

## EXPERIENCE EXCHANGE

# Securing preceptors for advanced practice students

Camille Payne<sup>1</sup>, Mary L. Heye<sup>2</sup>, Kathleen Farrell<sup>3</sup>

1. WellStar School of Nursing, Kennesaw State University, Georgia, USA. 2. School of Nursing, the University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA. 3. School of Nursing, Murray State University, Kentucky, USA.

**Correspondence:** Mary L. Heye. Address: School of Nursing, the University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA. Email: maryheye@gmail.com

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## Abstract

This paper discusses challenging issues and guidelines for securing preceptorships for advanced practice registered nurse (APRN) students, i.e., clinical nurse specialists, nurse midwives, nurse practitioners, and nurse anesthetists. Student preceptorships are facilitated when there is a relationship that fosters collaboration and cooperation between faculty members in academic institutions and preceptors in clinical institutions. The faculty member in the academic setting ensures that requirements for the course and clinical experiences can be met through the choice of preceptor and patient population or setting within a clinical institution. Faculty must identify, select and contract with preceptors who are not only clinical experts, but who are able to function effectively in the roles of coach and mentor for the advanced practice nursing student. Consideration of the curriculum, student background and preceptor characteristics allows faculty to tailor the clinical assignment so that course and clinical outcomes and student goals are achieved. Faculty, preceptor and student engage in a dialog that delineates responsibilities for orientation, course and clinical expectations, supervision and evaluation. Securing written contracts and clarifying responsibilities is the result of a collaborative relationship that confirms the commitment of each partner in the preceptorship.

## Key words

Advanced practice nursing, Preceptorship, Clinical preceptor selection, Clinical contracts, Advanced practice nursing students' clinical experience, Clinical faculty responsibilities

## 1 Introduction

Preceptorships for advanced practice registered nurse (APRN) students, i.e., clinical nurse specialists, nurse midwives, nurse practitioners, and nurse anesthetists are complex and challenging across all practice disciplines because of the paradigm shift to practice education. There is a sufficient body of literature about preceptors and clinical education in baccalaureate education that is relevant for graduate APRN education, however specific studies related to advanced practice nursing are sparse. Competition for preceptors comes from expanding numbers of students enrolled in APRN programs, the evolution of APRN roles and education in at least one of six population foci<sup>[1]</sup>, increasing numbers of nursing degrees and programs offered by public and proprietary institutions, and the recent development of practice doctorates and other degrees with immersion experiences<sup>[2]</sup>. This demand for preceptors creates challenges for practice to provide preceptors and for academia to secure preceptors.

The roles of student, preceptor, and faculty must work in synchrony for good learning outcomes<sup>[3]</sup>. 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 preceptorship 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 these expectations is not always easy. The common thread however, is communication that builds collaborative relationships.

Practice and academic partners must create a collaborative structure for clinical education which includes the academic institution, supervising faculty, graduate/APRN nursing student, clinical institution and preceptor. Each has unique and similar responsibilities for preparation, teaching, support, supervision and evaluation that result in successful clinical experiences. Following guidelines that inform and delineate the responsibilities of each partner in the collaborative structure improves chances for securing preceptorships for APRNs.

## The terminology

While clinical education can be accomplished through various teaching methodologies, this article addresses direct and indirect patient care delivery experiences that provide depth and breadth in a given role or specialty with a designated population which is supervised by a preceptor and faculty<sup>[4]</sup>. "Clinical experiences are opportunities to integrate didactic learning, promote innovative thinking and test new potential solutions to clinical/practice or system issues"<sup>[4]</sup>. An advanced practice nurse preceptor is an experienced APRN, physician or other health care provider who assumes the role of clinical teacher for a student. The experience between the clinical preceptor and student is referred to as a preceptorship. Stokes<sup>[5]</sup> identifies a preceptorship as "based on the assumption that a consistent one-to-one relationship provides opportunities for socialization into practice, and bridges the gap between theory and practice." APRN students benefit from preceptors who demonstrate the application of theoretical knowledge in actual clinical settings and facilitate socialization of the student into the advanced practice nursing role.

## 2 Role of the academic institution

It is important to know the hierarchy, protocol, and individuals involved in negotiating the contract and/or serving as liaisons between the two institutions. A liaison from the academic and/or the clinical institution may be the official communication link required for communication between the faculty and preceptor. Some clinical institutions prefer that requests for preceptors are processed through administrative channels for approval prior to contacting potential preceptors. This may allow for timely notification of the preceptor's supervisor. Some academic institutions may require faculty to submit requests for preceptors through a department or dean for approval. In any case, most faculty know preceptors from professional or practice venues and many preceptors are in high demand but protocols are in place so the task of securing preceptors proceeds in an orderly manner. The academic institution or university where the school of nursing resides usually has a formal contract or memorandum of agreement with the clinical institution that covers student clinical experiences. In most settings, a general contract and or letter of agreement will have already been established between the parent organization of the nursing program or school, and the health care facility, defining commitment and obligations. It is important that the contract is signed by both parties prior to student arrival on the clinical site and copies should be provided to both institutions. There may be long-term contracts that have renewal dates specified every 3-5 years or unlimited contracts that remain current until the contract is cancelled with appropriate notification. The contracts have generic legal language to outline liability. For example, most academic institutions must ensure that students have adequate liability coverage and adequate supervision by faculty noting that the clinical institution bears no liability for student actions. A copy of the liability policy or blanket policy may be requested by the clinical institution. Students may be charged for the liability insurance through student fees when liability is carried by the university for the student and faculty. Some academic institutions require students to carry their own liability insurance and students must submit verification of current insurance each semester. It is also understood that the student functions under his/her license as a registered nurse and validation of current licensure from the state board of nursing is required. Within the academic

institution, the graduate school dean, dean of the school of nursing, provost and/or the university attorney may be listed for authorizing signatures on the contract while the clinical liaison serves to facilitate the process and maintain the current documentation. Both academic and clinical institutions have resources to guide them in contract negotiation, e.g., some insurance companies provide on-line webinars that deal with liability issues.

The challenge that often occurs in the contractual process is obtaining the appropriate authorizing signatures at the clinical institution in a timely manner so that students can access the preceptor and site at the beginning of the clinical practicum. Failing to identify a preceptor early enough to initiate and complete the contract can result in the student starting the clinical experience late which can be detrimental to completing the high number of clinical hours or clinical projects for the semester. Early identification of the preceptor and meeting timelines for submitting paperwork will provide sufficient lead time to negotiate and complete contractual agreements. The student or faculty initiates the process by identifying a preceptor at a clinical institution; then it must be determined if a contract between the school and the clinical institution exists, or if it needs renewal or if a new contract must be initiated.

The school assumes responsibility for supervision of the student experience and for maintaining regulatory information on the faculty and the preceptor. One challenge is negotiating a contract with a clinical institution from a state different from the state in which the program is housed; this is common with distance learning programs. The academic institution should investigate appropriate authorization, terms and conditions from the state board of nursing in which the preceptor and clinical institution reside before they begin contract negotiation.

For the purposes of this paper, the term clinical liaison will represent the designated individual who deals exclusively with the clinical education contracts. This role may be formally assigned and titled or informal, but it is the most efficient way to streamline communication among institutions to ensure that the contracts are authorized appropriately and filed for legal and accreditation documentation. Having one individual like a clinical liaison for reliable and consistent communication in the contract negotiation instills trust, often opens the door for disclosing concerns, and facilitates problem-solving when problems occur in the preceptorship.

### **3 Role of the clinical institution**

Clinical institutions may be acute care or ambulatory hospitals, in-patient or outpatient clinics or physician or other health care provider groups. These often have a similar hierarchy of administrative personnel and/or attorneys that process and approve contracts for nursing student experiences. The clinical liaisons for the clinical and academic institutions must maintain a good working relationship in order to be ready to address problems or questions that may arise during the clinical practicum. For example, there may be several APRN students requesting a preceptor and determining how to deal with this conflict will depend on keen communication skills, clinical institution requirements and preceptor preferences. Some clinical institutions may have their own contract that serves in lieu of the academic institution's contract. Such contracts are scrutinized for specific liability language. In addition to the clinical institutional contract, a contract with the individual employee that acts as a preceptor may be required. Clinical institutions may allow all employees/preceptors to be covered under one contract versus separate preceptor contracts. The stipulations noted in a preceptor contract are the responsibility of the preceptor, student and faculty to maintain and each individual's signature may be required. For example, general and specific expectations of the preceptor and student are usually outlined and the student's malpractice insurance coverage and basic or advanced life support certification or other conditions may be specified.

### **4 Role of the faculty**

To ensure ample numbers of APRNs are available to meet societal needs, interest has grown in educating students where they live and work using computer-based distance-learning programs and local clinical preceptors. Traditional on-site programs, computer-based distance-learning programs and or hybrid programs (combination of traditional classroom and

distance classes) have been developed for advanced practice roles and require preceptors to commit to 500 to over 1000 hours of clinical experience over several semesters. Preceptors are critical to APRN education because programs cannot survive without them. So, faculty must develop skills and strategies to negotiate with preceptors because they provide students with direct patient care and health care system experiences, and they verify student competencies in patient care delivery.

**Table 1.** Resources for APRN Preceptorship

- Mission statement for school
- APRN Program objectives
  
- APRN student survey for clinical placement
- APRN preceptor information form/Preceptor's Professional Profile
- Planning grid for preceptor assignment
  
- Course syllabus
- Course clinical objectives
- Clinical evaluation of student form
- Evaluation of preceptor form
- Evaluation of clinical/supervising faculty form
- Preceptor contract for APRN programs form
- Clinical hours tracking form for students
- Clinical site visit schedule
- Examples of student's clinical log & episodics
- Introductory letter to preceptors
- Thank you letter and recognition documents to preceptors

A challenge for faculty is finding preceptors and maintaining a reliable network of experienced preceptors for local, regional and distance-learning programs. Often faculty have to search for, find and assign preceptors to students which may take considerable time. Having documents already formatted for different steps in the process saves time and effort. A list of documents for planning and implementing clinical experiences with preceptors is found in Table 1. A survey of students prior to each clinical course can elicit information on the student's previous clinical experience, preference for clinical institutions and specialty, any limitations to consider in an assignment, and/or prospective preceptors for a course. This information contributes to deliberations and rationale for decisions about preceptor, clinical location and student resources and preferences. Some programs encourage students to find their own preceptors, but ultimately the faculty bears responsibility for creating a *good match* between the student and preceptor at a clinical site. Figure 1 is the APRN Student Preceptor Information form which solicits information about a prospective preceptor that is helpful in assessing the suitability of the preceptor for a course or APRN student. Using a grid for clinical placement of graduate students (see Table 2) allows the faculty or clinical liaison to record relevant data about the student, prospective preceptors and stages of negotiation. Past experience, clinical expertise, level of development, personal characteristics, and clinical setting are equally important, interacting elements that influence the goodness of fit between the student and the preceptor<sup>[6]</sup>. Another consideration is if the preceptor and setting can provide opportunities for the student to acquire advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care for the specific course. Over all, the faculty must be able to justify how this preceptor experience meets the education criteria necessary for graduation and national certification in the role for the population-focus which then makes the APRN student eligible for licensure to practice.

**Figure 1. APRN Student Preceptor Information**

Thank you for your interest in becoming a preceptor for APRN students. If you wish to become a preceptor for \_\_\_\_\_ APRN Program, please take a moment to review the benefits and complete the preceptor form.

**BRIEF CURRICULUM VITAE FORM  
APRN STUDENT PRECEPTOR**

**Required Information:**  
 Name (Last, First, Middle Initial): \_\_\_\_\_ and include credential(s)  
 Home Address (City, State, Zip/ \_\_\_\_\_ Postal Code): \_\_\_\_\_  
 \_\_\_\_\_  
 Work Phone # with Area Code: \_\_\_\_\_  
 Work Fax #: \_\_\_\_\_  
 Work Address (City, State, Zip/ \_\_\_\_\_ Postal Code): \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Current Work Title: \_\_\_\_\_  
 Area of Specialty: \_\_\_\_\_  
 Population Focus: \_\_\_\_\_  
 RN License number and expiration date: \_\_\_\_\_  
 APRN license number and expiration date: \_\_\_\_\_

**Complete the section below or attach a Resume**  
**PROFESSIONAL EXPERIENCE** (list most recent first):  
 Type of position held: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Dates: \_\_\_\_\_

**EDUCATION:**  
 Highest degree earned: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Date of Graduation: \_\_\_\_\_

**CERTIFICATIONS:**  
 Certification: \_\_\_\_\_  
 Certifying body: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_

**PROFESSIONAL MEMBERSHIPS:**  
**PRESENTATIONS/PUBLICATIONS:**

**Table 2. Example of Planning Grid for Preceptor Assignment**

SEMESTER/DATE:					
COURSE: NURS XXXX MED-SURG CNS I: Health Management					
PROGRAM COORDINATOR/SUPERVISING FACULTY: XXX; Office No. XXX Pager No. XXX:					
STUDENT NAME & CLINICAL BACKGROUND	PATIENT POPULATION/ SPECIALTY & CLINICAL PREFERENCES	PROSPECTIVE PRECEPTORS TO CONTACT	AGENCY	CONTACT INFO	COMMENTS
Mary 3 years in CCU and 1 year in PACU	MI, Cardiac, Trauma, EKGs <i>Prefers UH-but is employed there</i>	Samuel XXX, MSN prepared CNS or CNS on Telemetry, or cardiac unit at ...			
Sam 2 years in SICU and 5 years on surgery floor	Liver, renal transplant	Rosa XXX, MSN prepared coordinator in transplant area at University Hospital? Jennifer XXX, MSN, RN, CNS			
John 1 year in ED, 1 year on intermediate SICU, 1 year home health	Neurosurgery <i>Prefers Methodist but he is employed there</i>	Trauma Services UH Or Philip XXX, ACNP at Methodist Neuro-XXX ACNP at Neuro Team /Neurosurgery			
Sarah 5 years in telemetry unit	MI, CHF, COPD, Vascular	Phyllis XXX, MSN, RN, ACNS-BC, CNS at VA in Vascular Surgery			

Factors that may facilitate the APRN preceptor/student relationship include length of time in the practicum, preceptor experience, and choice of preceptor rather than acceptance of faculty assignment. Preceptor and student age differences, student nursing experience, and the tone of the clinical setting can also either facilitate or hinder the development of mentoring. Although professional discipline of the preceptor may be important to many students, a humanistic precepting style and area of clinical expertise may be equally or more important. Understanding factors that facilitate or hinder mentoring will help faculty to better plan clinical experiences, assist preceptors in their potential roles as mentors, and maximize learning opportunities for mentor-seeking students who must navigate successfully in today's cost-conscious, quality outcome-oriented health care environment <sup>[3]</sup>.

#### 4.1 Preceptor selection and characteristics

Preceptorship can be a useful teaching-learning strategy, but only if the preceptorship is guided by well-designed selection, education, orientation and evaluation criteria. The current literature supports the need and use of more explicit preceptor selection criteria. In the best of experiences, the preceptor facilitates the student's clinical learning, acts as a role model, promotes role socialization, encourages independence, and promotes self-confidence which leads to clinical competency. In other circumstances, the preceptor merely arranges and supervises the student's clinical experience, taking a less active or no role in the student's professional development.

Clinical teaching is a complex process that requires not only expertise in clinical content but also positive personal attributes. It is also recognized that regardless of background, not all clinicians make good clinical preceptors <sup>[7, 8]</sup>. Criterion-based selection would assure a measure of standardization and quality. Several studies report a need for more definitive selection criteria to include MSN or higher education requirement, greater than two years full time experience in specialty, personal qualities, a positive attitude toward teaching and learning, excellent communication skills, and an ability to stimulate critical thinking <sup>[7, 9-14]</sup>. Hayes <sup>[3]</sup> studied the preceptor role and identified qualities of good preceptors from students' perspectives. Personal characteristics included being empathic, warm, respectful, and humorous. Flexibility, fairness, dependability, consistency, and enthusiasm were valued. Students also looked favorably on preceptors who were willing to work with the beginning student, could adapt their teaching style as needed, and supported the educational program. The preceptor is expected to have current clinical skills and knowledge, help students recognize their assumptions and think through their management decisions, and model effective communication with clients that emphasizes psychosocial aspects of care. Accrediting bodies or professional organizations also have recommendations for APRN credentials, e.g., educational preparation is appropriate to his/her area(s) of supervisory responsibility, at least one year of clinical experience in their role, current authorization by the appropriate state licensing entity to practice in his/her APRN role in a population-focused and/or specialty area, and national certification. Unfortunately, sometimes emergent needs or other factors like travel may result in the underutilization of qualified clinical preceptors. Often, faculty have limited options for preceptors, and consequently, preceptor availability and number of years of service or experience may be determining criteria in preceptor selection.

#### 4.2 Preceptor orientation

Preceptor orientation to the program goals, specific course objectives and student assignments is essential for preceptors to design and plan experiential activities and to effectively teach and evaluate students. The challenge is providing this orientation and ongoing training within the constraints of preceptors' time limitations. Recommendations to improve preceptorship programs include workshops, faculty visits to institutions, video and written materials with continuing education hour (CE) credit, and an interactive online discussion group <sup>[15]</sup>. A faculty-developed preceptor manual that combines both theoretical and practical information, as well as exercises to be completed by preceptors would be a helpful adjunct to a verbal orientation. The manual should address theories of learning, developing objectives with students, feedback and evaluation, and working with students who have problems. Preceptors may receive continuing education (CE) by completing interactive case studies and a post-test in the orientation manual. The faculty must also consider the time investment of the preceptor in this activity. While the CE is an attractive option with a preceptor manual, preceptors may be unable to participate in this activity due to time limitations at work or at home. Therefore, it is imperative that

faculty take time to meet with and/or verbally highlight the expectations and evaluation process with the preceptor during orientation and provide appropriate documents in electronic or paper format for reference.

While a number of studies report the existence of orientation programs for clinical preceptors, there is evidence that substantial formal orientation and preparation for preceptors is needed<sup>[9, 11]</sup>. The literature suggests that nurses require guidance to adequately perform in the clinical preceptor role. A study by Allen and Simpson<sup>[16]</sup> found that preceptor preparation and support did not meet preceptors' needs, nor make them feel valued or acknowledged. Formal and informal preceptor orientation often lacks content on communication, teaching techniques and methods, adult learning, conflict resolution, and evaluation<sup>[17]</sup>.

### 4.3 Preceptor evaluation and feedback

Students and faculty are evaluated in the clinical setting and they also evaluate preceptors. A copy of the preceptor evaluation form should be given to the preceptor at orientation. Faculty initiate an evaluation of the preceptor from the first phone call or email or introduction to the end of clinical in many informal ways. Occasional emails and scheduled site visits offer an opportunity to engage preceptors in discussion of the student's progress on specific objectives, and these interactions also give the faculty data on the preceptor's supervision of the student. While the faculty evaluation of the preceptor may be informal, a formal preceptor evaluation should be completed by the student at the conclusion of the clinical experience. Preceptor evaluation is necessary to assess the quality of teaching, effectiveness in the role, student impact. This evaluation helps faculty understand how the preceptorship experience affects the student's APRN practice, and provides for constructive feedback to preceptors. Evaluation also provides empirical data to ascertain strengths and weaknesses of the preceptor program and its improvement or refinement<sup>[18]</sup>. According to Myrick & Barrett<sup>[19]</sup> "a major component of the nursing education mandate is to implement knowledge and to assess the effectiveness of teaching strategies utilized within existing criteria". Gaberson and Oermann<sup>[9]</sup> designed an evaluation tool for graduate nursing education, modified from a teaching effectiveness instrument, and based on a preceptorship learning contract for faculty and student. Studies by Ferguson<sup>[20]</sup>, Carlson, Pilhammar & Wann-Hansson<sup>[21]</sup> and Stevenson *et al.*<sup>[22]</sup>, indicate that clinical preceptors want and need feedback on their performance and faculty should provide this data if requested by the preceptor. Despite the recognition of this need, clinical preceptor evaluation has received little attention in the literature and lacks formal process integration and rigor if done at all within graduate APRN programs.

### 4.4 Faculty and preceptor communication

In the clinical setting, there is often little time for the preceptor and faculty member to engage in prolonged conversations because of the preceptor's work time constraints. It is important to raise the issue of time and its impact on the precepting process<sup>[21]</sup>. The preceptor should identify the best method and the most convenient time to communicate with faculty about student progress. Periodically faculty may initiate a telephone call or send an email or text message to solicit a preceptor's concerns about specific situations. For example, the faculty member may ask about a specific student's performance or progress in the preceptor-student relationship, or how the preceptor manages his/her current job with an APRN student assignment, or whether the expectations of the faculty, student or preceptor are realistic. These types of questions allow preceptors the opportunity to share their opinions and ask questions promoting a more collegial relationship. Carlson, Pilhammar & Wann-Hansson<sup>[21]</sup> reported preceptors felt that collaboration, professional relations and interactions, and the personal perspective were very important to their role in clinical teaching. Other recommendations for faculty to maintain communication include making site visits for student evaluation and discussing the evaluation with the preceptor, and providing assessments of student progress in the course.

## 5 Role of the preceptor

Benner<sup>[23]</sup> states that legacy lies within a practice. Within advanced nursing practice, that legacy unfolds in the work of preceptors in clinical settings. Faculty entrust the experiential development of clinical performance to preceptors who serve as the expert practitioners, and front line patient care providers in health care arenas. Ulrich<sup>[24]</sup> suggests that there are

multiple aspects to the role of the preceptor, including teacher, evaluator, coach, role model, protector, socialization expert and leader. One of the most important aspects of the precepted relationship with a student is the socialization of the student into the role of advanced nursing practice. This immersion in the culture<sup>[25]</sup> provides the context for the student's full role development. Socialization is as important as acquisition of skills and knowledge<sup>[23, 24]</sup>. While APRN students are often experienced practitioners, they are beginners in advanced practice, and must gain the social exposure necessary for development through experiences with the preceptor.

## 5.1 Preceptor expectations

A successful preceptorship is based on establishing a relationship and defining expectations. While it may be a time consuming and repetitive task, the preceptor should plan sufficient time and resources to meet with faculty and the student for orientation. This initial and important step provides a strong foundation to develop and maintain an effective level of mutuality for establishing a working relationship with the current student and future students.

When the faculty member and preceptor meet they can exchange information to determine whether or not the preceptor will meet the requirements to serve as preceptor, and whether the clinical facility/environment will meet the requirements for the particular course and the needs of the student. While there are varying qualifications for preceptors by state, the preceptor should personally assess their qualifications as a clinical expert, and whether she/he has sufficient background to influence the student's development of clinical expertise and leadership. The preceptor should also determine if the clinical site and patient population provide the student with the best opportunity for learning and development in the achievement of course and clinical objectives<sup>[25]</sup>. If the preceptor and faculty agree to the preceptorship, then the preceptor contract is signed and serves to further explicate responsibilities of academic institution, faculty, preceptor and student (see Figure 2).

**Figure 2.** Preceptor Contract for Advanced Practice Nurse Student(a)

<p>Dear Preceptor:</p> <p>Thank you for agreeing to be a preceptor for an Advanced Practice Nurse student in the XXX Program at the XXX School of Nursing. The clinical experiences the student will obtain in your office or clinical area are critical for the synthesis of theoretical concepts and implementation of interventions. You are the key to successful learning experiences in the clinical setting. The Advanced Practice Nurse (APN) student will work closely with you, learning from your feedback, advice and supervision. Through this clinical experience, the student will progressively develop the skills and clinical judgment necessary to become a (specify which APN role). The student's clinical faculty advisor will make at least XXX site visits to the office or clinical site to discuss the student's progress, observe the student with clients and evaluate the student performance based on the clinical objectives. The preceptor and faculty advisor collaborate in providing clinical instruction and evaluation.</p> <p>You will need to complete the following forms:</p> <ol style="list-style-type: none"> <li>1) The Preceptor Contract form establishing your willingness to serve as a preceptor for the specified student;</li> <li>2) The Preceptor's Professional Profile or curriculum vitae indicating professional preparation and licensure;</li> <li>3) Following receipt of the Preceptor Contract you will be sent a formal contract (Memorandum of Agreement), if one is required. The formal contract will establish the legal parameters between you (and your clinic, if necessary) and the School of Nursing. This contract (Memorandum of Agreement) is the final document that must be completed and returned prior to initiation of this preceptorship relationship.</li> </ol> <p>We welcome you as a Graduate Preceptor and appreciate your contribution to our program and the clinical education of our students.</p> <p>_____ Coordinator, APN Program signature</p> <p>_____ Associate Dean for Graduate Nursing Program signature</p>
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**Figure 2.** Preceptor Contract for Advanced Practice Nurse Student(b)

<b>RESPONSIBILITIES ASSOCIATED WITH THE PRECEPTORSHIP</b>	
<b>I. Responsibility of the School of Nursing</b>	
1)	The School will initiate a contract between the preceptor and the School of Nursing (SON). The contract will be signed by the legal signatory for the agency, and the SON designee, the Associate Dean for Graduate Program.
2)	The SON will provide the course work and laboratory experiences that establish the foundation for clinical practice.
3)	The SON will provide faculty site visits to preceptorship sites to evaluate the student and to assist the student and preceptor, as needed, in accomplishing the clinical learning objectives.
4)	The SON will provide the materials required for evaluation of the student's performance in the preceptor's clinical setting.
<b>II. Responsibility of the Faculty</b>	
1)	Responsible for identifying and evaluating clinical sites for appropriateness of learning experiences and ensuring completion of site evaluation forms.
2)	Responsible for making student/faculty assignments and assigning students to appropriate clinical sites.
3)	Responsible for all documents related to the preceptorship, including the Preceptor Contract, Preceptor Professional Profile (or <i>curriculum vitae</i> ), and appropriateness of the clinical site.
<b>III. Responsibility of the Preceptor</b>	
1)	The Preceptor will provide a setting in which the objectives of the course may be achieved.
2)	The Preceptor will function as a role model and provide clinical teaching and supervision for the student.
3)	As appropriate, the Preceptor will co-sign all records and orders written by the APN student unless otherwise restricted.
4)	Preceptor will verify the student's clinical hours in his/her clinical site.
5)	The Preceptor will meet at least twice a semester with the student and faculty to discuss the student's progress and learning needs.
6)	The Preceptor will provide input regarding clinical evaluation of the student and will complete the clinical evaluation form at the end of the semester for the student.
7)	The Preceptor is expected to notify faculty immediately when unsatisfactory performance of the student is in question.
<b>IV. Responsibility of the Student</b>	
1)	The Student will assist in collection of legal and contractual documents prior to beginning the clinical experience.
2)	The Student will submit a completed student profile to the preceptor on or before the first clinical day.
3)	The Student will establish a mutually agreeable schedule for clinical time with the preceptor. He/she will come to the clinical experience prepared to perform in accordance with assigned learning activities in accordance with course.
4)	The Student will demonstrate ability to manage progressively complex patient care situations in accordance with his/her academic progression.
5)	The Student will follow policies and procedures established in the student and preceptorship handbooks and will keep the preceptor informed about learning activities and projects at the clinical site.
6)	The Student functions under the Nurse Practice Act statues and regulations for expanded nursing roles. Students of XXX School of Nursing are covered by the Student Blanket Medical Liability Insurance. This coverage also includes the faculty and the School of Nursing.
7)	The Student participates in conferences with the preceptor and faculty to discuss progress, problems, and learning needs.
8)	The Student will maintain accurate records of clinical time and experiences.
9)	The Student will complete the specified clinical paperwork required for the course and submit it at designated intervals to the faculty.
10)	The Student may be required to pay travel expenses for faculty traveling outside a specific geographic area for student clinical evaluation. Alternative arrangements may be negotiated with the faculty.

## 5.2 Initiating the preceptorship

When the faculty and the preceptor have met and defined the general expectations, and are in agreement to proceed, contractual requirements are initiated. The relationship among the faculty, student and preceptor can be defined through a simple written contract which serves to improve communication and expectations between all parties (see Figure 2). The contract should clearly stipulate expectations of the preceptor, including the number of hours and start and stop dates for the clinical rotation, processes of clinical supervision and evaluation, and contact information for the student, faculty and preceptor.

## 5.3 Orientation for student and preceptor

The faculty orients the student to the course and clinical expectations and usually provides electronic access to this information and forms through an online hosted course site. Orientation to the clinical site for the student is arranged by the preceptor or the clinical liaison and will vary based on the clinical institutions policies for APRN students. Part of the expectations of the preceptor is to orient the student to the clinical environment, including layout of the facility, location of policies, procedures, mission and goals and obtaining authorized access to computer and electronic health records. Introductions of the student to staff and familiarization with the health care facility will reduce student anxiety and provide a smooth transition to clinical work.

At the minimum, preceptors need abbreviated information about the APRN program's objectives and outcomes, and specific course requirements. Particularly with new preceptors, having this overview of the curriculum can help the preceptor understand where the specific objectives for the student "fit" in the overall scheme of APRN education. The clinical or academic institution may provide or require more extensive orientation for preceptors which might include such topics as adult learning theories and styles, the development of competence, clinical reasoning and judgment, communication, and organization and time management <sup>[24]</sup>. Communication between preceptor and student, and preceptor and faculty should occur as often as necessary to share essential information and preceptors should have access to faculty and student email addresses, phone numbers and emergency contact information. The preceptor should in turn discuss his/her preferred method and convenient time for communicating with student and faculty.

Preceptors should carefully review the expectations, clinical objectives and requirements for the student. Preceptors may benefit from being provided concrete examples of expected behaviors that may be helpful in evaluating what is and what is not acceptable. The preceptor determines appropriateness of clinical activities and makes faculty and student aware of learning opportunities, e.g., whether or not the student would have access or invitation to attend meetings with the preceptor and the importance of maintaining confidentiality (The Health Insurance Portability and Accountability Act (HIPAA)) not only for patients but also for information considered confidential for the healthcare institution in which the graduate student is a guest. It is essential that the preceptor understand the level of work expected of the student, and the time frame in which the student must accomplish expected tasks or projects.

An essential part of the orientation is the review of expectations for student evaluation. The preceptor should advise the faculty about their experience with writing evaluations, and request clear expectations of both verbal and written evaluative statements for students. Examples of assessment statements on clinical performance, as well as examples for written narrative in the clinical evaluation instrument can be discussed with the faculty. Emphasis should be placed on statements made in clear, objective terms, rather than subjective comments of interpretation or opinion <sup>[26]</sup> and preceptors should seek guidance from faculty if needed.

The preceptor and the faculty should determine tentative dates and times during the semester for student evaluation. The faculty member makes on-site clinical visits for the purpose of student evaluation while the preceptor evaluates the student on an ongoing basis. A formal clinical evaluation of the student by faculty and preceptor at mid-semester and at the conclusion of the semester is important for documenting progress in competencies and recommending areas for improvement; however, on-site evaluations can occur anytime when the preceptor or faculty think it is appropriate.

Providing a copy of the student clinical evaluation form during orientation will help the preceptor focus on those objectives and competencies on a day-to-day evaluation of the student. The preceptor should be given information about when the evaluation is expected to be done and what will be done with the information once the evaluation is given to the faculty member.

## 5.4 Evaluation of the student

An important role of the preceptor is the formal evaluation of the clinical performance of the APRN student. Preceptors should understand their expected role in evaluation of the student and be thoroughly familiar with the clinical evaluation instrument. As discussed earlier, giving examples of written and verbal feedback will help to provide consistency between the expectations of the faculty and the preceptor. Preceptors should be encouraged to provide ongoing feedback to the students using specific statements and situations. Statements such as, *Today, you demonstrated independent critical analysis of the clinical patient situation...* assist the student to develop the ability for self-evaluation and validates achievement of clinical competencies; the statement may also point to unsatisfactory behavior and suggest strategies for correction. The grading or rating scale for the clinical evaluation tool may contain positive and negative behaviors or cite statements of positive types of behaviors that meet the clinical objectives. Preceptors should also understand that while their input is valuable and essential, the final decision and responsibility regarding evaluation of clinical performance rests with the faculty member. Consequently, the supervising faculty member's direct observations and presence in the clinical area for evaluation purposes is critical to providing the data and documentation necessary for determining clinical pass or fail status of a student.

Preceptors may be reluctant to inform faculty of performance issues. However, this is a critical behavioral expectation for preceptors in order for faculty to accurately evaluate the overall status of the student. Burns, Beauchesne, Ryan-Krause & Sawin<sup>[27]</sup> note that the preceptor, faculty and student all need to be involved to resolve student performance problems. The preceptor should notify faculty regarding concerns or deficits. Having easy recourse and contact with faculty allows for review of problematic performance and prescription for early interventions and a plan of action for the student. Beebe<sup>[28]</sup> suggests a contact report to document both the problem behaviors and a plan of remediation or correction. The report should tie problem behaviors to a specific standard of expectation or objective, and should include any previous statements of concern to the student. Faculty and preceptor have responsibility for reporting and recording such incidents and the intervention.

## 6 The student

Expectations of student performance include daily preparation, critical thinking in data collection, good physical examination skills, demonstration of health promotion knowledge and management skills<sup>[27, 29]</sup>. Further, students should be capable of organizing their approach to the provision of patient care. Students should understand that preceptors must ensure the provision of safe patient care<sup>[30]</sup>, so there should be discussion and clear directions about activities that need to be supervised and unsupervised and reporting adverse events. Students are expected to maintain frequent communication with the preceptor and faculty. The method and frequency of meetings for the student and preceptor should be established or arranged as necessary to address clinical, course and academic concerns and issues. Continued role modeling of professional communication and problem solving by all those involved in the preceptorship will reinforce effective interpersonal verbal and written communication behaviors for the student.

## 7 Termination of the preceptorship

When the contracted agreement period ends, the preceptor, student and faculty formally acknowledge and terminate the contract for their preceptorship—this is a mutual process. All academic and clinical work should be submitted by the student as appropriate and acknowledged by the faculty. End of term clinical evaluations of student, faculty and preceptor

should be submitted and the ratings and comments discussed as appropriate. Other student obligations associated with termination include returning badges and/or terminating computer access with the clinical institutions' information management systems. Meeting with the preceptor one last time is an opportunity for student and preceptor to review the student's progress, objectives achieved, contributions of the students, and to engage in a frank discussion of the student's strengths and areas for improvement. At this meeting the student may request the preceptor's business card and request permission to have further contact with the preceptor to provide a reference or career advice. The faculty member meets with the student to provide a clinical evaluation with summative and formative feedback.

## 8 Preceptor recognition

Preceptors should be recognized for their work and contribution to the education of future generations of APRNs. The opportunity to participate in the education of others may not be sufficient incentive to continue as a preceptor. Beyond the awareness that they have impacted the future of nursing and are giving back to the profession, preceptors should also benefit in tangible ways from the experience and programs can provide this in different ways as discussed previously. Preceptors, faculty and students should express formal appreciation through a letter to the preceptor that cites specific preceptor behaviors, but also provides details of the clinical rotation, e.g., the dates of the rotation, time in hours, clinical institution, examples of activities or projects and the patient population. Recognize that the preceptor may need such documentation of the preceptorship to provide justification and validation of their contribution and role performance for their own process of evaluation.

## 9 Conclusion

A clearly identified collaborative structure and process is critical in securing preceptorships for APRN students. The academic institution, supervising faculty, graduate/APRN nursing student, clinical institution and preceptor have unique and similar responsibilities for preparation, teaching, support, supervision and evaluation. Delineating responsibilities for each role with emphasis on organization and collaboration illuminates successful strategies for securing preceptorships for APRN students.

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