

**1. Name your teaching activity(ies):**

\* I teach primarily in the Pediatric Nurse Practitioner program in the SON, in clinical seminars and didactic courses in both years of the curriculum.

\* I provide clinical teaching in my clinical practice at SFGH Pediatric Urology Clinic, with both NP students and residents, and provide in-service to interprofessional trainees and providers.

\* I provide interprofessional small group facilitation for the UCSF Core Principles IPE curriculum.

**2. Your role(s):**

\* Classroom teacher: I teach PNP students in clinical seminars and didactic coursework to provide the foundation for advanced practice nursing practice in pediatrics (primary care & specialty care). I also provide guest lectures on pediatric genitourinary topics within Masters and pre-licensure programs.

\* Clinical teacher: I serve as clinical preceptor to NP students at my practice (SFGH Pediatric Urology clinic), and work with the urology chief residents. I also provide skills lab and clinical site visits to provide feedback to students on their clinical skills.

\* IPE facilitator: I facilitate the small groups within the UCSF Core Principles for Interprofessional Practice curriculum, for interprofessional learners to apply skills learned in the online modules.

**3. Learners and amount of contact:**

\* Classroom: I teach nursing students 250 hours/year. Clinical seminars involve 15 PNP students @ 2 hours/week for 10 weeks each quarter. Didactic courses involve 30 students @ 2 hours/week x 10 weeks. Guest lectures (one-time per quarter in each course) - may range from 15 to 200 learners based on the course.

\* Clinical: Clinics are 4 hours each twice per month. There is generally a NP student and a urology chief resident, and occasionally a junior pediatric resident for one-time observations.

\* Clinical site visits: I work with PNP students in their clinical setting and provide direct clinical feedback with learners and their preceptors. When serving as clinical placement coordinator, I work with all 30 PNP students on a weekly basis regarding their clinical progression as well as maintain communication with our 60 clinical preceptors at least 3x per quarter.

\* IPE facilitation: 10-12 first year health professional learners for 2 hours per quarter x 5 times per year.

**4. Builds on best practice/evidence:**

\* I completed UCSF Teaching Scholars Program, as the first nursing faculty member in 2012.

\* PNP program: I build on the national competencies established for all Masters in Nursing, Nurse Practitioner, and Pediatric Nurse Practitioner programs. The pediatric program faculty performs a gap analysis every 1-2 years to adjust our curriculum and align the content taught across the curriculum. I attend yearly national NP and PNP conferences, as well as continuing education skills workshops on curriculum design, teaching methods, and evaluation.

\* Clinical teaching: I build on the competencies needed for our specialty certification and national standards of practice and clinical guidelines. I also present at our national professional conferences.

\* IPE facilitation: We utilize best practices for small group facilitation and incorporate IPE principles to meet the needs of the learners. We adopted IPEC competencies for our facilitation as well.

**5. Goals and learning objectives:**

The goal of the PNP program is to train advanced practice nursing students to have the skills and expertise in pediatric primary health care and chronic illness in community and clinic environments. The curriculum includes classroom and clinical experiences encompassing advanced health assessment, physiology and pathophysiology, management of common and complex health/illness conditions, family, child, and adolescent theory and development, nutrition, and advanced practice nursing role development. Sample objectives:

\* Apply clinical decision-making skills to the differential diagnosis of healthy children or children with chronic conditions presenting with common acute signs and symptoms.

\* Formulate a plan of care to address the complex health care needs of the child or adolescent with a chronic condition utilizing current research and evidence-based practice strategies.

\* (IPE): Describe key elements of effective interprofessional team-based care.

## **6. Methods:**

\* Didactic: I place my lecture content in the context of their overall course and curriculum, and activate learner prior knowledge in order to scaffold the new content. I utilize an audience polling system to engage learners during the lecture, and encourage lively discussions and debates.

\* Clinical seminars: I use case based learning in seminars to help illustrate the content and provide in-depth review of particular conditions and skill sets. I use interactive online virtual patient cases (Med-U) for students to practice clinical reasoning at their own pace outside of class. Students also present cases in class and lead their colleagues through clinical decision making processes.

\* Clinical teaching: I work with students to establish individualized weekly goals and objectives, and identify areas to improve in order to meet their quarterly goals. Working within their zones of proximal development, I can adjust the amount of independence provided based on their ability and comfort, and can also engage the chief resident in the learning experience.

\* IPE small group: I activate their prior knowledge and scaffold their content whether it's learning about another profession or learning about methods for conflict management. I encourage socialization and networking among learners in the different professions.

## **7. Results and impact:**

\* I received the SON Teaching Award in 2011 and was also nominated in 2008.

\* Classroom evaluation: 3.7/4.0 (Dept comparison 3.5/4.0). Student responded favorably to the audience polling and the virtual patient cases as methods of instruction. Virtual patient cases are now adopted within the Acute Care PNP program curriculum as well.

\* Clinical evaluation: 3.96/4.0 (comparison 3.8/4.0). Students commented on my ability to seek out appropriate learning opportunities for them and provide the feedback they needed each week.

\* IPE facilitation evaluation: 4.5/5.0 (comparison 4.2/5.0). Learners commented on my ability to engage learners from different backgrounds and professions.

\* IPE Faculty development: I am on the committee to create the UCSF Teach for UCSF IPE Certificate to help train more IPE facilitators, and on the team to develop IPE Teaching Observation Program through UCSF Innovations Funding for Education to improve the quality of the IPE teaching.

## **8. Dissemination:**

I was invited to Shantou University Medical College in China to discuss our programs, faculty development, and IPE efforts. I will be on the team to present at the international IPE conference (Collaborating Across Borders) on our work with IPE curriculum design and implementation. Our work has been disseminated to our external clinical and project partners, including Alameda County and San Francisco State University.

## **9. Reflective critique:**

As a health professional educator, I am faced with meeting the needs of diverse groups and types of learners with varying learning styles. The earlier part of my teaching career was spent on understanding their differences and being able to build on their unique differences to support learning. I will continue to adapt my teaching methods based on the needs of my learners, given the changing environments both within the classroom and in the clinical settings, around technological advances, electronic health record charting, and the ever-changing disease management and prevention guidelines. I will certainly refer to teaching evaluations from our learners to better understand their needs and how to support their learning within their zones of proximal development. The next challenge is also to help learners and preceptors achieve IPEC competencies so that we can create environments suitable for interprofessional learning and practice.