Helping Preceptors Mentor the Next Generation of Nurse Practitioners

ABSTRACT
At some point in their careers, nurse practitioners, as well as members of other clinical disciplines, may be asked to tutor a primary care student. First-time preceptors, even if they are mature clinicians and enthusiastic about their new role, may find themselves somewhat at a loss regarding faculty and program expectations for themselves and for students. There is little in the literature to guide them, and preceptors often cannot attend faculty-sponsored orientations because of clinical schedule constraints. While this article specifically addresses the nurse practitioner student−preceptor relationship, it will also be of interest to others involved in clinical teaching. Preceptors are introduced to the meaning of the preceptor relationship, role functions and responsibilities, strategies for surviving clinical teaching, means of creating an environment that supports adult learning, and student evaluation. The roles of the faculty and the clinical agency in ensuring success for the student−preceptor pair are important components of the clinical educational experience.

A preceptorship is a one-to-one relationship between an experienced practitioner and a novice [1]. This time-limited learning experience, with well-delineated objectives includes the building of an intense relationship [1,2], and has a well-defined beginning, working phase, and termination phase. Responsibilities do not last forever; although this is often a welcome thought, the end of preceptoring can be a sad time, a time of letting go after a heavy investment. Preceptors are often humbled to realize that some students will affect primary care more than they did. Although some preceptors participate in the grooming of their own successor in a practice, for most preceptors, the period of teacher−student commitment ends according to scheduled plan.

A preceptorship provides students with experiences in the real world under the protection of guides who bridge the gap between theory and actual practice [3]. Preceptoring allows students to try new skills and gain confidence and validation [1,2]. The nurturing of students is a developmentally appropriate professional responsibility of mature clinicians, a means to insure and influence the future of the nurse practitioner (NP) movement well into the next century, and a way to further cement one’s identity as an NP [4].

The Preceptor Role
Students are candid in rating the quality of the preceptorship relationship as they evaluate their student clinical experience [2]. Preceptors, as key players in the success of the student clinical experience, make a huge difference in the introduction and socialization of a student to the NP role. Preceptors influence the development of long-term role satisfaction and performance of their students; preceptors should show patience and support for the newcomer, remembering what it is like to be a beginner. Table 1 lists characteristics that students hope to find in preceptors and provides a basis for the selection of preceptors.

Preceptors introduce students to the clinical setting. As hosts with good manners, they should show students where to park, hang coats, the location of bathrooms, lounge, and meal facilities, and the use of space and equipment. They should also orient students to organizational policies (e.g., dress codes, name badges, scheduling, record keeping, and resources available in the setting). As sponsors, preceptors should insure that students meet all key players in the agency, especially those who may be of help in assuring success for the clinical experience. Preceptors should assist students by planning clinical assignments based on course objectives and student-articulated learning needs, and should protect students from unnecessary exposure to stressors in the setting [6,7].

As teachers, preceptors show students what NPs do on a daily basis and why. They also provide feedback regarding progress in meeting objectives, and ask for faculty clarification if the students are not performing well. As role models, preceptors share values, attitudes, beliefs, and philosophies about NP practice, including legal, ethical, and political ramifications. They demonstrate to students how NPs behave, how they interact with physicians and other health professionals, and ways to resolve interdisciplinary and organizational conflicts. They should invite and encourage student participation in profes-
Table 1
Preceptor Qualities Valued by Students [2,3,5]

1. Personal Qualities
   - Helpful, empathetic, caring, warm
   - Human, humorous, flexible, fair
   - Dependable, consistent
   - Enthusiastic, motivated

2. Relationship to Students
   - Respectful of students
   - Commitment to the student
   - Willing to work with beginners
   - Enjoys teaching

3. Professional Qualities
   - Interested in professional growth and continued learning
   - Involved in agency and community
   - Good role model
   - Secure in role
   - Confident, knowledgeable, competent, a master
   - Politically savvy
   - Takes initiative in leadership
   - Has respect of peers
   - Influences colleagues and environment
   - Communication skills—articulate, clear with clients, peers, colleagues, and authority figures, assertive
   - Able to deal with conflict
   - Looks for alternatives, problem solver

The Benefits of Being a Preceptor
Students add interest, challenge, renewal, and enrichment to daily work. It is gratifying to help students apply theory to real clinical situations, and pleasurable and satisfying to share knowledge with an inquisitive, bright newcomer. The preceptor role may bring added status to preceptors within the agency and recognition from superiors, as well as provide networking opportunities and support from other preceptors and faculty. Preceptor input into school program development and curriculum building is highly valued and sought. Preceptors may so positively influence a student that new recruits for the agency are available upon graduation [1–4].

Unfortunately, there is seldom any monetary reward available for the preceptor’s efforts. Some schools offer tuition waivers, faculty adjunct status, library privileges, continuing education opportunities, letters of recognition, invitations to school functions and celebrations, as well as opportunities to participate in faculty research and publication efforts. Agency benefits often include publicity for participation in the school program, the potential for retention strategies, promotion of job satisfaction, and professional growth for staff. Students can be assigned to clinical, research, or quality assurance projects, particularly those that tend to be neglected because of lack of staff time [1–3].

Problem Areas in the Preceptorial Relationship
A preceptorship adds extra time and energy to an already busy schedule and agency responsibility. Being with a student all day is an intense, sometimes stressful experience. Students ask endless questions, often involving minutiae; the preceptor sees the larger perspective and may have forgotten details [8]. The student makes demands on the preceptor who must be on “good behavior” at all times, requiring the preceptor to devise an often anxiety-ridden balancing act between client–student–faculty–agency expectations.

Preceptors often have difficulty providing negative feedback, particularly in a situation where conflict arises. Conflict can occur with preceptor, student, or faculty expectations for the clinical experience, and with communication styles, personality, or scheduling issues. Preceptors may feel that they are not providing an adequate experience for the student, or that the student is not adequately prepared for clinical work [2,3] (Table 2). Often, students finally “get it all together” when the semester ends.

Preceptors for the Preceptor
Everyone needs a preceptor to nurture them at some time, especially when taking on a new role [9]. Preceptors will need a description of what the preceptor role entails, a practical, easily understood evaluaton tool, course objectives, program materials, a resource person from the school faculty, and administrative support from the clinical agency [9] (Table 3). Administrative support may be the most difficult to achieve unless the agency can be convinced of the benefits of preceptorship (Table 4).

Preceptors need ongoing support. Through telephone contact and site visits, faculty help the preceptor feel valued, and part of the entire educational process of the student [2]. Faculty can help the preceptor to trust a student, process student mistakes, and enjoy the rewards of watching a student grow. Faculty can also facilitate preceptor support networks to share teaching strategies, process problems, and resolve student–preceptor conflicts (Table 5).
Creation of an Environment Conducive to Adult Learning

Nurse practitioner students come from a variety of educational and professional practice backgrounds, with varying philosophies of nursing. The students experience multiple demands, conflicts, and crises as they attempt to take on the role of NP [9]. Many try to work full-time jobs and raise families, while dealing with the professional and financial risk of giving up a comfortable professional identity to become students. It is difficult to relinquish old professional roles and be focused in a new role with its own behavior [10].

As the socialization process unfolds, students are in awe of the preceptor and become bogged down in the mastery of technical skills, and often feel clumsy, disorganized, and incompetent [11]. When students make mistakes, their self-esteem is battered. They need opportunities to discuss these feelings with a patient preceptor who can tolerate mistakes, and criticize constructively in a nonthreatening, nonhumiliating manner while resolving conflicts quickly. The preceptor must develop a balance between providing adequate “hands on” experiences and not pushing students into experiences too soon [2,7,10].

What Do Students Need to Learn?

Nurse practitioners, as advanced practice nurses, will function in a variety of roles as managers and providers of care, teachers, researchers, change agents, and leaders [12,13]. Students need exposure to clients of all ages who manifest common health problems, as well as experiences that will help them develop competence in other advanced practice role functions (Table 6).

Basis for Student Evaluation

Evaluation of student performance is an essential function of the preceptor role. It can be difficult for the preceptor to be nurturing to the neophyte while protective of the public and the profession. Schools provide a tool for this purpose. Evaluation forms provide statements reflecting the course objectives and allowing the preceptor to rate and report performance. It is helpful to assess the student’s strengths and weaknesses and progress in meeting course objectives before midsemester and then later on in the semester.

Development of diagnostic reasoning is often a problematic area of performance for students; they have a difficult time analyzing all the data and making a differential diagnosis. It takes time for them to process information and to transfer learning from the classroom to the real client situation. Making medical diagnoses for some nurses may be a foreign concept and an anxiety-provoking one as they make the transition to the expanded role. Walking them through the process patiently is a necessary part of being a preceptor.

Initially, a beginning student will spend time observing the preceptor, but will gradually take on increasing aspects
of the clinician–client encounter. Much direction from the preceptor is needed, even in simple case situations. As the student spends more time in the clinical setting, the relationship between student and preceptor develops as the preceptor begins to trust the student's knowledge base and competency, less prompting is required, and the student's skill level increases. When student confidence and competence increases, the preceptor should begin to feel comfortable enough to “let go” [7] and allow the student to take on more independent responsibilities.

The intermediate student, if fortunate enough to remain in the same clinical setting for a second clinical experience, is comfortable with the site, knows the rules, has developed relationships with clinical staff, and is more comfortable with organization and assessment. This student is better able to analyze data and is more knowledgeable and comfortable with the diagnostic process and management planning. In contrast to the beginner, the intermediate student is more efficient with the use of time and resources and requires less prompting from the preceptor (although help to remain focused is still necessary). The student at this time is ready to explore other NP role functions such as teaching and quality assurance activities. Regression can occur, however, when the student takes on more complex cases; the preceptor will need to provide necessary support.

The advanced student, in a final practicum just before graduation, is expected to perform all role functions for an increasingly complex case load in a more thorough, efficient, organized, skillful, and independent fashion. The expectations for this clinical experience include much more participation in NP professional role behaviors, interdisciplinary collaboration, consultation, and referral. The student experiences a growing sense of mastery and identity as an NP, begins to anticipate the ending of the student–preceptor relationship, develops a more collegial relationship with the preceptor, and can finally see the “whole picture” [8]. Still, there may be moments of regression as graduation approaches; the student may feel overwhelmed with the notion of future role responsibilities and need sensitive preceptor support.

**Strategies for Clinical Teaching**

To minimize the preceptor–client relationship disruption, and save time, energy, and space, students can perform an examination in the preceptor's presence and discuss the case and interaction afterward. Students can also arrange home visits with agreeable clients when a comprehensive assessment is needed.

Preceptors sometimes need relief from the intense student–teacher role. The preceptor can arrange student experiences with the pharmacist, the laboratory technician, the triage nurse, and members of other disciplines. This helps students learn about the agency organizational structure and how that affects practice by spending time with the office manager, the financial officer, and the appointment dispatcher.

Preceptors should involve the students in quality assurance activities and in the development, research, and writing of practice guidelines. Students can organize a self-help group or other teaching project, and develop teaching materials. The preceptor can have the student bring relevant articles for lunch discussion or investigate community resources available to meet client needs. Other strategies include student presentation of interesting cases at staff conferences, attendance at interdisciplinary meetings, clinical rounds, professional organization meetings, and organization of letter writing and telephone calling campaigns to legislators on health or professional issues.

**Preceptorship: Challenge, Reward, and Opportunity**

Preceptors take on challenging responsibilities. Knowing what the role entails, what adult student learners are like, what role functions students need to learn, what problems can be anticipated, and what strategies assist preceptors in
meeting student learning needs may result in a more rewarding experience for preceptor and student. Preceptors who use faculty resources and network with other preceptors to solve problems and obtain mutual support will experience enhanced effectiveness and satisfaction in mentoring the next generation of primary care providers.

REFERENCES

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NP News

Resources

The following resources were recently received by The Nurse Practitioner. They are listed for the readers’ information and as an acknowledgment to the publishers for sending them to us. No endorsement by The Nurse Practitioner is intended.

Books Received


Pamphlets Received

- You and Your Baby: Prenatal Care, Labor and Delivery, and Postpartum Care. This 55 pp. parent education booklet provides a complete overview of pregnancy including prenatal care and tests, the process of labor and delivery, postpartum care, and potential problems. Clearly written and informative. 1994. $60 for 50 copies (discounts on bulk orders), order publication number ARB605, American College of Obstetricians and Gynecologists, 409 12th St. SW, Washington, DC 20024-2188. (800) 762-2264.

Periodicals


Videos Received

Breastfeeding: A Special Relationship. 1994. An award-winning patient education video covering all aspects of breastfeeding including breastfeeding positions, reading the baby’s signals, and recognizing the responses of the mother’s body. Running time: 26:30. Available free for a 15 day preview. $100 (first copy), $25 (2-25 copies), further discounts available for larger quantities. Millner-Fenwick Inc., 2125 Greenspring Dr., Timonium, MD 21093. (800) 432-8933.

Drug Compliance in Asthmatic Childhood Prevention of Hospitalization and Emergency Care. An overview of factors associated with noncompliance in asthma medication and general strategies for improving patient compliance. Includes booklet containing outline and extended discussion with references. Running time: 41:00. $10.00 (single copy). Andrew G. Weinstein, MD, 310 Christiana Medical Center, Christiana, DE 19702. (302) 368-0500.


Telephone Services

Family Violence Resource Line. Most health care practitioners treat battered women every day, whether they know it or not. This service provides a source for general information on strengthening the health care response to domestic violence, assistance in setting up domestic violence training and programs, and library search services. A photocopy fee will be charged for materials requested. Sponsored by the Family Violence Prevention Fund. 1-800-313-1310.