

# **A MANUAL FOR PRECEPTORS of NURSE PRACTITIONER STUDENTS**

**Stony Brook University School of Nursing  
Nurse Practitioner Programs**

*Dedicated to the many preceptors throughout the world  
who have worked with Nurse Practitioner students from  
Stony Brook University*

*Thank you for your dedication, commitment, patience,  
humor, perseverance and clinical expertise*

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## INTRODUCTION

Preceptors are the most important teachers in providing a solid clinical experience for nurse practitioner students. Preceptors help to synthesize the didactic information into the clinical arena where students are given the opportunity to develop their own standards and strategies for independent clinical practice. Preceptors provide a learning atmosphere where students can refine their clinical skills, increase their knowledge base and practice efficiency. The preceptor's continuing support, feedback and evaluation will help the student achieve mastery to become independent nurse practitioners (Burns et.al, 2006).

Precepting students in the clinical arena is a special form of teaching, involving both formal and informal methodologies. We have all had teachers throughout our life time that we remember with fondness. They are the ones who seem to be gifted, and had an almost instinctive knowledge of how to help someone learn. If we try to categorize what makes us feel this way about a particular teacher, we'd probably come up with a variety of qualities:

- Those willing to give of themselves
- Those willing to share knowledge, yet encourage self-learning and independence
- Those who are humble, able to put the spotlight onto the students
- Those who are nonjudgmental, allowing all students to be themselves, who help the students' qualities to shine
- Those who use positive, rather than negative, reinforcement
- Those who are flexible, allowing students to do things their way, even if that isn't the teacher's way

(Adapted from Snow, Rouhanna, Cunningham, 2000)

A list of the characteristics of the expert clinical teacher is provided by Raisler (2003):

- Competence
- A broad base of knowledge in their chosen field
- Enjoyment of teaching and patient care
- Respect for students and patients
- Accessibility and supportiveness
- Being well-organized
- Giving clear direction to students about what is expected
- Limiting the amount of content that they teach in a given encounter
- Teaching in a practical, engaging manner
- Providing frequent, nonthreatening feedback
- Preparing materials and planning teaching experiences ahead of time
- Taking advantage of teachable moments that arise in the clinical setting
- Teaching at the student's level
- Continuously reflecting on their teaching successes and failures
- Remaining open to change and experimenting with new approaches

## THEORIES OF LEARNING

### Student-Teacher Relationships

Precepting students is a dynamic process. It rewards both the preceptor and the student with growth for which both are responsible. Paulo Freire (1997) analyzes the student-teacher relationship. Freire views education as a method of awakening social consciousness. In this process both the student and the teacher simultaneously become learners. "Through dialogue, the teacher-of-the student and the student-of-the-teacher cease to exist and a new term emerges--teacher-student with students-teachers. The teacher (or preceptor) is no longer merely the one-who-teaches, but one who is taught in dialogue with the students, who in turn while being taught also teaches. They become jointly responsible for a process in which all grow" (p. 61).

Dialogue is a powerful tool of education. In the educational relationship the students-teachers/preceptors need to be viewed as equal knowers in the experience of determining what is to be learned. The educational dialogue is more than an exchange of words; it is a relationship built on trust, and faith that trust is possible in the relationship.

A preceptor-student relationship of trust is critical to a successful clinical experience for both the preceptor and the student. Preceptors trust the student will obtain the requisite scientific basis for practice prior to the clinical experience. Students trust the preceptor's goal is a quality clinical experience for the student. Often, this relationship develops into a more expanded relationship of mentorship.

Preceptors (teachers) and students bring to a learning relationship or dialogue a multitude of experiences, values, attitudes and skills. The learning dialogue is facilitated not only by trust but also by understanding how both learners learn best.

Students become responsible participants in their own cognitive activities with a goal of becoming self-sufficient problem solvers. The question for the teacher then becomes how do we arrange the environment for students so the learners are active participants in the process, evaluating and changing their own learning processes to achieve new skills, insights, outlooks, or thought patterns.

(Adapted from Snow, J., Rouhanna, N. and Cunningham, V. (2000), *A Manual for Preceptors* (2<sup>nd</sup> ed.).)

## **MASTER OF SCIENCE NURSE PRACTITIONER PROGRAMS**

### **CLINICAL PLACEMENT OVERVIEW**

The Master of Science Nurse Practitioner Programs include precepted clinical placements that provide the opportunity for graduate students to gain experience in applying the knowledge they have acquired throughout their didactic and experiential course work. In addition to School of Nursing faculty, these practicum experiences are supervised by volunteer clinical preceptors who have demonstrated expertise relative to the students' educational program.

Students will be enrolled in clinical theory courses throughout their clinical placement. The preceptor plays a significant role in evaluating the student's clinical performance and will complete a Clinical Performance Evaluation form (see Appendix I) at mid-semester and end-semester (see Appendix II) that documents 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.

Students will accumulate clinical hours or experiences as specified in the course outline. The preceptor and faculty member will document the completion of clinical hours and experiences on the Clinical Evaluation form.

### **STUDENT RESPONSIBILITIES**

1. Assumes responsibility for maintaining updates on all required health, malpractice, and other required forms.
2. Presents preceptor with preceptor information packet.
3. Reviews course objectives, clinical evaluation and calendar of activities with faculty and clinical preceptor.
4. Develops personal learning objectives consistent with course objectives.
5. Establishes dates and hours that correspond to the preceptor's availability and clinical site schedule.
6. Reports to the clinical site on time and in appropriate professional attire.
7. Wears ID student name badge and university patch.
8. Notifies preceptor and faculty if unable to comply with 5, 6, or 7.
9. Participates in orientation specific to each clinical site as required.

10. Adheres to standards and scope of professional practice.
11. Demonstrates professional behavior and conduct with preceptor, population foci, families and other health care participants in the clinical setting.
12. Discusses progress with preceptor in meeting course objectives and communicates to faculty on that progress.
13. Maintains a weekly calendar of activities and has preceptor sign off at the end of each monthly experience.
14. Reviews the mid-semester and end-semester Clinical Evaluation form with preceptor. Preceptor and student both sign the form.
15. Provides hands on experience at each clinical encounter.
16. Returns the original signed evaluation form and clinical calendar of activities to faculty.
17. Completes all clinical and didactic work in a timely manner and submits written clinical logs to the course faculty within the designated time frame.
18. Complete all aspects of the course within the designated time frame.
19. If you encounter a problem at any time in the clinical site or with your preceptor, follow the guidelines stated in “**PROCEDURE STUDENTS SHOULD FOLLOW WHEN A CLINICAL PERFORMANCE PROBLEM OCCURS**” (see page 15).

## **PRECEPTOR RESPONSIBILITIES**

PRECEPTORS ARE REQUESTED TO SUBMIT A CURRENT RESUME/CV AND FILL OUT THE ENCLOSED PRECEPTOR INFORMATION FORM. THE MATERIALS SHOULD BE SENT TO THE UNIVERSITY PRIOR TO THE ONSET OF THE PRACTICUM EXPERIENCE.

1. Completes preceptor information form and returns via e-mail or fax to the School of Nursing prior to the start of the student practicum.
2. Reviews course objectives, Clinical Evaluation Form and Clinical Calendar with student.
3. Establishes dates and hours with student for the clinical experience.
3. Facilitates a collaborative and mutually respectful environment for the student's learning experience.
4. Provides valuable and evidence-based learning experiences with appropriate patient populations drawing on the student's past experience and education.
5. Has the student present each patient in a complete and organized fashion.
6. Meets with the student on a regular basis to plan experiences, mentor learning, provide supervisory feedback, and promote attainment of the student's learning objectives.
7. Provides 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, the facility personnel and the patients and patients' families.
8. Discusses the student's progress toward objectives with the student and the student's professor (via telephone or e-mail, and at on-site visits) as often as necessary to appropriately guide the student's learning.
10. Notifies course faculty immediately of any concerns about student behavior, clinical skills and/or progression. Faculty can be reached via telephone and/or e-mail
11. Provides direct supervision during clinical experiences to ensure appropriate clinical performance and to promote skill development.
12. Completes a mid-semester and end-semester Clinical Performance Evaluation (see Appendix I and Appendix II respectively) and discusses each evaluation with the student, allowing the student to enter comments on the forms. The preceptor and student sign each evaluation.



13. Signs the student's clinical calendar.
14. Submits both original forms (Clinical Evaluation form and Clinical Calendar) to course faculty.
15. Please contact the course faculty to provide verification of the number of hours you served as a preceptor for recertification purposes.

## **COURSE FACULTY RESPONSIBILITIES**

1. Meets with preceptor (on-site, via telephone, and/or e-mail) upon initiation of the clinical experience to provide information regarding the program in general and the practicum experience specifically. Reviews preceptor information form.
2. Reviews and approves the student's learning objectives.
3. Meets (on-site, via telephone and/or e-mail) with the student and the assigned preceptor whenever it is deemed necessary, by the preceptor or the student, to ensure the maintenance of a learning environment conducive to attainment of the identified clinical objectives.
4. Guides the student on a continual basis through the clinical practicum by utilizing written clinical logs and other didactic assignments related to the clinical experience.
5. Provides evaluative feedback to the student regarding the practicum experience on an ongoing basis.
6. Reviews clinical evaluation form and student's calendar of activity.
7. Assumes responsibility for the student's final grade.
8. Course faculty may be requested to provide preceptors with documentation of the number of hours they served as preceptors.

## **BEFORE CLINICAL TEACHING BEGINS**

### **Meeting With The Student**

Whenever possible, preceptors and students should meet before clinical begins. This can be done via a telephone conference if the student will be traveling to get to the site and can't arrange a visit in advance.

At the pre-clinical meeting, besides getting to know each other a bit and becoming comfortable, preceptors can share their expectations with the student. It is also a good time to review the schedule of the site and make certain that the student can meet this schedule. If your practice or service cannot accommodate students who work, that must be made clear. Before clinical begins is the best time to decide that you and the student will not be able to work together—for personal or practical reasons.

Give students the dates for rounds or other meetings or conferences regularly offered and invite them to attend. Describe the expectations for dress. Let students know what textbooks and other resources are available and what they may want to bring with them.

Before the student comes to your site, you should review what your expectations of his/her learning will be. If you expect more than the student is prepared for, this should be discussed with the faculty member responsible for the particular student. The faculty will be able to evaluate whether your expectations differ from those of the educational program and attempt to develop a plan to meet the site expectations or whether the problem lies with the particular student's inability to master the necessary requirements.

Five questions/information to obtain from a student before the student begins their clinical experiences:

1. What are student's learning goals for this experience?
2. How much experience does the student already have in this clinical area?
3. Which skills has the student had experience with?
4. A brief discussion of expectations of each other.
5. Reassurance that you are there to help the student learn and that you will ensure the safety of the patient.

## **STUDENT OBJECTIVES**

A tenet of adult learning is that learners should define their own learning objectives. A learning objective is a statement of what the student should be able to do at the end of the course of training (Fabb, Heffernan, Phillips, & Stone, 1976).

The preceptor can help the student clarify learning objectives. One approach is to use the evaluation tools provided by the student's educational program and discuss or highlight all needed skills. You can discuss with the student what you consider to be essential skills in the particular setting and for the particular clinical experience you offer.

### **Evaluation of Student's Daily Performance**

Students should be expected to think in terms of the management process.

The preceptor needs to evaluate the student's use of the management process, evaluating whether the student is using critical thinking to make appropriate assessments, and develops appropriate management plans. Students need to present each patient to the preceptor usually after the history-taking, and/or after the physical examination. The management plan needs to be discussed with the preceptor before the patient is discharged or leaves the office or clinic.

The concept of differential diagnosis, while not traditionally included in the steps of the management process, is another important teaching tool. Students should always be thinking about the possible diagnoses presented by the patient's symptoms or complaints. As the student collects more data the differential diagnoses first becomes larger, and then begins to narrow down. Thus, the management process becomes dynamic—the basic data base leads the student to consider the possible diagnoses (known collectively as the differential) which cause the student to return to the data collection step to get more specific information to hone in on the appropriate diagnosis. Sometimes this requires more than one visit as the plan for the day involves further data collection eg. ordering laboratory tests. If students understand the process as a dynamic, non static process, they can more easily recognize its sometimes overlapping steps.

Case presentations may be difficult for students whose thinking is scattered or who tend to be introverted learners. All students need to understand that the only way the preceptor can be sure that the student has considered all possibilities in assessment and patient care, is to discuss their findings, assessments, and plans. When there are options in management—as there often are—the student should be encouraged to identify them and discuss why they chose a particular option.. Helping beginning students think through the risks and benefits of various management choices is an important function of the preceptor. This is especially important to prepare students for a multitude of work settings. While varying plans should be acceptable to the extent that the site permits this, the student should be assured that only safe plans will be implemented.

## **Selection of Patients for the Student Encounter**

A preceptor often has a relationship with the patients the student will be seeing and the preceptor has the expectation that this relationship with the patient will continue long after the student has completed the rotation. This patient relationship may be advantageous to the preceptor's selection because it may allow the preceptor to gauge which patient will be most receptive to the student or may provide the better educational experience.

## **FEEDBACK AND EVALUATION**

### **Preceptor Feedback**

Evaluation of the student occurs ongoing (formative) and at the end of the clinical rotation (summative). Evaluating or critiquing a performance may produce anxiety for both you and the student.

Feedback should be:

- as specific as possible
- positive when deserved
- not demeaning when critical
- understandable
- about things which can be changed
- well timed
- descriptive rather than judgmental

Formative evaluation should:

- be based on systematic observation
- emphasize change in behavior and progress toward a goal
- be paraphrased by the learner to see if it is understood
- be conducted in an unhurried 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.

## **MID-SEMESTER AND END- SEMESTER EVALUATION**

The evaluation forms utilized by each of the Nurse Practitioner programs at Stony Brook for mid semester (formative) and end (summative) evaluation in the clinical area are included in this manual as Appendix I and Appendix II respectively. These evaluations are to be filled out by the preceptor. The preceptor fills out the form and should discuss it with the student. The student can add comments. Both the preceptor and student must sign and date the form. One of the most important skills students can learn is self reflection and self-evaluation. Once students leave the safe environment of student-hood, they become totally responsible for their actions. The only way they can continue to be safe practitioners is to engage in continual, lifelong education, self-reflection and self evaluation.

## **WORKING WITH THE STUDENT WHO HAS PROBLEMS**

Occasionally a preceptor may encounter a student who is performing less than optimally in the clinical arena. The student may realize that a problem exists or may be unaware that the preceptor perceives there to be a problem. One of the important considerations when dealing with poor clinical performance is to identify the problem as early as possible and quantify the frequency of the problem. In doing so both participants (preceptor and student) become aware of the problem, agree that indeed it is a problem, and can develop a plan to address the problem. A serious problem needs to be reported immediately to the student's faculty. Please complete the Clinical Performance Problem Identification form and submit to faculty (Appendix IV)

Any time the preceptor suspects a clinical problem, the student's faculty should be notified. At that time, a meeting will be arranged to confirm identification of the problem and a clinical performance contract will be initiated if necessary.

## **PROCEDURE STUDENTS SHOULD FOLLOW WHEN A CLINICAL PERFORMANCE PROBLEM OCCURS**

From time to time, students have problems in their clinical sites. It may be a scheduling problem, a problem relating to a discrepancy in the teaching-learning style of the student and the preceptor, a communication problem, a misunderstanding regarding expectations -- any number of problems may arise. The faculty of the Stony Brook University Nurse Practitioner Programs would like students to adhere to the following guidelines:

1. Remember, always, as students you are guests in the institution and that the preceptors have chosen to work with students because of their individual commitment to the profession and/or to a particular student.
2. Whenever possible, speak to your clinical preceptor about the problem. Be open and honest, but non-confrontational. Express a willingness to resolve the problem and to compromise as necessary. You are not expected, of course, to compromise away your principles.
3. If you cannot discuss the problem with the preceptor or you cannot reach a resolution, bring the problem to your faculty. This can be done via email or telephone. Bear in mind, however, that the faculty may find it necessary to speak to the clinical preceptor, and/or Program Director. Faculty will discuss this with you before speaking to anyone else. You may be asked, at this point, to attend a meeting with any or all of these individuals.
4. It is usually in the best interests of the student and site to resolve problems. If this is not possible, be prepared to change clinical sites, following appropriate guidelines to be discussed with your faculty.

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