



Stony Brook
School of Nursing

PRECEPTOR MANUAL

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1. Mission, Vision And Values

Mission

We prepare nurse leaders at all levels of practice, through the use of creative pedagogies, cutting-edge research and innovative practice models to deliver socially just care and improve the health of local and global communities.

Vision

Prepare nurses of today to be the healthcare leaders of tomorrow.

Values:

ICARE

Integrity: Honest, humanistic and ethical in all interactions.

Collaboration: Foster interdisciplinary approaches to creative solutions to complex educational and healthcare challenges.

Accountability: Responsible for upholding our professional values, in service to our school, organization, community and each other.

Respect: Foster an environment of civility, trust, inclusivity, diversity and belonging.

Excellence: Set the highest standards for education, research, practice and service.

2. Program Accreditation

The School of Nursing is one of five professional schools in the Health Sciences Center at Stony Brook University. We offer full and part-time educational programs in preparation for professional nursing practice at the basic and advanced levels: A Bachelor of Science, a Master of Science, and a Doctor of Nursing Practice and PhD. The Baccalaureate degree in Nursing, the Master's degree in Nursing, and the Doctor of Nursing Practice at Stony Brook School of Nursing are accredited by the [Commission on Collegiate Nursing Education \(CCNE\)](#).

The Stony Brook Advanced Practice Program in Nurse Midwifery is accredited by the Accreditation Commission for Midwifery Education (ACME), 8403 Colesville Road, Suite 1550, Silver Spring, MD 20910; 240-485-1802, www.midwife.org/acme

3. FERPA

Stony Brook University maintains various student records to document academic progress as well as to record interactions with University staff and officials. To protect the student's rights to privacy, and to conform to federal and State laws, including the Family Educational Rights and Privacy Act (FERPA), the University has an established policy for

handling students' records.

The University is authorized to provide access to student records to campus officials and employees who have legitimate educational interest in such access, without the student's written consent. These persons are those who have responsibilities in connection with campus academic, administrative or service functions and who have reason for using student records connected with their campus or other related academic/administrative responsibilities as opposed to a personal or private interest. Such determination will be made on a case-by-case basis. Access to student records databases is available on a need-to-know basis to appropriate campus officials only after required authorization is received by the Registrar's Office.

Please refer to the Stony Brook University websites for further information regarding FERPA:

- [Office of the Registrar Website | Family Education Rights & Privacy Act](#)
- [University Policy on Student Access to Academic Records \(P507R\)](#)

Further information regarding the use of information technology in accessing student records by University employees is available under the [Responsible Use of Information Technology Resources Policy](#).

4. Overview Of Preceptor Manual

This manual has been developed to provide you with information about the School of Nursing at Stony Brook University. It also includes guidelines related to your role as preceptor. Contact information for course faculty is provided to you in writing at the beginning of each semester in which you are serving as preceptor. Additionally, you will receive a copy of the course description with student learning outcomes and any other course-specific information you will need. During the semester, course faculty will engage in ongoing communication with you as preceptor. You are encouraged to contact the course faculty should you have any questions about the clinical practicum or any student practicing with you.

4.1. Program And Student Learning Outcomes

Student learning is the ultimate measure of the success of a clinical instructor and preceptor.

Student learning outcomes are measurable statements that articulate what students should know, be able to do, or value as a result of successful completion of a course. With an emphasis on essential knowledge, skills, and attitude for professional practice and routine review of student learning outcomes, the preceptor is able to facilitate a higher level of learning. Program outcomes for each degree level are congruent with the mission of Stony Brook University, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest.

AACN Essentials (2026)	Undergraduate Program	Graduate Program
<u>Domain 1: Knowledge for Nursing Practice</u> Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.	Concepts: Clinical judgment, Evidence Based Practice (EBP) Utilize clinical judgment when integrating established and evolving knowledge from nursing; liberal arts; natural and social sciences; and other related disciplines in the formation of innovative nursing practice.	Concepts: Clinical judgment, Evidence Based Practice (EBP) Translate nursing's discipline specific perspective, theory, and research-based evidence to inform clinical judgment as the foundation for the highest level of advanced practice.
<u>Domain 2: Person-Centered Care</u> Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.	Concepts: Clinical judgment, EBP, Diversity Equity & Inclusion (DEI), Ethics, Compassionate care Integrate evidence-based, compassionate, and developmentally appropriate patient-centered nursing care to diverse individuals, families, and communities.	Concepts: Clinical judgment, EBP, Diversity Equity & Inclusion (DEI), Ethics, Compassionate care Synthesize advanced scientific knowledge with collaborative skills recognizing the intersectionality of multiple interdependent and social determinants of health, to design and deliver person- centered care that is holistic, respectful, just, evidenced-based and person-centered.

Domain 3: Population Health Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes. (Kindig & Stoddart, 2003; Kindig, 2007; Swartout & Bishop, 2017; CDC, 2020).	Concepts: Health Care Policy, Communication, DEI, Social Determinants of Health Communicate with the community, industry, academia, health care, policy makers, and other stakeholders to promote equitable population health outcomes and improve disease management and prevention.	Concepts: Health Care Policy, Communication, DEI, Social Determinants of Health Collaborative with traditional and non-traditional partners across settings to determine population-focused priorities, assess the system's capability in addressing population healthcare needs, and lead in the development of healthcare policies and practices for the improvement of equitable population health outcomes.
Domain 4: Scholarship for the Nursing Discipline Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform healthcare.	Concepts: Clinical judgment, EBP, Ethics, DEI Formulate professional, ethical knowledge based on nursing theory and evidence generated, synthesized, translated and applied from nursing and other disciplines to improve practice and transform health care.	Concepts: Clinical judgment, EBP, Ethics, DEI, SDOH Advance the scholarship of nursing by applying nursing's unique perspective to lead the translation of evidence into practice to provide optimal care and address health inequities, structural racism, and system inequity.
Domain 5: Quality and Safety Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.	Concepts: Health Care Policy Apply established and emerging principles of improvement science and safety to enhance individual practice and system effectiveness to provide high quality health care and minimize risk of harm to patients.	Concepts: Health Care Policy Apply principles of improvement science to evaluate care quality and safety to design system improvements and health policies that minimize risk of harm to patients and providers for system effectiveness.

Domain 6: Interprofessional Partnerships Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.	Concepts: Communication, Compassionate Care Demonstrate intentional and effective collaboration across professions and with care team members, patients, families, communities, and stakeholders, fostering mutual respect and shared decision-making to optimize care, enhance the healthcare experience and strengthen outcomes.	Concepts: Communication, Compassionate Care Lead inter-professional communication and collaboration to facilitate integration of evidence-based strategies that improve processes within healthcare systems optimizing outcomes for diverse populations.
Domain 7: Systems-Based Practice Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations. AND Domain 8: Informatics and Healthcare Technologies Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.	Concepts: Health Care Policy, DEI Incorporate communication technologies and informatics processes in coordinating resources to gather data and drive decision making to provide continuity of care, mitigation of error, and optimization of quality patient outcomes for diverse populations.	Concepts: Health Care Policy, DEI Optimize system effectiveness by leveraging care coordination, informatics processes and technologies to deliver safe, high-quality, equitable, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

Domain 9: Professionalism Descriptor: Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values.	Concepts: Clinical Judgment, Compassionate Care, DEI, Ethics, Social Determinants of Health Demonstrate a professional identity of accountability, perspective, collaborative disposition, and comportment that reflects nursing's inherent values of altruism, autonomy, human dignity, integrity, and social justice.	Concepts: Clinical Judgment, Compassionate Care, DEI, Ethics, Social Determinants of Health Model a resilient professional identity embodying accountability, perspective, ethical comportment and a collaborative disposition that is reflective of nursing's mission to the individual, society and the profession.
Domain 10: Personal, Professional, and Leadership Development Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being; contribute to lifelong learning; and support the acquisition of nursing expertise and the assertion of leadership.	Concepts: Clinical Judgment, Compassionate Care, DEI, Ethics Inculcate a spirit of self-reflection that fosters lifelong learning, self-care, well-being and resilience, along with the acquisition of nursing expertise, to promote the development of a professional identity and the assertion of nursing leadership.	Concepts: Clinical Judgment, Compassionate Care, DEI, Ethics Demonstrate self-reflection and cognitive flexibility to promote environments that foster life-long learning, professional growth, self-care, well-being, and resilience; and support the acquisition of nursing expertise and the assertion of leadership.

4.2. Clinical Placement Overview

Precepted clinical placements provide opportunities for students to gain experience in applying knowledge they have acquired throughout didactic and experiential course work. Clinical settings are diverse and sufficient in number to ensure the student will meet core curriculum guidelines and program outcomes. In addition to the School of Nursing faculty, these practicum experiences are supervised by clinical preceptors who have demonstrated expertise relative to the student's educational program. Faculty has academic responsibility for supervision and evaluation of students and for the oversight of the clinical learning experience. The faculty/student ratio is sufficient to ensure adequate supervision, a quality clinical experience and effective feedback and evaluation. The number of hours required for each clinical experience is specific in each clinical course syllabus.

The preceptor, in collaboration with faculty, plays a significant role in evaluating the student's clinical performance. The preceptor will participate in the formative (ongoing and continuous) and summative (overall achievement) evaluation of the student's attainment of established outcome criteria. The School of Nursing faculty assigned to these respective courses will be responsible for the student's ultimate performance evaluation.

4.2.1. Criteria for Being a Preceptor to Undergraduate Students

In the undergraduate program, preceptors are utilized in the following courses: HNI 474 *Capstone Nursing Practicum*, HNC 340 *Novice to Expert*, and HNC 470 *Nursing Management Practicum*.

The preceptor with required expertise provides one-on-one teaching and supervision for a student to develop clinical and leadership competencies in alignment with specific student learning outcomes under the guidance of the course faculty. All preceptors must have a registered nurse license in the practicing state, hold a minimum of a bachelor's degree with a major in nursing and have knowledge of course description, purpose and student learning outcomes as well as expected program outcomes of the BS program.

4.2.2. Criteria for Being a Preceptor to Graduate Students (MS, Advanced Certificate, DNP)

In the graduate program, preceptors are utilized in clinical courses. Preceptors are expert practitioners who supervise the clinical practice of students to develop clinical and leadership competencies in alignment with specific student learning outcomes under the guidance of the course faculty. All preceptors must be master's or doctorally prepared and currently practicing in the area of specialization appropriate to the focus of the student's area of study, and align with the goals of the graduate nursing program. Preceptors must have knowledge of the course description, purpose and student learning outcomes as well as expected program outcomes of the program (MS, Advanced Certificate, or DNP) in which they precept. A preceptor may not be the direct supervisor or family member of the assigned student.

4.2.3. Role of the DNP Faculty and Clinical Mentors

DNP Mentoring and Evidence-Based Practice Competence

Definition of Mentoring: Mentoring is the facilitation of professional development through the behaviors of sponsorship, coaching, exposure, protection, and providing challenging assignments. Mentoring is an interpersonal process that takes place between a trained, seasoned mentor and a novice protégé. After accounting for cultural differences, mentoring entails providing emotional support, sharing knowledge and experience, role-modeling, and guidance (Mijares, Baxley, & Bond, 2013).

Definition of Evidence-Based Practice Competence: Evidence-Based Practice competence is defined as "the ability to ask clinically relevant questions for the purposes of acquiring, appraising, applying, and assessing multiple sources of knowledge within the context of caring for a particular patient, group, or community" (Laibhen-Parkes, 2014).

Faculty Mentor and Clinical Mentor(s): The role of the faculty mentor is to oversee the student's academic progression, serve as the student's advisor, and is the assigned course faculty for the DNP seminar and synthesis courses. Clinical mentors are selected by DNP students in consultation with their faculty mentor (Honig & Smolowitz, 2008). Clinical mentors facilitate DNP scholarly practice in a concentrated clinical focus. Students submit their proposed clinical mentor as an assignment in HND 655 *Synthesis I*. Clinical mentors work with students to facilitate DNP scholarly practice experiences that support the doctoral project. The faculty mentor approves the selection of the clinical mentor who must be an advanced practice registered nurse, physician or other qualified professional. Students may have more than one clinical mentor based on their goals for practice and leadership. Upon faculty approval, the student maintains a clinical log that aligns DNP scholarly practice with The Essentials: Core Competencies for Professional Nursing Education (AACN, 2026)

5. Resources For Preceptors

5.1. NONPF's Preceptor Portal

The National Organization of Nurse Practitioner Faculties (NONPF) offers resources on their web-based Preceptor Portal for preceptors and others actively engaged in the clinical education of nurse practitioner students. The portal can be accessed at: http://www.nonpf.org/?page=PreceptorPortal_Main

5.2. ACNM's Preceptor Resources

The American College of Nurse-Midwives (ACNM) offers preceptor resources on their website for preceptors of midwifery and nurse practitioner students. The resources can be accessed at: [Preceptors | Preceptors \(midwife.org\)](#)

6. Professional Responsibilities For Clinical Experiences

6.1. Role of the Student

It is expected that students comply with School of Nursing and agency policies for clinical identification, dress, personal protection, standards of cleanliness, required equipment, transportation, cancellations, clinical schedules, and clinical absence. Specific requirements for the clinical area will be provided during clinical course orientation. Please refer to the SON student handbook, section S9 *Professional Responsibilities for Clinical Experiences*: [SB SON Handbook](#)

Students are responsible for completing mandatory HIPAA training for Stony Brook University School of Nursing and as required for clinical agencies where the student has a clinical practicum. Students must comply with HIPAA regulations regarding patient confidentiality, and must remove all patient identifiers from all written assignments and must not identify patients in conversations, public places, or in any electronic form. The use of cell phones or electronic devices for personal use is in

violation of HIPAA and is prohibited in the clinical area.

It is expected that each student:

1. Is in compliance with required health, malpractice, and other required forms.
2. Identifies, develops, and strives to achieve clinical objectives consistent with student learning outcomes.
3. Provides preceptor with course syllabus, student learning outcomes, clinical objectives, clinical evaluation form and clinical calendar form. Establishes dates and hours for the clinical experience with the preceptor.
4. Completes required hours in the assigned placement site. Submits written clinical logs as required to course faculty within the designated time frame. Students may not use their regular work hours as clinical hours.
5. Reports to the clinical site on time and in appropriate professional attire.
6. Wears appropriate ID - student ID badge.
7. Follows SON student handbook to report clinical absences.
8. Participates in orientation specific to each clinical site as required.
9. Adheres to standards and scope of professional practice.
10. Demonstrates professional demeanor and conduct with preceptor, population foci, families and other healthcare participants in the clinical setting.
11. Discusses progress with preceptor and course faculty in meeting expected clinical competencies and clinical objectives.
12. **Participates in mid-semester and end-semester preceptor evaluation of student's clinical performance.** Evaluations are discussed with the preceptor, in collaboration with course faculty, and signed by the student. Students may enter self-evaluation of their clinical performance and/or comments on the evaluation form.
13. Maintains a calendar of clinical activities and has preceptor sign off on hours and activities.
14. Evaluates the clinical preceptor and agency at the end of each clinical rotation.
15. Returns evaluations of preceptor, agency, and the original signed student clinical evaluation form and clinical calendar of activities to

course faculty.

6.2 Role of the Preceptor

Note for graduate-level program preceptors: Complete the preceptor information form and return it via e-mail or fax to the School of Nursing prior to the start of the student practicum.

Preceptors are expected to:

1. Review course syllabus, student learning outcomes, clinical objectives, clinical evaluation form, and clinical calendar form with the student. Establish dates and hours for the clinical experience with the student.
2. Facilitate a collaborative and mutually respectful environment for the student's learning experience.
3. Provide initial information to the student regarding the facility, its programs, policies, and procedures to promote a potentially successful, mutually enhancing professional relationship between the student, facility personnel, patients, and their families.
4. Demonstrate evidence-based appropriate techniques, professional demeanor, and collaborative strategies in clinical practice while serving as a role model for the student.
5. Provide direct supervision during clinical experiences to ensure appropriate clinical competency development and to provide ongoing formative feedback.
6. Direct student learning in evidence-based care activities with appropriate patient populations that facilitate student achievement of student learning outcomes.
7. Provide regular feedback to students on their performance in the clinical area and discuss student progress toward student learning outcomes with student and course faculty.
8. Meet with course faculty during the clinical site visit and maintain bidirectional communication (telephone, email, and virtual meetings) with course faculty on an ongoing basis to discuss the student's progress toward attainment of student learning outcomes.
9. Notify course faculty immediately of any concerns about student behavior, clinical skills, and/or progression. Faculty can be reached via telephone and/or e-mail.

10. **Complete a mid-semester and end-semester evaluation of the student's clinical performance.** In collaboration with course faculty, each evaluation is to be discussed with the student, allowing the student to enter comments on the forms. The preceptor, student, and course faculty sign each evaluation.
11. Sign the student's clinical calendar.
12. Return completed evaluation and signed clinical calendar to student for submission to course faculty. Contact course faculty to provide verification of the number of hours served as a preceptor for recertification purposes, if applicable.

Clinical preceptors have the right and responsibility to use discretion in advising students who do not comply with policy; they may request a student to leave the clinical site. If so, students must meet with the course coordinator prior to returning to clinical.

6.3 Role of the Clinical Course Faculty

Clinical course faculty maintain an open dialogue with preceptors throughout the course of the students' experience. Bidirectional communication is maintained through in-person meetings, site visits, virtual technologies, teleconferences, and other means as required.

Clinical course faculty are expected to:

1. Provide oversight of the planning, implementation and evaluation of the clinical learning experience, which includes clinical site evaluation, site visits and evaluation of the site for appropriateness and the ability to meet clinical objectives and student learning outcomes.
2. Review course-specific learning outcomes, clinical objectives, and professional responsibilities for clinical experiences with students prior to the start of the clinical experience.
3. Provide their contact information in writing to the preceptor at the beginning of each semester. Sustain bidirectional communication with the preceptor and student.
4. Each semester, evaluating faculty conduct documented site visits—either in-person or virtually—to assess the clinical setting, student–preceptor interactions, and patient population to ensure alignment with course objectives. Visits are recorded by course, semester, visit date, preceptor, site name, and evaluating faculty member.
5. In collaboration with clinical preceptors, evaluate all students at the end of each

clinical course using the clinical evaluation tool.

6. Forward completed student clinical evaluation forms to the department designee at the end of each semester for filing in the individual student's file.
7. Provide preceptors with documentation of the number of hours they served as preceptors upon request.

7. Preceptor Feedback

Feedback from preceptors is the most effective learning strategy in clinical practice (Plathe et al., 2021).

As nursing education shifts to competency-based learning, preceptor evaluations are even more essential.

Feedback is defined as '...a process through which learners make sense of information from various sources and use it to enhance their work or learning strategies' (Carless & Boud, 2018, p. 1315) and can be verbal or written. However, students may fail to recognize or appreciate feedback other than written comments to gauge their progress (Sharma et al., 2023). A successful student clinical rotation requires ongoing feedback and formative assessment of the student's progress as well as at the end of the clinical rotation (summative).

Feedback should be constructive. Constructive feedback is feedback that is focused on improvement. It means the feedback being provided is perceived by the learner as supportive and not critical. As a preceptor, your feedback is a powerful way to influence successful student accomplishment and learning.

Characteristics of constructive feedback:

- Start with positive aspects of the student's performance.
- Review what the student needs to improve on.
- Be descriptive and never demeaning.
- Focus on *controllable issues and behaviors*, not personality.
- End with specific information on how to improve, i.e. "Next time...."

Other key aspects:

- Be specific! Checklists are helpful.
- Be concise – limited in amount.
- Base feedback on systematic observation.

- Emphasize change in behavior and progress toward achievement of clinical objectives/student learning outcomes.
- Feedback should be paraphrased by the learner to see if it is understood.
- Conduct feedback in an unhurried, uninterrupted atmosphere.
- Allow the person being evaluated to provide input.

Whenever possible, the preceptor and student should have uninterrupted time to discuss the student's progress and performance. Ideally, feedback should be provided on an ongoing basis throughout the shift; however, at the end of each shift or every two shifts may be more realistic.

Constructive preceptor feedback helps learners improve and meet expected standards, and the ability to give effective feedback is a skill that can be developed with practice (Orsini et al., 2022).

Feedback Tips (Tripodi et al, 2021)

1. Guide learners in a safe learning environment
2. Develop the learner's active role in the feedback process
3. Foster an appreciation for the intrinsic value of feedback
4. Enhance evaluative judgment
5. Identify and manage affect
6. Enact feedback
7. Make feedback a curricula focus
8. Utilize exemplars of a varied quality of work
9. Encourage peer feedback
10. Use technology to augment feedback processes
11. Continually evaluate and refine processes
12. Start feedback early, then repeat and reflect
13. Create an environment of civility to optimize learning.

Optimum learning occurs in a civil and trusting environment for the nursing student. The ANA Code of Ethics states, "The nurse creates an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect" (Provision 6.3).

Practice giving feedback and consider the use of student-centered feedback templates:

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Make trust the essential theme in giving feedback:

- “I am giving you feedback on this because I am committed to helping you achieve your goals.”
 - Remain calm and student-centered. Remember, negative feedback can be perceived as “uncaring” and act as a trigger for incivility.

Begin with caring message:

- “I have some feedback to share with you now that may be difficult to hear. Please know that I am sharing it to help you meet your goal of being a competent nurse....”

Sometimes, a sensitive issue will need to be addressed:

- “I need to talk with you about a sensitive issue. I have noticed (or, it’s been brought to my attention) that you had a strong body odor in clinical. I’m concerned because it will potentially affect your practice and how others respond to you (or, your ability to establish a good relationship with patients, physicians, etc.)”
- “So, let’s chat a bit about this and see what we can do to address it. I would really hate to see others not be able to see all you have to offer.”

In conclusion, the feedback you provide has a tremendous influence on a student’s success. Feedback should be constructive. Feedback provided in an environment of civility rather than criticism can assist the student to improve as necessary. Assessment of student progress in the clinical rotation will be both formative and summative. The student should be made aware of their progress well before the final assessment. Contact clinical course faculty at any time during the semester for assistance in formulating and delivery of constructive feedback to students and to discuss student progress in clinical.

8. REFERENCES

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