

## Positive precepting: Identifying NP student learning levels and needs

Tamera Pearson, (Professor, Director of FNP Program) & Tonya Hensley, (Assistant Professor FNP Program)

### ABSTRACT

**Background and Purpose:** Clinical preceptors are vital partners in the education of nurse practitioner (NP) students. This article describes NP student learning stages and proposes strategies preceptors can use to facilitate precepting NP students who enter clinical rotations at varied learner levels.

**Methods:** Searches were conducted in the Cumulative Index to Nursing and Allied Health Literature and PubMed and EBSCOhost interfaces to MEDLINE using terms related to NPs, students, higher education, and preceptorship. Because only 10 publications met the inclusion criteria focusing on precepting NP students at different levels, literature from related health fields are included in the discussion.

**Conclusions:** Benner's Novice to Expert Model is applied to NP education in primary care settings to describe the clinical levels of learning. Clinical teaching methods that focus on either preceptor- or student-led communication are described, followed by a discussion of the association between methods and levels of learners.

**Implications for Practice:** Nurse practitioners who precept NP students at various levels of their clinical learning can apply specific teaching methods that are delineated in this article. By recognizing the unique needs of NP students at different levels, preceptors can help facilitate their experiential learning.

**Keywords:** Clinical education; nurse practitioner; preceptor; students.

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### Background and purpose

Clinical preceptors are an essential part of nurse practitioner (NP) education. Preceptors share their clinical expertise with students and facilitate development of critical thinking and clinical reasoning while simultaneously providing quality care to patients. Juggling the clinician's and educator's role is no small feat and can be both challenging and rewarding for the preceptor. Nurse practitioner curriculum designs typically integrate building of theoretical knowledge with simultaneous practicum experiences in corequisite courses. The sequencing of didactic and clinical courses varies among NP programs; therefore, NP students enter clinical rotations at various junctures of their learning process. Preceptors may be expected to provide clinical instruction to NP students who are at different levels of training. The same primary care practitioner could precept an NP student in their first clinical rotation and during a different semester work with a student who is

completing their final clinical internship course. Preceptors also encounter the need to train NP students who come to the clinical setting with diverse previous experience as a nurse. As Bartol (2018) recently suggested, sustainability of the NP profession is reliant on preceptors who not only embrace the opportunity to "give back" but also learn from NP students. This article describes NP student learning levels and proposes strategies preceptors can use to facilitate precepting NP students who enter clinical rotations with varied backgrounds.

### Methods

Searches were conducted in the Cumulative Index to Nursing and Allied Health Literature and PubMed and EBSCOhost interfaces to MEDLINE. Resources were searched using terms related to NPs, students, higher education, and preceptorship. Resource-specific subject headings were mined for additional applicable terms. Articles and other research publications meeting the following criteria were considered eligible for inclusion in the review.

- Indexed within one of the research databases previously identified.
- Published between 2011, the year the Institute of Medicine made available its *Future of Nursing*:

School of Nursing, Western Carolina University, Asheville, NC

**Correspondence:** Tamera Pearson, Professor, Director of FNP Program, School of Nursing, Western Carolina University, 28 Schenck Parkway, Asheville, NC 28803. Tel: 828-654-6519; E-mail: tpearson@wcu.edu

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*Leading Change, Advancing Health* report, and February 11, 2018. (This landmark publication as a time frame was chosen because of the strong focus on the role of family nurse practitioners on health care).

- Published in the English language, the primary language of the review's author and the language most common for United States-focused research literature.
- Present information specific to the health care system in the United States as systems and laws governing them vary considerably internationally.
- Present results of original empirical (qualitative or quantitative) research, as well as relevant systematic reviews, and meta-analyses that meet other inclusion criteria.
- Present results focusing on the issue of student NPs and their preceptors in an outpatient or relevant setting.

More than 138 titles were reviewed across resources. When titles or accompanying subject heading information appeared relevant, abstracts and/or full text were then reviewed. A total of 10 publications were determined to meet the set inclusion criteria and reviewed for the most up-to-date content on precepting NP students and mined for any mention of the issue of precepting students on different education/skill levels. Only one study addressed the phenomenon of teaching students from various backgrounds and who are at diverse levels of learning in the clinical setting (Billay, Myrick, & Yonge, 2015).

Because of the limited literature focusing specifically on precepting NP students at different levels, literature from related clinically focused higher education programs was appraised for relevant content. Thus, this article draws on relevant research from other clinical disciplines and includes references to classic nursing education models to suggest the best way NPs can prepare for a positive precepting experience. Specific tactics for precepting NP students at different levels of their education are presented. Nurse practitioner students entering their first clinical rotation have uniquely different training needs compared with students who are completing their final clinical practicum. By being aware of the student's learning process and their personal frame of reference, preceptors can create a mutually rewarding experience for themselves and the NP student (Billay et al., 2015).

### Communication

The initial step toward creating a positive experience is to engage in clear communication regarding both the preceptor's and student's perspective. If not automatically provided, preceptors need to request an overview of the NP program curriculum to gauge where the student is on their learning continuum. Preceptor will be most effective if given an opportunity to review learning objectives for

the specific clinical rotation (Roberts, Wheeler, Tyler, & Padden, 2017). Although being provided the student's clinical course goals is a foundational expectation, Roberts et al. (2017) found that 57.3% of preceptors surveyed needed this information. Expectations of the preceptor and responsibilities of the student need to be clarified at the beginning of the clinical rotation to aid in identifying meaningful activities. Sharing a discussion and understanding of goals helps establish a preceptor–student relationship and ultimately affects learning (Chen, Rivera, Rotter, Green, & Kools, 2016).

Although having an open conversation to clarify expectations is essential, preceptors should also take a few minutes to simply get to know the student as a person. Researchers note that one of the basic communication gaps that often occurs is a lack of self-introduction (Chen et al., 2016). This exchange does not need to be a long process, but will help create an atmosphere of mutual respect and a relationship that promotes learning. Recent studies indicate that often preceptors and students have little time to communicate on a personal level because of other priorities such as orientation to the electronic health record (Chen et al., 2016). Ross et al. (2016) compares the requisite relationship of trust between preceptor and student to give useful formative feedback with that of patients and providers in the emergency department who must rapidly form a type of relationship for credible information to be shared. Thus, preceptors need to quickly create a basic professional trusting relationship with the NP student they are precepting to enhance learning.

Frequent feedback is a type of formative evaluation which is an essential component to clinical learning and best completed in the context of a trusting relationship. Allen and Molloy (2017) found conflicting attitudes between preceptors' and students' beliefs about feedback. Preceptors indicate that students should request feedback, although students usually defer the conversation regarding feedback to preceptor. In this study, use of a daily feedback tool influenced development of a trusting relationship between preceptor and student (Allen & Molloy, 2017). Constructive feedback of NP students' clinical abilities and critical thinking is built on solid training opportunities, where students are allowed some independence to engage many aspects of the provider's role in caring for patients.

### Clinical learning

An NP student's depth of knowledge related to illness prevention, recognition of disorders, diagnosis of disease, and awareness of evidence-based practice guidelines expands throughout their education program. Preceptors must appreciate each student's level of learning and skill development to facilitate clinical learning in the most effective manner. As NP students progress, they acquire new skills and continually increase their knowledge base

with the aim of achieving competency. Recognizing that NP students will move from being a proficient registered nurse into the uncomfortable role of a beginner in the NP role is important for both the student and the preceptor (Billay et al., 2015). This transition back to that of a beginner can be quite disconcerting to NP students. Preceptors and faculty can offer reassurance that this process is natural and will allow them to assimilate new knowledge with higher level clinical skills that are needed in a new role (Benner, 1984; Billay et al., 2015).

Clinical development for NP students involves advancing on a trajectory from lower to higher levels of clinical discernment through experiential learning. Patricia Benner's analysis of the transition of a new registered nurse "From Novice to Expert" in her application of Dreyfus Model of skill development is a valuable description of the evolution an NP student's experiences during their training (Benner, 1984). Benner (1984) asserts that the acquisition of expertise is a tiered process of learning where a beginner nurse moves from being a novice, with a focus on concrete information only, to an expert who has the ability to consider context. Similarly, an NP student enters their first clinical rotation with some explicit nursing knowledge and a focus on definitive content related to their new NP student role. Overtime, the NP student's thought processes mature and their clinical reasoning expands to incorporate complex or vague information into their approach to patient care. As NP students they will not become expert clinicians or practitioners by the conclusion of their training, but they will have advanced through many stages of skill development and levels of learning. Preceptors can help facilitate this experiential learning when an NP student encounters multiple patients with similar diseases or disorders in unique situations.

### **Application of novice to expert model to nurse practitioner education**

A modification of Benner's Novice to Expert Model can be applied to the primary care outpatient setting to help preceptors successfully guide NP students from one level to the next. Students will start as beginners and progress through the learning levels outlined in Table 1 on their journey to become an "expert student". To actually become an "expert practitioner," they must complete all of their clinical training education and gain practical experience in their professional NP role for a period of time. The levels described in this adaptation of Benner's model are adjusted to reflect the transition that NP students go through as they progress in their knowledge and ability through the duration of their NP training.

The novice NP student has no clinical experience in the advanced practice student role, lacks confidence, lacks discretionary judgment, and requires frequent cues. At this level, the NP student may be hesitant in the clinical

setting and feel more comfortable with concrete information. The novice NP student may fail to initiate any supplementary assessment components that were not clearly defined in the patient's reason for visit. In a phrase, the novice has a difficult time bringing the "art" to the "science" of providing health care. The novice is focused on the patient's information that is familiar, recognizable, and apparent. For example, when assessing a patient who has a new complaint, the novice will often have difficulty ascertaining what history of information is pertinent to help determine the diagnoses.

The next level of clinical learning is that of the Advanced Beginner who has some experience in primary care, begins to recognize context, is skillful in parts of the patient encounter, but will still need supportive cues. At this level of learning, the NP student begins to recognize and understand environmental considerations for patients in primary care. As the NP student's knowledge deepens, thought processes change and they progress to a Competent level of clinical development. Competent NP students have gained some experience in primary care, demonstrate efficiency in assessment techniques, exhibit self-confidence and analytical capacity, have a grasp of evidence-based practice guidelines, and function without supportive cues.

When a student transitions to a Proficient level, they have had significant time and experience in primary care. A Proficient student possesses an ability to analyze the whole patient situation rather than just one aspect. At this learning level, the NP student can distinguish important aspects of a situation, make effective decisions, and engage in two-way communication with feedback. The Expert NP student has an expanded understanding of primary care, considerable experience in the setting, and the ability to discriminate what is essential. The Expert NP student can diagnose problems accurately, plan care-based analysis of comprehensive information, and determine when an immediate treatment is necessary.

Preceptors will need to adjust their teaching style as NP students advance on the continuum of learning. Initially, the student moves from being deemed as highly skilled registered nurses to a novice in their NP student role (Billay et al., 2015). Collaborative communication is needed for the preceptor to determine where the student is on the scale of clinical knowledge development from novice to expert. Preceptors may need to ask a few questions to ascertain what the student has covered in didactic or previous clinical courses and the student will need to be open and honest in their responses. Based on how far along the NP student is in the program and their individual level of knowledge, the preceptor should modify their approach to teaching.

### **Clinical teaching methods**

The student's level of learning will influence which clinical teaching method is best for preceptors to use. Structured

**Table 1. Matching student with precepting style**

Learning Level	Description of Student	Clinical Teaching Method		
		Think Out Loud	1-Minute Preceptor	SNAPPS
Novice	No experience 1st clinical rotation Concrete thinking Requires frequent directive cues	X		
Advanced beginner	Some experience Considers context Supportive cues needed	X	X	
Competent	More experience Efficient assessment techniques Ability to analyze information Self-confidence Function without cues Aware of EBP guidelines		X	
Proficient	Meaningful amount of experience Analyze the whole Effective decision making		X	X
Expert	Significant clinical experience Accurate diagnosis Effective decisions Plans care based on EBP guidelines Good judgment			X

*Note: EBP = evidence-based practice; SNAPPS = summarize, narrow, analyze, probe, and plan.*

didactic classes are built into NP curriculum to provide specific content and to lay the foundation of critical thinking, often with interactive learning activities such as problem-based learning or case reviews. Clinically relevant skills such as writing a thorough SOAP note and completing a comprehensive physical examination are normally taught before any clinical rotation. Nurse practitioner students enter their first clinical rotation with foundational knowledge and exposure to advanced practice skills, but need an opportunity to apply this understanding in a real-life setting. Preceptors need to focus on helping the student learn how to think critically as they encounter a variety of patients and clinical situations.

### Preceptor-guided methods

Methods that are led by the preceptor may work best when training novice NP students who are at the very beginning of their clinical education. When working with a novice student, the preceptor can offer a glimpse into their own analytical process using a “Think Out

Loud” method as a way to teach critical thinking. Preceptors can begin by verbalizing what they have identified as relevant subjective and objective factors in a patient encounter, which also gives students an example of how to present that portion of a case later. By talking through their rationale for therapeutic decisions, the preceptor demonstrates critical thinking and potentially saves time in a busy clinical practice (Ignoffo et al., 2017).

Another method that involves the preceptor leading communication with the student is known as the one-minute preceptor or the five-minute preceptor by some educators (Bott, Mohide, & Lawlor, 2011; Neher, 2003). This method begins with the preceptor eliciting a commitment from the student regarding what they think is the patient’s main problem or what should be done next. Once the student verbalized their opinion, the preceptor continues to lead the conversation by asking for evidence to support the student’s commitment before sharing general rules for clinical reasoning and

reinforcing correct findings and correcting mistakes. The one-minute preceptor teaching method was developed in 1992 and has been evaluated and revised by educators for many years to adjust the terminology and timing (Bott et al., 2011; Neher, 2003). Regardless of wording, this clinical teaching technique is structured in a way that allows preceptors to assess a student's knowledge in the context of individual patient encounters and to provide direction along with positive and negative real-time feedback.

### Student-led method

A clinical teaching method that involves a process driven by the student asking the preceptor questions may be most effective with NP students who are at a higher level of training (Bazzell & Dains, 2017). One such student-led method is known by the mnemonic SNAPPS, which stands for summarize, narrow, analyze, probe, and plan. The SNAPPS method is structured into the following steps: 1) the student presents a summary of their assessment of the patient's situation or problem, 2) then narrows the differential diagnoses, 3) verbally analyzes possible diagnoses, 4) probes the preceptor by asking questions about uncertainties or difficulties, and finally 5) plans the management and selects follow-up issues to study (Wolpaw, Wolpaw, & Papp, 2003). Students will need to be familiar with a wide range of clinical situations, diseases, disorders, and potential treatment options to complete the required patient assessment and initiate the inquiry steps for this learning approach. Thus, the SNAPPS method is suitable for NP students who are at a proficient or expert level of learning.

Preceptors must keep in mind that every NP student presents with theoretical understanding of subjects taught in didactic classes, their own unique history of clinical experiences, and an individual learning style. Novice NP students may have a limited base of clinical knowledge or lack self-assurance to lead a case discussion. Thus, beginners may respond best to a preceptor-initiated teaching approach. Preceptors must find a balance between pushing students for answers versus allowing them to reason through a problem with assistance. Although probing can be used to evaluate a student's knowledge and understanding, this teaching technique must be done in a way that avoids intimidation. Higher level NP students have a depth of knowledge that will allow them to initiate a presentation of their findings and a tentative management plan. Nurse practitioner students can ask the preceptor specific questions in an effort to either verify their thinking or to guide their clinical decision making based on experience as a provider.

### Conclusions

All clinical teaching methods rely on clear communication on the part of the preceptor and the NP student. As stated

earlier, the key to a successful, positive teaching-learning experience starts with a dialog about the NP student's level of learning. This conversation can establish expectations based on whether a student-led or preceptor-led method of interaction is deemed appropriate. Although multiple clinical teaching methods exist, the literature suggests that using a structured approach can improve clinical reasoning (Bazzell & Dains, 2017).

### Expectations of preceptors

Once the preceptor ascertains where the student is in their NP education and reviews the specific course learning objectives, they can develop a plan to integrate the student into their workflow and set learning goals. Novice students need more guidance and supervision, whereas students who are farther along the clinical learning continuum are ready to focus on critical thinking skills (Newland, 2014). All NP students need an opportunity to shadow the preceptor for the first day of a clinical rotation; novices may need more time to observe than experienced students (Logan, Kovacs, & Barry, 2015). Observing a preceptor role model and learning the flow of the clinical practice are of great value to the NP student (Logan et al., 2015).

### Expectations of NP students

The novice NP student who is in his/her first advanced practice clinical rotation can be expected to obtain all the subjective information and complete an accurate basic physical examination. The NP student should be able to identify laboratory and diagnostic tests to consider and formulate a list of differential diagnoses for any new problem. However, NP students at this level may need a significant amount of cueing and feedback as they present this information. The preceptor will need to guide the determination of the final diagnosis and plan of care by using the "think out loud" method.

During subsequent clinical rotations, the NP student will be at the Advanced Beginner or Competent level of clinical learning. Preceptors should expect NP students to complete most of the patient visit such as: history, physical assessment, identification of diagnosis, and initial treatment suggestions. The preceptor will need to verify the diagnosis and collaborate with the student to develop an evidence-based treatment plan of care. Communication can be initiated by the preceptor and/or the student with the use of the one-minute preceptor model or the SNAPPS method while always considering the value of "thinking out loud" when deciphering the rationale for management decisions. As noted at the beginning of this article, most NP curricula are arranged with corequisite didactic and clinical courses focused on content related to a particular age or type of patient. Consequently, NP students who are entering their second, third, or fourth clinical rotation may not be familiar with the full range of medical problems encountered

during the clinical rotation. Nurse practitioner students may vary in their ability to lead a conversation about a case and will benefit from time to reflect for critical thinking.

Nurse practitioner students at the Proficient or Expert level of clinical learning can complete the entire patient visit, possibly while the preceptor is seeing another patient to simplify the patient flow. At this level of proficiency, the NP student needs to present the full case, with a plan of care that is based on evidence and current guidelines. Utilization of the SNAPPS method, where the student initiates the feedback and the preceptor promotes critical thinking, decision-making, and reflection, is appropriate at the “expert” student level. One caveat is that the preceptor must also “see” the patient because the NP student is not a licensed advanced practice provider. This can be confusing to physicians who are used to precepting residents and must be made clear in the initial expectations.

### Preceptor, student, and faculty responsibilities

Nurse practitioner education is designed to meet the standards outlined by the American Association of Colleges of Nursing to assure that students graduate with core and population-specific competencies delineated by the National Organization of NP Faculties (National Organization of Nurse Practitioner Faculties, 2013, National Organization of Nurse Practitioner Faculties, 2017). Nurse practitioner program faculty are responsible to ensure that the NP education curriculum meets these criteria and that clinical course objectives are clearly communicated to both students and preceptors. Clinical preceptors play a vital role in the training of NP students. Faculty have a responsibility to maintain an open line of communication with preceptors.

Nurse practitioner students have an obligation to communicate clearly with their preceptor and to share program- and course-specific information. The students need to be actively engaged in learning, be self-directed, seek clinical learning experiences, and complete self-appraisals and self-reflection (Conte, 2015; Logan et al., 2015; Murray & Buckley, 2017). Often, required documentation of clinical activities and accomplishments will stimulate contemplative thought processes that aid NP students in their role transition.

Preceptors can enhance an NP student’s learning experience by incorporating communication techniques that demonstrate honesty, trustworthiness, and approachability (Murray & Buckley, 2017). All preceptors need to foster a culture of safety and provide feedback that the NP student can respond to in a constructive way (Logan et al., 2015). Precepting students at different levels can be challenging and rewarding and always requires a willingness to both teach and model expert practitioner skills.

### Implications for Practice

Current literature offers insights into many aspects of the preceptor’s role in the dynamic process of training future NPs. Communication is the key component to creating a mutually constructive experience for both the preceptor and the NP student. Establishing the learning level of the student can help the preceptor determine which clinical teaching method is best to use during individual clinical rotations. Preceptors should initiate the training by introducing the NP student to key clinic personnel, the electronic health record system and overview of the planned patient flow system. Clarifying expectations and setting goals together can contribute to a positive precepting experience.

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