



Lunch & Learn



The One Minute Preceptor Model

September 18, 2019

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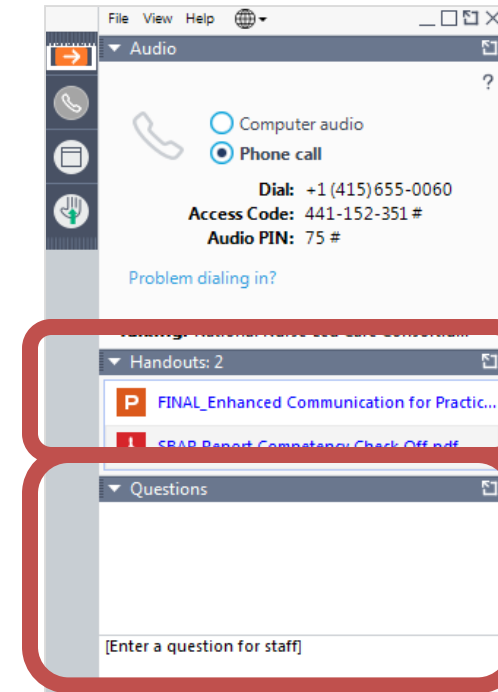
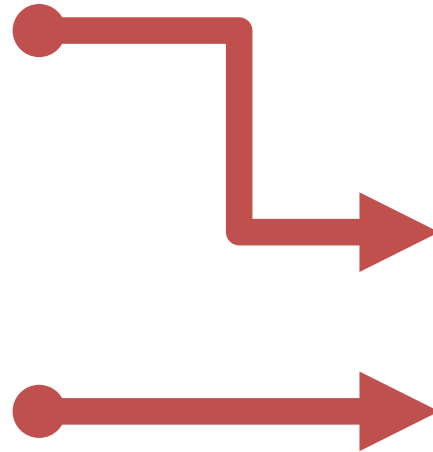
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 - **REQUIRED:** attend at least **55 minutes** of presentation
 - **REQUIRED:** access & connect to presentation slide-deck
 - Phone-in-only participants **DO NOT** qualify
 - Group CE credits **DO NOT** apply
 - Webinar recording **IS NOT** accredited for AANP CE credit.
- Participants who qualify will receive a detailed email on how to claim AANP CE credit:
 - CE credit import process may take 1-2 business days
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National Investment in Quality Improvement

- Changes to the health care system are here
- Nurse practitioners (NPs) will play a key role during the critical transition from Fee-for-Service to **Value-Based Reimbursement**
- **NNCC** and the **AANP** have partnered together to create the **Nurse Practitioner Support & Alignment Network (NP SAN)**:
 - Prepare NPs for the upcoming changes to the health care system
 - Provide free continuing education & professional development centered around value-based health care practices
 - Offer key training opportunities that ready practices for **Value-Based Reimbursement**

Preparing NPs for Value-Based Reimbursement

What is the Quality Payment Program?

Began in 2017 as a result of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and requires CMS by law to implement an incentive program referred to as the *Quality Payment Program*, that provides for two participation tracks:

Merit-based Incentive
Payment System (MIPS)]

MIPS

If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.

OR

Advanced Alternative
Payment Models (APMs)

Advanced
APMs

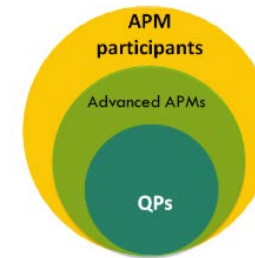
If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

MIPS

APMs



MIPs vs. APMs Timeline



- Designed for individuals & small practices
- Four (4) performance areas
- Replaces all current incentive programs
- Exempt if practice DOES NOT meet low volume threshold.

- Higher risk model
- Risk is shared throughout the APM
- Number of acceptable payment models is limited
- Rules to being considered a qualified provider (QP)

Where Can I Go to Learn More?

1. **CMS QPP website** www.qpp.cms.gov

2. **NPI Lookup for participation status** <https://qpp.cms.gov/participation-lookup>

3. **AANP** <https://www.aanp.org/legislation-regulation/federal-legislation/macra-s-quality-payment-program>

The One Minute Preceptor

Elizabeth Gatewood, DNP, RN, FNP-C, CNE

Disclosures

- I have nothing to disclose. I have not received any financial support to complete this work.

Learning Objectives

At the end of this session participants will be able to:

- Discuss the benefits and barriers of precepting
- Identify tips to overcome barriers
- Recognize and apply the five steps of the One Minute Preceptor (OMP) model to clinical teaching
- Review the literature regarding outcomes of use of the OMP

Clinical Teaching

- Complements didactic learning
 - Applies knowledge
- Knowledge acquisition
 - Improve clinical skills
 - Provide safe and competent care
 - Professional socialization



Benefits

- Supports your profession
- Professional development
- Credit towards re-certification
- Maintain up-to-date knowledge
- Develop a relationship with school / faculty
 - Library Access
 - CEU / CME opportunities
 - Discount in the bookstore

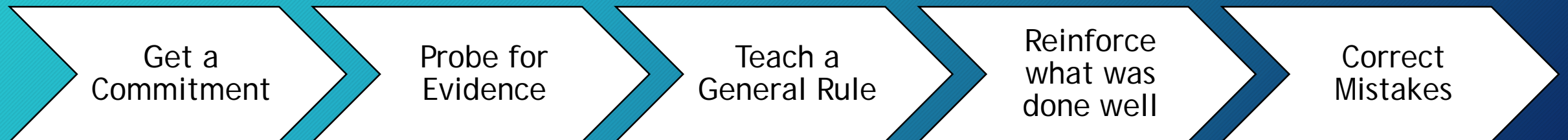
Barriers

- Time!
- Lack of support at work
- Space
- Lack of training
 - Orientation
 - Knowledge in how to teach
- Understaffed
- Not interested in precepting



The One Minute Preceptor Model

- Developed in 1992
- Aims to improve teaching efficacy and efficiency
- Originally developed for training residents in ambulatory care
- Used across health professions in a variety of settings



Settings

- Adaptable to any setting
- Literature
 - Ambulatory Care
 - Psychiatry
 - Adolescent gynecology
 - Midwifery
 - Emergency Medicine
 - Anatomy Lab

** Lack of research in nursing and advanced practice nursing**

Learner

- Adaptable for learner
 - Early versus late
 - Range of clinical hours
 - Work experience
- Adjust where you focus the commitment
 - Assessment
 - Management



Case Study - Marianne

- 5 year old girl is brought in by her mom who states that she has been pulling on her left ear and not sleeping well. Seems more irritable than normal. Her mom is worried that she has an ear infection.
- You are working with a FNP student who has been with you in an outpatient family practice setting for about 3 weeks. She is in the last semester of her final year of the program and has completed about three-quarters of her clinical hours.
- You both agree that this will be a great family for her to see

Case Study

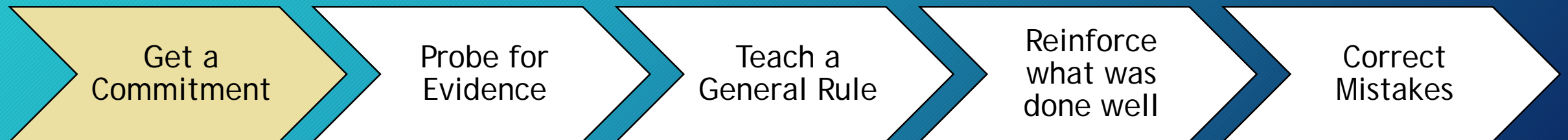
- Your student Marianne comes out and presents on the patient:

“Jaime is a 5 year old girl who was brought in by her mom. Her mom thinks she has an ear infection. She has been pulling her ear for 4 days. She hasn't had a fever, but the mom has been giving her Tylenol. Overall she is a healthy girl and doesn't have any significant PMHx. She is up to date on her immunizations. She is currently at summer day camp where she does arts & crafts, swims, sings, and plays games.

Her vital signs today are normal. Though her Temp is 99.8, so she has a fever. She started crying when I tried to look in her ears. Her eyes have pupils that are equally round and reactive. No erythema. No pain when I tapped her sinus'. Her right ear seemed ok. I didn't see any redness and there was that light at around 5 o'clock. Her left ear was all red. Everything. And I think her TM was bulging. Though I didn't see any pus.

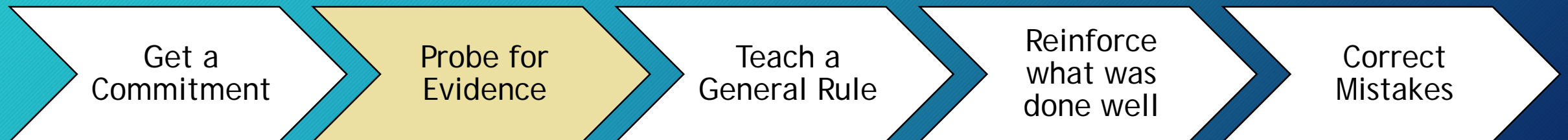
Get a commitment

- Ask the learner what s/he thinks is happening during the patient encounter
- Requires the learner to assess the situation
- Examples
 - “What do you think is the most likely diagnosis for this patient?”
 - “What do you want to do for this patient and her mom?”



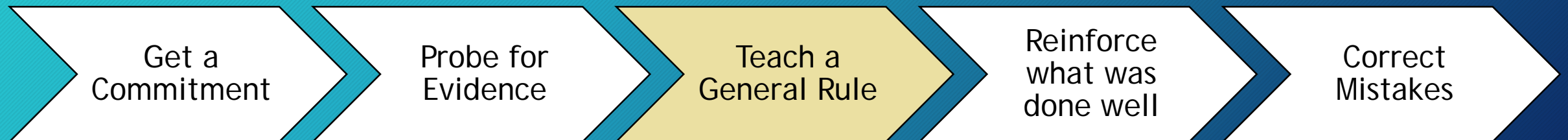
Probe for evidence

- Ask the learner how they came up with this assessment
- Allows the teacher to assess their reasoning process
- Examples
 - “How did you decide on the most likely diagnosis?”
 - “What other diagnosis did you think about?”
 - “What made you think it was less likely to be otitis externa?”



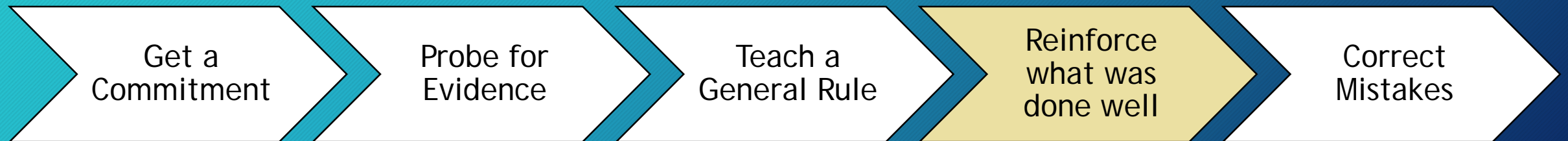
Teach a general rule

- An opportunity to share expertise and knowledge
- Succinct information building on a learning experience
- Examples:
 - “Another diagnosis that you might consider includes, x. While this is not common, it is something we don’t want to miss.”
 - “There was a recent article in X journal which suggested that the majority of AOM cases resolve without antibiotics.”



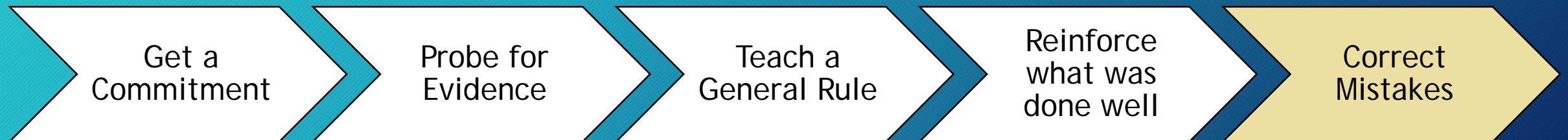
Reinforce what was done well

- Identify specific behaviors that the learner did correctly
- Focus on positive feedback first
- Examples:
 - “You collected a thorough focused history relevant to the patients chief complaint and included all of the components of OLDCARTS.”
 - “You did a great job incorporating the mom’s help into the physical exam. In particular, having her hold the daughter on her lap while you looked in her ears, made the daughter more comfortable.”



Correct mistakes

- Provide corrective feedback for any mistakes
- Explain your rationale
- Examples:
 - “Since she is 5 years old, not in any acute distress, and does not have a fever antibiotics are not indicated in this case.”
 - “This was a urgent care visit. While you did an excellent full physical, in this case a full exam was not indicated. ”



Evidence

One Minute Model of Precepting: Preferred by students and preceptors

- Improvement in preceptors' teaching skills
- Preference to traditional teaching models -
 - 4 studies found it was preferred by teachers, preceptors and residents
 - Useful; Efficient; Effective; More successful learning experience
 - 3 studies found it was preferred by learners
 - 2 studies found no change in perception of quality by learners
 - Dental residency; Gross anatomy lab

Feedback skills

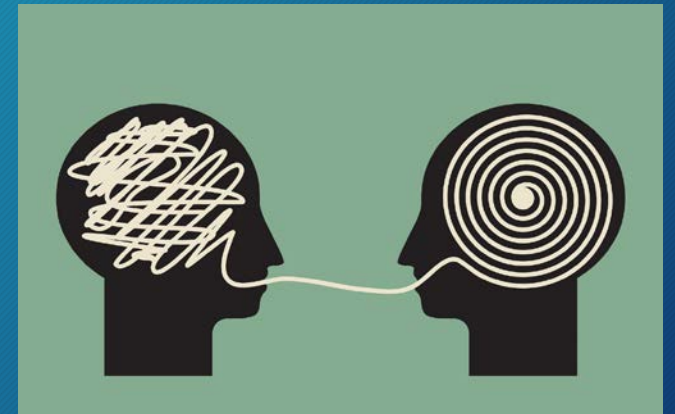
- Improvement in feedback skills after trained in OMP
- Increased frequency of feedback perceived by the learner
- More timely
- Increased amount of feedback



Assessing students clinical reasoning

Facilitated preceptors assessment of learners clinical reasoning skills:

- Increased confidence in assessment
- Better at evaluating learners reasoning
- Allow students to come to a clinical decision



Conclusions

- Clinical Teaching is challenging
- There are benefits to precepting
- Important for the profession
- One Minute Preceptor is a easy teaching model
- Facilitates learning experience
- Can be used across many types of clinical settings

References

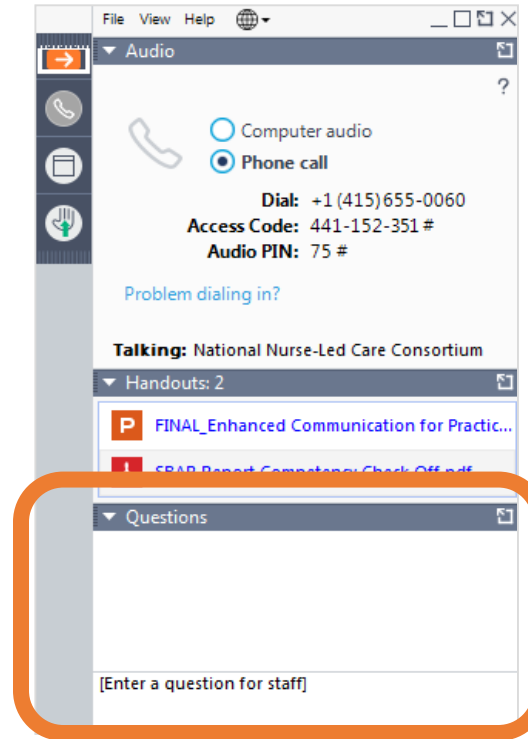
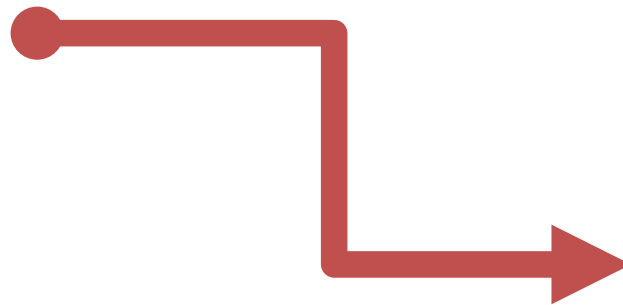
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Any Questions??

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Other QPP or NP SAN Questions?

For more information on the **QPP** or the **Nurse Practitioner Support and Alignment Network (NP SAN)**:

- Email **Casey Alrich** at calrich@ncc.us
- Visit us **online** at <https://www.aanp.org/practice/np-san>
- **Stay up to date** on the latest CE opportunities: http://bit.ly/NPSAN_subscribe

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