuing education session.

A content expert was used to present the OMP model at the continuing education session. The session was a provider-directed and live-paced session. I worked with the content expert to apply for continuing education credits for the session. Application for continuing education credit was submitted to the Georgia Nurses Association for approval inclusive of the education planning table and summative evaluation tool.

Protections

Permission for recruitment of the members of the local chapter nurse practitioner organization was permitted by the local chapter president. Participants in the continuing

education session were recruited using an electronic flyer transmitted by the chapter president to members of the chapter. Participation was voluntary. This project included a consent form for anonymous questionnaires provided in the Walden Staff Education Manual. Incentives for participation included a continuing education session with credit hours awarded in a dinner and learn format. All costs associated with the session were at my expense. In the role of continuing education nurse planner, I also ensured proper record keeping related to the activity. Records for the program will be maintained in a secure, confidential, easily accessible location for the required 5 years.

An application for the use of human subjects during the continuing education session was presented to the institutional review board (IRB) of Walden University via the web-based form provided by the university. The web-based form was submitted for IRB review following committee approval of the proposal. IRB approval (approval # 10-19-18-0298424) was received based upon initial web-based form submission.

Analysis and Synthesis

Written pretests were provided and collected at the beginning of the session. Written posttests and session evaluations were presented and collected at the end of the continuing education session. The evaluation format consisted of a modified program evaluation provided by the Georgia Nurses Association. The evaluation included a Likert-scale format addressing participant evaluation of the session effectiveness of achieving identified education objectives. Additional evaluation of the speaker and content was included. Additionally, a question was included regarding intent to change practice with incorporation of the OMP model.

The Georgia Nurses Association program evaluation includes a 4-point Likert scale (4 = excellent, 3 = good, 2 = fair, 1 = poor). Summative evaluation scores and comments were tallied by me. Additionally, a pretest and a post-test were designed in collaboration with the program content expert. These scores were also tallied by me. Evaluation findings were disseminated to the organization president. The results of the summative evaluations proved beneficial in answering the question of whether the development, implementation, and evaluation of a continuing education program on the OMP model as an instructional method for facilitating the nurse practitioner practicum results in increased knowledge, skill, and program satisfaction by preceptors.

Summary

The review of the literature affirmed the existence of the education-to-practice gap. The presentation of the OMP as a strategy to address the education-to-practice gap may prove beneficial. The continuing education session provided useful information regarding use of the OMP model as a standard strategy in the practicum preparation of student NPs.

Selection of participants and the procedures used in the presentation of the model in a continuing education format were described in detail in this section. Furthermore, procedures aimed at ensuring participant ethical protection were identified. After completion of the continuing education session, analysis and synthesis of the data collected were performed. The systems and processes used were detailed.

The completion of Section 3 marks the end of the proposal stage of the capstone project. Section 4 of the project includes findings and recommendations from

implementation of the continuing education session. Identification of the strengths and limitations of the doctoral project is also included in Section 4.

Section 4: Findings and Recommendations

Given the importance of the nurse practitioner's role in the future of health care, learning institutions are preparing practitioners to be efficient, effective members of the team. Ensuring adequate didactic as well as practicum preparation is imperative. The practicum preparation of the advanced practice nurse, specifically the nurse practitioner, has not been significantly revamped since its beginnings over 45 years ago (AACN, 2017). Research on the practicum preparation of the nurse practitioner has indicated variation in models, methods, and tools guiding the student-preceptor encounter (AACN, 2017). This lack of congruency has been identified as significantly impacting transition to practice. Given these challenges, it is imperative that methods be identified to address them.

The American Association of Colleges of Nursing (2017) has been vocal in their stance regarding the importance of the practicum encounter, yet little congruency exists in the model guiding the practicum experience. Given this circumstance, the primary question guiding this project was the following: Would development, implementation, and evaluation of a continuing education program on the one-minute preceptor model as an instructional method for facilitating the nurse practitioner practicum result in increased knowledge, skill, and program satisfaction by preceptors?"

A thorough review of nursing and education websites such as the American Association of Colleges of Nursing, the National Organization of Nurse Practitioner Faculties, and the Georgia Nurses Association was instrumental in collecting needed information for this project. Review of the Essentials of Doctoral Education for

Advanced Nursing Practice (2006) found on the AACN website as well as the National Organization of Nurse Practitioner Faculties (2017) website indicated the curricular components and competencies expected of a doctoral graduate; however, guidance regarding practicum preparation was lacking. This doctoral project included initial steps in addressing this documented void by introduction of the OMP model as a standardized practicum instructional method.

A continuing education session on the OMP model was presented to preceptors at a local chapter meeting of an advanced practice nursing organization. Written pretests and posttests were presented and collected. A program evaluation was also presented at the onset of the presentation and collected at close. The evaluation was a Likert-scale format whereas the pretest (Appendix B) and posttest (Appendix A) were descriptive.

Findings and Implications

The continuing education electronic flyer was sent via e-mail by the chapter president. On the day of the presentation, 30 preceptors had responded a plan to attend the meeting. The continuing education session was developed and presented at a local restaurant with 12 preceptors in attendance. The participants of the local chapter meeting were advised of the voluntary nature of participation in the doctoral project. Of those in attendance, 83% ($n = 10$) participated and their pretests (Appendix B) and posttests (Appendix A), and evaluations were analyzed.

Pretest and posttest results were descriptive in nature. Pretest results were analyzed with 70% ($n = 7$) of respondents having knowledge of the OMP model. Although most in attendance had knowledge of the OMP model, only 10% ($n = 1$) were

able to identify a benefit for use of the model by the preceptor, and 10% ($n = 1$) were able to identify a benefit for the student in use of the model. Lastly, one pretest was submitted with “unknown” written in each response area, representing 10%.

Posttest analysis indicated that 100% ($n = 10$) of those participating was able to list the five micro skills of the OMP model at the conclusion of the session. In addition, 100% ($n = 10$) of those in attendance were able to provide an example of each micro skill. All participants were able to list a benefit for the preceptor in using the OMP model. Lastly, all participants were able to provide a benefit for the student when the OMP model is used.

The qualitative data collected from the open-ended questions of the pretest and posttest were reviewed to identify themes indicative of increased knowledge base. Comparison of pretest and posttest data indicated an increase in knowledge after the presentation as evidenced by a 90% increase of participants identifying a benefit for both the student and preceptor when using the OMP model.

The program evaluation included a Likert-scale format as well as qualitative questions. Ten participants returned program evaluations. Evaluation of the effectiveness of the program indicated that 90% ($n = 9$) of participants selecting good as a response to the question related to the preceptor’s ability to verbalize how to implement the OMP model in the practicum setting (Appendix F). Also, 100% ($n = 10$) of those participating reported an intent to use the OMP model in future practicum encounters. Favorable results were also returned regarding the question related to the preceptor seeing a benefit in implementing the model in their future practicum encounters (Appendix F).

All 10 participants rated the speaker and the educational activity as excellent. Analysis of the free test question “How will you use the information presented today in your practice?” yielded 100% ($n = 10$) positive responses. Answers ranged from implementing the model in current preceptor-student interaction to disclosing the material with other preceptors for wider use. The results indicated a value in use of the OMP model as a tool in the clinical preparation of the nurse practitioner. The results further indicated that preceptors were interested in using a tool or model that could assist in ensuring an effective student-preceptor encounter.

Implications to nursing practice were assessed through evaluation of the qualitative responses of the evaluation tool. Participants commented on the plan to use this model in ongoing preceptor-student engagement. Participants further indicated a plan to self-disseminate the tool among peers. As evidenced by analysis of the data, preceptors noted a value in use of the OMP model, which affirmed the idea that use of this tool could significantly impact the preceptor-student encounter assisting in bridging the documented education-to-practice gap.

Recommendations

The local chapter where this project was implemented offers a preceptor pool for students in search of a preceptor. The lack of a standard practicum encounter tool or model to guide those encounters was reported by the chapter president. Despite 100% of those participating in the project indicating a plan to use the OMP model in ongoing preceptor-student engagement and/or self-disseminate the ideals of the tool, there was a need to promote, support, and encourage the use of a standard model or tool in the

education of the nurse practitioner. This can be done through continued discussion and initiation of projects like this capstone project geared toward promoting practicum standardization.

As an attempt to standardize the practicum encounter through use of the OMP model, the development of a guide directing preceptors in the steps of the model could be beneficial (Appendix C). This, in addition to an education session like the one presented at the local chapter meeting, could also prove beneficial in continuing the dialogue regarding practicum standardization.

Strengths and Limitations of the Project

The most significant limitation of this project was the participant size. There were 28 participants registered to attend the chapter meeting. Of those, 12 attended and 10 chose to participate in the project. The small sample size from a single location limited generalizability of the project findings.

A strength identified from this project was that it is easily replicated. This project laid the foundation for ongoing research regarding the implementation of a standardized model or tool in the practicum preparation of nurse practitioners. This study also furthered the dialogue regarding current methods in use by preceptors.

Section 5: Dissemination Plan

The DNP Essentials played a significant role in my understanding of the importance of dissemination. Advanced practice nurses, specifically doctoral level nurses, have a responsibility to apply research through use of evidence-based interventions to continue the growth of the profession (AACN, 2006). Dissemination of information regarding the improvement of the practicum encounters of nurse practitioners who are entering the work force and are expected to provide efficient, effective, evidence-based care is imperative to bridging the education-to-practice gap.

Dissemination strategies include presentation of the project results at the regional chapter conference. This will be done by poster presentation. This will allow those in attendance the opportunity to review the information and ask questions. There are various approaches that can be undertaken when presenting a poster. Planning is imperative to ensure an effective presentation. Also, sharing the results in a manner that will facilitate dialogue regarding the importance of the topic may further assist in the goal of standardization of the practicum encounter.

Journal manuscript writing is another planned dissemination method. Professional journal publication allows research results to be disseminated on a larger scale than that found in poster presentation. A manuscript of the project will be submitted for publication consideration to journals geared toward nursing education and professional development.

Analysis of Self

The practicum experience played a significant role in shaping me as a provider. In reflection, various tools and models were used in those encounters. The variation in tools and models used were like the expectation in nursing: ever changing. The practicum experience prepared me to adapt to change and respond to change in ways conducive to learning. The ability to seek out literature to guide practice and use tools in the practice setting to assist in formulating treatment plans early on was invaluable.

Upon reflection of my role in this project as project manager, it was imperative that I provided those in attendance with information that could be taken back to their practice for use in preparing students for transition from student to practitioner. I improved my ability to engage and listen to team members. Appreciation of the information that can be added by a content expert is also invaluable. The ability to combine the information gained from a content expert with that formulated through research resulted in better understanding of the topic, which resulted in more valuable information relayed during the presentation.

Over the course of this DNP journey, I have had the pleasure of being the leader of a team as well as a team member. These experiences led me to better understand the importance of collaboration in producing the best patient results. Through collaborative efforts, communication is strengthened.

This project served as my contribution to a topic for which I am familiar. As a novice nurse practitioner, I struggled with transition to practice. I often wondered whether that struggle was associated with my practicum preparation. As discussions with

my peers also revealed feelings of being ill prepared, the question then became how were we prepared? Variation in preparation was evident.

The AACN (2017) vocalized a need for re-envisioning of clinical education. This project was an initial step in addressing that documented void. This project provided information regarding the need for a standard tool. Now that the dialogue has been initiated, it is of great importance that the dialogue does not end here.

As nurse practitioners struggle for full practice authority in all 50 states, it is imperative that they remove the stumbling blocks from their path. Nurse practitioner education has been identified as a barrier (Hain & Fleck, 2014). Solutions to the barriers identified in the quest for full practice authority and those identified in the education-to-practice gap are imperative to the future growth of the nurse practitioner role.

For these reasons, I am passionate about this capstone project. A smoother transition from student to provider can be achieved through tireless work ensuring that NP students are prepared in the most efficient, effective manner. Ensuring that each practicum encounter yields the most thought-provoking results is key. Through use of a tool like the OMP model, each encounter may encourage critical thinking, which is a necessity to perform as an efficient, safe provider.

Summary

This project was my contribution to the effort to re-envision advanced practice nursing education. The use of a standard model or tool such as the OMP model in advanced practice nursing practicum education may prove beneficial in this effort. To promote a smoother transition of student nurse practitioners to effective, efficient

providers, researchers must take an active role in identifying and resolving gaps in education to practice. Ongoing research and implementation of standardized strategies, tools, and models to guide the practicum experience of the student nurse practitioner is imperative.

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Appendix A: Posttest Questions

1. List the 5 micro skills of the one-minute preceptor model.
2. Give an example of each micro skill
3. List the benefit for the preceptor in using the one-minute preceptor model
4. List the benefit for the student when the one-minute preceptor model is used

Example of Answers

1. Get a commitment. 2. Probe for supporting evidence. 3. Teach general rules. 4. Reinforce what was correct. 5. Correct mistakes.
2. Commitment: What do you think is happening? What does that sound like to you??
Supporting evidence: Why do you think that? What did you hear to make you think that??
Teach general rules: Explain what the situation is most likely to be. Draw focus away from outliers.
Reinforce what was correct: Mention what was stated correctly and how you can see how they came to their conclusion.
Correct mistakes: State the positive points of the case scenario, sandwich in what was missed. Provide tips/information on how to improve for the next scenario.
3. Use of the model enables the preceptor to effectively assess, educate, and to provide constructive criticism more quickly and efficiently. It is easy to use.
4. Engages the student, encourages the student to think, enhances confidence, improves the learning experience.

Appendix B: Pretest Questions

1. What is the one-minute preceptor model?
2. List a benefit for the preceptor in using the one-minute preceptor model in the practicum setting?
3. List a benefit for the student when the one-minute preceptor model is used in the practicum setting?

Example of answers

1. A teaching strategy utilized in the practicum setting utilizing five skills aimed at maximizing the critical thinking and time utilization.
2. Use of the model enables the preceptor to effectively assess, educate, and to provide constructive criticism more quickly and efficiently. It is easy to use.
3. Engages the student, encourages the student to think, enhances confidence, improves the learning experience.

Appendix C: Steps of the One-Minute-Preceptor Model

- Step 1: Get a commitment regarding the diagnosis and/or treatment plan
- Step 2: Probe for supporting evidence/underlying reasoning to understand what led the student to the answer given in step 1
- Step 3: Teach general rules related to the case
- Step 4: Provide positive feedback
- Step 5: Correct learner errors and make recommendations for improvement

Appendix D: Pretest Results

N= 10

Pre-test	Correct response	No response/Incorrect response	Unknown	Percent correct
Question 1: What is the One Minute Preceptor model?	7	2	1	70
Question 2: List a benefit for the preceptor in using the One Minute preceptor model in the practicum setting.	1	8	1	10
Question 3: List a benefit for the student in using the One Minute Preceptor model in the practicum setting.	1	8	1	10

Appendix E: Posttest Results

N=10

Posttest	Correct response	No response/Incorrect response	Unknown	Percent correct
Question 1: List the 5 micro skills of the One Minute Preceptor model	10	0	0	100
Question 2: Give an example of each micro skill	10	0	0	100
Question 3: List a benefit for the preceptor in using the One Minute Preceptor model	10	0	0	100
Question 4: List a benefit for the student when the One Minute Preceptor model is used	10	0	0	100

Appendix F: Program Evaluation Data

N= 10

	1= poor	2= fair	3= good	4= excellent
Q1: Please evaluate the effectiveness of achieving each outcome/objective for this educational activity				
Preceptors will be able to verbalize how to implement the use of the One Minute Preceptor model based on individual student encounters	0	0	9	1
Preceptor will document intent to utilize the One Minute Preceptor model in future practicum encounters	0	0	0	10
Preceptor will verbalize how the implementation of the One Minute Preceptor model will be beneficial in guiding how they currently precept students	0	0	0	10
Q2: Please evaluate the following aspects of each speaker	1= poor	2= fair	3= good	4= excellent
Expertise				10
Delivery				10
Organization				10

Teaching Method	10			
Q3: Please evaluate the following aspects of the educational activity	1= poor	2= fair	3= good	4= excellent
The content was relevant to the educational activity title	0	0	0	10
My personal objectives were achieved	0	0	0	10
The content level was appropriate for me	0	0	0	10
I will be able to implement high-quality measures upon returning to my work setting from the information learned in this educational activity	0	0	0	10
The physical environment was conducive to learning	0	0	0	10
The program was free from commercial bias (product promotion)	0	0	0	10