Preceptor Handbook

Graduate Programs
Department of Nursing Science
Saint Mary’s College
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Introduction

Thank you for agreeing to be a preceptor! This handbook has been developed to assist you in this role. In serving as a preceptor to an FNP student from Saint Mary's College (SMC) Department of Nursing Science Graduate Program (DNS), you have the unique opportunity to make a profound professional impact. Your advanced knowledge, your skills and your attitude provide an important component to the developing competency in the professional nurse under your guidance who is studying to be an advanced practice nurse/FNP and will hold a DNP upon graduation.

Please review these materials. It is important to familiarize yourself with and become comfortable with this information. If you have any questions, please do not hesitate to contact us. Faculty from our DNP program will be in contact with you as well and we look forward to working with you. Our community partners are an essential component of the DNP program and the educational process for our students.

The information provided in this handbook will explain the responsibilities of the preceptor, nursing faculty, and the student that support achievement of the goals of all of the clinical practicum courses including student evaluation. SMC and the Department of Nursing Science clinical policies related to specific clinical issues are available through the SMC online directory to various resources, including the Department of Nursing Science link: https://grad.saintmarys.edu/academic-programs/doctorate-nursing-practice

Saint Mary's College
Department of Nursing Science
(574) 284 4000
FAX (574) 284 4810
About Saint Mary's College Department of Nursing Science (DNS)

Description of the Doctor of Nursing Practice Program

The Department of Nursing Science offers an innovative Doctor of Nursing Practice program that includes the preparation of advanced practice nurses as family nurse practitioners. The doctoral program prepares nurses to provide health services at the highest level of clinical nursing practice and to develop leaders who can make a difference in the nursing profession and in health care outcomes.

The DNP program includes a minimum of 1090 supervised hours of clinical experience. The program incorporates innovative courses in the curriculum including: NURS 600: Communication and Relationship Centered Leadership; NURS 612: Social Entrepreneurship and the Business of Health Care; and NURS 670: Data Analytics and Outcomes Improvement. These courses provide a strong component of the DNP capstone work which is titled a practice innovation project. Students complete their project over a six semester sequence during years 3 and 4 of the program (NURS 701, 702, 703, 704, 705, 706). The program incorporates professional standards and guidelines from The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2008), the Criteria for Evaluation of Nurse Practitioner Programs, (NTF, 2012) and the Nurse Practitioner Core competencies (NONPF, 2012). Graduates of the DNP program will be eligible for FNP national certification through the American Nurses Credentialing Center.

Mission of Saint Mary’s College:

The College Mission statement reads: Saint Mary’s College is a Catholic, residential, women’s college in the liberal arts tradition. A pioneer in the education of women, the College is an academic community where women develop their talents and prepare to make a difference in the world. Founded by the Sisters of the Holy Cross in 1844, Saint Mary’s promotes a life of intellectual vigor, aesthetic appreciation, religious sensibility, and social responsibility. All members of the College remain faithful to this mission and continually assess their response to the complex needs and challenges of the contemporary world.

Mission of the Department of Nursing Science

The mission statement of the College guided the development of the mission and program outcomes for the DNP programs. The Mission of the Department of Nursing Science is as follows:

**Congruent with the Mission of Saint Mary’s College, the Department of Nursing Science is a learning community comprised of students, faculty, staff, and health care professionals who support each other in the preparation of competent, confident professional nurses at all levels who will assume leadership roles in the promotion of health and healing within diverse communities and health care systems. The learning community promotes scholarship, the use of critical thinking, spiritual inclusion, and ethical decision making in clinical practice, life-long learning, and an obligation for social responsibility and service for vulnerable and underserved individuals, families, and communities.**

Organizing conceptual model

The following conceptual model shows the concepts that guide the nursing curriculum at SMC.
This model was developed as a systematic organization of concepts which are the essential components for the curriculum, the program outcomes, and individual course learning outcomes. The model serves as a guide and provides direction for faculty to organize nursing knowledge into nursing courses, clinical experiences and independent studies. The model also provides an example of program progression that leads to the completion of program outcomes for students who are able to apply advanced knowledge and advanced nursing practice skills to improve health outcomes. Definitions of the concepts included in the conceptual model in the appendix of this handbook.

Goals and Program Outcomes

Major Goals

The major goals for the DNP programs grew out of faculty discussion about what the programs would contribute to the nursing profession and to the health of the public. The discussion focused on the challenges to the needs of the nursing profession and to the complex, evolving health care systems resulting from the Patient Protection and Affordable Care Act. Also, the discussion
recognized the need for overarching goals to be congruent with the mission of the College and of the DNS. The major goals for the program are:

1. To educate professional nurses who demonstrate ethical leadership and vision while using effective communication and data-base, innovative strategies to transform health care systems, improve nursing practice through translation of evidence, and improve health outcomes.

2. To educate professional nurses to advocate for social justice, to work to decrease health disparities, to increase access to health care, and to embrace human differences that include cultural and spiritual uniqueness and the dignity of all people.

3. To educate professional nurses to become family nurse practitioners who will practice both independently and collaboratively as members of health care teams to provide direct, and state of the art healthcare to improve the health of individuals, families, and communities

**DNP Program Outcomes**

1. Demonstrate communication and collaboration skills within intra-professional and inter-professional teams to create change in health care and complex health care delivery systems.

2. Synthesize and apply scientific evidence for the development, implementation, and evaluation of clinical interventions for advanced nursing practice

3. Provide advanced evidence-based clinical care management within a collaborative, cultural and spiritual context for individuals, families and/or populations.

4. Advocate for social justice, equity, and ethical policies in health systems, population health initiatives, and evidence-based health policy initiatives through collaboration with other health professionals and stakeholders.

5. Apply business and entrepreneurial strategies for meaningful quality improvement and efficient use of resources within healthcare environments.

6. Demonstrate leadership in the use of current and emerging health and data analytic technologies to evaluate and improve outcomes in health care delivery and organizational systems.

The DNP program outcomes are congruent with *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN 2008)* and the *Nurse Practitioner Core Competencies (2012).*
The Preceptor Role

The most important characteristic of a preceptor is to allow a student to integrate the theoretical knowledge and skills learned in the DNP program with the actual experience of functioning as an DNP (FNP) in a supervised environment. As a preceptor, you serve as a mentor, evaluator, and role model for the student for her/his developing role as an advanced practice nurse who hold a DNP degree.

As a preceptor, you will be allowing the student to work directly with you in the planning, providing, and evaluating patient care or a project under your supervision. There will not be a DNS nursing faculty on site with you but the faculty members will be available by telephone and electronic media as needed. The faculty member will provide you with their personal contact information. You and the student will decide which specific learning experiences need to take place to meet the student’s professional goals and the learning outcomes of a particular course. In the rare event that potential issues arise related to safety, professional misconduct, or possible chemical impairment, the DNS has developed policies for appropriate actions as a response. As soon as the preceptor contacts the DNS nursing faculty member with concerns, the situation will be immediately addressed. Personal safety for all individuals involved is paramount.

Student Evaluation Process and Guidelines

The following clinical evaluation guidelines are provided to help you with the evaluation process for our DNP students. The students are using the Typhon systems to maintain their clinical records (https://www.typhongroup.net/easi/login.asp). The DNS students, DNP director and FNP program coordinator will be available to assist with any questions that might arise about this process. The clinical evaluation tools were developed using The Essentials of Doctoral Education for Advanced Nursing Practice (AACN 2008) and the Nurse Practitioner Core Competencies (2012).

FNP Student Evaluation Process

The FNP clinical evaluation tool should be used in NURS 724, NURS 722, NURS 725, NURS 710, NURS 330, and NURS 770. We encourage on-going feedback and formative evaluation between the preceptor and the student throughout the course, a mid-course evaluation between the preceptor and the student, and require a final evaluation that will include the student, preceptor, and course faculty. Course faculty are available to the preceptor at all times for questions and concerns. Students must demonstrate competency in all required areas found in the course clinical syllabus to pass a clinical course. The following provides a general overview of the progressive nature of student FNP role attainment. Additional information regarding specific course outcomes will be available to you in the course syllabus that you will receive.

Student Progress and expected outcomes:

- First clinical courses: (NURS 724 Advanced clinical studies: Population based Mental Health Care Across the Lifespan (60 clinical hours): Students in their first clinical course will require close preceptor guidance but should demonstrate an increased level of competence in caring for individuals with mental health issues. They should focus on diagnostic reasoning and decision-making, communication skills, documentation, appropriate consultation and referral, and professional role development. Students should translate knowledge of pharmacology into medication management of individuals with chronic or acute needs. Students should be able to practice acute/and follow up histories and focused physical assessment, complete physical exams, skills, and procedures when
Second clinical course: **NURS 722: Advanced clinical studies: Primary Care management of adults and older adults (120 clinical hours):** In their second clinical course, students are expected to transfer new knowledge from their theory courses into their clinical practice. For example, the student should be able to assess and communicate mental health issues of their patients. They will continue to need close preceptor guidance as they again focus on diagnostic reasoning and decision-making, communication skills, documentation, appropriate consultation and referral, and professional role development. Students should be able to demonstrate increasing independence, comprehensiveness and proficiency in caring for an adult population with minor acute and chronic illness. Students should be able to transfer their knowledge of pharmacology and pathophysiology in their assessment and management plan based on developmental needs of the patient..

Third clinical course: **NURS 710 Advanced clinical studies: Primary care management of reproductive health (120 clinical hours):** Students are expected to transfer their knowledge of mental health concerns, pharmacology, physiology, and primary care of adults and demonstrate a progressive and increased level of independence, depth in assessment, and management and evaluation of patient and family related problems. Students will require preceptor guidance as they acquire new skills required for women’s health care.

Fourth clinical course: **NURS 730 Advanced clinical studies: Primary Care of children and adolescents (120 clinical hours):** Students are expected to transfer their knowledge of mental health concerns, pharmacology, pathophysiology, communication, to the assessment and care of children and their families. Students are expected to demonstrate increased competency and independence in patient assessment and management plan development appropriate for the age of the child. Students are expected to demonstrate competence as a member of an inter professional team.

Fifth Clinical Course: **NURS 770 Clinical residency in primary care of families (240 clinical hours):** Students should demonstrate a synthesis of clinical knowledge and skills acquired in in their four major clinical courses that prepare them to care for patients of all ages. They should demonstrate a level of independence, depth, competence and proficiency in clinical skills, communication skills, and the management of patient related problems of a novice nurse practitioner. Students should demonstrate the use of best practices and evidence to support their plan of care and evaluate patient outcomes. Finally, the student should demonstrate professional, ethical role competences and appropriate actions as a member of an inter professional team; provide patient and family education; demonstrate leadership at the point of service and within the organizational system; and apply knowledge of health policies that impacts the environment and access to care for all patients across the lifespan.

An important aspect of preceptorship of an FNP/DNP student is the active involvement of the preceptor in the student evaluation process. The provision of timely feedback is very beneficial to student learning and promotes the FNP/DNP student’s improvement over time. Preceptor evaluation of the FNP/DNP student is coordinated by the course faculty who is also available to help preceptor’s complete the evaluation tool as needed.

The evaluation of the FNP student’s performance with both positive and constructive feedback is encouraged as a regular occurrence as you work with the student. As a preceptor you will be in the best position to provide direct feedback to the student. Therefore, we encourage: 1) the
development of a clear and specific plan of care by the student; 2) the plan must be discussed with you prior to implementation of the plan by the student; 3) The student will evaluate the outcome of the implementation of her plan through discussion with you. It is important that you engage in ongoing communication with the FNP student as you share the responsibilities for safe patient care. Forms that are to be used in the evaluation process are available in the appendix to this document.

**DNP Practicum Innovation Evaluation Process (NURS 701, 702, 703, 704, 705, and 706)**

The evaluation process of the supervised DNP clinical hours is congruent with the evaluation process of supervised FNP clinical hours. Throughout the Practice Innovation Project work, the student will be responsible for communicating with their Project Chair and member(s) of their committee. As a preceptor, you may be invited to participate in the Practice Innovative Project process as a committee member if you are interested. The practice innovation learning outcomes and supportive materials are available for you in the appendix to this document.

Toward the end of the FNP specific or DNP specific clinical experience, the student will have the opportunity to self-evaluate their learning experience, the clinical site, and complete a preceptor evaluation form. These are submitted directly to the DNS faculty member that you have been working with during the course. We encourage the student to share their clinical site with you and course faculty will ensure that you receive a copies of all evaluation materials and have an opportunity to discuss the evaluation with the faculty if you desire. A copy of the forms the student will use are included for your review in this handbook.

You will also be asked to complete a summative evaluation form of the student's progressive growth and professional development during your preceptorship at the end of the course. This form will be submitted directly to the DNS faculty. Process:

- The student will arrange and attend an evaluation meeting between their faculty member and their preceptor at which time the evaluation will be shared and discussed.
- Whenever possible, students should schedule an evaluation time that works for both you and for their faculty member.
- The student will be responsible to set up the computer or conference call to bring everyone together for a conversation with a final evaluation for the course.
- A copy of the evaluation form you will use is included for your review in this handbook. The actual form will be completed electronically and submitted to the faculty of record via computer.
- Course faculty will meet with the student as needed.

Although the DNS provides no financial compensation for your preceptorship at this time, the College and the DNS acknowledges your participation in this program and graciously appreciates your endeavors in furthering the development of advanced practice nursing. If you are interested in pursuing adjunct faculty status at SMC, we would be happy to discuss this with you. Again, we appreciate your willingness to promote the education of future advanced practice nurses (APNs). It is a valuable contribution that we hope will also be personally and professionally satisfying for you. Many thanks!

**Preceptor Policy**

The Department of Nursing Science graduate program uses the preceptor guidelines provided in the *Criteria for Evaluation of Nurse Practitioner Programs* developed by the National Task Force on Quality Nurse Practitioner Education (2012). The DNS defines preceptors as a qualified
advanced practice nurse or physician who works one-on-one with FNP/DNP students at a
clinical site congruent with their area of clinical expertise to promote the attainment of the FNP
and DNP learning outcomes. For certain specialty rotations, our students do work with other NP
specialties and with certified nurse midwives (CNMs); the same requirements apply to those
APNs. Our students can be precepted by physicians (MD, DO) who are generally family practice,
but may be from other specialties for certain rotations that the students may complete to meet
their learning goals such as hospital administrators.

In order to serve as a preceptor, the following criteria must be met:
• Have educational preparation and/or clinical experience in the area in which they are
  providing clinical experience
• A new practitioner must have a minimum of one year of experience in the practice area and
  professional role before they are eligible to serve as a student preceptor.
• The preceptor must provide credentials including national certification for a nurse practitioner
  preceptor, evidence of current licensure, educational level, the number of other students they
  are currently perception, and a description of their clinical site and patient population.
• Physician preceptors must be currently licensed in the state where they practice. No one
  serving as a preceptor for FNP/DNP students can have an encumbered license.
• In general DNP/ FNP preceptors will have their master’s degree, but there are highly
  experienced preceptors who may not have their master’s degree in nursing who also serve
  as preceptors for our FNP or our DNP practice innovation students.

SMC nursing faculty members, working in tandem with the clinical agency, determine the
appropriate preceptorship experience for the students. Preceptors are utilized in FNP primary
care clinical and DNP courses to serve as role models, mentors, and direct supervisors of
students at clinical sites. Preceptors do not replace nursing faculty, but work closely with
nursing faculty in facilitating student success. Nursing faculty members maintain the
responsibility for the final evaluation of the student, however, will request specific input from the
preceptor.

Nursing course faculty are responsible for developing guidelines specific to the course for the
preceptor to follow. Specific nursing faculty, preceptor, and student responsibilities are
discussed in the following pages.

Nursing Faculty Responsibilities

In order to be consistent with the Saint Mary's College Department of Nursing Science family
primary care clinical course preceptorships, and the Indiana State Board of Nursing rules on
the preceptorship experience, for clarification of roles, the following pages summarize the SMC
nursing faculty, preceptor, and student responsibilities:

The SMC nursing faculty role and responsibilities:
1. Faculty members are responsible for ensuring that the clinical contract between the
   SMC/ Department of Nursing Science and the clinical agency is in place.
2. Assume responsibility for the over-all coordination of the student’s clinical experience to
   meet the family primary care clinical course learning outcomes.
3. Assure that the student has demonstrated competencies for the level of progression in
   the FNP program.
4. Provide assistance in the orientation of the preceptors for the clinical course.
Orientation will include at least the following: a review of the Mission, goals and curricular outline of the program, student objectives, course learning outcomes, course outline, role and responsibilities of the faculty, preceptor and student, performance expectations of the student, evaluation responsibilities, avenues of communication, student assignments and expected initial level of knowledge, skills and abilities of the student.

5. Faculty members will ensure that students have all the required health documentation for the assigned healthcare agency.

6. Faculty members will ensure in cooperation with the clinical site that students have documented knowledge of the safety requirements for the assigned healthcare agency.

7. Provide the preceptor with access to the family primary care didactic and clinical course syllabi, designated course objectives, course outcomes, and guidelines for assisting the student in achieving these outcomes.

8. Establish and maintain communication with the clinical preceptor and the student.

9. Be available to the clinical preceptor and student during the course, either physically or electronically.

10. Meet with the student and the preceptor to discuss the student’s progress and exchange ideas and/or counseling/suggestions to better achieve outcomes. These meetings may occur in person, by phone, or by e-mail.

11. Course faculty, incorporating data from discussions with the student, preceptor and preceptor written documentation, will provide the final student evaluation and assignment of performance rating, or grade.

12. Provide the student with the opportunity to evaluate the preceptor, clinical experience, and the clinical agency.

13. Discuss with the preceptor any information from the student concerning ways to improve the clinical experience for future students.

14. Faculty members are responsible for having students sign a statement of confidentiality and a statement of responsibility for the clinical courses.

**Preceptor Responsibilities**

The preceptor’s role and responsibilities:

1. Ensure the completion of the Clinical Affiliation Agreement. Maintain a current RN or physician license and NP certification.

2. Provide verification of current licensure and certification to SMC-DNS.

3. Provide a current curriculum vita or resume' to SMC-DNS that will be kept on file for purposes of accreditation. Provide contact information to the student and clinical faculty.

4. Be familiar with the information provided regarding the AACN Doctoral Essentials ( ) and the program outcomes and encourage the student to seek new clinical learning opportunities as the session progresses.

5. Serve as a role model as a clinician/practitioner, teacher, and mentor.

6. Supervise no more than one student in the clinical setting. Two students can be supervised as long as the preceptor is not seeing patients (except ones the students are seeing) during the precepting time.

7. Document and report immediately to the course nursing faculty any unprofessional behavior or breach of contract by the student.

8. Collaborate and negotiate times, dates, and appropriate clinical experiences with the
nursing faculty and the student for the clinical experience.

9. In the case of preceptor absence, make arrangements for a qualified back-up preceptor, with notification of the course nursing faculty.

9. Orient the student to the clinical practice setting, including identification of facility policies, procedures, and all required safety and learning modules.

10. Provide feedback, to the student and nursing faculty, information related to the student's ability to conduct organized and safe advance practice nursing/FNP care, with specific suggestions that will assist and improve student performance to achieve the clinical outcomes.

11. Assist clinical course nursing faculty with a formal evaluation of the student's progress at the end of the clinical experience.

12. Complete the Preceptor Evaluation of the preceptorship program, including suggestions for clinical course improvements, and submit it to the nursing faculty at the end of the semester.

Suggestions for orienting the student to your practice site or your organization.

1. Orient the student to physical space, staff, flow of patients and policies.
2. Orient the student to documentation method used at the clinical site such as charts or electronic medical records.
3. Allow the student to shadow you for two patients unless the student has worked with you previously.
4. Provide instructions on your preferred method for reporting on patients to you.
5. Meet with the student regularly to provide feedback on student performance.
6. If you identify weak areas, please discuss the performance with the student and contact the faculty.
7. Enjoy and be ready for lots of questions!

**Student Responsibilities**

The student’s role and responsibilities:

1. Adhere to all clinical agency policies and procedures.
2. Adhere to all Department of Nursing Science policies, ANA Standards of Practice, ANA Code of Ethics, and the Nurse Practice Act of the state within which the clinical experience is occurring. Failure to exhibit integrity, ethical conduct, professional standards, or any violation of the responsibilities listed herewith may result in a failing grade and/or dismissal from the DNP program and the College.
3. Comply with all health documentation and other professional requirements of the clinical agency prior to the start of the clinical experience.
4. Dress in a professional manner as required by the DNS, course syllabi, and clinical agency dress code policy. Student will wear an official SMC student name tag at all times while at the clinical site.
5. Maintain patient confidentiality. Under no circumstance may records be removed from the agency. Comply with HIPAA standards per clinical agency and course syllabi policy.
6. Student conduct in the clinical setting must be in a manner which demonstrates safety, adherence to professional standards, and reflects positively upon the DNS.
7. Be prepared to work the day(s) and hours of the preceptor, and as agreed upon between the student, the preceptor, and the nursing faculty.
8. Provide preceptor with DNS Preceptor Handbook and all relevant clinical documents from SMC including a completed student profile, a clinical skills inventory, a brief resume of educational and professional background, and a learning contract.

9. Establish with the preceptor a schedule of clinical experiences and maintain clinical logs per course syllabi.

10. Attend all scheduled clinical days, or notify the nursing faculty and the clinical preceptor if an absence is necessary. Arrange for make-up time.

11. Collaborate with the clinical preceptor, and course nursing faculty, to develop specific learning goals for this clinical experience.

12. Students must demonstrate competence of APN skills to the preceptor prior to performing these alone.

13. Maintain the student FNP/DNP role. At no time is the student to assume a fully independent role in seeing patients without appropriate collaboration and reporting to the preceptor per the course syllabi.

14. Arrange appointments, either in person or electronically, with the course nursing faculty to discuss progress toward goal achievement.

15. Document and notify the nursing faculty immediately of any unprofessional behavior or breach of contract by the preceptor.

16. Maintain clinical logs per course policies and according to the course objectives. Participate in scheduled clinical site visits and clinical conferences with nursing faculty and/or preceptor. DNS is moving towards an online system for students to maintain their clinical logs using Typhon. Complete the Student Evaluation of Preceptor form and submit it to the nursing faculty at the end of the semester. The DNS is moving towards an online evaluation system.

If you are precepting a student in his/her FNP Residency course (NURS 700):

1. The student is to function as close to a graduate as possible. This means that the student should complete the patient workup as nearly as he/she is able to do and then report to you.

2. The student is to present a brief, concise patient review following a SOAP format. The student must include his/her differential diagnoses and final choice of diagnosis and other health needs and risks or his/her impression of the chronic illness or other health issue status.

3. The student must offer his/her management plan for the assessment list based on best evidence.

4. The student should be able to see acute illness and chronic illness follow ups in 20 minutes by week 8. Therefore, please start with this goal at the beginning of the experience. New chronic illness workups and complete health maintenance workups can be stretched to 30 minutes.
   a. Charting should be completed in five minutes and follow SOAP format and/or other methods used in your EMR. Logging into Typhon is extra and should be completed before you and the student leave the clinic.
   b. The student should be able to see whatever patient situation presents on your schedule except for those patients who you need to see personally. Complicated patients should be an emphasis; however, the student can see acute problems, women’s health (maintenance, GYN and prenatal) appropriate mental health
problems and pediatric well child and health problems.
c. The total number of patients seen per day can vary. The goal is that the student
will be able to see 16-18 patients by the end of the semester or at least the majority
of your scheduled patients.
d. The student should have opportunities to order and interpret labs and diagnostic
tests.
e. The student should have opportunities to write prescriptions or electronically order
meds.
f. The student should arrive and leave the same time that you are present so she
becomes accustomed to a regular practice day.
g. The student should be using references as much as possible so that she becomes
ready for her/her own practice.

If you are precepting a student in her/his DNP Practicum Innovation Project series (NURS
701, NURS 702, NURS 703, NURS 704, NURS 705, NURS 706):

1. Collaborate with DNS faculty to promote student success in the project and practicum
courses including achievement of course objectives and the steps of assessment,
planning, implementation and evaluation of a practice innovation project (Capstone).
2. Assist the DNP student in planning and preparation for the DNP project. We welcome your
input.
3. Orient the student to your organization, policies and procedures.
4. Orient the student to the IRB process at your institution.
5. Include the student in professional meetings within your organization as appropriate.
6. Negotiate regular meetings with the DNP student and provide feedback to support project
development.
7. Participate as a member of the student’s DNP project committee.
8. Have knowledge of the American Association of college of Nursing Document, The
9. Have knowledge of the program and course outcomes that support completion of the DNP
practice innovation project.
10. Students will document the clinical hours supervised by you in Typhon.
11. Collaborate with the student and the course faculty member in the ongoing and final
evaluation of the student.

Frequently Asked Question about Precepting

1. Should the student work with only one preceptor?

   Yes. Ideally, one preceptor should be assigned by the agency as the primary supervisor
   for the student. However, due to scheduling issues and clinical experience needs, a
   second preceptor may work with the student. With approval from the nursing faculty, the
   primary preceptor may assign the student to other NP or physician preceptors during
   the clinical experience, to achieve the course objectives in a timely manner.

2. How are clinical experiences chosen?
The DNP/FNP Track Coordinator and course nursing faculty works closely with healthcare agencies and the students for placement in the appropriate clinical settings that meet program requirements and student clinical experience needs. The clinical healthcare agency or the DNP student identifies as appropriate preceptor, with final approval from the DNP/FNP Track Advisor and/or course nursing faculty.

3. Can someone who does not work in the agency be a preceptor in that agency?

No. For the preceptor to effectively act as a mentor, she/he needs to be familiar with the agency and working colleagues.

4. How much time will be required of the preceptor?

Time requirements will vary depending upon the clinical course requirements. The first clinical course, NURS 724 (3 credit hours) is focused on Mental Health; students must complete a minimum of 60 supervised clinical hours. NURS 710 is focused on Primary Care and health promotion for reproductive health and students will fulfill 120 clinical hours for a total of 5 credits. NURS 722 which is Advanced Clinical Studies: Primary Care and Health Promotion for Adults and requires a minimum of 120 clinical hours and 5 course credits. The next clinical course is NURS 730 which is Advanced Clinical studies for Children and Adolescents for a total of 5 course credits and 120 supervised clinical hours. The final clinical series is NURS 770 which is a Clinical Residency in Primary Care of Families in which the student will complete 240 supervised clinical hours. At the completion of the program each student has completed a minimum of 1090 supervised clinical hours. It is suggested that at least a one half hour meeting with the student each week be planned to discuss patient cases, weekly goals/objectives, and student progress. The clinical hours are planned to be distributed across a 16 week semester. An example of typical time commitment is one 8 hour day per week x 15 weeks = 120 clinical hours.

5. Is the preceptor responsible for being with the student every minute of their clinical experience?

For FNP students, the primary preceptor is responsible for being with the student during their clinical rotation or to assure that the student is under the supervision of another qualified preceptor. Students are to see patients to complete the relevant history and physical exam. The student will present to the preceptor a brief (3-5 minutes) oral presentation on each patient seen using the SOAP format, and will collaborate with the preceptor on developing the assessment (diagnosis) and plan of care for the patient. See Progressive Expectations (in appendices) for each clinical course for description of clinical expectations for each semester of clinical practicum. Students will increase the number and complexity of patients seen and will assume more independence in formulating diagnoses and plans of care as they progress through the three clinical practicums. The expectation is that by the beginning of the fourth clinical practicum (NURS 730) students are able to see 12-15 patients in an 8-hour day, formulating diagnoses and plans of care with minimal preceptor collaboration, while at the same time giving a formal (but brief) oral presentation on each patient seen and seeking concurrence with the preceptor on the diagnosis and plan. Students will complete a patient clinical note on each patient seen and have it co-signed by the preceptor. Feedback on clinical notes will be provided to student by the preceptor.
6. Can students be precepted on evenings, nights and weekends?

Students will schedule their clinical days in collaboration with their preceptor and clinical nursing faculty. Clinical days will be Monday through Friday during regular business hours (7a-7p or variant thereof). Only with special permission of the course faculty may student clinical times be scheduled on week-ends or evenings.

7. What sort of support will the Department of Nursing Science provide to the preceptor?

Nursing faculty will conduct an individualized orientation for preceptors at the beginning of the semester (usually one-on-one with preceptor) for each course. Faculty will be available to the preceptors by phone, and/or electronically. The course faculty and DNP FNP student will ensure that the preceptor is supplied the appropriate clinical course paperwork.

8. Why would anyone want to be a preceptor?

Preceptors are an essential component of FNP educational programs and, along with their clinical practice sites, comprise our community partners without which our program could not exist. Precepting FNP students provides an exciting and challenging teaching/learning opportunity for clinicians. Preceptors actively participate in preparing future primary care clinicians for practice, especially for rural and underserved populations that are in need of quality health care. For many clinicians who precept FNP students, they understand this as an opportunity to give back as they were once students who also needed high quality clinical preceptors and clinical learning experiences.

Preceptors enjoy working with students who challenge their thinking and because of their sheer love of being expert role models, mentors, and teachers of students who will be their future colleagues.

Student Health Policies

Each student must sign the SMC Department of Nursing Science Clinical/Internship Education Student Responsibility Statement form prior to the beginning of their first clinical practicum course (NURS 724). It is the responsibility of the course faculty to obtain this document. Each student is required to carry his/her own health care insurance and NP student liability insurance. The student, nursing faculty, and preceptor should be familiar with the contents of the DNS Graduate Student Handbook. The healthcare facility will inform the student and nursing faculty of specific safety and professional requirements and documentation.

If an injury occurs during a clinical rotation experience, it is the responsibility of the preceptor and student to alert the nursing faculty as quickly as possible. Appropriate care and documentation must be completed for the satisfaction of all parties involved.

All clinical absences due to illness or injury must be made up. The nature of the make-up clinical experience will be the decision of the nursing faculty in consultation with the preceptor.
Student Health Clinical Requirements

1. Student personal, health, and immunization records are maintained in the DNS. It is the responsibility of the student to assure the documents are current.
2. Certain diagnostic tests may be required for the clinical to meet contractual obligations with the clinical agency.
3. It is the responsibility of each student to provide his/her own health and liability insurance.
4. Rubella and rubeolla screens and routine blood work are to be submitted upon entry into the program. If results of rubella and rubeolla screens show that a vaccine is necessary, students will be required to obtain the vaccine at their own costs and provide evidence to the DNS that they have done so. Students are to submit evidence of MMR vaccination.
5. Tuberculin tests will be done using the 2-step test.
6. Students are required to submit evidence of having completed the Hepatitis B vaccination series before their first clinical experience.
7. All students are required to have a physical exam and submit the results to the DNS.
8. All students are required to have a set of fingerprint clearance on file in student services with the exception of students who have an RN license.
9. All required health documentation must be on file in the DNS department prior to the beginning of clinical practicum courses. Failure to comply may result in the student being withdrawn from the course. Students not in compliance will be refused entry in the clinical site and will not be excused for absences to get the requirements fulfilled.

Student Health/Pregnancy

1. It is the intention of the Department of Nursing Science not to unfairly prejudice the interest of the students who are pregnant. A student may choose to continue with her program during pregnancy with the understanding that she is expected to satisfactorily meet the same standards of clinical and classroom performance as are all other students enrolled in the program.
2. If at any time during pregnancy the student’s ability to meet Department of Nursing Science performance standards is questioned, the student may be required to submit a statement from her private health care provider. This statement shall indicate that the student is able to satisfactorily perform in the clinical and classroom area without undue detriment to herself and/or the unborn fetus or baby.
3. Without such medical assurances, the student may be required to discontinue her program until such medical assurances have been received and accepted.
4. The above policies do not mitigate the student’s responsibility for maintaining her own well-being as well as that of responsible behavior with respect to the fetus or baby. If at any time the student believes she is medically unable to continue with class or clinical responsibilities, the student must notify her clinical preceptor and the course nursing faculty.
5. Other resources for questions or concerns about this policy include SMC Affirmative Action, student services, and the student’s faculty advisor.
Student Health: Illness/Injury During Clinical

1. In a medical emergency, sharps injury, or other clinical injury as defined by the clinical preceptor, the student should be seen in the agency's emergency room, or if none, sent to the nearest emergency room. The student will be responsible for any bills incurred for these events. The preceptor and student will immediately notify the nursing faculty of any such events.

2. In non-emergency situations, the student may verbally tell the nursing faculty that they elect to seek care from a private health care provider/clinic. Any costs incurred will be the responsibility of the student. The student and/or preceptor will notify the nursing faculty of any of these events as soon as possible.

3. Documentation of an injury requires the completion of the form contained in the Appendix. The student is responsible for completing the form and obtaining the comments of the preceptor or agency representative. The student is responsible for forwarding the completed form to the course nursing faculty as soon as possible following the incident. The nursing faculty will review the information and make appropriate recommendations. The document will be filed in the student's personal file in the DNS.

Impaired Student Policy: Perception of Impairment

Should the preceptor, nursing faculty, or other nursing students perceive that a student is mentally or physically impaired, immediate action must be taken to relieve the student of his/her duties and place the student in a safe area away from the clinical setting. The immediate goal is to provide for the safety of patients, the public, other students, and the student who is suspected of being impaired.

Procedure for Removing a Student Who is Suspected of Being Impaired From an Educational Setting

If the student is perceived to have the odor of alcohol, or marijuana, or observed behaviors such as, but not limited to, slurred speech, unsteady gait, confusion, sharp mood swings/behavior especially after an absence from clinical experience, lack of manual dexterity, excessive health problems, increased absenteeism, tardiness or irritability, severe weight loss, needle track marks especially in the inner elbow, carelessness in appearance and hygiene, or euphoria, which causes the preceptor to suspect the student could be impaired by a substance, the preceptor must:

1. Immediately inform the student as to why actions are being taken to relieve the student of his/her duties.
2. Immediately notify the SMC Faculty for further action.
3. Do not send the student home or permit them to leave the building.
4. For additional information – see the SMC DNS Graduate Student Handbook:

References

*The Essentials of Doctoral Education for Advanced Nursing Practice (AACN 2008)*


Appendices

- Nurse Practitioner Core Competencies (2012)
- Program Plan: BSN to DNP
- Program Plan: MSN to DNP
- Preceptor Information form
- DNP Introductory Student Portfolio
- DNP Student Profile
- DNP Clinical Skills Inventory
- Learning Contract
- DNP Student Evaluation of Preceptor
- Preceptor Evaluation of Student
- Student Evaluation of Clinical Agency
- Student Incident Report
- Progressive Practice Innovation Project Accountabilities by course Outcomes
- DNP Practice Innovation Project Activities Tracking Record
- “Mastering the Preceptor Role: The Challenges of Clinical Teaching”
The Nurse Practitioner Core Competencies (2012) provide a structure for student achievement of expected competencies in order to meet the profession nurse practitioner role expectations. The preceptor handbook provides this information in order to assist the preceptor with support and evaluation of the student's competency goals. These competencies apply to all DNP students and can be met in many clinical and organizational settings.

**Scientific Foundation Competencies**
- Critically analyzes data and evidence for improving advanced nursing practice.
- Integrates knowledge from the humanities and sciences within the context of nursing science.
- Translates research and other forms of knowledge to improve practice processes and outcomes.
- Develops new practice approaches based on the integration of research, theory, and practice knowledge.

**Leadership competencies**
- Assumes complex and advanced leadership roles to initiate and guide change.
- Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.
- Demonstrates leadership that used critical and reflective thinking
- Advocates for improved access, quality and cost effective health care.
- Advances practice through the development and implementation of innovations incorporating principles of change.
- Communicates practice knowledge effectively both orally and in writing.
- Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

**Quality competencies**
1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

**Practice Inquiry competencies**
1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes
4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
6. Analyzes clinical guidelines for individualized application into practice.

**Technology and Information Literacy Competencies**
1. Integrates appropriate technologies for knowledge management to improve health care.
2. Translates technical and scientific health information appropriate for various users’ needs.
   a. Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.
   b. Coaches the patient and caregiver for positive behavioral change.
3. Demonstrates information literacy skills in complex decision making.
4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.
5. Uses technology systems that capture data on variables for the evaluation of nursing care.

Policy Competencies
1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.

Health Delivery System Competencies
1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluated the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

Ethics Competencies
1. Integrates ethical principles in decision making.
2. Evaluated the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies
1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previous diagnosed and undiagnosed patients.
   a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative and end of life care.
   b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
   c. Employs screening and diagnostic strategies in the development of diagnoses.
   d. Prescribes medications within scope of practice.
   e. Manages the health/illness status of patients and families over time.
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision making.
   a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
   b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
c. Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.

d. Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.
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<td><strong>690 supervised FNP clinical hours + 400 DNP hours = 1090 Total supervised clinical hours</strong></td>
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Saint Mary’s College Department of Nursing Science  
Preceptor Information

We invite you to complete this form and return it by email to alane@saintmarys.edu.

1. First name _____________ 2. Last name__________________________ 3. Middle initial____
4. Credentials __________________
5. Do you have previous experience precepting a Saint Mary's Student?  
   Yes     No
6. Are you currently precepting other graduate students?  
   Yes     No
7. What is the name of your clinical agency: __________________________
9. Agency contact person: __________________________
10. Nurse Manager____________________
11. Office phone: __________________________
12. Cell phone: __________________________
13. Home Phone____________________
14. Home Address: __________________________________________
15. E-mail address: __________________________
16. Practice Specialties: __________________________________________
17. Experiences Available in your agency (Please check all that apply):
   Acute care _______ Home Health _______ Public Health/School Health _______
   Adult Health _______ Mental Health _______ Rehab _______
   Community _______ Neonatal _______ Women’s Health _______
   Endocrinology _______ Oncology _______ Other _______
   Family Practice _______ Obstetrics _______
   Gerontology _______ Pediatrics _______ Private Practice _______
18. Certifications  Years of Practice  Cert. Exp. Date
   __________________________  __________________________  __________________________
   __________________________  __________________________  __________________________
19. Licensure Info:  License #________________________  Exp. Date __________________________
   License #________________________  Exp. Date __________________________
20. What is your highest degree earned?
   Yes _______  No_________
22. Year/semester for precepting __________________________
23. Student Name: __________________________
24. Course Name: __________________________

Please review and sign:
I __________________________ have received the following documents (please initial)
__________ on-line access to the preceptor manual
__________ Course faculty contact information
__________ Course Syllabus
The student has provided you with:

- A completed student profile form
- A clinical skills inventory
- A brief resume of educational and professional background
- A learning contract

Clinical agency ___________________________________ Date __________________
Preceptor’s signature ______________________________ Date ______________ __
Preceptor’s PRINTED Name ______________________________________
Student’s Signature __________________________________________ DATE: __________
Faculty’s signature __________________________________________ DATE: __________
Saint Mary's College  
Department of Nursing Science DNP Program  

DNP STUDENT INTRODUCTORY PORTFOLIO  

In order to introduce yourself to your clinical preceptors, please complete the following portfolio:  

Student Profile (attached)  

Clinical Skills Inventory (attached)  

Brief resume of your educational and professional background  

Learning Contract (attached)  

Take your portfolio with you to your clinical site(s) and let your preceptor review it. Keep this portfolio to use in subsequent clinical settings.
Clinical Background
List major clinical experiences completed:

List other clinical experiences completed:

Clinical Interests, including past nursing experience prior to FNP program
What aspects of health care do you find most interesting?

What aspects of health care do you find least interesting?

What are your major career interests? (Primary care? Specialty? Undecided?)

Learning Style
Based upon your experience and knowledge, please answer the following: Describe the qualities of an effective teacher.

How do you learn best?

What are your responsibilities as a student?

4. Goals for the course:
   What are your goals for this course?
Saint Mary’s College  
Department of Nursing Science DNP Program  
CLINICAL SKILLS INVENTORY

Please rate your competency with the following skills and procedures. Please circle one.  
0 = No previous experience, skill or competence 1 = Some experience, but still require supervision  
2 = Much experience, require little or no supervision

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### Examination (Components)

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<td>Abdomen</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>Back</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Extremities</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Neurologic</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Developmental (pediatrics)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Functional (adult)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mental status</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Are there other areas in which you would like specific instruction?
LEARNING CONTRACT

Student Preceptor Introduction
Combining the interests and skills of students and preceptors working together in a community-based clinical experience can result in a rich learning experience. To make the best use of this opportunity and to accommodate individual student needs and interests, the student and preceptor negotiate a learning contract.

Plan for Establishing a Learning Contract First Week:
Student completes student section of contract and preceptor completes preceptor section of contract.

Student sets up meeting with preceptor for learning contract negotiation at end of second clinical day.

At the negotiation meeting, student writes summary statement of student and preceptor goals. Student and preceptor sign learning contract.

Midpoint:
Student and preceptor set a meeting for a midpoint review to assess the clinical experience in general and the learning contract goals.

Student and preceptor make any necessary administrative and educational adjustments.

Last Week:
Student and preceptor set up meeting to review the clinical experience and evaluate progress on the learning contract.

LEARNING CONTRACT, page 2

Student Goals: In column A, list your most important goals for this clinical experience. In column B, list specific strategies you propose to meet these goals.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
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</thead>
<tbody>
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</tbody>
</table>

Preceptor Goals: In column A, list the three most important areas you think the student should focus on during this clinical experience. In column B, list your strategies for addressing these areas.
<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

Summary: (To be completed by the student.)

Performance Goals and Strategies:

Student ____________
Preceptor ____________
Date ________________
Saint Mary’s College  
Department of Nursing Science  
**DNP Program**  
**STUDENT EVALUATION OF PRECEPTOR(S)**  
Student: _____  Date: Clinical Preceptor(s):

Please circle and comment on each statement/question.

Does your clinical preceptor(s):

Support your clinical learning with helpful feedback and critique. Always Usually Sometimes Seldom Never  
What would you change?

Allow you to evaluate, assess, and manage the patient/client problems to the level of your skills and abilities without taking over?  
Always Usually Sometimes Seldom Never  
What would you change?

Listen to your concerns and needs in the clinical setting? Always Usually Sometimes Seldom Never  
What would you change?

Listen fully to your presentations?  
Always Usually Sometimes Seldom Never

Challenge your thinking by asking you to explain your choice of dx, tx and alternatives? Always Usually Sometimes Seldom Never  
What would you recommend?

Additional Comments:

About clinical preceptor(s)

About clinical setting
Saint Mary's College  
Department of Nursing Science  
DNP Program  
CLINICAL EVALUATION TOOL  
Preceptor Evaluation of Student

Student: __________________________ 
Preceptor: __________________________

1 Below expectations for the level of the student  
2 Appropriate for this level of students  
3 Exceeds expectations for this level of student  
NA/O not applicable/not observed

<table>
<thead>
<tr>
<th>Criteria for Evaluation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>NA/O</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scientific Foundation competencies</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Differentiates between normal, variations of normal, and abnormal findings.</td>
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<tr>
<td>Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making.</td>
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<td>Applies knowledge from humanities and the sciences into clinical practice</td>
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<tr>
<td>Transfers evidence based knowledge to clinical practice</td>
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<tr>
<td>Demonstrates knowledge of the pathophysiology basis of illness.</td>
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<tr>
<td>Formulates a plan of care based on scientific rationale, evidence-based practice of care, and practice guidelines</td>
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<tr>
<td><strong>Leadership competencies</strong></td>
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<tr>
<td>Communicates practice knowledge effectively both orally and in writing</td>
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<tr>
<td>Participates as an active member of an inter professional team</td>
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<tr>
<td>Identifies population focused concerns on access, quality and cost effectiveness of care</td>
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<tr>
<td>Engages in self-evaluation concerning clinical practice.</td>
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<tr>
<td>Collaborates with the preceptor and with the other appropriate health care providers.</td>
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<tr>
<td>Quality competencies</td>
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<tr>
<td>Employs appropriate diagnostic, procedural and other interventions with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy</td>
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<tr>
<td>Applies knowledge of best practices to provide safe clinical care</td>
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<tr>
<td>Collects, maintains, and documents the patient’s health care information in a confidential and private manner that complies with current rules and regulations</td>
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<tr>
<td>Uses strategies to reduce common errors</td>
<td></td>
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<tr>
<td>Uses appropriate documentation regarding the patient’s and/or family’s understanding of health care plans.</td>
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<tr>
<td>Practice inquiry Competencies</td>
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<tr>
<td>Shares new evidence based knowledge with health care team members</td>
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<tr>
<td>Utilizes current standards in clinical practice management plans and outcome evaluation</td>
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<tr>
<td>Technology and information literacy competencies</td>
<td></td>
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<tr>
<td>Assesses the patient’s and/or family’s need for learning based on developmental level, understanding of health concerns, motivation for change, and limitations.</td>
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<tr>
<td>Communicates the patient’s health status with the patient/family using appropriate terminology, format, and technology</td>
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<tr>
<td>Demonstrates skill in electronic documentation as available</td>
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<td></td>
</tr>
<tr>
<td>Uses appropriate terminology, format, and technology</td>
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<tr>
<td>Policy competency</td>
<td></td>
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</tbody>
</table>
Uses all available resources from the community in designing patient treatment plans.

### Health Delivery System competencies

- Assesses organizational structure and functions of the clinical site to promote quality care
- Evaluates the policies and procedures of the clinical agency that minimize risk to patients and providers.
- Incorporates patient and family cultural preferences, health beliefs, traditional practices, and health beliefs into the health care plan.

### Clinical Practice Competence

- Obtains comprehensive health history from the patient/family using appropriate interviewing skills.
- Obtains problem-focused health history from the patient/family using appropriate interviewing skills.
- Performs a comprehensive physical examination.
- Performs a problem-focused physical examination.
- Analyzes and interprets history, physical findings, and diagnostic information to develop appropriate differential diagnosis, concluding with the appropriate final diagnoses.
- Prioritizes health problems including initiation of effective emergent care.
- Demonstrates knowledge of the genetic basis of illness
- Prescribes appropriate pharmacological treatment modalities based on relevant individual client characteristics.
- Prescribes appropriate non-pharmacological treatment modalities based on relevant individual client characteristics.
Integrates and counsels the patient on the use of complementary/alternative therapies.

Develops and implements health promotion/disease prevention plans based on relevant individual patient characteristics (includes environmental health problems affecting patients).

Provides anticipatory guidance and counseling for patients and families.

Evaluates results of interventions.

Revises plan of care based on evaluation results of interventions.

Initiates appropriate and timely referrals/consults when the problem exceeds the NPs scope of practice and/or expertise.

Demonstrates effective communication skills in patient interactions that support the patient and/or families in:

- Sharing information, including health beliefs and behaviors
- Discussing family and cultural preferences
- Conveying feelings
- Making decisions about health care, and
- Engaging in self-care.

Provides developmentally appropriate teaching, guidance, and counseling regarding management of health/illness conditions.

Coaches the patient/family in an empathetic manner by reminding, supporting, and encouraging health behavior changes over time.

**Ethics competencies**

Assumes accountability for ethical behavior in all nurse-patient relationships.
| Assumes accountability for legal issues in all nurse-patient relationships. |  |  |  |
| Shows respect for the inherent dignity and worth of every human being. |  |  |  |
| Accesses and provides to patients and families educational material that is culturally sensitive and appropriate (when available). |  |  |  |
| Provides opportunity and information to patients and families as they make end of life decisions. |  |  |  |

Please indicate below:

1. Strengths of student

2. Weaknesses of student

3. General comments about the student’s performance

4. Learning plan to address identified weaknesses

Preceptor Signature: ______________________ Date: ______________________

Student Signature: ______________________ Date: ______________________
STUDENT EVALUATION OF CLINICAL AGENCY

Course: ____________________________ Program: ____________
Agency: ____________________________ Semester/year: _____

Please complete this form to help us evaluate your clinical learning.

**Complete one form for each clinical agency that you attended during this course.**

Each item has a stem and a response. The response is numbered from 1 to 7. Number 1 corresponds to the response word to the left of the numbers. Number 7 corresponds to the response to the right of the numbers. Numbers 2-6 correspond to levels between the responses 1 and 7. Circle the number that best describes your experience. Explain any answers in the space provided. **Example: I understand how to complete this questionnaire:**

### LEARNING OPPORTUNITIES

<table>
<thead>
<tr>
<th>LEARNING OPPORTUNITIES</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I had the opportunity to apply theory from classes to clinical experience:</td>
<td></td>
</tr>
<tr>
<td>Rarely 1 2 3 4 5 6 7 Every Clinical.</td>
<td></td>
</tr>
<tr>
<td>2. I was able to have many different learning experiences:</td>
<td></td>
</tr>
<tr>
<td>Very Few 1 2 3 4 5 6 7 Many</td>
<td></td>
</tr>
<tr>
<td>3. The experience improved my understanding of holistic nursing</td>
<td></td>
</tr>
<tr>
<td>Not at all 1 2 3 4 5 6 7 Very Much</td>
<td></td>
</tr>
</tbody>
</table>

### STAFF

<table>
<thead>
<tr>
<th>STAFF</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. The staff contributed to my learning:</td>
<td></td>
</tr>
<tr>
<td>Not at all 1 2 3 4 5 6 7 A great deal</td>
<td></td>
</tr>
<tr>
<td>5. The staff was supportive of my learning:</td>
<td></td>
</tr>
<tr>
<td>Not at all 1 2 3 4 5 6 7 Very Supportive</td>
<td></td>
</tr>
<tr>
<td>Very Supportive</td>
<td></td>
</tr>
</tbody>
</table>
6. From my perspective, the majority of the professional staff were excellent role models:

| Poor | 1 2 3 4 5 6 7 | Excellent |

**PHYSICAL SPACE**

7. Travel was a

| No | 1 2 3 4 5 6 7 |
| Financial Hardship |
| Hardship |

| No | 1 2 3 4 5 6 7 |
| Family Hardship |
| Hardship |

| Not applicable to this experience |

8. Space for reading charts, reading reference materials, and conferencing was

| Inadequate | 1 2 3 4 5 6 7 |
| Adequate |

| Not applicable to this experience |

9. Safe space for personal belongings was

| Not Available | 1 2 3 4 5 6 7 |
| Available |

| Not applicable to this experience |

10. Meals were

| Not Available | 1 2 3 4 5 6 7 |
| Available |

| Not applicable to this experience |

We would appreciate your comments on the above questions and the following:

1. What was the most challenging part of the clinical experience?
2. Overall, what is the most important issue that the nursing faculty needs to be aware of regarding this clinical experience?

3. Please share any other thoughts you have about the clinical experience or things that you think would make this learning experience more beneficial.

STUDENT: Please submit this form to your SMC nursing instructor at the end of the course.
<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Time of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester:</td>
<td>Course:</td>
</tr>
</tbody>
</table>

Student’s Account of Incident:

---

Signature of Student:

Date of Report:
Comments by Clinical Instructor or Preceptor:

<table>
<thead>
<tr>
<th>Signature and Title:</th>
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<table>
<thead>
<tr>
<th>Agency Name:</th>
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</table>

<table>
<thead>
<tr>
<th>Agency Address:</th>
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</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Ext:</th>
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<table>
<thead>
<tr>
<th>Date of Report:</th>
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</table>
## Practice Innovation Project Accountabilities by course Outcomes

<table>
<thead>
<tr>
<th>Student Project Task List</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N701</td>
<td>N702</td>
</tr>
<tr>
<td>N701</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Develop and grow in the role as a DNP prepared advanced practice nurse as it relates to the impact of the DNP education on improved patient outcomes, disease prevention, and health promotion within communities.</td>
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</tr>
<tr>
<td>2. Integrate principles of evidence-based practice (EBP) and theoretical frameworks into the nurse leader role as the foundation for the assessment of a potential healthcare problem.</td>
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<tr>
<td>3. Identify potential healthcare problems and create a proposal addressing a significant clinical problem in the students current work environment based on a critical analysis of theoretical and scientific evidence and an assessment conducted in a clinical setting.</td>
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<tr>
<td>4. Initiate a broad review of the current and relevant literature from a variety of scholarly sources.</td>
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<tr>
<td>5. Model the leadership behaviors needed to conduct an assessment of healthcare problems.</td>
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<tr>
<td>6. Organize the literature review into a synthesis matrix to build on the development of their project proposal.</td>
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<tr>
<td>7. Identify a faculty mentor to chair their project team.</td>
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<tr>
<td>8. Identify the feasibility of developing the scholarly project within their workplace setting.</td>
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<tr>
<td>9. Demonstrate effective communication with peers, co-workers and interdisciplinary health care team members in regards to potential practice collaborations to develop, implement and evaluate the scholarly project.</td>
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<tr>
<td>10. Identify steps for implementation of scholarly innovation project utilizing an EBP based model in the work environment while identifying any potential barriers.</td>
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<tr>
<td></td>
<td>Present initial plan for practice innovation project with professor and peers.</td>
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<tr>
<td>12.</td>
<td>Participate in scholarly discussion forums consistent with graduate level writing while actively engaging in critical appraisal of potential scholarly project ideas.</td>
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</tr>
<tr>
<td>Practice Innovation Project Student Project Task List</td>
<td>Year 3</td>
<td>Year 4</td>
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<tr>
<td>------------------------------------------------------</td>
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</tr>
<tr>
<td>N702</td>
<td>N701</td>
<td>N702</td>
</tr>
<tr>
<td>1. Critically examine the level of innovation, social impact and sustainability of their emerging project.</td>
<td></td>
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<tr>
<td>2. Critically examine and critique collection of evidence and generate best practice recommendations of scholarly innovation project.</td>
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<tr>
<td>3. Examine the ethical and legal framework to be used to guide their project.</td>
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<tr>
<td>4. Complete the analysis of the literature and other evidence related to their specific practice topic related to quality of care and patient safety mandates, initiatives and/or innovations at organizational levels.</td>
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<tr>
<td>5. Provide status of literature analysis and outline of the scholarly project during an oral presentation.</td>
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<tr>
<td>6. Examine Saint Mary’s College IRB protocols and place of scholarly innovation project implementation site IRB protocols.</td>
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<tr>
<td>7. Write a reflection paper on the status of the emerging scholarly innovation project.</td>
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<tr>
<td>8. Continue collaboration with key stakeholders and colleagues within the site of scholarly innovation project implementation and reflect on interviews.</td>
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<tr>
<td>N703</td>
<td>N701</td>
<td>N702</td>
</tr>
<tr>
<td>1. Apply advanced clinical judgment principles, expertise, and specialization in a defined content area.</td>
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<tr>
<td>2. Create a proposal addressing a significant problem in the health care environment based on their critical analysis of the theoretical and scientific evidence and a needs assessment conducted in a clinical setting.</td>
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<tr>
<td>3. Establish measurable outcomes, necessary baseline data, ongoing data collection procedures.</td>
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<tr>
<td>4. Formulate implementation and evaluation project plans.</td>
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</tbody>
</table>
5. Develop a budget for the project.

6. Conduct an oral presentation with their faculty mentor and their committee members to gain approval of the practice innovation scholarly project.

7. Submit application to the IRB.

8. Communicate status of project with practice partners in the clinical setting.

<table>
<thead>
<tr>
<th>Practice Innovation Project</th>
<th>Year 3</th>
<th>Year 4</th>
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</thead>
<tbody>
<tr>
<td>Student Project Task List</td>
<td></td>
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</tr>
<tr>
<td>N704</td>
<td></td>
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</tr>
<tr>
<td>1. Collect and manage outcome data throughout the data collection phase of the project to guide decision making.</td>
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<tr>
<td>2. Facilitate project progress through effective communication with the clinical agency and collaboration with interdisciplinary health care providers.</td>
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<tr>
<td>3. Discuss the role of the DNP as leader and innovator in complex organizational systems as it related to the Practice innovation project with stakeholders.</td>
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<tr>
<td>4. Apply ethical standards of conduct to data collection.</td>
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<tr>
<td>5. Demonstrate leadership skills in the implementation of innovative, evidence driven change in complex health systems.</td>
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<tr>
<td>N705</td>
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</tr>
<tr>
<td>1. Use the principles of social entrepreneurship to evaluate the outcome and impact of their project.</td>
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<tr>
<td>2. Critically analyze the design and process of implementation for effectiveness in measuring the outcomes of the project.</td>
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<tr>
<td>3. Synthesize principles of cultural competence, economics, and ethics in the final analysis of the project.</td>
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<tr>
<td>4. Identify leadership skills necessary for effective collaboration to implement a practice or system change.</td>
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<tr>
<td>5. Complete draft of final Innovation Scholarly project.</td>
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<tr>
<td>N706</td>
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</tr>
<tr>
<td>1. Designate a specific practice improvement topic at multiple organizational levels.</td>
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<tr>
<td>2. Use analytical methods and research to facilitate the evaluation of systems of care that will improve patient outcomes.</td>
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</tbody>
</table>
3. Apply the principles of social entrepreneurship to the leadership role to improve health outcomes.

4. Demonstrate the use information systems and data analytic processes that support clinical and administrative decision-making, care systems nurse-sensitive outcomes, and quality improvement.

5. Discuss the role of the DNP as a leader and innovator in complex organizational systems as it relates to the Practice Innovation project with community stakeholders.

6. Effectively communicate and collaborate with a variety of professionals to create and implement change in complex health care delivery systems.

7. Design, direct, and evaluate quality improvement methodologies to promote safe, effective, efficient, equitable patient focused care outcomes.

8. Disseminate findings from evidence-based practice and research to improve health outcomes.
<table>
<thead>
<tr>
<th>Practice Innovation Project Communications</th>
<th>Student Project Task List</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall</strong></td>
<td><strong>Spring</strong></td>
<td><strong>Summer</strong></td>
<td><strong>Fall</strong></td>
</tr>
<tr>
<td>Presented capstone topic ideas and explored faculty director selection during <em>fall immersion</em> weekend.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Capstone project director selection completed based on presentation and discussion of project scope</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3-way meeting held with student, capstone director &amp; DNP504 (Translational Research) faculty teaching spring semester to review project scope and EBP initiative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F2F meeting completed during <em>spring immersion</em> with capstone director to review progress on project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identified objectives for summer practicum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explored potential sites for summer practicum so contracts can be secured in a timely fashion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed one page project overview/summary and submitted to capstone director for review/comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capstone project proposal guidelines reviewed and discussed with capstone director with respect to project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed draft outline for summer proposal work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicated with capstone director regarding progress/format/content for capstone proposal</td>
<td></td>
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<tr>
<td>External mentor (committee member) identified and then approved by capstone director</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Completed discussion with capstone director on proposal progress (no later than July 10th)</td>
<td></td>
<td></td>
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<tr>
<td>Initiated discussion with external mentor on project design</td>
<td></td>
<td></td>
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<tr>
<td>Completed first draft of written capstone proposal by end of summer session</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-booked time with capstone director to review project proposal within first two weeks of fall semester</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted first proposal draft to capstone director no later than first day of semester</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
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<td>------------------------------------------------------------------------</td>
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<td></td>
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</tr>
<tr>
<td>Submitted <em>DNP Capstone Project Committee Form</em> to DNP Program Director and copied DNP510 faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted <em>Capstone Project Outline Form</em> with attached proposal draft to DNP510 faculty by no later than end of second week of semester</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNP 510 onsite seminar PPT presentation submitted to capstone director prior to presentation for director’s review and comment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed presentation on capstone project proposal during immersion weekend in DNP510 onsite seminar</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Completed F2F meeting during immersion weekend with capstone director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finalized proposal draft submitted to capstone director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Input sought from committee on proposal draft</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Practice Innovation Project Communications (Continued)

#### Student Project Task List

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted approved capstone proposal to DNP Program Director for review prior to scheduling proposal defense</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Established date for capstone proposal defense</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Completed capstone proposal defense</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Submitted edits/revisions as requested during proposal defense to capstone director for review/approval</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Submitted signed DNP Capstone Project Proposal Approval Form to DNP Program Director and copied DNP510 faculty</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Submitted signed DNP Capstone Project Progress Form to DNP510 faculty last week of semester</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Submitted Project Activity Plan (PAP) to DNP 510 faculty within first two weeks of semester (to be updated minimally each semester or as major changes in project activities/timeline occur)</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Completed LUHS IRB application as well as any other required institutional IRB application requirements</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Maintained ongoing communication on project activities with capstone director</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Reviewed spring immersion DNP510 presentation with capstone director in advance of presenting</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Completed presentation on capstone project during immersion weekend in DNP510 onsite seminar</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Planned to have completed all capstone project activities by no later than last official day of summer session as determined by university calendar in order to walk in May</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Completed LUHS IRB application as well as any other required institutional IRB application requirements</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Submitted updated Project Activity Plan (PAP) to DNP 510 faculty within first two weeks of semester</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Queried journal re: preparation of 15-25 page manuscript of project (with capstone director’s guidance)</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Reviewed project findings with capstone director</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Complete final manuscript draft per capstone director, committee and DNP Program director comments</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Scheduled project presentation (include director, com member(s), key stakeholders and DNP Program Director)</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Posted capstone presentation announcement (flyer)</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Completed final capstone project defense</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Submitted narrated capstone project ppt to</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Task</td>
<td>Completion Date</td>
<td></td>
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<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>DNP Program Director within 14 days of project defense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted DNP Capstone Manuscript and Presentation Approval Form with attached final draft manuscript to the DNP Program Director and copied DNP510 faculty</td>
<td></td>
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</tr>
</tbody>
</table>

*For each project task listed on form students are expected to enter completion date in corresponding box. Use one form throughout your entire capstone project implementation. Students completing the program in greater than a two year timeframe need to adjust their timeline to assure all tasks are completed.*

Used with permission of Dr. Karole Mourek, 10/16.
Abstract and Introduction

Abstract

This article aims to help both experienced and new preceptors become more effective teachers while maintaining their clinical workloads. A variety of strategies is essential to increase teaching effectiveness and decrease stress for the busy preceptor who juggles the roles of teacher and clinician. The article will begin with a review of role expectations and role strain factors for student, faculty, and preceptor. Principles of clinical teaching will be identified, followed by some strategies for teaching on busy days and concluding with suggestions for dealing with difficult students.

Introduction

Guided clinical learning experiences are essential to nurse practitioner (NP) education. The goal is to prepare clinicians to manage care with optimal health outcomes. The preceptorship has proved to be a highly useful strategy for clinical education. It allows education to be individualized, links classroom knowledge to real patient management problems, and provides for role modeling as the student develops standards and strategies for practice.

In the United States, preceptorships involve more than 500 hours of supervised clinical practice in the particular NP specialty with preceptors who are either experienced NPs or physicians in the same specialty. The student and preceptor have a one-to-one relationship. In the typical clinical practice teaching episode, the student does the assessment and presents the case to the preceptor with diagnosis and plan outlined, the preceptor validates the assessment and plan, the student implements the plan with assistance as needed, and the preceptor helps the student reflect on the case and its implications. As the student works with the preceptor over an academic term or more, he or she is expected to increase knowledge and skills, refine practice efficiency and effectiveness, and become increasingly independent in managing patient care. The preceptor provides constant feedback and support to the student and evaluation data to both the student and faculty (National Organization of Nurse Practitioner Faculty, 2000).

This type of teaching is not without problems, however. Irby (1995) noted that teaching in the clinical setting often occurs at a rapid pace with multiple demands on the preceptor; is variable in teaching and learning opportunities as cases vary unpredictably in number, type, and complexity; and has a relative lack of continuity. In a busy setting, there may be limited time for teaching and feedback. In turn, the student may not find learning to be collaborative with the preceptor, may lack opportunities and time for reflection, and may find that independent learning is not at an optimal pace given the student's learning style.

A previous study of the preceptor as mentor (Beauchesne & Howard, 1996) concluded that preceptors may need help in identifying an individual student's learning style and in determining their own leadership style. Preceptor development is worth the time and energy
needed because, if it is done successfully, the preceptor, student, and faculty all will benefit from more efficient, less stressful teaching by preceptors in clinical settings.

A survey by Burns (2003) for the Association of Faculties of Pediatric Nurse Practitioner Faculties of 350 preceptors attending the National Association of Pediatric Nurse Practitioners Annual Conference found that 89% preceptored because they felt an obligation to the PNP specialty and 85% did so because they liked teaching. Ninety-four percent said that they planned to continue precepting. Thus, despite the problems, preceptors find this role to be inherently satisfying.

This article addresses several strategies to increase teaching effectiveness while decreasing stress as the busy preceptor juggles the roles of teacher and clinician. It reviews role expectations and role strain factors for student, faculty, and preceptor; identifies some key principles of clinical teaching; suggests a variety of strategies for teaching on busy days; and concludes with suggestions for dealing with the difficult student. The goal is to help both experienced and new preceptors become more effective teachers while maintaining their clinical workloads.

**Role Expectations: Student, Faculty, Preceptor**

The roles of student, preceptor, and faculty must work in synchrony for good learning outcomes. The setting also is important and places limitations on time, space, and access to patients. The student is expected to be an active adult learner; the faculty is expected to assess the student's needs and arrange for a preceptor-ship learning environment consistent with program goals and to evaluate the student's work; and the preceptor is expected to provide day-to-day clinical teaching while meeting clinical practice expectations. Meeting the expectations is not always easy for any of the parties. More detailed role expectations as well as pressures upon role performance are summarized in Table 1.
Table 1. Role Expectations and Pressures

<table>
<thead>
<tr>
<th>Student</th>
<th>Faculty</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrange schedule</td>
<td>Identify and secure appropriate sites for students</td>
<td>Orient student to site, policies, procedures</td>
</tr>
<tr>
<td>Develop personal learning objectives</td>
<td>Prepare student with necessary clinical skills</td>
<td>Facilitate informal, collaborative, respectfu</td>
</tr>
<tr>
<td>Address course objectives</td>
<td>Provide preceptor with course objectives</td>
<td>learning environment</td>
</tr>
<tr>
<td>Observe policies and procedures of agency</td>
<td>Visit site during student experience</td>
<td>Be a positive and effective role model</td>
</tr>
<tr>
<td>Confer with preceptor and faculty about progress and problems</td>
<td>Support and help preceptor develop teaching skills</td>
<td>Provide learning experiences with appropriate patients</td>
</tr>
<tr>
<td>Prepare for each clinical day</td>
<td>Monitor and evaluate student progress</td>
<td>Provide ongoing feedback</td>
</tr>
<tr>
<td>Review and read about past day’s work</td>
<td>Provide evaluation feedback to preceptor</td>
<td>Face learning experiences to meet student needs</td>
</tr>
<tr>
<td>Evaluate faculty, course, and preceptor</td>
<td>Solve student and/or preceptor problems with the rotation</td>
<td>Direct student to resources, readings</td>
</tr>
<tr>
<td></td>
<td>Guide student clinical learning through class, chart reviews, case studies, assignments</td>
<td>Notify faculty of concerns about student’s behavior, work, or progress</td>
</tr>
<tr>
<td></td>
<td>Provide feedback to student</td>
<td>Provide evaluation data to preceptor</td>
</tr>
<tr>
<td></td>
<td>Teach clinical reasoning and skills from own knowledge and experience</td>
<td></td>
</tr>
</tbody>
</table>

Basics of Clinical Teaching

The following sections describe some general principles of teaching as well as specific strategies that can be used by the preceptor to help the student become a safe, competent, compassionate, independent, and collaborative clinician. This teaching spans the continuum from the basics of health promotion to the management of complex conditions and issues. Thompson, Kershbaumer, and Krisman-Scott (2001) suggest that preceptors teach critical thinking skills so that the practitioner is a detective in taking a thorough and focused history, reflective about the information gathered from the history and physical and ultimately effective in assessment, management, and follow-up.
Characteristics of Adult Learners

Familiarity with characteristics of adult learners is critical. Many NP students come to the clinical setting with a wealth of previous nursing experiences, whereas others may come from a non-nursing background with other unique experiences to enrich their nursing practice. Regardless of the type of their past experiences, adult learners are interested in sharing their history and merging their past lives into their new roles as NPs (Nebraska Institute for the Study of Adult Literacy, 2005). It is important to consider previous experience in the planning of clinical opportunities. Activities should include new experiences, such as care of older children for the former NICU nurse, as well as application of previous skills to new situations to help students integrate important aspects of their previous lives into their NP training.

Adult learners are often experiential learners who prefer to take an active part in the learning process rather than being passive recipients of information. Ideally, NPs view learning as a problem-solving activity rather than just an information-gathering activity. This problem-solving focus is significant in the development of essential critical thinking skills. They need to understand the "why" behind what they are being taught and what they are expected to do (Knowles, 1984; Nebraska Institute for the Study of Adult Literacy, 2005). For example, actually prescribing immunizations is more valuable than reading about the process or watching the preceptor perform the activity. Adults typically learn better when the topic is of immediate value.

General Approaches for Adult Learners

Just as there are principles of adult learning, there also are principles of teaching adults in the clinical setting. The most commonly described teaching methods are the "sink or swim" approach and the "manipulated structure" approach (Davis, Sawin, & Dunn, 1993). Use of these approaches generally change over time as the student develops more skills and confidence. In the "sink or swim" approach, the student NP is exposed to a variety of patient encounters and is expected to conduct visits independently with no visible support. With this approach there is minimal pre-visit teaching but, obviously, the preceptor is ultimately responsible for important decisions and is available at all times for back up. In the structured approach, patients are carefully selected, based on the student's previous experience and skills. There is much pre-visit and post-visit consultation with the preceptor. Cases increase in number and complexity as clinical skills develop.

Preceptors generally teach as they like to learn but need to recognize that their students may not share the same perspectives.

Several important factors must be considered when deciding which method of teaching to use. It is helpful to consider the level of the student. A first-semester, first-year student may function best with a structured approach, whereas a final-term student is likely to be ready to "swim." It is appropriate to ask NP students what approach they prefer. If new students opt for the "sink or swim" approach, it is critical that they be closely monitored until the preceptor is comfortable with their skills. Observing those students independently conduct a visit may allow the preceptor to judge their current abilities and subsequently structure clinical experiences according to abilities. Preceptors may find that consultation with university faculty is useful when deciding which approach to use. An important principle to keep in mind regarding use of teaching styles is that anxiety may result from a learning situation requiring high independence with low experience, while frustration occurs when low independence is allowed for students with high experience levels.
Principles of Clinical Teaching

After determining what specific teaching approach is best for the student and for the clinical setting, it is useful to apply general principles of clinical teaching. Some basic tenets of learning include the following:

- Learning is evolutionary.
- Participation, repetition, and reinforcement strengthen and enhance learning.
- Variety in learning activities increases interest and readiness to learn enhances retention.
- Immediate use of information and skills enhances retention

Preparation and Planning. In addition to the personal qualities of the preceptor that have already been mentioned, preparation and planning have been noted by several authors to be key components to a successful experience for all students (Fay et al., 2001; Smith & Irby, 1997; Usatine, Nguyen, Randall, & Irby, 1997). The goal is to provide settings and experiences in which learning can occur with minimal disruption to agency operations and patient needs and expectations. Awareness of the school's goals as well as the student's personal goals is essential. Thus, there needs to be communication with faculty prior to the student's arrival and discussion of goals with the student before beginning clinical activities. Preparation of the clinical setting, one important aspect, will be discussed later.

Teaching Strategy Options. Regardless of whether a "sink or swim" or a "manipulated structure" approach is used, several specific strategies of teaching are useful for all levels of learners. **Modeling** is an effective teaching strategy (Irby, 1995). The preceptor demonstrates his or her clinical expertise when seeing patients while the beginning learner observes this process. This approach allows the student to see the reality of classroom education applied to actual patients. Modeling allows the more advanced learner to observe more subtle aspects of patient interaction, such as how one approaches difficult issues of potential physical abuse, problematic behaviors, developmental delays, and serious illness. **Observation** and modeling provide the preceptor and the student with the opportunity to share impressions, think through cases together, and develop differential diagnoses. It is often during this modeling experience that the preceptor may be challenged to answer the "why" questions of adult learners. However, modeling and observation are relatively passive; learners need to actually apply skills themselves to achieve mastery.

**Case presentations** reflect the student's ability to obtain critical histories, report pertinent physical findings, generate reasonable differential diagnoses, and develop fitting management and follow-up plans. Discussing cases allows the preceptor to determine if the student is able to incorporate past experience and schemata into new clinical situations and assess the student's level of expertise in dealing with a range of patients (Coralli, 1989; Wolpaw, Wolpaw, & Papp, 2003).

**Direct questioning** is helpful in fostering critical thinking skills. Preceptors are most effective when the questioning is not perceived as "grilling" (McGee & Irby, 1997). Optimally, questions such as "What do you think?" and "Why do you think that?" stimulate thinking and allow the student to share observations and interpretations with the preceptor. The preceptor can help the student formulate generalizations, which then can be tested with multiple patients. Generalizations then become part of a conceptual framework, which will be useful over time (Smith & Irby, 1997).
Two types of questioning methods are discussed in the literature. An especially useful approach to teaching when time is very short is the "One Minute Preceptor Method" described by Neher, Gordon, Meyer, and Stevens (1992) and evaluated for effectiveness in several studies (Aagaard, Teherani, & Irby 2004; Irby, Aagaard, & Teherani, 2004). This strategy requires the preceptor to get a commitment from the student about what the student thinks is going on after seeing a particular patient. The preceptor then challenges the student to provide supporting evidence for the assessment. This enables the student to draw from previous clinical experiences, as well as course work and readings. The preceptor gives immediate feedback to the student about what was correct about the assessment and helps the student recognize some general rules that applied in the specific situation (Table 2).
Table 2. The One-Minute Preceptor Technique

<table>
<thead>
<tr>
<th>Learning goal</th>
<th>Script</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student is to make a decision regarding the case at hand</td>
<td>“What do you think?”</td>
<td>This question is helpful throughout the decision-making analysis—from making a diagnosis to working out a plan: the student is not simply providing information to the preceptor to make decisions</td>
</tr>
<tr>
<td>2. Probe for supportive findings and evaluate the critical thinking that led to the decision</td>
<td>“Why do you think that?” “What led you to that conclusion?” or “What else did you consider and rule out?”</td>
<td>Diagnose the learner’s understanding—gaps and misunderstandings, poor reasoning or attitudes; do not ask for textbook knowledge</td>
</tr>
<tr>
<td>3. Tell student what was right in the conclusions and critical thinking</td>
<td>“Specifically, you did a good job of . . . and this is why it is important . . .”</td>
<td>State specifically what was done well and why it was important to reinforce excellent performance</td>
</tr>
<tr>
<td>4. Correct student errors</td>
<td>“You did well based on your knowledge of older children but didn’t factor in the infant’s development”, “I disagree with . . .”, “A more efficient way . . .”</td>
<td>Specific correction will reinforce correct ideas and extinguish incorrect ones</td>
</tr>
<tr>
<td>5. Teach a general principle/clarify the take-home lesson</td>
<td>“The key point I want you to remember is . . .”</td>
<td>Point out key ideas, prioritize essential points among many details</td>
</tr>
<tr>
<td>6. Your own one-minute reflection</td>
<td>“What did I learn about my teaching?”, “What did we learn from this?”</td>
<td>Place exercises into larger context of patient care and refocus for teaching episodes</td>
</tr>
</tbody>
</table>

Adapted from Neher, Gordon, Meyer, & Stevens, 1991.

The “Think Aloud Method” (Lee & Ryan-Wenger, 1997) requires the student to provide a rationale for specific questions that were asked and physical examination techniques used to show how conclusions were reached.

This approach fosters critical thinking and clinical reasoning skills. It is useful with all levels of learners but especially for the beginning student, because it requires the student to verbalize thoughts and support decisions. For example, the preceptor will ask, “Why did you ask about fever?” This approach works well in clinical seminars conducted by faculty.

Assigning directed readings on specific clinical topics that arise during visits is helpful. The literature reinforces general rules and fosters the development of conceptual frameworks. Directed readings are especially important for beginners because they may not have enough experience to determine where to find the best information in the nursing or medical literature. The preceptor suggests readings and asks for a brief report at the next session.

Coaching is another excellent teaching method. In this process, the preceptor provides verbal cues to the student as he or she moves through a procedure. The intent is to keep the student safe and efficient while mastering the steps of a skill that may not yet be automatic in nature.

Feedback from preceptors is critically important, especially with adult students whose learning is enhanced if they believe they are making progress (McGee & Irby, 1997). Effective feedback
Feedback is less judgmental than evaluation and is best given informally throughout the student's experience. Feedback is sometimes more meaningful if the student has the opportunity to do a self-assessment prior to hearing the preceptor's comments. For example, a conversation regarding the question, "How well do you think you addressed this mother's concerns?" will give the student the chance to share his or her rationale for the approach while also prompting the further discussion about the question, "How could you have done this differently?"

**Evaluation.** Evaluation is an important component of the preceptor/NP student relationship. The preceptor needs to be familiar with the university curriculum, the university's goals and objectives for the specific clinical experience, and the evaluation tool that is required by the school at the conclusion of the placement. Having a good sense of what knowledge base the student is expected to have will be helpful. In addition to the expectations of the university and the preceptor, it is helpful to address the student's personal goals for the clinical experience. Realistic goals are best met if they are written down and discussed early in the experience as well as periodically throughout the rotation. An evaluation session midway through the term and at the end of the rotation is essential. The student should be encouraged to self-evaluate as well as to receive evaluative information from the preceptor. Of course, the preceptor's evaluation also needs to be shared with the faculty person who is responsible for grading the student's performance.

**Teaching to the Developmental Level of Students**

It is important to remember that while being a preceptor is stressful, so is being a student (Yonge, Krahn, Trojan, Reid, & Haase, 2002). Examining the situation from both perspectives is one way to better understand the relationship (Papp, Markkanen, & von Bonsdorff, 2003). Ohrling and Hallberg (2000) studied students' lived experience of preceptorship. Four themes emerged as critical to learning: creating a space for learning with both time and room, providing concrete illustrations, providing for some control over the opportunities and pace of learning, and allowing time for reflection. Taking advantage of students' past experiences and expertise is helpful. Also, students' self-esteem is enhanced when they believe they are contributing to care (Hayes, 1998). Preceptors should not feel threatened if students are more expert in some areas of nursing, but rather, seize the opportunity to learn from the student. Because students are experiencing the stresses resulting from being an expert in a previous nursing area to now becoming a novice again (Benner, 1984), recognition of their expertise is helpful to them.

In order to best apply the basic strategies of effective precepting, it is important to be familiar with specific developmental levels of NP students. As with all students, they fall along a continuum of development.

Students develop at different rates, react differently to different patients, and may have variability in their skills from day to day. However, there are general categories of students, each with specific skill sets (Davis et al., 1993).

**The Beginner.** Beginning or advanced beginner students typically need preceptor support for all facets of clinical learning. They have had core course work in health assessment and perhaps some management coursework but have had little opportunity to apply classroom concepts to actual patient care. They may have difficulty in transitioning from being an expert in their previous nursing roles to being a beginner in the NP role. Some students will be reluctant to begin assessing patients independently, whereas others may be very assertive in the clinical
setting, even without any prior nursing experience, using a "sink or swim" style of learning. A preceptor can use observation of the student to determine what student skills are strong and which need particular attention during the clinical experience.

Several specific strategies are useful for beginning students. Observation is a reasonable initial strategy. The student can learn much about approaches to patients as well as clinical content from observing an expert. Students must not stay in the observer mode, however. If possible, straightforward, uncomplicated, "routine" well visits should be scheduled with families who are familiar with the beginning NP role. Prior to each visit, beginning students should spend time thoroughly reviewing each chart and preparing all components of a health promotion or uncomplicated illness visit. Several patients of the same age in a session reinforce developmental milestones. General rules and conceptual frameworks around different issues and different ages then develop.

The Transitional Learner. After some initial weeks or months as a beginner (depending on the intensity of the clinical experience and the student's abilities), it is expected that a student will move from beginner status to transitional learner. According to Thompson et al. (2001), this is the stage in which the preceptor is able to "step back." Transitional learners require less input from the preceptor about the basic components of patient care. Thus, pre-visit and post-visit conferences can be more concise. The student establishes basic priorities for each visit, gathers only essential relevant data, and generally conducts visits with better efficiency and effectiveness (Davis et al., 1993). The task of the preceptor in teaching transitional students is to schedule more complex patients so that more multifaceted generalizations develop and clinical reasoning skills are stretched to a new level. Case presentations, the "think aloud" method, and assigned readings continue to be effective strategies for transitional students.

The Competent Proficient Learner. The final type of student learner is the competent proficient learner. This student has solid skills in history taking, physical assessment, evaluation, and management, as well as increased clinical judgment and the ability to relate past clinical situations to current situations (Davis et al., 1993). This student is more flexible in thinking about cases because he or she has previous experience to draw upon and is more time efficient and comfortable with the advanced practice role. Thompson et al. (2001) describe this stage as one in which the preceptor can "step out." Competent proficient students, like all experienced clinicians, are aware of their limitations and still ask questions and seek the input of clinicians with more knowledge. The focus of precepting a competent proficient learner is on pattern development and the use of schemata or general representations, seeing which can be applied across patients. Competent/proficient students should see more medically and socially complex patients within designated time frames.

As the student nears the end of later clinical rotations, it is important for the preceptor to know when it is time to let go and allow the student more independence. The relationship with the preceptor often becomes more collegial and less vertical, mutual trust develops, and the preceptor is comfortable with the student's skills and clinical judgments. Strong case presentation skills in the competent student allow the student to communicate well with other providers. It is time to let go when the preceptor is comfortable with the student's competence with patients, but the student must continue to seek help, ask appropriate questions, and search for new challenges.

Strategies for Teaching While Practicing on Busy Days

A common question posed to faculty is, "How can we have a student on a particularly busy
day?" The reality is that every day is a busy day in the clinical setting. Nurses are in short supply, and faculty and preceptors are not the exceptions. Thus, all are assumed to carry heavy clinical loads. Factors in the shortage include aging faculty, increased clinical burdens that lessen time available to teach, and a major emphasis on productivity in the clinical arena (Lyon & Peach, 2001). Guberski (2000) summarizes the dilemma facing all clinical faculty: "The challenge facing current faculty is to work smarter, not necessarily harder, and to evaluate the cost-benefit ratio of our teaching strategies and application of technology" (p. 5).

Several studies have dispelled some powerful myths about precepting. Preceptors do not necessarily have a longer day or spend more time with patients, and having students does not inevitably decrease productivity (McKee, Steiner-Grossman, Burton, & Mulvihill, 1998). In fact, students may actually increase productivity (Fontana, Devine, & Kelber, 2000; Hildebrandt, 2001). However, working with a student undeniably makes a clinical day more complex. Reducing the complexity wherever possible is the key to enjoyment of the day when a student is there.

Taking the time to develop an optimal climate for learning will pay off for all persons involved. Students learn best when there is ongoing student assessment, close communication, quick response to student's stress, trusting relationships, mutual respect, and acceptance as part of team (Myrick & Yonge, 2001). Frequently expressed barriers to being an effective preceptor and a clinician at the same time include the following: feeling overworked, being unprepared for teaching, being mismatched with students, lacking adequate time, and receiving insufficient feedback and guidance (Hayes, 2001; Yonge et al, 2002). Avoiding as many pitfalls as possible is important for both preceptor and student.

Preparing for the Day

To be successful on a busy day, it is essential to do good pre-planning. Preparation of the clinic setting is essential. All members of the practice setting must be aware of the student's arrival and expected length of stay both in terms of daily schedule and length of calendar time to be spent in the setting. Such things as scheduling patients, arranging examination room availability, providing space for charting, and planning for student access to patient records need to be addressed.

It will also help to meet the student for the first time before the first day of the rotation by planning for a brief student interview before the first day begins. Discussion should include a review of the student's goals, learning style, and past experiences. The student can be asked to arrive with a questionnaire including this information and contact information already completed. The preceptor also needs to share some of his or her history and usual teaching style. The preceptor should describe the agency, the types of conditions cared for, and the mission of the agency. Any specific standards or guidelines that the site has in place governing student behavior or NP roles need to be shared at this time. A tour of the site and introduction to staff will help.

Each day of the preceptorship, further planning should occur. Review of the appointment list for the day and identification of appropriate patients for the student to be involved with is a good idea. The preceptor needs to communicate clearly to the student the expectations with regard to
numbers and types of patients seen, amount of time available to spend with each patient, and amount of preceptor time available to the student. Clearly delineated expectations help the student perform as optimally as possible while not compromising the care of patients. Explaining where the difficulties lie and where the learning opportunities will likely appear is essential.

The expert preceptor is constantly doing "invisible planning"—thinking ahead about other activities that will be helpful to the student's progress (Skeff, Bowen, & Irby, 1997).

Students want to be helpful and involved in clinic work. They also are using the preceptor as a role model to see how clinicians problem-solve clinic management issues. Focus on the student by stating such plans as, "We will review the cases for the morning over lunch," or "Keep a 3 x 5 card for questions you have during the day and we will address them for 20 minutes at the end of the day or when we have a break in the schedule."

**Use of Other Resources**

Thinking broadly about the student's education is useful. Preceptors often feel guilty about using others' expertise and resources in the practice setting (Kaviani & Stillwell, 2000; Yonge, Ferguson, Myrick, & Haase, 2003). Yet, it is better to share the teaching. Students benefit from enriched learning opportunities. These might include arranging for students to attend rounds, case conferences, or any other relevant meetings that focus on care. Use the library, audiovisual aids, and learning centers. Preceptors can establish a buddy system with a colleague to share students occasionally. Teaching also can involve use of online resources and exercises.

Perhaps there is another clinician who has something special scheduled for the day. Would a morning with a laboratory technician be helpful? What about a couple of hours with the nurse doing telephone triage or follow-up? Would it be informative for the student to call some patients to evaluate care given earlier? Creative ways of assessment and evaluation of learning in addition to direct observation will be helpful, particularly if planned for efficient use of time (DaRosa et al., 1997).

**Trimming Time off Teaching Activities**

Listed in Box 1 are some strategies that can be adopted for teaching on busy days. They relate to pre-planning, student time with patients, case presentation time, and finding discussion time.
Box 1. Tips for Teaching on Busy Days

Pre-planning
1. Prior to the clinical experience, describe to the student the pressures you face.
2. Get to know your student's learning style and needs before the first day of patients.
3. Review the cases for the day with the student and mutually decide where the best learning opportunities are likely to arise.
4. Have some other ideas in mind for times when you cannot teach for one reason or another. For example, student can listen in on triage phone calls, follow-up by phone with cases seen previously, go with another provider who likes to teach, spend time with the laboratory technician or pharmacist, or use the Internet to answer a question that had been unanswered from a previous discussion.
5. Set priorities for the student to accomplish and activities to complete by the end of the day.

Student time with patients
1. Work together with one patient to decrease the time spent and allow the student to see your assessment and care for efficiency. Have student do the history, and then you do the physical. Rotate tasks for the next patient.
2. Help the student recognize what to include in a focused history and examination for the presenting concern without going onto contextual or tangential issues.
3. Assign the student to patients whom you know like extra time.
4. Set a time limit on the student: "Get as much of the history as you can in 10 minutes and I will come in."
5. Schedule your patients in waves: two in time slot 1, one in time slot 2, and none in time slot 3. In the first time slot, you and the student start out in different rooms at the same time. You do a second case in time slot 2 while the student finishes his or her case and prepares to discuss it with you. Use the break in time slot 3 for completion of the student's case, charting, and preparation for the next wave. You will have kept your productivity numbers at three cases in three time slots.
6. Go into the patient's examination room with the student and chart the history and physical while the data are being collected by the student. Then reverse roles and have the student document while you gather the data.

Case presentation time
1. Set a limit on length of presentation time. "Tell me the H & P, diagnosis and your plan in 5 minutes."
2. Ask the student to present while both of you are in the room with the patient. (Be careful if there is psychosocial information or other factors that should be communicated and discussed privately between you and the student first.)
3. Assign the student to patients you know well, as this may speed evaluation of accuracy of student data. Also, give the student background on the patient to help focus the history more efficiently.

Finding discussion time
1. Ask the student to keep a file card handy to write down questions for discussion later. Follow up daily for 15 to 20 minutes.
2. Use travel time to and from clinic or to lunch to discuss cases.
3. Set limits on time for encounters. "I can meet with you for 10 minutes now. You can have 5 minutes to ask me questions and then I want to give you some feedback on the patient we saw together this afternoon."
4. Ask the student to look up information on three cases you saw during the day, but make it clear that you will ask for a report the next session on only one of the three cases.
5. Jot down patient care pearls that arise from various sources. Collect them on a list and share with the students.
6. Honor your appointments with students. Keep them brief but focused.
7. Expose students to the complete day. Take them to noon conferences, committee activities, and civic activities.

A scheduling strategy that might work in some practices but not others, at least formally, is to schedule patients in waves two in slot 1, one in slot 2, and none in slot 3. That will let the preceptor and student each start off with a patient to see (slot 1). The preceptor can continue with the third case in slot two while the student finishes his or her case. The break in slot 3 will give time for teaching before the next round begins. In terms of the whole day, three patients will have been cared for in each three time slots. Whether formally scheduled
or not, the principle holds as a way to carve out teaching time in the midst of the clinic work.

It is essential that preceptors be realistic about the amount they attempt to teach. Small bits are fine. It is also essential to give feedback daily, keeping it short and directed at the care given that day. Vary teaching strategies depending on time, student need, and level and clinical opportunities.

**Evaluating the Teaching Day**

Evaluation of the teaching day should occur routinely. One particular example may be called the "End of Day Newspaper Review" technique. Thinking briefly about who was seen, what got done, how the student felt about it, where the student wants to go next, and why things worked or did not can be very helpful when done on a routine basis.

Every preceptor needs some fundamental skills, what may be termed "preceptor know-how." A skilled preceptor knows how to navigate the clinical system, knows how to create a climate for learning, and knows how to get the expected work done (Mamchur & Myrick, 2003; Myrick & Yonge, 2002). Role modeling, guiding, facilitating, and prioritizing are key concepts for the busy preceptor to keep in mind. Strong organizational skills and the ability to set priorities may be critical factors in success for precepting in a busy setting. Morrow (1984) has clearly delineated the priority setting process. A good prioritizer carefully identifies the activities that are important, essential, time sensitive, urgent, and/or must be completed on time. Distinguishing between the activities that must be accomplished today versus those that would be nice to do is an essential skill.

**Working With the Difficult Student**

Although the preceptorship is a positive experience for all parties the majority of the time, problems occasionally arise. Skilled preceptors often can turn difficulties around, or at least will take appropriate steps to resolve issues. Generally, this difficulty is related to student performance, but occasionally the issue is one of student dissatisfaction or poor communication, perhaps from lack of a good match between the student learning style and preceptor style or characteristics of the clinic. A "difficult student" may be frustrated, anxious, bored, overwhelmed, unprepared, distracted, ill, or otherwise having some difficulties.

Preceptors, faculty members, and students all need to be involved with resolution of student performance problems in the clinical setting. The preceptor's first resource is a close working relationship with the program faculty, and preceptors should not hesitate to ask for a "diagnostic visit" by program faculty. Some preceptors, especially inexperienced preceptors, are tempted to wait, sometimes for extended periods, thinking a difficult situation will "get better."

Communication with faculty is enhanced by a comprehensive assessment of factors that seem to contribute to the student's lack of performance. However, even if preceptors are not able to pinpoint specific factors, they should not hesitate to send up a "red flag" to program faculty. Serious problems should be addressed that very day with a call to faculty. Notes should be made regarding the situation of concern with dates and specifics, so that the faculty can be as well informed as possible when contacted.

Even when a potential problem seems to be emerging, the preceptor should maintain quality
teaching. Opportunities for learning and application of knowledge should be provided. Continue to give the student specific rather than general feedback, share information rather than give advice, and, above all, keep communication open (Benzie, 1998). A key concept to keep in mind is that focusing on behaviors that can be changed rather than personality traits is the best strategy.

**Diagnosing the Learning and Performance Issues**

The diagnosis of clinical learning problems needs to include data about the setting and specific cases, the student's behavior, preceptor efforts and responses by the student, and the student's perceptions of the situation, all in light of course expectations. Data should include both the student's strengths and deficits. The preceptor should expect that the student (a) is prepared each day, (b) demonstrates history-taking skills appropriate for the situations at hand, (c) demonstrates critical thinking in data collection, (d) uses good physical examination skills to gather appropriate additional data, (e) demonstrates health promotion knowledge and management skills, and (f) uses knowledge of acute illness management to correctly make diagnoses and identify treatment options at a level appropriate to the course and curriculum. A student should also be able to maintain a reasonably organized approach to patient care and use of learning opportunities. Communication with staff, preceptor, and patients should be clear, organized, and appropriate. This also applies to written documentation and oral presentations of cases. Usually these elements will be consistent with clinical course objectives for NP courses. Examples of problems the preceptor may see include inability to take initiative and be responsible for parts of visits; inability to transfer knowledge from one situation to another; problems with communication with preceptor, staff, and patients; and failure to improve to the next learner developmental stage.

The preceptor and faculty need data to determine if the issue is related to a poor match between preceptor, setting, and student. For example, does the preceptor use a teaching style such as "sink or swim" that generates anxiety in this particular student sufficient to severely reduce performance? Or, is the setting too hectic, limited in space, unexpectedly busy, or providing inappropriate patients? (Benzie, 1998). Faculty and preceptor will need to discuss whether adequate adaptations can be made to achieve a fit for the student.

The level of performance should be specified through course objectives and an understanding of the course placement in the curriculum (e.g., a last-term course should have expectations approaching the new graduate's level of functioning). Preceptors may find it useful to document the behaviors identified by Hern-Lehman (2000) as exemplars that students "get it" or behaviors that are "red flags" (see Box 2). Faculty absolutely need these data.

**Box 2. Indicators That the Student is Learning in the Clinical Setting**
As a part of the student assessment, the faculty needs to determine if there are other issues from the student's perspective, including competing demands. The preceptor can provide helpful input to faculty from information provided by the student. Faculty will need to decide if the student has competing life crises and whether the student can realistically put the necessary effort toward clinical learning to meet course objectives. It is important that the preceptor not confuse the preceptor role with that of counselor. If assessment reveals mental health problems, faculty will refer the student to appropriate mental health services. In any case, even if the student is under unusual stress or going through a difficult time, the student is disadvantaged if preceptors and faculty do not have clear expectations for acceptable performance. Additionally, having an impaired student in the clinical setting can be extremely frustrating or even dangerous.

Additional Diagnostic Activities

If the preceptor's primary site is not optimal for evaluation of the student having trouble, several options may exist. Many programs have senior preceptor or faculty practice sites to use to diagnose student performance. In addition, some program faculty use laboratory simulations for diagnostic assessment. A simulation is conducted in a less intense environment and is accompanied by extensive analysis and debriefing, which can be helpful in assisting struggling students.

Implementing a Corrective Plan

If a "match" or "fit" problem is ruled out and a student problem is identified, a corrective plan needs to be developed by the preceptor/faculty team, a time frame set for corrective action, and an evaluation plan developed to determine if change has occurred. The plan must involve preceptor, student, and faculty. Faculty need to determine if the student will drop out, move to a new site, or stay in the environment. If the student is to stay at the site, a specific plan to improve areas of concern must be developed. The plan may include more
closely supervised time in faculty practice site, time observing role models, or extension of time in clinical setting (depending on school policies). The student must be willing to make the commitment and effort to address the areas of identified concern. Finally, time for follow-up evaluation and criteria that all agree to must be set (Table 3).

Table 3. Examples of Interventions for Problematic Performance

<table>
<thead>
<tr>
<th>Problematic performance examples</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unorganized or incompetent history</td>
<td>If the student is not competent, determine if she or he has an organizational framework for history; if the student lacks a useful framework, reorient to presentation basics (Coralli, 1990)</td>
</tr>
<tr>
<td>Lacks affective presentation skills</td>
<td>Encourage timing of verbal presentations and convey the expectation of extensive practice outside the clinical setting; effective strategies include rehearsal and use of a tape recorder; faculty may select and evaluate select taped presentations</td>
</tr>
<tr>
<td>Difficulty applying concepts covered in educational program</td>
<td>Give student responsibility to be prepared for one system (or specific problem) and a specific visit each clinical experience; ask student to outline the priority concerns, assessments, and decision points in a concise, articulate, and clinical relevant presentation in less than 4 minutes</td>
</tr>
<tr>
<td>Persistent difficulty “grasping” organization of problem-oriented chart and generating charting with logical flow</td>
<td>Refer to Office for Students with Disabilities for evaluation of possible learning disability</td>
</tr>
</tbody>
</table>

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Evaluation

While implementing a corrective plan, the preceptor needs to reassess the student at each clinical experience, determine if the student is making progress in the identified areas with the intensified input, and document each visit with short but specific descriptors about specified skills and progress or lack of it. The preceptor should let the student know where progress has been made as well as areas that need continued work, and must continue to use faculty as collaborators.

When the diagnosis is specific and interventions are aimed at the particular needs of the student, the most common outcome is improved performance. If improvement occurs and is satisfactory, faculty will need to determine what strategies need to continue for improvement in the next clinical. However, if performance continues to be unacceptable with outcomes not demonstrated in the time frame agreed upon, a recommendation for withdrawal from the clinical rotation or the program may be appropriate. Skillful academic counseling can often achieve this outcome in a way that provides the student with other career options. Faculty greatly appreciate preceptors for sensitive and useful assistance with diagnosis of failures of the student's performance to match the expectations of NP course and, ultimately, the NP role.

Learning Disabilities

It is not unusual for the demands of graduate education to uncover a learning disability that the student has been able to compensate for in previous education or professional practice. If the
assessment process leads the preceptor and faculty to suspect a learning disability, referral to the university's Office for Students with Disabilities is recommended. Professionals can assess the student and, if necessary, refer the student for more in-depth assistance to identify the accommodations needed for the student's success. In addition, the Office for Students with Disabilities can provide counseling, coaching on effective strategies for learning, and advocacy for needed accommodations. Generally, if the student has a documented learning disability, accommodations are mandated by law. A student's or faculty's belief that a learning disability exists is not sufficient for accommodation. Documentation of a learning disability by a professional in this field is crucial for the student to have any "legal" right for accommodations. Preceptors who suspect a learning disability need to convey that information to faculty who, in turn, will work closely with appropriate academic units.

Conclusion

In conclusion, with appropriate expectations and some strategies for basic teaching with adaptations for special student and clinic needs, most practicing NPs can function as excellent preceptors. Preceptors are urgently needed to prepare the next generation of clinicians and to provide the access to patients so important to clinical learning. In turn, preceptors obtain satisfaction from meeting a professional obligation. The great majority usually find teaching enjoyable, and they learn from the students. There is no "secret recipe" for successful precepting in a busy environment except the following: find the appropriate place, provide adequate light, nurture, protect and give time to grow! Being a preceptor is a rewarding activity. If the NP role is to continue, the best and brightest clinicians need to be involved with education of their future peers, and they will find the preceptor role enriching!

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Authors and Disclosures
Catherine Burns is Professor Emerita, Oregon Health & Science University, Portland. Michelle Beauchesne is Associate Professor, Northeastern University, Boston, Mass. Patricia Ryan-Krause is Assistant Professor, Yale University, New Haven, Conn. Kathleen Sawin is Professor and Joint Research Chair In The Nursing of Children, Children's Hospital of Wisconsin & University of Wisconsin-Milwaukee.

Reprint Address
Catherine Burns, 15490 SW Bell Rd, Sherwood, OR 97140; e-mail: burns625ce@aol.com