PARTNERS IN NP EDUCATION

A Preceptor Manual for NP Programs, Faculty, Preceptors & Students

SECOND EDITION

MARY ANNE DUMAS
PHD, RN, FNP-BC, GNP-BC, FAANP, FAAN, FNAP
EDITOR

THE NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES
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EDITOR
Mary Anne Dumas, PhD, RN, FNP-BC, GNP-BC, FAANP, FAAN, FNAP
Professor and Associate Dean for Academic Affairs,
Hofstra University North Shore–LIJ Graduate School of Nursing

Contributors

Mary Lee Barron, PhD, APRN, FNP-BC, FAANP
Southern Illinois University Edwardsville

Mary Anne Dumas, PhD, RN, FNP-BC, GNP-BC, FAANP, FAAN, FNAP
Hofstra University North Shore–LIJ Graduate School of Nursing

Katy Garth, PhD, FNP-BC
Murray State University

Gail Hill, PhD, RN
University of Alabama Birmingham

Gary Laustsen, PhD, APRN-CNP (Fam), RN, FAANP, FAAN
Oregon Health & Science University

Sharon E. Lock, PhD, APRN
University of Kentucky

Julie Marfell, DNP, APRN, FNP-BC, FAANP
Frontier Nursing University

Emily Merrill, PhD, RN, FNP, BC, CNE, FAANP
Texas Tech University Health Sciences Center

Mary B. Neiheisel, BSN, MSN, EdD, CNS, FNP-BC, FAANP
University of Louisiana at Lafayette

Faith House, Inc.
Nelda New, PhD, APN, FNP-BC, ANP-BC, CNE
University of Central Arkansas

Georgia Nygaard, DNP, RN, CNP
University of Minnesota

Shannon Reedy Idzik, DNP, CRNP, FAANP
University of Maryland

Susanne J. Phillips, MSN, FNP-BC
University of California, Irvine

Sharon L. Sims, PhD, FAANP, ANEF
Indiana University

Melinda M Swenson, PhD, FAANP, ANEF
Indiana University

Andrea Wolf, DNP, CRNP
University of Delaware

See Appendix A for list of contributors to Edition 1
“Learning is not attained by chance, it must be sought for with ardor and diligence.”

—Abigail Adams
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Contributors

Sharon L. Sims, PhD, FAANP, ANEF
Indiana University

Melinda Swenson, PhD, FAANP, ANEF
Indiana University
**Introduction**

Clinical preceptors are NPs and other clinicians who contribute to the clinical teaching of nurse practitioner students. This module guides clinical preceptors engaged in teaching in NP programs. It is also a guide for faculty members who coordinate students and clinical preceptors. A preceptor monitors and directs the student's clinical learning experience while acting as a role model. The preceptor promotes advanced practice clinical role socialization, facilitates student autonomy, and promotes self-confidence that leads to clinical competence (Hayes & Harrell, 1994). The preceptor plays a critical role in the educational process for NPs (Burns, Beauchesne, Ryan-Krause, & Swain, 2006).

The preceptor engages an NP student in the guided experience of integrating and applying scientific knowledge to clinical practice. The preceptorship of clinical students is a recognized responsibility for most health care professionals. NP faculty members understand that preceptors take their mentorship responsibilities seriously. Current practice environments can create systemic barriers and competing responsibilities that may make it difficult for some practitioners to precept. This module may help to make the precepting experience interesting and fulfilling for both preceptors and students.

**Why Clinicians Become Preceptors**

Clinicians strive to continuously improve their own skills and knowledge, so they can provide high quality care. For many excellent clinicians, it is natural to extend their energy and enthusiasm to the preparation of the next generation of NPs. Precepting provides the clinician an opportunity to teach, share clinical expertise, increase one's own knowledge base, serve as a role model, and influence changes in NP education.

**Benefits/Rewards of Precepting**

Donley et al. (2014) report the preceptor's top perceived benefits and rewards:

- contribute to my profession;
- teach graduate nursing students;
- share my knowledge with graduate nursing students;
- keep current and remain stimulated in my profession;
- gain personal satisfaction from the role;
- socialize the graduate nursing students into their new role;
- learn from graduate nursing students;
- improve my teaching skills;
- increase my own professional knowledge base;
- be recognized as a role model;

- influence change in my practice setting;
- increase my involvement within my workplace;
- improve my organizational skills; and
- improve my chances for promotion/advancement within my workplace.

**ROLE OF THE PRECEPTOR AS CLINICIAN AND EDUCATOR**

- Directs overall goals and objectives for the practicum experience based on student outcome objectives provided by the student, and/or program faculty.
- Provides students with clinical experiences that are grounded in the implementation of evidenced based practice, and represent typical advanced practice nursing.
- Identifies and discusses the student's needs in order to meet the course objectives.
- Assesses the nature of particular patient-care encounters to enable the student to meet personal learning objectives.
- Uses appropriate teaching methods to help the student meet learning objectives.
- Evaluates whether the student's objectives have been achieved by the end of the practicum.
- Provides the student with feedback regarding patient care decisions, professional comportment, and progress toward objectives.
- Demonstrates attitudes and qualities consistent with the ethics of the health professions.
- Applies leadership skills in the area of peer review, quality assurance, and community involvement.
- Respects the student, the clinical faculty, the advanced practice curriculum, and the nurse practitioner program.
- Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.
- Ensures that students comply with HIPAA training and regulations.

**Preceptor and Program/ Course Faculty**

**NURSE PRACTITIONER COURSE PROGRESSION**

Prior to the student's clinical practicum, preceptors should receive a copy of the specific course description and objectives, as well as the student's individual clinical learning objectives. Reviewing the NP program/curriculum outline provides the preceptor with an understanding of the stages of academic progression in the NP program (Marfell, 2011), as well as the
clinical course the in which student is enrolled. Awareness of the
curriculum enables the preceptor to design learning experiences,
based on previous and current courses and clinical capabilities.
Preceptors find that a quick overview of the NP program
curriculum provides a road map for the student's learning needs.

COMMUNICATION WITH THE FACULTY
When program coordinators and faculty members attend to
orientation of and communication with preceptors, the clinical
practicum is enhanced for all. Data show that a strong preceptor
orientation should include reflection, critical thinking and
communication skills in recognition of the complexity of the
preceptor role (Carlson, 2013). As well, the ability for ongoing
communication throughout the clinical experience is valuable.
Faculty members and others at the academic institution should
provide phone numbers and email addresses to preceptors before
the clinical practicum begins. The preceptor should also provide
contact information along with the best times for contact.

NP program faculty arrange for site visits to observe the student
providing direct care to patients and families. Direct observation
by a member of the program faculty corroborates the preceptor's
evaluation. Time should be scheduled during faculty site visits
so the preceptor and faculty member can discuss concerns
related to the student's performance, the preceptor's role, or any
questions about the program. Faculty-preceptor evaluation can
be performed at a distance, using other technologies (e.g. video
or teleconferencing). Faculty, student, and preceptor telephone
calls may also support preceptors during the student's
clinical practicum and performance evaluation.

Preceptors should collaborate with faculty when a conflict or
problem related to the student is identified. Any preceptor/
student conflicts that have the potential for an adverse effect on
the clinical experience should be discussed with the faculty as
soon as possible. Faculty and preceptors should maintain open
lines of communication throughout the clinical experience.
Clinical faculty members are a particularly valuable resource to
preceptors working with weak, unsafe, or unethical students.
Most college/university policies hold the faculty responsible for a
student's final grade in a clinical practicum.

Any problems related to the faculty member's role in the
preceptorship experience should be discussed by the faculty
member and the preceptor. If the problem cannot be resolved
in this way, the preceptor should discuss it with the program
director.

Liability Concerns
Care provided by students must be held to the same standard of
care provided by a licensed advanced practice professional (NP,
MD, DO, CNM). Preceptors are liable for the care provided to
their patients while being preceptored. Preceptors introduce
the student to their patient, and request the patient's permission to
be interviewed and examined by the student. There is a clear
understanding that the preceptor remains the primary care
provider, is responsible for decisions related to patient care, and
will continue to provide follow-up care.

Legal and reimbursement guidelines require that preceptors
validate findings on physical examination, review laboratory
tests, and confirm differential diagnoses and management plans
with students prior to the discharge of the patient. Review by
the preceptor must be documented in the record, indicating that
the preceptor has examined the patient, is in agreement with the
findings and plan as written by the student, and is responsible
for care. It is customary that the preceptor co-signs all records in
which the student provides documentation. Third party payers,
government, and insurance companies cannot reimburse for care
provided solely by the student.

Agreements and contracts with clinical agencies should articulate
clearly any liability issues. Most NP programs require students
to purchase separate NP student liability insurance. If the
educational institution does not require NP student liability
insurance, or assume liability for the student, it may require
student NPs to maintain their own registered professional nurse
liability insurance. The professional liability insurance policy
must, however, indicate the inclusion of coverage for the role of
an NP student. Students should provide the agency with a copy
of the insurance certificate and coverage limits if not provided by
the college/university clinical coordinator.

Impact of Medicare Regulations,
Insurance and Availability of
Practice Sites for NP Students
NP programs, faculty, and preceptors must be aware of current
Medicare regulations affecting best practices, reimbursement,
coding, and billing procedures. Issues relating to precepting
both medical and NP students, and the Centers for Medicare
& Medicaid Services (CMS; http://www.cms.gov/) regulations
regarding presence of the preceptor during the student visit
had been an issue for both medicine and nursing in 2001. The
summary below provides documentation of the position of
both AACN and NONPF in response to questions surrounding
preceptors and the clinical teaching of students. It clarifies for preceptors, faculty and NP programs the issue raised in 2001.

The American Association of Colleges of Nursing (AACN), NONPF, and other nursing groups believe that NP programs, faculty and preceptors need to be aware of the issue of the potential impact of Medicare regulations on the availability of practice sites for NP students.

In a 2001 memo summarizing the issues, AACN and NONPF expressed their concern relating to Medicare billing and documentation requirements that stipulate that preceptors of students be physically present for the entire visit and document the care provided. Although some NP programs reported that they were denied clinical contracts on the claim of the burden on preceptors, data has not supported this finding. Data has not supported that NP programs have experienced difficulty with finding access to clinical training sites for nurse practitioner (NP) students. Both NONPF and AACN continue to collaborate with nursing organizations in monitoring Medicare regulations, and issues that pertain to the clinical education of nurse practitioners.

The CMS Guidelines for Teaching Physicians, Interns and Residents (2011) are specifically directed on the role of the teaching physician, which although are not stated, can be applied to teaching nurse practitioners who care for Medicare patients. The CMS guidelines and the NTF criteria for the ratio of preceptor to student are reasonable and explicitly identify the preceptor as the primary provider for the patient being seen by students, who is responsible for the review of all subjective and objective findings, diagnostics, and plans of care.

Preceptors currently are required by law to co-sign orders written by NP students, and generally write a similar note as is written for medical residents, “I have seen, examined and discussed this patient with the NP student, and concur with the findings and management plan”. Please refer to the complete CMS policy at the website the following website: (https://www.cms.gov/MLNProducts/downloads/gdelinesteachgresfctsht.pdf).

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<th><strong>SUMMARY OF PRECEPTOR RESPONSIBILITIES</strong></th>
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<tr>
<td>• Notify appropriate individual (office manager, practice coordinator, etc.) of request for precepting</td>
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<tr>
<td>• Arrange for student orientation, including computer access</td>
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<td>• Assist in completing required documentation such as:</td>
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<tr>
<td>• Signing confidentiality form/HIPAA requirements/OSHA requirements</td>
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<td>• Immunization status</td>
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<td>• Background check</td>
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<tr>
<td>• RN license</td>
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<tr>
<td>• Arrange clinical schedule with student (days, hours)</td>
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<td>• Inform and prepare staff for student arrival and participation</td>
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<td>• Inform student of practice epidemiology (common concerns and conditions seen in the practice)</td>
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<td>• Assist with student access to patient health records</td>
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<td>• Ensure examination space for patient encounters</td>
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<tr>
<td>• Assist the student in learning the consultation and referral process in the clinical setting</td>
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<tr>
<td>• Be aware of information in the legal affiliation agreement with the student’s program</td>
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<tr>
<td>• Review personal and course/clinical objectives with student</td>
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<th><strong>Preceptor Requirements</strong></th>
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<td>• Provide appropriate documents to program, such as</td>
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<td>• CV/resume</td>
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<td>• Professional license information</td>
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<td>• Documentation of specialty certifications</td>
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<tr>
<td>• Provide current contact information to faculty</td>
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<tr>
<th><strong>Communication</strong></th>
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<tr>
<td>• Discuss any problems with student and faculty</td>
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<tr>
<td>• Enable student documentation of patient care consistent with the requirements of the clinical site. (If students have limited access to EHR, student can document on a form that may assist with preceptor’s own computer charting)</td>
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<tr>
<td>• Be available onsite when student is present</td>
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**Preceptor Expectations of Students**

**INTERVIEW**
A preceptor may require an interview prior to accepting the student. This interview provides the preceptor with an opportunity to determine the student’s level of learning, and the “goodness of fit” among student, preceptor and site. A meeting with the preceptor also allows the student to learn if the site will provide adequate experiences to meet both the course clinical learning objectives and the student’s individual learning objectives (Barker & Pittman, 2010). In the absence of an interview, the clinical faculty member will assess the appropriateness of the clinical setting and preceptor assignment.

It is the responsibility of the NP program to provide the preceptor a copy of the course objectives and clinical evaluation criteria and forms. Individual student learning objectives should be provided by the student or directly from the program.

**REVIEW OF PAST CLINICAL LOGS**
Student logs/encounters provide a substantive indicator for discerning whether the student’s learning needs are being met. The student’s records of past patient encounters provide valuable evidence of the patients, their medical problems, medications prescribed, and patient education provided at each encounter. Most students are required to keep a written or electronic log of the de-identified patients they have seen and the nature of the patient care encounters they have experienced in their past clinical practice.

**PREPARATION**
The student should prepare for the clinical practicum as recommended by the preceptor and faculty member. This preparation includes developing individual learning objectives, conferring with faculty on specific learning needs, and seeking independent learning experiences to improve autonomy and self-confidence. Students keep a log/reflective journal of their clinical experiences and make note of areas needing refinement as they progress through the experience. The preceptor should discuss the specific patient population and the most common clinical problems to expect in the clinical site. The student can prepare for the clinical practicum by reading current reference material. Students should focus on appropriate assessments and treatment for the clinical problems most frequently managed by the preceptor.

**CLINICAL HOURS AND ATTENDANCE**
The student should schedule clinical practicum hours considering the preceptor’s schedule and availability - not the student’s schedule or convenience. Prior to beginning the clinical practicum, students and preceptors need to agree on the days and times the student will be in the clinical site. The student’s personal and work schedules are expected to accommodate participation in the required number of clinical hours specified by the clinical course, consistent with the NP program requirements, policies on academic standards, and the preceptor’s agreed-upon clinical schedule.

The preceptor must be notified by the student, prior to the beginning of the clinical day, if the student will be absent due to illness or emergency. On the first clinical day, students should identify the procedure for contacting the preceptor in case of absence. It is also the student’s responsibility to notify the faculty member of the absence and negotiate with the preceptor making up the clinical time, when possible. If the student is not attending clinical as scheduled, the preceptor should notify the course faculty member immediately. The student must understand that they are not permitted to be in the clinical setting if the preceptor is absent, unless an appropriate substitute preceptor is present.

If a student fails to complete the required number of clinical hours for the practicum, they are not automatically permitted to make up those hours. Agreement by the preceptor and faculty must be obtained prior to any extension of the clinical practicum. Making up incomplete clinical hours and absences...
related to unexpected illness (of the student or preceptor) should be discussed between the course faculty, preceptor, agency, and student.

**Professional Appearance**

Students are expected to dress appropriately and professionally in the clinical setting; the clinical site may specify the dress code. Student behavior should be consistent with standards of confidentiality established by HIPAA and the clinical agency. School insignia and/or student identification badges should clearly identify the student's name, credential (RN), and program/university affiliation.

**Evaluation of the Preceptor and Clinical Site**

Following the clinical practicum, the student should provide feedback to the preceptor on the quality of the learning experience, including the effectiveness of the preceptor's teaching and mentoring. In addition, students should provide the faculty with feedback on the effectiveness of the clinical practicum in meeting learning outcomes as well as the clinical site for facilitating learning (e.g. exam rooms available for student patient encounters). See Appendix G for an example of clinical site evaluation form for use by a student.

**Managing the Clinical Experience**

Mentoring and role modeling strengthen socialization in advanced clinical practice. Observing the preceptor's interactions with other professionals, staff, and patients enables the student to assume this new role. As students successfully integrate the role of the NP, they begin their journey from novice to expert. NONPF has developed core and population foci competencies the student must successfully achieve to perform the NP role. Visit the Education section of the NONPF website (www.nonpf.org) to access the core and population-focused competencies for NPs.

By organizing clinical learning within a time-constrained environment, the preceptor enriches learning experiences for the student. The preceptor communicates with the office staff about the scheduling of patients, the availability of exam room space, and specific procedures (e.g. suturing) that would enhance learning with minimal disruption of the office routine.

**Getting Started**

- Discuss individual preceptor expectations and teaching style. Will the experience be fast-paced or will the schedule be modifiable according to the needs of the student?
- Introduce student to the clinical site, confidentiality and personnel policies, and to other members of the staff and provider team. Explain the role of the student and the length of time of the clinical placement.
- Review program course objectives from syllabus.
- Determine student's personal learning objectives and priorities.
- Allow the student at least one day to "shadow" the preceptor, so the student understands the particular style and pace of the clinical environment.

**The Clinical Day**

- **Deliberate reflection:** Provide rationale for assessment and treatment of patients/families. Allow time for brief questions as interactions with patients unfold and the student observes care.
- **Developing a problem-oriented focus:** Select a concept or problem area for each clinical day that enhances clinical learning (e.g., physical exams of various age groups, management of several patients with the same condition, consulting, and referrals).
- **Readying:** Brief the student before entering patient room. What are the tasks required prior to meeting the patient? What resources are available to the student to prepare for the care of this patient/family?
- **Initiation:** Introduce the student to the patient and request the patient's permission for the student to perform a history and physical exam and other elements of the encounter.
- **Pattern identification:** Assist the student to recognize patterns/constellations of signs and symptoms. Assist in thinking through differential diagnoses, relating assessment data, and developing working diagnoses.
- **Clinical problem solving:** Teach in the patient's presence. Student presents signs and symptoms in front of patient/family. Use the “teachable moment” in response to student's presentation.
- **Controlling the number of teaching points:** Limit teaching to 1 or 2 key critical components per student-preceptor interaction.
- **Feedback method:** Guide student’s clinical reasoning through a developmental process, beginning with analyses of specific experiences and student self-assessment, then identifying relationships between clinical experiences and specific concepts, and finally discussing patient care at the level of concepts.
- **Critique and evaluation:** Assess student’s level of knowledge and understanding, filling in gaps and showing relationships between and among key concepts.
• **Student reflection-in-action:** Use staffing time after each patient encounter to help student reflect on progress and need for continued development and practice. Promote student reflection-on-action at midway and final points in the experience. Encourage collaborative discussion that guides the student in understanding critical relationships between prior knowledge and new clinical experiences, and guide the student in self-evaluation and critique.

• **Student evaluation:** Assess student's level of clinical competence, using evaluation materials supplied by the NP Program. Take into account the student's current level of experience. Beginning students will demonstrate lower levels of accomplishment than students nearing the end of their clinical experience.

**The Last Clinical Day: Summing Up**

• Provide time for the student to “debrief” regarding the entire clinical experience. Ask what went well, what they would like more of, what they will carry forward into their own practice.

• Provide honest, clear, and specific suggestions for the student's continued development as a nurse practitioner. Suggest additional clinical experiences to enhance the student's learning and growth in the NP role. Help the student make connections with other providers who might add knowledge and skill preparation.

• Discuss written evaluation with the student and the clinical faculty member.

• Indicate your willingness (or not) to continue in the teaching/mentoring role.

**Clinical Teaching**

Preceptors are responsible for helping students to refine skills related to patient care within the context of a caring relationship (Ferguson, 1996). It is important for the preceptor to allow the student to experiment with newly-learned skills to build clinical self-reliance. Preceptors can gain confidence in the student's abilities through observation, listening to case presentations, reviewing documentation, and attending to feedback from patients and other clinical personnel.

**Refining Clinical Skills**

Assessment includes cognitive and psychomotor components. The student applies the sciences while using assessment skills in demonstrating clinical decision making. The preceptor is an invaluable resource for evaluating the student's progress towards achieving greater expertise in clinical reasoning.

The preceptor's initial role involves evaluating the student's level of knowledge and assessment skills. As the student progresses from novice towards proficiency in assessing patients, identifying a diagnosis, and formulating a management plan, the preceptor evaluates a) the student's psychomotor skills, b) data collected from the history and physical, c) interpretation of data, and d) the proposed management plan.

Guiding students in gathering reliable assessment data involves observing the student while eliciting a history and performing a physical exam, followed by validating the assessment. The student presents findings to the preceptor, who evaluates the student's interpretation of the assessment data. Incorrect information is corrected by discussion and re-examining the patient as appropriate. Providing positive feedback reinforces students' skills and confidence in successful clinical learning. Students need time to practice their skills and test their abilities. Obtaining a patient's permission is always requested prior to a student beginning the encounter. The patient should be assured that the preceptor will also see them following the student's interview and exam.

Students should identify their individual learning needs in the area of assessment and welcome the preceptor's critique and/or validation of their skill levels. A plan for remediation should be anticipated for situations in which the student needs practice and proficiency in either technique or interpretation of patient assessment data. Often refining an incorrect psychomotor skill/technique can be achieved with a clinical demonstration by the preceptor at the time of the patient encounter. Interpretation of laboratory data is a skill that requires the student to apply knowledge from the sciences and identify links to the patient's history, presenting concerns, physical exam, and differential diagnoses.

As students progress and gain confidence, they become more comfortable with the preceptor's critique and seek direction to achieve higher levels of proficiency in clinical reasoning. Students need to be apprised that, although they are students, evidence of progressive mastery of content and psychomotor skills is expected. They should anticipate progressing along the continuum from novice to competent, safe practice.

**Integration and Application of the Sciences and Evidence-Based Practice**

The preceptor is instrumental in facilitating the student to synthesize and apply scientific knowledge and evidence to interpret subjective and objective data, assess the patient and to develop management plans. Students’ ability to synthesize and
apply scientific knowledge to the care of their patients should increase as they progress. In particular, they should demonstrate progressive mastery of physical assessment, pathophysiology, and pharmacotherapeutics.

Clinical reasoning can be supported by having the student present the patient case to the preceptor and provide evidence-based rationale for their decisions. In addition, the preceptor may suggest topics for further research, based on the patient encounters from that day. This strategy will enable students to gain confidence in and reinforce their knowledge base.

Preceptors who have knowledge about the structure and content of the curriculum, as well as the student's level of development within the program, are better able to anticipate learning experiences that draw on the application of course content. For example, preceptors may ask students to explain the pathophysiological theory behind disease processes and management when encountering patients with specific clinical problems.

**Clinical Reasoning and Decision-Making**

Clinical reasoning and decision-making, according to Patricia Benner, Ronda Hughes, and Molly Sutphen (2008):

Clinical reasoning stands out as a situated, practice-based form of reasoning that requires a background of scientific and technological research-based knowledge about general cases, more so than any particular instance. It also requires practical ability to discern the relevance of the evidence behind general scientific and technical knowledge and how it applies to a particular patient. In doing so, the clinician considers the patient's particular clinical trajectory, their concerns and preferences, and their particular vulnerabilities (e.g., having multiple comorbidities) and sensitivities to care interventions (e.g., known drug allergies, other conflicting comorbid conditions, incompatible therapies, and past responses to therapies) when forming clinical decisions or conclusions.

Situated in a practice setting, clinical reasoning occurs within social relationships or situations involving patient, family, community, and a team of health care providers. The expert clinician situates themselves within a nexus of relationships, with concerns that are bounded by the situation. Expert clinical reasoning is socially engaged with the relationships and concerns of those who are affected by the caregiving situation, and when certain circumstances are present, the adverse event. Halpern19 has called excellent clinical ethical reasoning “emotional reasoning” in that the clinicians have emotional access to the patient/family concerns and their understanding of the particular care needs. Expert clinicians also seek an optimal perceptual grasp, one based on understanding and as undistorted as possible, based on an attuned emotional engagement and expert clinical knowledge. (p.4)

As an expert clinical practitioner, the preceptor has mastered a variety of ways of thinking that contribute to the process of clinical reasoning. Teaching the student how to use these ways of thinking helps develop clinical proficiency. The process of teaching clinical reasoning guides the student in learning new ways of thinking in clinical practice. Teaching clinical reasoning enables students to apply knowledge in practice. Students should be asked to:

- reflect and describe the process of identifying a specific diagnoses or differential, select laboratory tests, prescribe medications or recommend a follow-up schedule;
- use accepted guidelines and standards of care;
- use the latest evidence in development of management plans;
- critically analyze the guideline/standard of care and determine how it should be implemented or adapted to the individual patient scenario; and
- reflect on previous client encounters and compare and contrast components of the assessment.

The one-to-one relationship with the preceptor provides the student with the opportunity to develop competence in diagnostic reasoning/ clinical decision-making, advanced practice nursing skills/procedures, as well as self-confidence in implementing the NP role. Timely and constructive feedback, whenever possible, enhances this learning process.

**Mastery of Documentation**

Accurate and complete documentation enables and ensures quality health care practices, while fulfilling legal and reimbursement requirements. The clinical practicum provides students with the opportunity to master documentation of care. In “learning by doing,” the preceptor mentors the student in refining the history, exam, decision making, and level of service provided. The preceptor should review the history and physical findings prior to entries in the patient’s health record. Many preceptors request that the student write out the note and any prescriptions for review. This strategy is effective in enabling the student to revise the note prior to entering it in the patient health record. When the preceptor has determined that the student’s documentation has progressed to a level that requires little or no correction, the student is usually permitted to enter findings directly into the health record. Preceptors must co-sign all
students' notes whether hand-written, dictated, or computerized as they are legally responsible for the care of the patients, and required by CMS.

The documentation required for fulfillment of reimbursement criteria for different levels of care should be covered in the NP curriculum. Students who lack this knowledge should be directed to resources in the clinical area that will provide the substantive content.

The mastery of documentation includes:

- Clear written communication. Early in the curriculum, faculty members have opportunities to teach students the legal guidelines for accurate documentation. Assessing student documentation should be an ongoing process that takes place throughout the student's program of study.
- Familiarity with preferred formats for documenting encounters detailing the comprehensive history and physical, chronic illness, and episodic visits.
- Use of accepted medical abbreviations and anatomical terms, and descriptors. Prior to beginning the first clinical practicum the student should have a sound knowledge of normal (and variations of normal) physical assessment findings and their appropriate descriptors.
- The recording of only pertinent findings (both negatives and positives) from the history and physical exam.
- Use of strong writing skills. Students should also understand that the medical record is not only a legal document. When read by other providers, a perception of the writer's knowledge base occurs. For example, low level writing, use of lay terminology translates to a fellow provider as low level knowledge base.
- Reading the notes of the preceptor and other health care providers. The patient's health record will provide exemplars of both good and poor documentation and is an excellent resource early in the student's clinical experience. As students review the notes that are documented in the chart, they soon learn the elements for inclusion and the procedure for organizing documentation.
- Note-taking while in the room with the patient. The notes can then be organized into a rough draft that includes all components of the patient's care. The preceptor can rapidly review the student's documentation and make recommendations for refinement or organization.
- Identification of agency preferences for documentation. Preceptors' preferences for documentation may vary from standard formats and may depend upon the practice setting.
- Use of the clinical site's electronic medical record.

**REFINING INTERPERSONAL SKILLS**

Interpersonal skills involve the use of verbal and nonverbal communication in a timely and sensitive manner, with attention to another person's needs, anxiety level, and concerns. Situations arise within the clinical area that provide students with opportunities to improve their interpersonal skills:

- Collaborating with colleagues in the clinical setting;
- Preceptor observation and feedback;
- Self-reflection and documentation of encounters in a log or diary; and
- Feedback from patients and colleagues.

Inappropriate interpersonal communications should be brought to the attention of the student as soon as possible.

Students should demonstrate basic interpersonal skills.

- Eliciting historical data by using open-ended questions and allowing the patient time to answer a question before proceeding to the next question.
- Eliciting a history, comprehensively, and in an unhurried manner before beginning an exam.
- Asking about the patient's opinions, concerns about their condition, and how they would like to participate in their plan of care.
- Verifying with the patient understanding of their concerns, treatment plan, and opinions.
- Eliciting information from the patient about their family and support systems.
- Showing empathy: genuine interest, concern or warmth for the patient's situation, condition, or personal/social problems.
- Providing the patient with relevant information, demonstrating sensitivity regarding potential impact on the patient's lifestyle, financial resources, or self-care ability.
- Providing culturally congruent care, demonstrating awareness of ethnicity, traditions, and beliefs.

The student should be notified of any need for improvement in interpersonal skills early in the clinical practicum. By alerting students to focus on problematic areas early in the practicum, preceptors give students the opportunity to refine their interpersonal skills by the time the clinical practicum is completed. Students who do not improve their interpersonal skills, despite preceptor recommendations, should be referred to their faculty member for remediation.

**PATIENT EDUCATION**

Patient education is an important domain of NP practice and should focus on health promoting behaviors, disease prevention, as well as issues surrounding health maintenance and episodic self-care. Students are expected to
• Integrate patient education in all aspects of care.
• Demonstrate the ability to perform a learning needs assessment and construct a teaching plan that is appropriate to the learning needs of the patient and/or family members.
• Take into consideration timing and level of patient education, identifying “teachable moments” as opportunities for patient and family learning.
• Determine the patient’s or family members’ ability to understand either verbal and written instructions, in plain English, or their own language.
• Document the patient education plan in the record and reinforce it with subsequent providers, whenever possible.
• Discuss the educational plan with the preceptor.
• Be aware of agency resources for educating patients such as a nutritionist, diabetic educator, or health educator. Students should collaborate, as appropriate, with other members of the health care team. Members of the interprofessional health care team can provide resources and links in the community that will best meet the patient’s needs.

Most students find this aspect of care enjoyable. It also provides an opportunity for the preceptor to reinforce skills in patient education and emphasize its importance in the role of providing direct care to patients.

Navigating Health Care Systems

To fully function in the nurse practitioner role, students must learn to navigate health care systems. They can practice these skills during contacts with interagency referral processes and with processes related to managed care, home care, securing durable medical goods, and writing prescriptions. As students progress through their NP program, they should demonstrate comprehensive care that includes collaboration with other health care professionals. Students should know how to maneuver the organizational structure to solve clinical problems in a way congruent with the agency/institution’s policy.

Students should be encouraged to advocate for patients as part of providing comprehensive care. Students’ self-confidence in decision-making can be enhanced by providing feedback on their ability to achieve patient care goals and objectives through skillful negotiation of health care systems. A reference guide for commonly used community resources should be available to the student. Students should initiate referrals and team conferences and seek financial and social supports for patients/families.

Integrating the Role of the NP as a Member of the Interprofessional Health Care Team

This skill of integrating the role of the NP as a member of the interprofessional health care team is perhaps the most challenging for the preceptor to demonstrate and teach. Students can learn these skills by observing the preceptor in practice. The following examples are possible activities:
• Demonstrate collaborative management with other health care providers. This is an important way of teaching the student to respect the knowledge and expertise of other disciplines, and thereby earning respect for the NP’s unique contribution to the health care team.
• Initiate team conferences where all members of the health care team discuss and develop a plan of care for a patient or family.
• Encourage students to be creative and contribute to the smooth operation of the clinical setting. Students may contribute ideas to enhance the efficiency of operations. Their contributions enhance their self-confidence as valuable contributors to the health care team. Students may choose to develop teaching materials for patients and their families. These materials may complement resources available in the clinical setting.

Evaluation

Academic Standards and Student Evaluation Criteria

Preceptors need to be aware of the academic and professional standards set forth by the student’s institution, as well as the criteria and expected dates for the evaluation of the student’s performance. Faculty members may include criteria for clinical failure, or the minimum performance required for the student to pass a clinical course. Nurse practitioner students are registered nurses, and subject to the quality and safety criteria defined in their state nurse practice act.

Formative evaluation

Formative evaluation is an assessment by the preceptor in the form of feedback to the student regarding their performance during the clinical practicum. Ongoing feedback provides the student with the opportunity to enhance their performance during the course of the clinical practicum. Role performance areas in which the student has achieved competence should be discussed with the student, as well as those areas that have been identified as weak, and needing improvement. Specific recommendations from the preceptor on strategies for improving clinical performance will be helpful to the student and can be documented in anecdotal notes and midterm evaluation.
**Summative evaluation**

Summative evaluation describes the student’s performance, development, and improvement at the conclusion of the clinical practicum. The summative evaluation of performance is based on the criteria indicated on the clinical evaluation tool provided by the NP program faculty. Although students are often not able to meet the performance competencies immediately, they should be able to demonstrate progression of skills and competencies. The written narrative is an extremely important part of the evaluation. Comments are valuable in assessing the student’s knowledge, skill level, and immersion in the course. Clarity of comments and specific examples of situations that illustrate the comments written on the evaluation form are important to learning. Written comments are particularly valuable if the student needs remediation in a specific competency area. The evaluation should be reviewed with the student on the last day of the clinical practicum, and returned to the faculty by the deadline and method indicated. It is important to include the student’s self-evaluation during the preceptor/student evaluation discussions.

Preceptors should document anecdotal notes that can be used to develop the mid-semester and/or end of semester evaluation. Student strengths, as well as weaknesses, should be documented. In the event that a student’s behavior is unprofessional, or the student places the patient in danger (e.g. including medical errors), an anecdotal note should document the event and the course faculty must be contacted. The course faculty should then meet with the clinical preceptor and student and take further action as appropriate.

Summative and formative evaluation provides the preceptor with the tools to identify and discuss deficiencies that may indicate clinical failure. Preceptors should inform the clinical nursing faculty advisor of clinical performance deficiencies and/or problems at the time they occur.

**Appreciation, Recognition and Rewards**

Preceptors are the foundation of any successful Nurse Practitioner program. The experience of providing direct patient care is the essence of NP education. Simulation can augment, but not replace this critical experience. Faculty members deeply appreciate the participation of preceptors in the preparation of future generations of advanced practice nurses.
Module III References


WEB LINKS FOR ORGANIZATIONS AND NATIONAL GUIDELINES

**American Association of Nurse Practitioners**
www.aanp.org

**Center for Disease Control**
www.cdc.gov

**Healthy People 2020**
www.health.gov/healthypeople/default.htm

**National Organization of Nurse Practitioner Faculties**
www.nonpf.org

**Association of Women’s Health, Obstetric and Neonatal Nurses**
www.awhonn.org

**Index of clinical trials: The Cochrane Library**
www.cochrane.co.uk

**National Library of Medicine Medline searches**

**National Guideline Clearinghouse**
www.guideline.gov/

**Preventive Medicine: Report of the U.S. Preventive Services Task Force**
http://odphp.osophs.dhhs.gov/pubs/guidecps/default.htm

**Centers for Medicare and Medicaid Service**
www.cms.gov

**National Association of Pediatric Nurse Practitioners**
www.napnap.org

*Internet addresses are case-sensitive. NB: web addresses may change*