Introduction

This module will serve as a guide to preceptors who are guiding the clinical learning of students in nurse practitioner programs and to faculty who work with preceptors. Within this module are sections that will assist preceptors, as well as NP programs, in identifying 1) the role of the preceptor, 2) teaching methods, 3) academic and professional standards for students, 4) rewards and recognition for preceptors, 5) preceptor satisfaction, 6) student evaluation, and 7) resources. The user can find additional resources to complement this module in the appendices.

Preceptors’ Role--A Health Professional’s Responsibility

A major assumption of this module is the responsibility that health professions share for educating those who will be the future providers of quality health in our society. Precepting a NP student is a recognized responsibility of the health care professional who engages a student in the guided experience of applying knowledge to practice. In Nursing: Scope and Standards of Practice, the American Nurses Association (2004) stipulates within Standard 10 (Collegiality) that the advanced practice registered nursing "mentors other registered nurses and colleagues as appropriate" (p.37).

A preceptor is one who guides the student’s clinical learning experience while acting as a role model. The clinical practitioner-preceptor-educator promotes NP role socialization, facilitates student autonomy, and promotes self-confidence that leads to clinical competency (Hayes & Harrell, 1994).

Role of the Preceptor as Clinician and Educator

- Directs overall goals and objectives for the practicum experience based on student outcome objectives provided by the student, and/or college faculty.
- Identifies and discusses the learner's needs in order to meet the course objectives;
- Assesses the nature of particular patient-care encounters that will enable the student to meet his/her learning objectives at this level in the NP curriculum.
- Utilizes appropriate teaching methods to help the student meet his/her learning objectives.
- Evaluates whether the learner's objectives have been achieved.
- Provides the learner with feedback (DeWitt, 1996).
- Demonstrates attitudes and qualities consistent with the ethics of the health professions, including
  a. Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups; and
  b. Respect for the student’s faculty, curriculum, and program.
- Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.
- Assures that students comply with HIPAA training and regulations pertaining to the clinical site, and preparation of patient centered assignments.
# Teaching Skills and Methods

Although a variety of teaching methods may be used by individual preceptors, Table III-1 includes common ambulatory teaching methods (Heidenreich, Lye, Simpson, & Lourich, 2000).

<table>
<thead>
<tr>
<th>TABLE III-1 Common Ambulatory Teaching Methods</th>
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<tr>
<td>1. Assess student's level of clinical competence, discuss preceptor expectations, teaching methods, and introduce student to the clinical site, policies, and personnel.</td>
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<td>2. Determine student learning objectives and priorities: Prior to each clinical session, develop a teaching learning plan that builds on clinical learning objectives.</td>
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<td>3. Develop a problem-oriented focus: Select a concept or problem area for each clinical day that enhances variability in clinical learning (e.g., physical exams of various age groups, consulting, and referrals).</td>
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<td>4. Readying: Preceptor-directed patient briefing (1-2 minutes) of student regarding the patient and tasks to accomplish prior to accompanying the student into the patient's room.</td>
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<td>5. Pattern identification: The process of recognizing that signs and symptoms occur in patterns and the student recognizes the relationship between assessment data and an hypothesis or working diagnosis.</td>
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<td>7. Control the number of teaching points: Limit teaching to 1 or 2 key critical components per student preceptor interaction.</td>
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<td>8. Deliberate reflection: Student observes preceptor behaviors complemented by preceptor rationale for selected actions.</td>
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<td>9. Critique and evaluation: Preceptor assesses learners' level of knowledge and understanding in order to formulate plan for teaching related concepts.</td>
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<td>10. Feedback method: Guides student's clinical development through a process of beginning with analyses of specific experiences, student self-assessment, identifying relationships between clinical experiences and general concepts, and determining concept.</td>
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<td>11. Student/Learner reflection: Collaborative discussion that guides the student in making critical relationships between prior knowledge and new clinical experiences.</td>
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# Preceptor Support Material

## Course Progression Algorithm

A progression algorithm is beneficial to provide the preceptor with an understanding of the stages of academic progression in the NP program. Preceptors should be aware of what courses the student has completed and the progression of the curriculum to better understand the student's potential for performance and educational learning needs. Preceptors will find that a quick overview of the NP program curriculum will provide a road map of the student's past and future learning experiences. Preceptors should receive a copy of the specific course description and
objectives, as well as the student's individual clinical learning objectives, prior to the student's commencing the clinical practicum.

Review of Past Clinical Logs
Another substantive indicator of the student's future clinical learning needs may be made by reviewing the student's past student-patient encounter logs or computerized records. Most students are required to keep a log of the patients they have seen and the nature of the patient care encounters that they have experienced in their past clinical practicums. The student may wish to share this information with the preceptor; however, issues relating to confidentiality and bias must be considered.

Faculty Contacts and Support
To avoid preceptor burnout and withdrawal from the preceptor role, faculty need to pay close attention to the preceptor's need for orientation, faculty accessibility, course information, and student evaluation (Ferguson, 1996).

1. Faculty need to clarify with students that differences in practice styles exist in clinical practice settings and may not always be consistent with what students have learned in the classroom.

2. Faculty name and contact methods should be provided to the preceptor before the clinical practicum begins. In addition, the program director's name and contact number should be made available to the preceptor so that if the preceptor experiences any difficulty reaching or working with faculty, the program director can be contacted.

3. Faculty should arrange a time with the preceptor for a site visit to observe the student providing direct care and thereby collaborating and corroborating the preceptor's evaluation. Faculty-preceptor evaluation for distance learning preceptors can be performed using other technologies (e.g. video or teleconferencing). Faculty, student, preceptor telephone conference calls may also serve as supports to preceptors during the student's clinical practicum and performance evaluation. Faculty are a valuable resource to preceptors in situations of weak, unsafe, or unethical student performance. Most college/university policies hold the faculty responsible for a student's final grade in a course and clinical practicum.

Academic Standards and Student Evaluation Criteria
Preceptors need to be aware of the academic and professional standards set forth by the student's institution, as well as the criteria and expected dates for the evaluation of the student's performance. Faculty may include criteria that indicate when a student is at risk for failing or the minimum performance required by the college/university in order for the student to pass a clinical course. Issues related to safety in clinical practice are often defined in a respective state's nursing practice act and apply to student performance when participating in a clinical practicum rotation. Other factors include:

Student attendance at scheduled clinical days
If a student is to be absent for a scheduled clinical day, due to illness or emergency, the preceptor should be notified prior to the beginning of the clinical day. On the first clinical day,
students should identify the procedure for contacting the preceptor in case of absence. It is the student's responsibility to also notify the faculty of the absence and negotiate with the preceptor regarding making up time, when possible. If the student is not attending clinical as scheduled, the faculty member needs to be notified promptly. Students are expected to schedule clinical time with the preceptor consistent with the preceptor's availability/schedule.

**Professional dress and behavior**
Students are expected to dress appropriately and behave in a professional manner at all times in keeping with the standards set forth by Occupational Safety and Health Administration (OSHA). School insignia and/or student identification badges should be worn, as designated by the policies of the college/university and NP program. Students usually wear college/university identification insignia and laboratory coats. The clinical site may, however, specify the dress code. Most state laws govern requirements for health professional's identification in the clinical practice setting.

**The required number of clinical hours required for the term of the clinical practicum**
This information is provided in the course description. Arrangements for the times and days for clinical hours should be validated by the preceptor and indicated in the student - preceptor agreement or contract. When meeting with the preceptor, the student should discuss with course faculty how clinical time will be scheduled, e.g. twelve-hour shifts, one day per week, blocks of time.

**Procedure for evaluating students**
Preceptors need to be aware of, and agree to, the college/university policies regarding their role in the student evaluation process. The preceptor is requested to provide the student with both formative and summative evaluation. The NP program will provide the summative evaluation form to be completed at the end of the clinical practicum. Evaluation of students is described in greater detail in this module, in the section entitled, "Responsibilities of the preceptor." Please refer to the section on evaluation of students for description of the types and components of evaluation, and recommendations for successful precepting.

**Preceptor Rewards and Recognition**
The literature supports the importance of recognition and rewards in the preceptor experience (Dilbert & Goldenberg, 1995; Ferguson, 1995; Beauchesne and Howard, 1995; Meng & Morris, 1995; McAllister, Bergmann, Nannini, and Bowen-Weeks, 1997). Ferguson (1995) interviewed preceptors to identify what they believed was important to them about precepting. Preceptors identified the need for: a) support from faculty; b) accessibility of faculty; c) information about the program; d) feedback on their performance; e) a sense of partnership with faculty; f) ongoing support; and g) a collegial relationship. Preceptors and students commonly describe a meaningful mentoring experience with four adjectives: reciprocal, challenging, stimulating, and rewarding (Beauchesne & Howard, 1995). It has been suggested that preceptors need support and validation for their roles, such as feeling valued as mentors, having networking opportunities, and access to formal processes for mentoring junior "experts" (Beauchesne & Howard, 1995).
& Morris (1995) encouraged educational programs to provide preceptor support, which they referred to as "preceptors for the preceptors."

Hayes (1994) states that the preceptor role may bring the individual status and recognition within their agency as well as networking and support from other preceptors and faculty. She suggests that even though there may not be monetary rewards, some schools offer tuition waivers, faculty adjunct status, library privileges, continuing education opportunities, letters of recognition, invitations to school functions and celebrations, and research and publication opportunities with faculty.

**Types of Recognition & Rewards**

1. Invite the preceptor to speak in class on a topic in which they are expert. The presentation can be recorded on their CV and applied towards recertification, promotion, and merit.
2. Frame certificate for display in the office; create a wooden plaque with gold plate for every year of precepting.
3. Send a letter of commendation to the preceptor's supervisor, departmental chair, or collaborating physician.
4. Send a letter of acknowledgment, including the hours of precepting, for recertification.
5. Provide adjunct faculty status.
6. Establish a student-generated award, "Preceptor of the Year."
   a. Recognize at graduation.
   b. Awards ceremony.
   c. Nurses Day Ceremony
   d. Plaque for office.
7. Offer a reception in honor of preceptors (Dean, Assoc. Dean give opening remarks).
8. Provide CEUs without charge
   a. Offered at reception.
   b. Orientation.
   c. Special speakers, preceptors invited.
9. Offer participation and/or attendance in class for any topic on syllabi.
10. Identify and develop CEU topics requested by preceptors (e.g. Writing for publication, identifying individual learning styles, providing feedback/constructive criticism, assessing readiness to learn).
11. Broker relationships between preceptors with specific needs.
12. Give privileges associated with Adjunct faculty status; library privileges, Netscape account, parking.
13. Offer editorial assistance with manuscripts.
15. Provide expertise and assistance with clinical research in the areas of research design, data collection, and analysis.
16. Take individuals or small groups of preceptors out to lunch/dinner.
17. Obtain sponsorship of special in-service programs by pharmaceutical companies.

18. Provide Certificates of Appreciation as an expression of thanks to preceptors. Certificates can be printed to identify different levels of appreciation. For example, use a certificate entitled, "Distinguished Preceptor," for preceptors who repeatedly volunteer to precept, and always "go the extra mile." The certificate which is entitled, "Preceptor" can be used for other preceptors (new, inexperienced, or those who are excellent, however, are not considered to be identified as a "Distinguished Preceptor."

**Preceptor Satisfaction**

The literature supports that preceptors gain professional satisfaction from the preceptor role (Hayes, 1994; Crim & Hood, 1995; Dilbert & Goldenberg, 1995; McInnes & Morrison, 1995; Ferguson, 1996, Usatine, Nguyen, Randall, & Irby, 1997). Usatine et. al (1997) reported preceptors’ comments about the experience of precepting. One preceptor stated, “teaching is rewarding because you can make a difference in students’ lives.” Another preceptor commented: “Teaching is a way we can contribute something back for what has been given to us.” Ferguson (1996) stated that preceptors consistently demonstrated high levels of commitment to education of students. Many nurses commented that their willingness to precept a student was based on the belief that precepting was a part of their professional responsibility to the profession of nursing to nurture new and incoming members. Dilbert & Goldenberg (1995) indicated that the preceptors’ most compelling reasons for becoming preceptors were to teach, share their knowledge, and gain personal satisfaction from precepting. Hayes(1994) suggested that students bring interest, challenge, renewal, and enrichment to daily work.

**Why Individuals Become Preceptors**

1. Opportunity to teach/share knowledge/personal satisfaction/increase own knowledge base, promotion, influence change.

2. The more benefits that preceptors perceive associated with role, the more committed they were and the more support they perceive for the role (Dilbert & Goldenburg, 95).

**Benefits/Rewards of Precepting**

1. Students bring vigor and provide challenging opportunities for the preceptor
2. Effective clinical teaching requires preceptors to assess the process they use for clinical decision making
3. Preceptors remind themselves that precepting is an opportunity to reassess assessment techniques to provide more focused, time efficient, and cost-effective care.
4. Precepting provides an opportunity to keep current with the literature.
5. Being a role model is enjoyable.
6. Precepting stimulates personal and professional growth and increases preceptor’s knowledge base.
7. The opportunity for recognition - reception, certificates of appreciation from students and institution/faculty, documentation for resume/professional portfolio, C.E.U.s (Royle et al, 1999).
Preceptor Expectations

It is important for the NP students to understand the role of a student NP and his/her responsibilities when assigned to a clinical site and preceptor. There are expectations which, when met, will assist the student in optimizing the learning experience. Faculty can assist students in recognizing the expectations of preceptors.

Interview with the Preceptor

A preceptor may require an interview prior to agreeing to accept the student. The student should meet with the preceptor when requesting the preceptor and clinical site. Interviewing provides the preceptor with an opportunity to interview the student to determine the level of learning, and obtain copies of health clearance information, and required agency documentation (e.g. the student's RN license, copy of their immunizations history, copy of CPR, and copy of NP liability insurance). A meeting with the preceptor also provides the student an opportunity to learn if the clinical site will provide the student with the opportunity to meet their clinical learning objectives before a formal agreement between the preceptor and the agency has been made.

Identifying Clinical Objectives

The student should provide the preceptor with student-specific clinical and course for practicum objectives (if not provided by the NP program with clinical placement request). The student should provide the preceptor with a copy of the course clinical objectives and clinical evaluation criteria (if not provided directly to the preceptor by the NP program). In addition, the student should reflect and develop their own individual learning objectives that may additionally facilitate the student meeting the clinical course objectives. For example, a student may need individual learning in the assessment of patients with abnormal heart sounds, or obtain the skills in clinical use of the microscope or phlebotomy technique that are not explicit in the course or clinical objectives.

Scheduling Clinical Hours

The student should schedule clinical practicum hours that are in keeping with the preceptor’s schedule and availability - not the student’s schedule or convenience. Prior to beginning the clinical practicum, students and preceptors need to agree on the days and times that the student will be in the clinical agency. The student's personal and work schedules are expected to accommodate participation in the required number of clinical hours specified by the clinical course.

Attendance

The student should attend the required number of hours of clinical practicum that is consistent with the NP program requirements, policies on academic standards, and the preceptor’s agreed upon clinical schedule. Students need to pay careful attention to these requirements.

Students should not assume that if they fail to complete the required number of clinical hours for the term, that they will automatically be permitted to make up clinical hours with their preceptor. Agreement by the preceptor and faculty must be obtained prior to the student’s extension of the
clinical practicum. Making up incomplete clinical hours and absences related to unexpected illness (of the student or preceptor) should be discussed between the course faculty, preceptor, agency, and student.

**Preparation**
The student should prepare for the clinical practicum as recommended by the preceptor and faculty. This preparation includes developing individual learning objectives, conferring with faculty on areas of weakness that need to be refined, and seeking independent learning experiences that will provide the student with a higher level of self-confidence. Students will likely keep a log of their clinical experiences and make note of areas that need refinement as they progress throughout the experience. It is always a good idea for the student to discuss with the preceptor about the patient population and the most common clinical problems that s/he can expect to encounter in the clinical site prior to the first clinical day. The student can prepare for the clinical practicum by reading current reference material, and appropriate assessments for the clinical problems most frequently managed by the preceptor.

**Evaluation of the Preceptor and Clinical Site**
Following the clinical practicum, the student should provide feedback to the preceptor on the student's satisfaction with the quality of the learning experience. In addition, students should provide the faculty with feedback on the effectiveness of the clinical practicum in enabling students to meet their learning needs.

**Preceptor Responsibilities**

**Mentor and be a Role Model for NP Students**
Mentoring and role modeling are important in the socialization process of the NP role. Observing the preceptor's interactions with other professionals, staff, and patients will enable the student to assume more readily the new role. As students successfully integrate the role of the NP, they begin their journey in the progression from novice to expert. NONPF has developed core competencies that the student must successfully achieve to perform the NP role.

The core competencies are reflected in the 7 domains identified by NONPF:

1. Management of patient health/illness status
2. The nurse-patient relationship
3. The teaching-coaching function
4. Professional role
5. Managing and negotiating health care delivery systems
6. Monitoring and ensuring the quality of health care practices
7. Cultural competence

In facilitating the student's learning experience, the preceptor organizes clinical learning within a time-constrained environment. The preceptor communicates with the office staff about the
scheduling of patients, the availability of exam room space, and specific procedures (e.g. suturing) that would enhance learning with a minimal disruption of the office routine.

The one-to-one relationship with the preceptor provides the student with the opportunity to develop competence in diagnostic reasoning/clinical decision-making, advanced practice nursing skills/procedures, as well as self-confidence in implementing the NP role. Immediate timely and constructive feedback, whenever possible, enhances this learning process.

**Teach**

Preceptors are responsible for helping students to refine skills related to patient care within the context of a caring relationship (Ferguson, 1996). In all areas of teaching, the preceptor is reminded of the importance of letting the student experiment with newly learned skills and build confidence in his/her abilities. Preceptors can gain confidence in the student’s abilities through observation, listening to case presentations, and reviewing their documentation as well as listening to feedback provided by patients and other clinical personnel. Student self-confidence is enhanced by preceptor feedback that reinforces that the student is meeting learning goals and objectives. An excellent Web-based resource is the 2000 preceptor manual developed by Lipsky, Mochan, & Plumb that provides practical recommendations for precepting (http://www.collmed.psu.edu/preceptor/ManpageNew.htm).

**Honing assessment skills**

Assessment includes cognitive and psychomotor components. The student needs to abstract and apply the sciences while using the psychomotor physical assessment skills in learning clinical decision making. The preceptor is an invaluable resource for evaluating the student’s progress towards achieving greater expertise in problem-solving and clinical decision making.

The preceptor’s initial role often involves assessing the student’s level of knowledge of the underlying basis for assessment. As the student progresses from novice towards proficiency in assessing patients, identifying a diagnosis, and formulating a management plan, the preceptor evaluates a) the student’s psychomotor skills, b) data collected from the history and physical, c) interpretation of data, and d) the proposed management plan.

Guiding students in gathering reliable assessment data involves observing the student while eliciting a history and performing a physical exam, followed by validating the assessment. The student presents findings to the preceptor, who evaluates the student’s interpretation of the assessment data. Incorrect information is corrected by discussion and re-examining the patient as appropriate. Providing positive feedback reinforces students’ skills and confidence in successful clinical learning. Students need time to practice their skills and test out their abilities to gain confidence. Obtaining a patient’s permission is always requested prior to a student beginning the encounter. The patient should be assured that the preceptor will also see them following the student’s interview and exam.

Students should identify their individual learning needs in the area of assessment and welcome the preceptor’s critique and/or validation of their skill levels. A plan for remediation should be anticipated for situations in which the student needs practice and proficiency in either technique.
or interpretation of patient assessment data. Often refining an incorrect psychomotor skill/technique can be achieved with a clinical demonstration by the preceptor at the time of the patient encounter. Comparison of assessment data with findings from previously encountered patients can often reinforce or clarify the interpretation of the assessment. Interpretation of laboratory data is an assessment skill that requires the student to abstract from the sciences and identify links to the patient’s history, presenting complaint, and physical exam.

The following are examples of effective teaching strategies for the preceptor:

- Demonstrate correct methods to the student with a return demonstration by the student.
- Validate or clarify interpretation of assessment data.
- Refer the student to resources such as physical assessment texts or video tapes for the purpose of reviewing and clarifying the physical assessment content in which the student is weak.
- Set aside time at the end of each clinical session to review with the student’s overall performance. Offer direction for future learning that will add a progressive dimension to the teaching/learning experience.
- Perform additional self-assessments and critiques through tape recordings of standardized patient history taking with student colleagues.
- Practice in the college skills lab with or without faculty supervision.

As students progress and gain confidence, they become more comfortable with the preceptor’s critique and seek direction to achieve higher levels of proficiency in assessment. Students need to be apprised that, although they are learners, evidence of progressive learning and mastery of content and psychomotor skills is expected. They should anticipate progressing along the continuum from novice to proficient. Student resistance to accepting preceptor correction and failure to demonstrate progressive learning should be reflected in the formative and summative evaluation of the student’s performance and communicated to the student’s faculty member in a timely manner.

**Integration & application of the sciences**

All stages of the patient care encounter require that the student be able to integrate and apply knowledge from the nursing, social, and health related sciences to the assessment and management plan. Development of a nurse patient relationship draws on the strengths of the student’s communication, interpersonal skills, and experience as a professional nurse.

Application of the nursing and social sciences is important in establishing and promoting the nurse patient relationship. For example, the student’s understanding of cultural differences and their impact on establishing a nurse patient relationship. Using examples of nursing, scientific, and social theories and exemplars of related research is an important aspect of teaching students about evidenced based practice.

To effectively elicit and interpret subjective and objective data obtained through the history, physical, and diagnostics, the student draws on applied scientific knowledge and interpersonal skills. Interpretation of data, formulation of a diagnosis, and developing a plan of care provide opportunities for students to integrate patient encounters and apply scientific knowledge.
corresponding learning objective focuses on the student’s ability to analyze the data obtained and provide a rationale for the differential diagnosis and management plan. A strategy to stimulate critical thinking is to have the student present the patient case to the preceptor and provide scientific or theory-based rationale for problem solving. In addition, at the end of the clinical day, the student should research and reflect on patient related topics encountered that day. Time should be taken to record encounters in a clinical log and review them as necessary with faculty and other students in seminar. This strategy will enable students to gain confidence in and reinforce their knowledge base.

Preceptors who have knowledge about the structure and content of the curriculum, as well as the student’s level of development within the program, are better able to anticipate learning experiences that draw on the course content and application of course content. It is an expectation that the student be responsible for the application of course-based knowledge. Preceptors may ask students to explain the physiological theory behind disease processes and management when encountering patients with specific clinical problems, e.g. Diabetes Type II, COPD, etc.

Clinical decision making

The clinical decision making process reflects the students’ ability to use critical thinking skills. Critical thinking is defined as the intellectually disciplined process of conceptualizing, analyzing, synthesizing, evaluating and applying information gathered from, or generated by, observation, experience, reflection, reasoning or communication (U Mass Boston, College of Nursing, 1995). The student should come to know and understand the process of clinical decision making used by the expert preceptor as a method of learning clinical reasoning.

As an expert clinical practitioner, the preceptor has mastered a variety of heuristics or rules that contribute to the process of clinical decision making. Teaching the student how to use heuristics is an important process in developing clinical proficiency. Students should be asked to:

- Reflect and describe the process of identifying a specific diagnosis or differential, select laboratory tests, prescribe medications or recommend a follow-up schedule.
- Use accepted guidelines and standards of care.
- Critically analyze the guideline/standard of care and determine how it should be implemented or adapted to the individual patient scenario.
- Reflect on previous client encounters and compare and contrast components of the assessment that are similar. The student should be able to respond cogently to the following questions:
  1. How might this case be similar or different?
  2. What epidemiological principles or clinical research is known that might guide cost-effective or evidence-based care? Use clinical scenarios to elicit the integration of the sciences with the patient data. For example,
     a. Would or would it not be appropriate to prescribe penicillin to a patient with exudative tonsillitis and swollen anterior cervical glands?
     b. How does the presence of pharyngeal GABH in the past medical history influence your decision?
     c. How might the presence of streptococcal pharyngitis in other family members influence your decision?
d. Should only penicillin-based antibiotics be used to treat only positive throat cultures?

e. How accurate or reliable are rapid strep tests? What does a negative rapid strep test mean?

Similar teaching strategies can be applied to patients with other clinical problems and symptoms, e.g., hypertension, urinary tract symptoms, chest pain, and symptoms of confusion in the elderly, to name a few. The process of teaching clinical decision making guides the student in learning heuristics that the preceptor may use in clinical practice. In essence, teaching clinical reasoning teaches students the process of learning to apply knowledge in practice.

**Mastery of documentation**

Preceptors can serve as excellent role models for students as they learn to master documentation. Accurate and complete documentation of pertinent information is essential in order to provide quality health care, while fulfilling legal and reimbursement requirements.

The clinical practicum provides students with the opportunity to master documentation of real-life patients in their health records. In “learning by doing,” the preceptor mentors the student in refining the patient’s history, exam; decision making; and level of service provided. The preceptor should review the history and physical prior to the student’s entry on the patient’s health record. Most preceptors request that the student write the note on a separate piece a paper for the review. This strategy is effective in enabling the student to revise the note prior to entering it in the patient health record. When the preceptor has determined that the student’s documentation has progressed to a level that requires little or no correction, the student is usually permitted to write directly on the health record. Preceptors must sign all students’ notes whether hand-written, dictated, or computerized.

The mastery of documentation includes:

- Clear written communication. Communication is the use of words and behaviors to construct, send, and interpret messages. Early in the curriculum faculty have opportunities to teach students the legal tenets for accurate documentation. Assessing student documentation should be an ongoing process that takes place throughout the student's program of study.
- Familiarity with acceptable formats for documenting encounters detailing the comprehensive history and physical, chronic illness, and episodic complaint.
- Use of only accepted medical abbreviations and anatomical terms, and descriptors. Prior to beginning the first clinical practicum the student should have a sound knowledge of both the normal and variations of normal physical assessment findings and their appropriate descriptors.
- The recording of only pertinent findings (both negatives and positives) from the history and physical exam should be recorded.
- Reading the notes of the preceptor and other health care providers. The patient’s health record will provide exemplars of both good and poor documentation and is an excellent resource early in the student’s clinical experience. As students review the notes that are documented in the chart, they soon learn the elements for inclusion and the procedure for organizing documentation.
Note-taking while in the room with the patient. The notes can then be organized into a rough draft that includes all of the components of the patient's comprehensive, chronic care, or episodic illness history and physical. The preceptor can rapidly review the student's documentation and make recommendations for refinement or organization.

- Identification of subjective and objective data. Early in the process of learning to document data in the history and physical, (H&P) students often make errors in documenting subjective and objective data. A typical example will occur when the student documents the characteristics of a surgical scar in the physical exam, then notes the patient's comment regarding the etiology of the scar. In this example, clarification must be made that the etiology (surgery) of the scar is subjective data and should be recorded in the history. Faculty should frequently review samples of students’ documentation of histories and physicals. Feedback provides a valuable tool in enabling the student to master the documentation process.

- Avoidance of check-off lists for documentation. Students need to learn the process of documentation that reflects accurate use of acceptable descriptors and serves as a legal record of what occurred in the encounter with the patient.

- Identification of agency preferences for documentation. Preceptors' preferences for documentation may vary from standard formats and may be dependent upon the practice setting. Documenting preferences should be communicated to the student early in the clinical orientation and time allowed for students to learn and adapt to agency format.

If a student demonstrates a weakness in his/her documentation and does not demonstrate progress, it is important to communicate concerns to a faculty member during the clinical rotation site visit. Communication of student deficits can be jointly addressed by the preceptor, the student, and the faculty member in a positive manner.

Specific to each agency will be the method and forms that are used for documentation. Agencies will identify the data required for different levels of care and third party reimbursement. The preceptor is an invaluable asset in enabling the student to learn the process of integrating data required for reimbursement in their development of patient care records. The preceptor reviews the student's documentation for accuracy and completeness, and cosigns the note as a validation of agreement with the student documentation.

The documentation required for fulfillment of reimbursement criteria for different levels of care should be covered in the NP curriculum. Students who lack this knowledge should be directed to resources in the clinical arena that will provide the substantive content to assist the student in learning this content area.

**Honing Interpersonal Skills**

Interpersonal skills involve the use of verbal and nonverbal communication in a timely and sensitive manner, with attention to another person's needs, anxiety level, and concerns. Situations arise within the clinical area that provide students with opportunities to hone their interpersonal skills:

- Student dialogue with patients concerning the reason for the visit, formulating a plan of care, and teaching patients and family members about necessary care;
- When collaborating with colleagues in the clinical setting;
- Preceptor observation and feedback;
- Self-reflection and documentation of encounters in a log or diary;
- Feedback from patients and colleagues;
- Inappropriate interpersonal communications should be brought to the attention of the student as soon as possible after their occurrence.

Mature students will soon recognize the importance of fine tuning their interpersonal skills to become successful practitioners. In appropriate interpersonal communications should be brought to the attention of the student as soon as possible after their occurrence.

**Basic interpersonal skills that students should demonstrate include:**

- Eliciting historical data by using open-ended questions and allowing the patient time to answer a question before proceeding to the next question.
- Eliciting a history in an unhurried manner before beginning an exam.
- Soliciting the patient's opinions, concerns about their condition, and how they would like to participate in their plan of care.
- Verifying with the patient your understanding of their complaint, treatment plan, or opinion by rephrasing their description, and seeing validation, clarification, or elaboration, as needed.
- Showing empathy: genuine interest, concern or warmth for the patient's situation, condition, or personal/social problems.
- Providing the patient with information that is medically necessary in a sensitive manner with attention to the impact the information may have on the patient's lifestyle, financial resources, or self care ability.
- Providing culturally congruent care while being sensitive to the patient's ethnicity, traditions, and beliefs.

**Negative interpersonal skills that merit student reflection and refinement:**

- Failing to introduce oneself or your colleague.
- Proceeding in a hurried manner.
- Failing to communicate an understanding of the patient's past medical history.
- Failing to ask the patient's permission to have another provider come in the room.
- Showing disagreement with patients, colleagues or showing lack of understanding or being critical of another's culture, sexual preferences, social habits, or lifestyle.
- Asking closed-ended questions about medical conditions, treatments, and lifestyle without attention to the patient's understanding or opinion.
- Failing to speak clearly or in simple language that the patient or dependent care provider can understand.
- Lack of sensitivity to patient confidentiality and privacy issues.
- Failing to demonstrate patience and understanding towards a patient's culture, age, or other life circumstances.
- Failure to wash hands prior to the physical exam.
- Discussing confidential information about the patient with others who are not involved in caring for the patient.

It is important that students be notified of any weakness in interpersonal skills early in the clinical practicum. By alerting students to focus on problematic areas early in the practicum, preceptors
give students the opportunity to reduce and refine their interpersonal skills by the time the clinical practicum is completed. Students who do not improve their interpersonal skills, despite preceptor recommendations, should be referred to their faculty for counseling and suggested learning methods. Faculty may provide the student with resources such as reading assignments, review of videos that demonstrate the use of interpersonal skills, or role-playing techniques with colleagues to increase awareness of effective techniques in interpersonal communication.

**Patient education**

Students are expected to:

- Integrate patient education in all aspects of care. Patient education is an important domain of NP practice and should focus on health promoting behaviors, disease prevention, as well as issues surrounding health maintenance and episodic self-care.
- Demonstrate the ability to perform a learning needs assessment and construct a teaching plan that is appropriate to the learning needs of the patient and/or family members.
- Take into consideration timing and level of patient education, identifying “teachable moments” as opportunities for patient and family learning.
- Determine the patients or family members’ ability to understand both verbal and written instructions in English or their own language.
- Document the patient education plan in the record and reinforce it with subsequent providers, whenever possible.
- Discuss the educational plan with the preceptor.
- Be aware of resources that the agency has for educating patients such as a nutritionist, diabetic educator, or health educator. Students should collaborate, as appropriate, with other members of the health care team. Members of the interdisciplinary health care team can provide resources and links in the community that will best meet the patient’s cultural and age related characteristics for learning.

Most students find this aspect of care enjoyable. It also provides an opportunity for the preceptor to reinforce their skills in patient education and emphasize its importance in the role of providing direct care to patients as a NP.

**Navigation of the organizational system**

Students need to learn how to navigate the health care system to fully function in their role. They can be guided through the organizational system during initial contacts with the interagency referral process and with processes related to managed care, home care, securing durable medical goods, and prescriptions.

As students progress through their NP program, they should demonstrate providing comprehensive care that includes interdisciplinary collaboration with other health care professionals. An agency policy and procedure manual should be available for students to consult as a resource to clarify issues that may have policy and legal implications. For example, requests for permission to drive is a common occurrence, and many agencies have liability issues that impact both the practitioner and patient. A student sees Mr. Smith, for example, who presents to clinic two months post coronary artery bypass surgery with the request that the NP sign a form that indicates that he can resume driving and is medically cleared to drive. This is a common scenario. Students should know how to maneuver the organizational structure to problem solve in
a way that is congruent with the agency/institution's policy and meet the patient's needs within these policies.

Students should be encouraged to advocate for patients in all matters related to providing comprehensive care. Students' self-confidence in decision making can be enhanced by providing feedback on their ability to successfully achieve patient care goals and objectives through skillful negotiation of the health care system. Positive preceptor feedback also reinforces the student's development of NP role behaviors that foster quality health care practices, and will be implemented in future practice situations. A reference guide for commonly used community resources should be available to the student. Students demonstrate creativity in practice when they initiate referrals and team conferences and seek financial and social supports for patients/families that may not be readily available from the patient's primary source of care.

**Integrating the role of the NP as a member of the interdisciplinary health care team and health care provider**

This skill is perhaps the most challenging for the preceptor to teach. Students can learn these skills by observing the preceptor in practice or through post conference discussion of difficult situations encountered during the clinical day.

Other methods include:

- Demonstrate collaborative management with other health care providers. This is an important way of teaching the student how to respect the knowledge and expertise of other disciplines, and thereby earning respect for the NP's unique contribution to the health care team.
- Collaborate in the management of patients by providing role functions that are particular to the role of the NP
- Initiate team conferences where all members of the health care team discuss and develop a plan of care for a patient or family. Team discussion may be in response to questions of domestic violence, failed office appointments, end of life decisions, or patients' complex co-morbid illnesses and difficult social situations.
- Encourage students to present difficult and challenging cases to physicians or other NPs who are specialists in a particular area. Examples may include the cardiologist, oncologist, endocrinology NP, or certified nurse midwife.
- Facilitate the NP visibility as a member of the interdisciplinary team by providing the image of the preceptor as a skilled clinical expert and valuable collaborative partner.
- Encourage students to take ownership for their diagnosis(es) and plans of care and be accountable to follow through with learning the results of laboratory tests, x-rays, and patient referrals/followups.
- Encourage students to be creative and contribute to the smooth operation of the clinical setting. Students may contribute ideas that may enhance the efficiency of operations. Their contributions support the visibility of their role and enhances their self-confidence as valuable contributors to the health care team. Students may choose to develop teaching materials or present teaching conferences to patients and their families that will complement available resources in the clinical setting.
Communication with the Faculty

Means by which the faculty member can communicate with the preceptor should be clearly articulated. Preceptors should be made aware of the best times to reach the faculty member and phone numbers and e-mail addresses should be provided for easy access. Time should be scheduled during faculty site visits so that the preceptor and faculty can discuss any concerns related to the student's performance or questions about the program or the role of the preceptor. Any preceptor/student conflicts that have the potential for an adverse effect on the clinical experience should be discussed with the preceptor as soon as possible. Faculty should make an effort to maintain open lines of communication with the preceptor throughout the clinical experience.

Collaborate with Faculty on Problem/Conflict Management

Preceptors should collaborate with faculty when a conflict or problem related to the student is identified for the procedure for the management of a problem/conflict. Any problems related to the faculty role in the preceptorship experience should also be discussed between the faculty member and the preceptor. If the faculty and preceptor are unable to resolve their differences, a clear mechanism for further pursuit of the resolution should be referred to the program director and be made clear in the preceptorship agreement or other appropriate document.

Understand the Legal Liability while Precepting Students

Care provided by students must be the same standard of care provided by a licensed advanced practice professional (NP, MD, DO, CNM). Physician’s Assistants (PAs) have been used by some NP programs when a specific PA is in a setting that provides valuable learning experience, and NPs and MDs are not otherwise available. For example, in specific clinical settings where NP or MD preceptors are not available. Preceptors are liable for the care provided to their patients during a preceptorship arrangement. Patients should be informed that the preceptor would remain the primary care provider, be responsible for decisions related to patient care, and will continue to provide follow-up care.

Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm differential diagnosis(es) and management plans with students prior to the discharge of the patient. Review by the preceptor must be documented in the record indicating that the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible for care. It is customary that the preceptor co-signs all records in which the student has provided documentation. Third party payers, government, and insurance companies cannot reimburse for care provided by the student.

Impact of Medicare Regulations on the Availability of Practice Sites for NP Students

The American Association of Colleges of Nursing (AACN), NONPF, and other nursing groups believe that NP programs, faculty and preceptors need to be aware Medicare regulations and the potential on the availability of practice sites for NP students.
In a 2003 memo summarizing the issues, AACN and NONPF identified concerns expressed by educational institutions relative to Medicare billing and documentation requirements that stipulate that preceptors of students be present for the entire visit and document the care provided. NONPF and AACN were receiving reports from NP programs that were denied clinical contracts on the claim of the burden on preceptors. NONPF and AACN undertook a survey of NP educational programs to assess the extent of loss of clinical sites and the linkage of any loss to the Medicare guidelines. The data showed that over 1/3 of programs experienced a loss of clinical training sites within the preceding year; however, only 5.6% of these programs identified the Medicare regulations as a cited reason for loss of sites. (See http://www.aacn.nche.edu/Government/pdf/APNSITE.pdf for a copy of the memo.) Both NONPF and AACN continue to collaborate with nursing organizations in monitoring Medicare regulations and issues that pertain to the clinical education of nurse practitioners.

NP Liability Insurance

Preceptors assume the same liability for their patients as other NPs in clinical practice and have the added liability of closely supervising the student. Agreements with the agencies should clearly articulate the liability issues with the preceptors and if the university assumes or refuses to indemnify the student.

The requirement for students to purchase separate NP student liability insurance is specific to individual NP programs. Colleges and universities generally require student nurses to maintain their own registered professional nurse liability insurance due to the potential for litigation incurred in the student role. The professional liability insurance policy must, however, indicate the inclusion of coverage for the role of a NP student. Insurance coverage for practice as a RN will not generally protect the student from liability in their NP student role. Students should provide the agency with a copy of the insurance certificate, which includes coverage limits. The college/university clinical coordinator will also require a copy of the student's liability insurance to be on file.

Evaluation of Students

Preceptors should meet with the student formally at the beginning of the clinical practicum to review the evaluation guidelines so that the expectations and responsibilities of both the preceptor and the student are congruent. The preceptor should provide both formative and summative evaluation. The summative evaluation form provided by the NP program should also be reviewed with the student at this time. Meeting with the student at the beginning of the clinical practicum also enables the student and preceptor to discuss the course and the student's clinical objectives. A student-preceptor-faculty agreement can be developed in which the student and preceptor discuss learning experiences that will facilitate the student's successfully achieving the clinical and course objectives.

Two types of evaluation are formative and summative evaluations:

Formative evaluation is an assessment by the preceptor in the form of feedback to the student regarding their performance during the clinical practicum. Ongoing feedback provides the student with the opportunity to enhance their performance during the course of the clinical practicum.
Role performance areas in which the student has achieved competence should be discussed with the student, as well as those areas that have been identified as weak, and needing improvement. Specific recommendations from the preceptor on strategies for improving clinical performance will be helpful to the student and can be documented in anecdotal notes and midterm evaluation.

**Summative evaluation** is the assessment of the student’s performance at the end of the clinical practicum. The summative evaluation describes the student's performance, development, and improvement at the conclusion of the clinical practicum. The summative evaluation of performance is based on the criteria indicated on the clinical evaluation tool provided by the NP program faculty. Although students are often not able to meet the performance competencies immediately, they should be able to demonstrate progression of skills and competencies. The written narrative is an extremely important part of the evaluation. Comments are valuable in assessing the student’s knowledge, skill level, and immersion in the course. Clarity of comments and specific examples of situations that illustrate the comments written on the evaluation form are important to learning. Written comments are particularly valuable if the student needs remediation in a specific competency area, if the student is for any reason reviewed by the Academic Standards Committee, or if faculty are asked for a recommendation of the student’s clinical ability. The evaluation should be reviewed with the student on the last day of the clinical practicum, and returned to the faculty by the deadline and method indicated. The student’s self evaluation is also important to incorporate during the preceptor/student evaluation discussions.

Summative and formative evaluation provide the preceptor with the tools to identify and discuss deficiencies that may warrant clinical failure. It is strongly recommended to inform faculty of clinical performance deficiencies and/or problems at the time they occur. In this way, faculty can assist both preceptor and student in optimizing the educational process.

Preceptors should document anecdotal notes that can be used to develop the mid-semester and/or end of semester evaluation. Student strengths, as well as weaknesses, should be documented. In the event that a student's behavior is unprofessional, or the student places the patient in danger (e.g. including medical errors), an anecdotal note should document the event and the course faculty must be contacted. The course faculty should then meet with the clinical preceptor and student and take further action as appropriate.

Faculty from the nursing program should provide preceptors with the appropriate evaluation tools before the start of the semester. The evaluation tools should be reviewed and clarified, and examples should be used to demonstrate different levels of student's abilities as reflected in their written evaluation. The preceptor should seek clarification about the evaluation process with the faculty member. As well, the preceptor should request all national standards and guidelines pertaining to the evaluation of NP students. For example, in April 2003, the NONPF Board of Directors approved an issue statement reaffirming the organization’s commitment to national guidelines pertaining to the clinical evaluation of APN/NP Students. This statement supports the direct observation of the clinical performance with patients as essential to assuring quality APN/NP education. See Module II, NP Faculty Guidelines, or Module VI, Evaluation, for the full statement.
Preceptor Resources

The NP program faculty can provide the preceptor with the resources that will assist the preceptor in his/her role. Professional literature and the World Wide Web will provide preceptors with a variety of resources related to precepting students in the health professions. Sample citations on precepting listed below will enhance the preceptor’s knowledge and skills. Precepting is an art and can be very rewarding.

Curriculum Resources

Resources that are available to the preceptor through the individual nursing programs should be outlined for the preceptor. Resources may vary, but may include library privileges, including electronic library resources, media center use, CB-ROMs, and courses available to preceptors. Specific media that are available to the preceptor through the university or nursing program should be clearly described.

Professional Literature

A sampling of literature may assist the preceptor in fulfilling his/her role.

Book references


Journal articles


**Preceptor-related Web-based**

Expert Preceptor Interactive Curriculum: Access at http://www.med.unc.edu/cgi-bin/fipse/login.pl. This is the online training modular system for preceptors from the University of North Carolina School of Medicine.

- Preceptor Manual from the College of Medicine written by Lipsky, M., Mochan, M., & Plumb, J. (2000) This is an excellent document that provides concrete and practical recommendations for precepting. The document can be printed from the web. Sections that may be helpful for nurse practitioner preceptors are:
  - What do preceptors get from working with students?
  - What do preceptors offer students?
  - Mastering the preceptor role
  - Assessing student performance
  - Students’ perception of qualities for effective precepting
  - Time management/precepting tips


**Web based citations**

See Table III-2 for a sampling of useful Web sites.

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*Internet addresses are case-sensitive. NB: web addresses may change*

Updated 8/05/2004 by Dr. M.A. Dumas

**FAQs**

**Q** What information should a preceptor consider before accepting a student to mentor in their practice?

**A** A potential preceptor needs to anticipate if their clinical practice schedule and site can support mentoring a student. The level of student that is appropriate to the practice should be identified, the student interviewed, and the student's resume reviewed. The
preceptor has the prerogative not to accept students that do not either have the appropriate clinical expertise or meet the preceptor's criteria for placement. For example, pre-surgical testing is an excellent site for an early clinical placement; whereas, a fast paced practice, would be more appropriate for an advanced clinical student.

Q: How should a preceptor approach the faculty or clinical placement coordinator to advise the NP program that they need a sabbatical from precepting?

A: The best opportunity for the preceptor to discuss "preceptor fatigue" is during the semester when faculty and preceptor are in contact. The faculty should be used as a resource, and may recommend teaching strategies that are effective in revitalizing the mentoring experience. It is always a good idea for the preceptor to communicate to the faculty or clinical coordinator, the desired time-frame for the sabbatical (e.g. one academic year).

References


