MUSC College of Nursing
Clinical Preceptor Packet

To Our Preceptors,

The College of Nursing Faculty and I wish to thank you for freely sharing your time and expertise with our nursing students. Your guidance of our graduate nursing students is the highest form of professionalism, and is greatly respected by our faculty. Your leadership builds student development of critical thinking, decision-making, professional role, and organizational abilities. Your generosity teaches students to actively give back to the profession. For all those things and more we thank you!

The Preceptor Packet provides general information about the College, the MUSC campus, and CON guidelines related to students. The packet also contains a section on the preceptor role including benefits, tips for preceptors, preceptor and student responsibilities, and evaluation of preceptors. Specific guidelines about your individual courses and students will be given to you by the course faculty with whom you work. We encourage you to access more information about the college at our website, http://www.musc.edu/nursing/.

If at any time you have questions or concerns that cannot be answered by course faculty, please do not hesitate to contact me. I can be reached at kozachik@musc.edu.

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Associate Dean for Academics

Preceptor Packet
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THE COLLEGE OF NURSING

History

The College of Nursing of the Medical University of South Carolina had its origin in 1882 when the City Council of Charleston approved a request by the City Hospital for $2,000 to establish a "Training School for Nurses." The school was opened in 1883 and continued until the City Hospital was destroyed by an earthquake in 1886. It was reestablished as "The Charleston Training School" in 1895. A two-year program of instruction was offered, with some lectures given by the Medical College Faculty.

In 1916, the Board of Commissioners of the Roper Hospital proposed the incorporation of the Training School with the Medical College, and in 1919 the Roper Hospital Training School for Nurses became the School of Nursing of the Medical College of the State of South Carolina. Later the words "of the State" were deleted.

In September 1966, the school began the process of phasing out the three-year diploma program and establishing a four-year baccalaureate program. In 1969, when the Medical College was designated as "The Medical University of South Carolina" by the State Legislature, the school became one of the six colleges comprising the University.

In 1976, the College of Nursing began to offer a Master of Science in Nursing (MSN) program. In 1983 the College of Nursing celebrated one hundred years of nursing education and service to the citizens of South Carolina and the nation. The College of Nursing launched a Doctor of Philosophy (PhD) in Nursing in 2001, and a Doctor of Nursing Practice (DNP) Degree in 2009. In 2008, the College of Nursing celebrated 125 years of nursing education and excellence, making it one of the oldest schools of nursing in the country.

The College of Nursing now offers programs of study leading to the Bachelor of Science in Nursing, the Master of Science in Nursing, the Doctor of Nursing Practice and the Doctor of Philosophy in Nursing. The baccalaureate program is campus-based, while all graduate programs are offered entirely online. The College houses a state-of-the-science clinical simulation laboratory and the Center for Community Health Partnerships. In addition, the College has a robust research portfolio and a number of faculty clinical practice sites.

THE COLLEGE OF NURSING

Vision Statement

The Medical University of South Carolina College of Nursing will be nationally recognized for taking nurses to a higher level of excellence in education, research and practice through innovative programs that are responsive to current and emerging healthcare challenges.

Mission Statement

The College of Nursing supports the mission of the Medical University of South Carolina, an academic health science center. In an environment that is accountable, respectful, adaptive and innovative, the College is commited to:

- Providing evidence-based nursing education in an interprofessional environment.
- Developing, testing, and disseminating nursing knowledge in the health sciences.
- Demonstrating excellence in nursing practice that embraces equity and culturally effective care to patients, families, and communities.

Core Values

Professionalism is represented by the adoption of core values as part of a nurse's commitment to competency, consistency, compassion in practice, and the highest standards of care in the ethical conduct of nursing. The following are the core values shared by the faculty and reflected in the MUSC College of Nursing:

Scholarship: Scholarship is the discovery, translation, application, integration, and transmission of knowledge, which contributes to the development of evidence-based nursing.

Life-Long Learning: Learning is a continuous, life-long process of involving, instructing, motivating, and changing students, faculty, staff, patients, and the community for the betterment of health and well-being.

Diversity: Diversity is the recognition and inclusion of human variation in the education and care of individuals, families, communities, and nations. It is shaped by the historical forces of race, ethnicity, socioeconomic status, gender, language, religion, sexual orientation, abilities, ages, and geographical regions.

Service: Service is a commitment to participate in organizational activities and processes that benefit the college, university, institutions, communities, and the profession. Service is viewed as essential to developing, maintaining, and sustaining the structure and relationships that are critical to the profession.

Caring: Caring is central to the health and healing processes, and is intrinsic in the therapeutic nature of person-centered care. Caring is predicated upon mutual respect, and it engenders trust in implementing the role of the nurse in all of the settings and relationships in which nurses contribute to society.

Empowerment: Empowerment emerges as individuals develop the knowledge, attitudes, skills, and other resources they need to determine their own learning and health care needs and to assume a primary role in their learning and health care activities, building upon their individual capacities and experiences.

Collaboration: Collaboration involves **effective teamwork and** relationship**s** based on trust, respect, shared resources, a commitment to joint goals, and mutual satisfaction, in which nurses work with and learn from individuals, communities, and colleagues across professions.

Integrity: Integrity refers to the quality of being honest and ethical and having the moral strength to do the right thing. The nurse incorporates this value in every aspect of one's personal and professional life, and in the care of one's patients.

COLLEGE ACCREDITATION

The College of Nursing MSN program is accredited by The Commission on Collegiate Nursing Education (CCNE) effective April 24, 2010 to September 28, 2025. The Doctor of Nursing Practice Program (DNP) is accredited effective October 18, 2010 to September 28, 2025. The Commission on Collegiate Nursing Education is a resource for the information regarding the Nursing program. More information may be found on the website at

https://directory.ccnecommunity.org/reports/accprog.asp

The Pediatric Nurse Practitioner track of the masters program is fully approved by the National Certification Board of Pediatric Nurse Practitioners and Nurses, http://www.pncb.org/ptistore/control/index

Medical University of South Carolina

The University Honor Code

The development of a student into a professional must include the display of high moral character expected of this status. In governing their actions, students must look to their own judgment. Individuals of professionally acceptable moral character are those who have established high ethical standards for themselves and who consistently abide by them. When entering the Medical University of South Carolina (MUSC), students become part of a much larger professional community, extending far beyond the boundaries of this campus. It is a community whose foundation is healing but whose bricks and mortar are compassion, honesty, trust, and integrity. Even though sources of ethical principles may differ, students must aspire to reach certain standards of behavior.

The foundation of the Honor Code depends entirely upon the willingness of every individual to live up to the standards set by the student body, the individual colleges, MUSC, and each of the professions the students are entering. Acceptance of the Honor Code bestows upon students the responsibility to respect and protect the integrity of MUSC and also assures that the integrity of students is unquestioned and accepted by all in the academic, clinical, and research communities. The Honor Code presumes the absolute honesty of each individual and as a result, students live with the freedom of knowing that: 1) their integrity, intentions, work, and word are unquestioned; 2) their personal property and academic work is respected and free from theft; and 3) classroom, clinical, and research environments for learning and evaluation are honorable. Trust in these beliefs is established, maintained, and protected by students rather than by faculty. The honor councils subscribe to the following infractions to attempt to adjudicate cases fairly for the accused, MUSC, and all others concerned.

Violations of the Honor Code include, but are not limited to, the following acts that violate academic integrity:

1. **Lying:** Lying is the statement of an untruth with the intent to mislead fellow students, faculty, patients, hospital staff, or administrative officials. Lying includes "lies of omission" or failure to divulge voluntarily the whole and complete truth. Fabrication or falsification of information (verbal or written) in any academic or clinical exercise is in violation of the Honor Code. Lying also includes any false testimony presented during Preliminary or Formal Hearings.

2. **Cheating:** All tests, quizzes, written work, laboratory work, research, and examinations at the Medical University of South Carolina are conducted under the Honor Code. Cheating is defined as using or attempting to use unauthorized assistance, devices, material, or study aids in or prior to examinations or any other academic work; or attempting to prevent others from using authorized assistance, material or study aids.

a. Plagiarism: using the ideas, information, work, or writings of another person and accepting credit for the work as one's own without proper acknowledgment on any paper, test, essay, lab work, research, or similar course activity.

b. Altering records: misrepresenting or tampering with transcripts, academic records, research data, or computer programs; obtaining or using another's ID code, social security number, or electronic password.

c. Knowingly using, buying, selling, transporting, or soliciting, any part of the contents of an examination or other assignment not authorized for release, including the use of previously administered exams without the permission of the instructor.

3. **Stealing:** Possession of MUSC property or another individual's private property without permission or knowledge.

4. **Any of the following also constitute a violation of the Honor Code, but this list should not be interpreted as all-inclusive.**

   a. Facilitating academic dishonesty: colluding with another in the violation of any provision of this code.
   b. Breach of appropriate standards of behavior in the presence of patients.
   c. Breach of confidentiality with respect to information about patients.
   d. The use of pressure, threat, abuse, bribery, or other practices that result in harassment.
   e. The failure to report any violation of this Honor Code or the withholding of evidence pertinent to any case under investigation.

5. **Unauthorized entry or presence** in any office, laboratory, clinic, or other location is a violation of the Honor Code. Likewise, the abuse or destruction of any instruments, equipment, supplies, property, or books constitutes an offense of the Honor Code.

COLLEGE OF NURSING CLINICAL POLICIES

Clinical Course Policies

Attendance

1. **Attendance at 100% of clinical experiences is expected of every student.** Exceptions, if made, will be made at the discretion of the clinical faculty, clinical preceptor and the faculty course coordinator. New dates will be scheduled to insure all clinical hour requirements are met.
2. Punctual attendance is required at all clinical sessions.
3. If the student is going to be late to the clinical area, the student is expected to call the clinical site as soon as possible.
4. When the student cannot attend the clinical session, the student must:
   a. Call the clinical preceptor or designated contact person at the clinical site prior to the start of the clinical session or as soon as possible; and
   b. Call the clinical faculty as soon as possible
5. **Failure to adhere to these attendance policies with ongoing absenteeism or tardiness will result in an "Unsatisfactory" evaluation and could be grounds for failing the course.**

Evaluation Criteria

1. If the student's performance is unsatisfactory on any given clinical day, the clinical preceptor will initiate an informal conference with the student. This informal conference will provide the student with constructive feedback to assist them in on-going improvement in clinical practice.
2. Should the student's performance continue to be unsatisfactory, the clinical preceptor will notify clinical faculty who will assist the clinical preceptor in formulating a written plan explaining to the student deficient areas and behaviors necessary to correct these deficiencies. This process will be completed by mid-semester, if possible, so the student has time to improve.
3. The faculty course coordinator will be notified when a formal written plan has been developed and a copy of the written plan will be sent to the faculty course coordinator and a copy will be placed in the student's record.
4. If the conditions of the written plan are not met by the student by the last clinical day, the student's clinical performance will be unsatisfactory on the final evaluation and the student will receive a failing grade. When a student's clinical performance in a clinical course indicates an inability to perform at a safe and/or professional level of practice, the clinical faculty and clinical preceptor, in consultation with the faculty course coordinator, may assign a course grade of "0" regardless of the point in time such a decision is made. In such case, the student will be ineligible to continue in the course.

Professional Dress Code for Graduate Students

In recognition of the educational and professional environment of the Medical University of South Carolina (MUSC), all individuals associated with this institution are expected to maintain a neat and clean appearance at all times. All students enrolled in the College of Nursing must project the professional image of nursing when engaged in learning experiences.

Specific guidelines follow:

Professional dress for graduate students should be appropriate for their professional role and the specific clinical site. In some cases, students may need to follow dress codes that are designated by the specific site.

1. Lab coats, when worn should be white, long sleeve and knee length.
2. Comfortable footwear with an enclosed heel and toe are required. Heels should not be higher than 2 1⁄2 inches.
3. Clothing must be neat, clean, in good repair, appropriate length skirts (knee) trousers, professional shoes and collared shirts for men. Jeans are not acceptable.
4. **Unacceptable** attire is interpreted by patients/families as unprofessional and inappropriate.
5. **No chewing gum or tobacco:** Neither of these products are allowed during clinical experiences. Smoke odors embedded in clothing are as offensive as smoking.
6. **Tattoo:** A tattoo must be covered during a clinical experience
7. **Hair:** Hair must be neat and off the shoulders. Extreme hair colors, hairstyles and hair ornaments should not be worn in a professional health care setting. Beards and mustaches must be well groomed and kept clean.
8. **Nails:** Nails must be kept short enough so as not to injure the patient. Clear or light colored nail polish may be worn, as long as it is neat and without designs. As there are institutions that do not allow nail polish, the clinical faculty will advise students of the specific agency policy. Artificial nails harbor yeast and bacteria and are, therefore, not allowed.
9. **Jewelry:** Jewelry must be conservative and kept to a minimum. Visible pierced body jewelry is limited to one to two earring(s) (less than 1 inch) in each ear lobe. Visible body piercing including tongue stud/ring, clear nasal stud or brow jewelry is to be removed prior to patient care.
10. **Fragrance:** Non-scented make up and hair products may be worn. No perfumes or colognes are permitted. Lotions and deodorants must be limited to those bearing a light scent.

Identification:
The following identification must be worn and clearly visible in every clinical setting:
a) MUSC Student ID Badge.
b) An Institutional ID Badge should worn in any health care agency that requires one and provides one.

Failure to comply with the CON dress code will result in potential dismissal from the clinical setting. If there are repeated clinical violations, the student will receive an Academic Warning for unprofessional behavior and may fail the clinical portion of the course.

Preceptor Information

Preceptor Eligibility

Nurse practitioner students in the Master of Science or Doctor of Nursing Practice Program engage in clinical practice under the guidance of a qualified preceptor. Graduate Program criteria for preceptors meet or exceed recommended criteria (National Task Force on Quality Nurse Practitioner Education, 2008). The preceptor must be:

- Formally educated for professional practice
  - Master's prepared advanced practice nurse
  - Physician (MD or DO)
  - Physician assistant
- Currently licensed to practice in the state where the practice site is located
- Nationally certified in specialty
- Currently practicing in specialty area, having had a minimum 1-year of practice experience in specialty area and a minimum 3 months experience at current practice site.

Benefits of being a MUSC Clinical Preceptor

1. Eligibility for a modified clinical faculty appointment.
2. Eligibility for the Med-Mentor program (see next section).
3. Networked into a CON website with clinical instructor/preceptor communication and updates.
4. Recognition by the College of Nursing with a pin or plaque.
5. You may be eligible to use preceptor efforts toward the requirements of ANCC and other accrediting bodies for the accrual of continuing education credit.

MedMentor Program

For Clinical Faculty, Preceptors, and Facilitators who work with MUSC students: The Med-Mentor Faculty Liaison provides informational services, direction, and guidance related to Library and Informatics resources available to MUSC clinical faculty, preceptors, and facilitators involved in community-based educational programs. Clinical faculty and health professionals throughout the state who participate in the teaching programs of MUSC, whether or not they are employed by MUSC, are eligible for benefits including Library privileges, an MUSC Network Account, and access to electronic resources. As a direct line of contact for educational or technical support, available via phone or email, the Liaison will foster a sense of unity between the geographically distant professional and the University environment.

The form to complete for the MedMentor Program is available on our website at https://nursing.musc.edu/-/sm/nursing/academics/f/academics/graduate-toolbox/medmentornetid.ashx?la=en

 Please return it via fax or email to Vivian Scarborough in the MUSC Library, at 832-792-2520 or scarborv@musc.edu.

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Becoming a Modified Faculty Member

A modified clinical faculty appointment is available for paid and non-paid clinical faculty and preceptors who have demonstrated a substantial contribution to the College in teaching or precepting for at least one year. The process for application is the following:

1. The course or track coordinator approaches a preceptor about a potential modified clinical faculty appointment.
2. The course or track coordinator submits a letter of support for the appointment to the Dean of the College of Nursing.
3. Preceptor submits a letter, current CV, and an abbreviated CV (attached 1 page form) to the Dean of the College of Nursing requesting an appointment and indicating his/her contribution to the College of Nursing.
4. Preceptor requests original transcripts to be sent to the Dean of the College of Nursing and provides a copy of his/her nursing license to the Dean's office.
5. Dean of the College of Nursing submits materials to the Provost for approval.
6. Status as a modified clinical faculty will be evaluated on a yearly basis. Active preceptors in good standing will be maintained in the appointment.

The National Organization of Nurse-Practitioner Faculties (NONPF)

Preceptors' Role

Precepting a NP student is a recognized responsibility of the health care professional who engages a student in the guided experience of applying knowledge to practice. The American Nurses Association (1987) *Standards of Practice for Primary Care Nurse Practitioners, Standard* V.1. " supports the socialization and education of students and beginning nurse practitioners by serving as preceptor, role mode, and mentor" (p. 8).

A preceptor is one who guides the student's clinical learning experience while acting as a role model. The clinical practitioner-preceptor-educator promotes NP role socialization, facilitates student autonomy, and promotes self-confidence that leads to clinical competency (Hayes & Harrell, 1994).

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 college faculty.

- Identifies and discusses the learner's needs in order to meet the course objectives;

- Assesses the nature of particular patient-care encounters that will enable the student to meet his/her learning objectives at this level in the NP curriculum.

- Utilizes appropriate teaching methods to help the student meet his/her learning objectives.

- Evaluates whether the learner's objectives have been achieved.

- Provides the learner with feedback (DeWitt, 1996).

- Provides the learner with feedback (DeWitt, 1996).

- Demonstrates attitudes and qualities consistent with the ethics of the health professions, including
  - Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups; and

  - Respect for the student's faculty, curriculum, and program.

- Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.

Teaching Skills and Methods

Although a variety of teaching methods may be used by individual preceptors, the following table includes common ambulatory teaching methods.

1. Assess student's level of clinical competence, discuss preceptor expectations, teaching methods, and introduce student to the clinical site, policies, and personnel.	7. Limit teaching to 1 or 2 key critical components per student preceptor interaction.
2. Prior to each clinical session, develop a teaching learning plan that builds on clinical learning objectives.	8. Student observes preceptor behaviors complemented by preceptor rationale for selected actions.
3. Select a concept or problem area for each clinical day that enhances variability in clinical learning (e.g., physical exams of various age groups, consulting, and referrals).	9. Preceptor assesses learners' level of knowledge and understanding in order to formulate plan for teaching related concepts.
4. Preceptor-directed patient briefing (1-2 minutes) of student regarding the patient and tasks to accomplish prior to accompanying the student into the patient's room.	10. Guide student's clinical development through a process of beginning with analyses of specific experiences, student self-assessment, identifying relationships between clinical experiences and general concepts, and determining concept.
5. Assist students in recognizing that signs and symptoms occur in patterns and the student recognizes the relationship between assessment data and an hypothesis or working diagnosis.	11. Utilize collaborative discussion that guides the student in making critical relationships between prior knowledge and new clinical experiences.
6. Student presents signs and symptoms in front of patient and the preceptor "utilizes the teachable moment" in response to this student's presentation.	

(Adapted from Partners in NP Education: A preceptor manual for NP programs, faculty, preceptors and students. NONPF, 2000)

Preceptor, Student and Clinical Faculty Responsibilities

Preceptor Responsibilities

1. Orient student to the clinical site and agency policies. Discuss with student the preferred method for communication with clinical preceptor and/or clinic site.
2. Review with student the site's patient population, most frequent diagnoses and procedures commonly performed.
3. Discuss preceptor and agency expectations for the documentation of patient encounters.
4. Facilitate an informal collaborative and mutually respectful environment in which to learn.
5. Promptly communicate issues of concern or unsafe practice (student behavior, clinical skills, and/or student progression) regarding the student to the clinical faculty.
6. Review the objectives of the course, and student's clinical objectives to determine the type of learning opportunities that will enhance the student's learning. Direct the student to resources and evidence based readings.
7. Discuss guidelines for student interactions and feedback on student performance.
8. Listen and provide constructive feedback on student's "bullet" presentation of each patient seen.
9. Provide daily feedback to improve the student's assessment and management skills. Provide a variety of learning experiences with appropriate client populations. If available, encourage participation in interdisciplinary team meetings.
10. Facilitate student's progressive independence in clinical knowledge and skills.
11. Complete student's mid-term and final clinical evaluation and review with clinical faculty during required phone conference. (Student's final clinical grade will be awarded by the assigned clinical faculty.)
12. Students will provide clinical preceptors with a copy of their Typhon time sheet at both the mid and final evaluation. This time sheet is a verification of the student's clinical hours and hours must be verified by clinical preceptor.
13. Assume responsibility for providing a substitute preceptor in the event of an absence.
14. Complete Preceptor Information Form and complete abbreviated CV Form prior to student beginning clinical experience.
15. Provide copy of nursing license and specialty certification to Graduate Program Coordinator at MUSC College of Nursing.

Student Responsibilities

1. Integrate personal learning objectives with course objectives.
2. Contact approved clinical preceptor and determine the schedule for the clinical experience, including days of week and hours per day.
3. Submit clinical calendar via e-mail.
4. Develop and share clinical learning needs/objectives with preceptor and discuss strategies to meet them. Adhere to professional attire that is in accordance with clinical site requirements and MUSC College of Nursing Professional Dress Code for Graduate Students.
5. Maintain professional behavior in the clinical setting at all times.

6.	Complete required clinical course paperwork and submit on time.
7.	Collect and enter patient encounter data in electronic clinical log within 72 hours of the clinical experience.
8.	Demonstrate increasing competencies and progressive independence in clinical knowledge and skills.
9.	Function in the role of the nurse practitioner under the supervision of the preceptor incorporating evidence based practice guidelines and clinical site policies.
10.	Complete clinical preceptor and clinical site evaluations at end of clinical rotation.
11.	Attend all scheduled clinical experiences on time and prepared, completing all required clinical hours for each clinical course.
12.	Notify clinical preceptor and clinical faculty as soon as possible if unable to attend clinical as scheduled and arrange make-up clinical day.

Clinical Faculty Responsibilities

1.	Communicate with clinical preceptor regarding student's performance and requirements of specific clinical rotation at beginning of semester, mid-semester and end of semester.
2.	Assist student and preceptor to optimize clinical learning environment.
3.	Regularly review clinical electronic log entries.
4.	Evaluate written assignments and provide feedback.
5.	Complete phone conference at mid-term and at end of semester with preceptor to discuss student's clinical evaluation.
6.	Be available to clinical preceptor to answer questions or concerns regarding the student's clinical experience.
7.	Provide preceptor with preferred method of communication and be available.
8.	Award student's final grade upon achievement of clinical competencies.
9.	Review the student's evaluation of the clinical preceptor and clinical site and make recommendations to GPC as appropriate for on-going use.

Preceptor Teaching Tips

1.	**Avoid using the same teaching-learning approach for everyone.**
Students learn in many ways. Some are visual, oral or written learners, some concrete and some abstract, and others are multidimensional. Recognize that your style of learning may be very different from the student's.
2.	**Spend some time to know your student.**
Find out your student's talents, prior experiences, and learning needs. This information helps you know how to best guide the student. Knowing the student's current knowledge base and readiness to learn helps both of you know how much work you have ahead of you. This is essential to help the student see the gap between where they are and where they need to be.
3.	**Create a positive and safe learning environment**
Students are more likely to take risks when the teacher creates a safe environment. Admitting what one doesn't know or making a wrong decision is an uncomfortable feeling for anyone. Allow students the opportunity to learn from their mistakes. Establish mutual trust, respect, and support.
4.	**Give frequent feedback along the way, not just at the end.**

Students need to have information about their behavior and performance as they are learning. Focus on the performance, not the person. Involve the learner in the self evaluation process.

5. **Share your passion for nursing and health care.**
   If the teacher has passion for the art and science of nursing and/or health care, the student is likely to catch it. You are teaching by example all of the time. Students learn as much from observing your behavior and communication of caring as they do from listening.

6. **Repeat the important points.**
   Give the most important points more than once and in various ways. The first time something is stated it is heard and will be recognized, but it takes repetition and application to be learned. Repeat the important points!

7. **Ask questions.**
   Learning requires exploring the unknown and considering ideas from a different perspective. The preceptor guides the student to seek a deeper understanding. For example, "how does that work?" "What would have happened if we had done exactly opposite of what you suggested?" You are teaching how to think. Ask questions that encourage students to demonstrate the thinking process that led to the right answer.

8. **Talk out loud about your decision making process.**
   Share your thought process that led to making decisions. Problem solving skills can be learned. Point out the factors in the clinical situation that guided your thinking.

9. **You don't have to be perfect.**
   Acknowledging that you don't know something shows you are still learning. The student expects you to know the answers to most questions, but does not expect you to be perfect.

10. **Sometimes "less is more".**
    Making one or two teaching points in a case may be better than trying to have the learner focus in on all possible learning points.

11. **Break larger tasks into step by step skills.**
    Give feedback on the performance of each step of the process.   Give rationale during demonstration. Allow active practice and repetition.

12. **Be punctual, present, presentable, professional and personable, NOT perfect.**

REFERENCES:

Myrick, F. and Yonge, O. (2002). Preceptor questioning and student critical thinking. *Journal of Professional Nursing, 18* (3), 176-181.

Teaching Tips Index:
https://www.honolulu.hawaii.edu/facdev/teaching-techniques/

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Progression of a Nurse Practitioner Student

Beginning Student

- ► Student spends initial time observing preceptor.
- ► Student assessment skills should be validated by the preceptor.
- ► Student management plans need significant guidance.
- ► Student needs high level of direction, which decreases as skill level increases.
- ► As student progresses, preceptor allows student to take on more independent responsibilities.

Intermediate Student

- ► Student becomes more proficient in analyzing data, is more skilled with assessing and formulating management plans.
- ► Student improves use of time and resources.
- ► Student may require assistance in prioritizing and coordinating care.
- ► Student requires support and assistance for complex cases.
- ► Student is ready to demonstrate other NP functions such as patient/family teaching and participating in teams.

Advanced Student

- ► Student is expected to perform all role functions in an organized, efficient, skillful and independent manner.
- ► Student is expected to engage in interdisciplinary role collaboration, consultation and referral.
- ► Student and preceptor develop a more collegial relationship.

Adapted From: **The Geriatric Interdisciplinary Team Training Program (GITT) Nurse Practitioner Clinical Preceptor Guide**
Developed By: **The Nursing Special Interest Group**