



Stony Brook
University

PRECEPTOR MANUAL

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I. MESSAGE FROM THE DEAN



Dear Preceptor:

Stony Brook School of Nursing would like to thank you for your dedication and commitment.

Your expertise is valued, as well as your enthusiasm in helping to educate our students. The student's knowledge, skills and values are directly correlated to your investment in their education. The school appreciates your contribution and recognizes that our students' success is embedded into your diligence and effort. The school respects your influence upon our students and we are proud to call you a member of the Stony Brook School of Nursing's educational community.

Sincerely,
Lee Anne Xippolitos

II. SCHOOL OF NURSING ADMINISTRATION

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Keri Hollander

Assistant Dean for IT and Academic Informatics

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III. MISSION, VISION AND VALUES**Mission**

The mission of the Stony Brook School of Nursing is to prepare nurse leaders at all entries of practice to advance the health of the people of New York, the wider geographic regions and the global community with a focus on the underserved. This is accomplished through innovative, high quality and accessible educational programs, clinical practice, research and public service.

Vision

Stony Brook University School of Nursing will be a top ranked school recognized for excellence and innovation in education, leadership, research, advocacy, and practice.

Values**I REACH UP**

- Integrity
- Respect
- Excellence
- Accountability
- Creativity
- Honesty
- Unity
- Perseverance

IV. 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. 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).

<http://www.aacn.nche.edu/ccne-accreditation>

V. 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 the University has an established policy for handling students' records. Notice of this policy and of students' rights under federal law is given annually to the campus community.

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. More information about the use of information technology in accessing student records by university employees is available at: <http://it.stonybrook.edu/policies/p109>

With very limited exceptions, student information must not be transmitted by any University employee to anyone outside the University without the express written release by the student or pursuant to a lawful subpoena/order, coordinated by the Office of University Counsel.

<http://www.stonybrook.edu/commcms/registrar/policies/ferpa.html>

Note: *Conversations about student progress and achievement are appropriate among the "clinical" team but should otherwise be treated as confidential. Student papers and faculty documentation and evaluation of student progress (i.e. grades) are treated as confidential.*

VI. OVERVIEW OF PRECEPTOR MANUAL

This manual has been developed to provide you with some 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.

VII. 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.

VII.1 Baccalaureate Program Outcomes*

1. Apply principles from the sciences, arts and humanities to patient-centered nursing practice. (Essential I)
2. Use theories from nursing and related disciplines to guide research, policy and clinical nursing practice. (Essential V)
3. Integrate best current evidence with clinical expertise in the delivery of safe, quality care to diverse individuals, families and communities. (Essential III, IX)
4. Apply knowledge and skills in leadership, quality improvement and patient safety to provide high quality health care. (Essential II)
5. Use information management and patient care technologies in communication, mitigation of error, decision making and optimization of quality patient outcomes. (Essential IV)
6. Engage effectively within nursing and interprofessional teams to foster open communication, mutual respect, and shared decision. (Essential VI)
7. Demonstrate professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice. (Essential VIII)
8. Incorporate cultural values and preferences in the delivery of care to individuals,

- families, communities and populations across the lifespan. (Essential VII)
9. Formulate the value of practice excellence, lifelong learning and professional engagement. (Essential VIII)

** Aligned with The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)*

VII.2 Master's and Post-Graduate Certificate Program Outcomes for the APRN and Nurse Educator Roles*

1. Integrate scientific findings from nursing and related sciences to improve nursing care across diverse settings. (Essential I)
2. Demonstrate leadership by collaborating and consulting with key stakeholders in the design, coordination and evaluation of patient care outcomes. (Essential II)
3. Apply quality and safety principles within an organization to be an effective leader and change agent. (Essential III)
4. Integrate theory, evidence, clinical judgment, research and interprofessional perspectives to improve practice and health outcomes for patient aggregates. (Essential IV)
5. Ethically utilize data, information and appropriate technology to evaluate and achieve optimal health outcomes. (Essential V)
6. Demonstrate political efficacy and competence to improve the quality of healthcare delivery and health outcomes of populations. (Essential VI)
7. Integrate the concepts of interprofessional communication, collaboration and consultation to effectively manage and coordinate care across systems. (Essential VII)
8. Synthesize ecological, global and social determinants of health to design and deliver culturally relevant clinical prevention interventions and strategies. (Essential VIII)
9. Demonstrate behaviors of professional engagement and lifelong learning. (Essential IX)

** Aligned with The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)*

VII.3 Master's and Post-Graduate Certificate Program Outcomes for the Nurse Leader Role

1. Incorporate the concepts of leadership, change, collaboration, and innovation into the role of nurse leader. (Essential I)
2. Implement leadership skills to manage change, improve outcomes, and create a preferred future for nursing practice. (Essential II)
3. Translate relevant research to promote evidence-based practice models, improve outcomes, and mitigate risk in patient care delivery systems and patient care. (Essential III)

4. Integrate knowledge from nursing and related sciences to develop foundational thinking skills that facilitate leadership at the highest level. (Essential IV)
5. Utilize current and emerging technologies in the strategic management of health care delivery systems. (Essential V)
6. Analyze models of advocacy and activism that promote relationship building and organizational excellence. (Essential VI)
7. Integrate the values of respect, social and ethical responsibility, and professionalism into the practice environment. (Essential VII)
8. Demonstrate knowledge of patient care delivery models, clinical practice and health care policy that reflects current healthcare trends and societal needs. (Essential VIII)
9. Demonstrate behaviors of professional engagement in lifelong learning activities with the learning environment. (Essential IX)

* Aligned with The Essentials of Master's Education in Nursing (AACN, 2011)

VII.4 DNP Program Outcomes

1. Analyze scientific data related to healthcare models and strategies that affect population health. (Essential VII)
2. Integrate knowledge from nursing and other sciences as the foundation for the highest level of advanced nursing practice (Essential I)
3. Synthesize relevant findings from evidence for practice to improve healthcare outcomes (Essential III)
4. Employ leadership skills for interprofessional collaboration that improve patient and population health outcomes (Essential VI)
5. Utilize information systems technology to evaluate outcomes of care, care systems, and quality management (Essential IV)
6. Evaluate methods that improve complex healthcare delivery systems to maintain accountability for quality healthcare (Essential II)
7. Initiate the development, implementation, and analysis of healthcare policies that promote ethical and social responsibility (Essential V)
8. Evaluate cultural competence to improve patient and population outcomes (Essential VII)
9. Evaluate clinical competence and organizational skills appropriate to area of specialization through lifelong learning and reflection (Essential VII).

* Aligned with The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2011)

VIII. 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 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 and summative 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.

VIII.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 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.

VIII.2 Criteria for Being a Preceptor to Graduate Students (MS, PGCP, 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 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 course description, purpose and student learning outcomes as well as expected program outcomes of the program (MS, PGCP or DNP) in which they precept.

VIII.3 Role of the DNP Faculty and Clinical Mentors

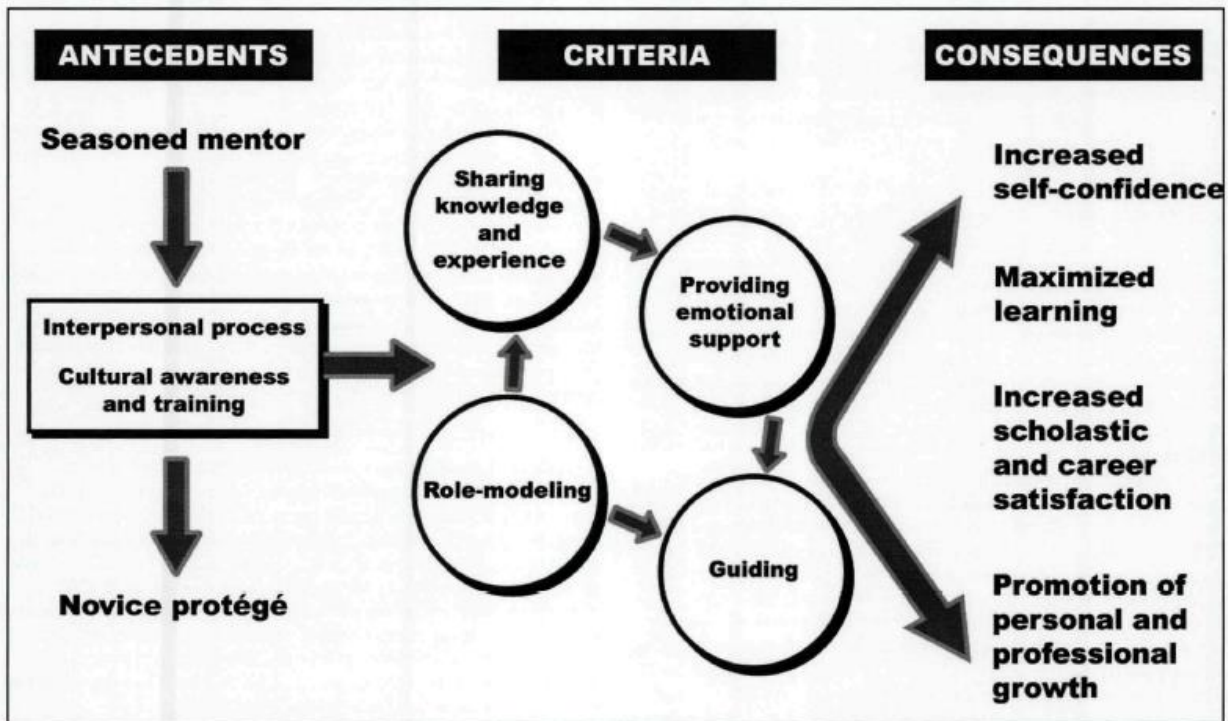
DNP Mentoring and Evidence Based Practice Competence

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 (Figure 1). 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 be 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. 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 of Doctoral Education for Advanced Nursing Practice (AACN, 2006).

Figure 1. Model of antecedents, criteria, and consequences of mentoring



IX. RESOURCES FOR PRECEPTORS

IX1. 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

IX2. 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:

<http://www.acnm.org/Preceptors>

X. PROFESSIONAL RESPONSIBILITIES FOR CLINICAL EXPERIENCES

X.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 SON student handbook, section S9 *Professional Responsibilities for Clinical Experiences*:
<https://nursing.stonybrookmedicine.edu/sites/default/files/StudentHandbook2015-2.pdf?>

Students are responsible to complete 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. Identify, develop and strive 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. Complete required hours in the assigned placement site. Submits written clinical logs as required to course faculty within the designated time frame.
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, section S9.2.5, 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 student learning outcomes and clinical objectives.
12. **Participates in mid-semester and end-semester preceptor evaluation of student's clinical performance.** Evaluations are discussed with preceptor, in collaboration with course faculty, and signed by student. Students may enter self-evaluation of their clinical performance and/or comments on evaluation form.
13. Maintain a calendar of clinical activities and has preceptor sign off on hours and activities.
14. Evaluate the clinical preceptor and agency at the end of each clinical rotation.

15. Return evaluations of preceptor, agency and the original signed student clinical evaluation form and clinical calendar of activities to course faculty.

X.2 Role of the Preceptor

Note for graduate-level program preceptors: Complete preceptor information form and return 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 student. Establishes dates and hours for the clinical experience with 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 student, facility personnel, patients and their families.
4. Demonstrate evidence-based appropriate techniques, professional demeanor, and collaborative strategies in clinical practice while serving as role model for the student.
5. Provide direct supervision during clinical experiences to ensure appropriate clinical performance and to promote knowledge and skill development.
6. Directs 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 discusses student progress toward student learning outcomes with student and course faculty.
8. Meet with course faculty during the clinical site visit and maintains bidirectional communication (telephone, email, and virtual meetings) with course faculty on an ongoing basis to discuss the student 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. **Completes 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.

13. 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.

X.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 (e.g., Skype, ZOOM, etc) 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 your contact information in writing to the preceptor at the beginning of each semester. Sustain bidirectional communication with preceptor and student.
4. Conduct site visits each semester to observe student and preceptor in the clinical setting and to ascertain relevance and appropriateness of the clinical site and population served. Site visits are documented by course, semester, date, preceptor and site name and evaluating faculty.
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 chairperson of the department at the end of each semester for filing in the individual student's file in the Office of Student Affairs.
7. Provide preceptors with documentation of the number of hours they served as preceptors upon request.

X.4.1 Preceptor Feedback

Assessment of student progress is ongoing (formative) and at the end of the clinical rotation (summative). In a large meta-analysis of feedback studies in the public education system, *individual* feedback was one of the top five influences on learner achievement ([Hattie &](#)

[Timperley, 2007](#)). 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.
- Next, review what the student needs to improve on. Be descriptive and never demeaning. Focus is on *controllable issues and behaviors*, not personality.
- End with specific information on how to improve, ie "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. When should preceptors provide constructive feedback to the student? Ideally, on an ongoing basis throughout the shift however, more realistically, at the end of each shift or every two shifts.

Feedback is more likely to be acted upon if the information contained within it is specific, credible, timely and relevant, and if the recipient is at an appropriate stage of learning, both emotionally and cognitively, to be able to act upon it (Murdoch-Eaton & Sargeant, 2012; Sargeant et al, 2008).

Contact clinical course faculty at any time during the semester for assistance in formulating and delivery of constructive feedback to students.

X.5 Role of the Clinical Liaison

Clinical Liaisons support the academic and clinical preparation of advanced practice registered nursing students. Program Directors identify educationally and experientially qualified advanced practice registered nurses who are appropriately credentialed in the population focus in which they are assigned. Clinical Liaisons work together with course faculty to support the didactic and clinical learning needs of students. They provide on-site lectures, assist in the development of learning modules, conduct skill labs during on-site intensives, make clinical site visits and have input into the clinical evaluation of students.

XI. FORMS

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FOR PRECEPTORS

CLINICAL EVALUATION OF AN UNDERGRADUATE STUDENT

<https://nursing.stonybrookmedicine.edu/sites/default/files/FACULTYPRECEPTOR%20CLINICAL%20EVALUATION%20OF%20UNDERGRADUATE%20STUDENT%20rev.%2010.12.16.pdf>

PRECEPTOR EVALUATION OF A GRADUATE STUDENT

https://docs.google.com/document/d/1aD6gYO2ovs613t_VgiUKum5getBRLldimm7xm33Evy4/edit

FOR COURSE FACULTY

CLINICAL SITE VISIT <https://docs.google.com/document/d/1CC97VfV-Lvmt4AwYLk1XTmix5BYB1ZZk9VfFQUplTul/edit>

FOR STUDENTS

STUDENT EVALUATION OF CLINICAL AGENCY/SITE

<https://nursing.stonybrookmedicine.edu/sites/default/files/Student%20Evaluation%20of%20Clinical%20Agency%20Revised%204.27.16.pdf>

STUDENT EVALUATION OF CLINICAL PRECEPTOR

<https://nursing.stonybrookmedicine.edu/sites/default/files/Student%20Evaluation%20of%20Clinical%20Preceptor.pdf>

XII. REFERENCES

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