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# Teaching Strategies Used by Expert Nurse Practitioner Preceptors: A Qualitative Study

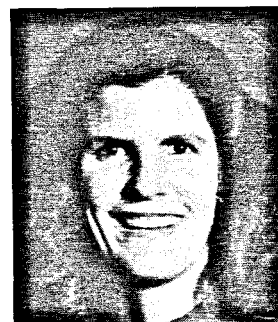
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Nurse practitioner (NP) programs utilize expert clinicians as preceptors for their students. Little is written regarding this important role. This study explored teaching strategies used by expert preceptors. Fifteen preceptors in a master's level NP program participated in this qualitative study. The study identified (a) orientation strategies, (b) strategies used with all students, and (c) strategies used differentially according to level of learner. Two distinct preceptor styles emerged from the data ("incremental structure" and "sink or swim"). Preceptors also identified characteristics of student readiness for increased responsibility. Results of this qualitative study can be helpful in preceptor orientation and continued education.

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**E**xpert clinical preceptors are key resources in the education of nurse practitioners (NPs). Both practical knowledge (knowing how) and theoretical knowledge (knowing that) are crucial components of clinical expertise (Diekelmann, 1987; Hanson & Hilde, 1989). Clinical expertise develops when the learner tests and

**TABLE 1.**  
**STUDY DEFINITIONS**

**Advanced Beginner**

These students can demonstrate marginally acceptable performances since they have coped with enough real situations to note the recurring meaningful components. Students at this level still need help in setting priorities. Advanced beginners take in little of their new situation and instead concentrate on remembering the rules. A great deal of preceptor support is still essential at this point to ensure that all the client's needs have been met.

**Transition**

The period in which the student is in transition out of the advanced beginner level.

**Competent-Proficient**

The second level of learner is a combination of both competent and proficient and is seen as a continuum as increased clinical judgment, skills, and experience mount. This learner is able to use conscious deliberate planning. Analysis is used to establish a plan for the present and future perceived needs of the client. Along this continuum is the development of an increasing amount of speed, flexibility, and organization along with a sense of mastery and the ability to cope in many situations. The clinical situation begins to feel much more organized. Eventually the student learns from experience what to expect in certain circumstances and how to modify plans based on the occurrence of certain events.

This student can recognize "the big picture" as a holistic understanding begins to allow decision-making to become less labored. An understanding of what is and what is not important improves decision-making. Fewer options need to be considered. The student feels more confident about the accuracy of his/her evaluations and about recognizing his/her limits.

*Note:* Definitions adapted from work of Benner, 1984.

refines propositions, hypotheses, and principle-based expectations in actual practice (Benner, 1984). Benner and Wrubel (1982) describe the difficulty of understanding the importance of both skill and experience in the Western tradition in which theoretical knowledge is commonly assumed to be a requisite for or superior to practical knowledge. They argue that the two domains of knowledge should be seen as equally important. Expert clinical preceptors challenge the learner to optimize this developmental process.

Being an effective preceptor involves identifying and using appropriate teaching strategies (Edmunds, 1983). However, there is little information available on the strategies used by expert NP preceptors, and there are few avenues for sharing information on precepting students with novice preceptors or for providing information to expand the knowledge base of more experienced preceptors.

There are some reports of preceptors' experiences in precepting undergraduate students, new graduates, medical students, and nurses in advanced practice (Edmunds, 1983; Esposito, Schorow, & Siegel, 1983; Hill, 1989; Irby, Ramsey, Gillmore, & Schaad, 1991; Myrick, 1988; Shamian & Inhaber, 1985). However,

there have been no systematic investigations of strategies used by clinical preceptors. The purpose of this qualitative study was to identify the teaching strategies used by expert preceptors with beginning and advanced NP students.

This study was influenced by the work of Benner (1984) in two ways. First, Benner proposed that expert clinicians can facilitate the transmission of clinical knowledge to a learner. She stated that when experts are able to describe successful interventions, some of their knowledge becomes visible and with visibility, teaching others becomes possible. Benner's work applied the Dreyfus Model of Skill Acquisition to nursing (Benner, 1984; Benner, Tanner, & Chesla, 1992). The Dreyfus model includes changes in four general aspects of performance in learning a practice (Benner et al., 1992). These changes are:

- the movement from reliance on abstract principles and rules to incorporation of past, concrete experience into practice;
- a shift from depending on analytic rule-based thinking to use of intuition;
- change in perception of the situation from all components seen as equally relevant to an increasing complex whole where only certain parts are relevant; and
- movement from detached observer to being involved and fully engaged in the situation.

Therefore, skill is not merely the ability to perform technical skills, such as an accurate physical examination, but also includes the ability to deliver skilled nursing interventions and demonstrate clinical judgment.

Second, the study was influenced by Benner's five levels of proficiency in the acquisition and development of a skill:

- novice,
- advanced beginner,
- competent,
- proficient, and
- expert.

These proficiency levels were adapted to categorize student learners. The study combined Benner's competent and proficient categories (Table 1). Two levels of student learning were used in this study, advanced beginner and competent-proficient. The novice and expert categories were eliminated for purposes of this study as they do not accurately reflect the status of the graduate student learner. The competent-proficient level is seen as the level of the graduating NP student.

## **METHODS**

This qualitative study explored strategies used by

expert preceptors working with graduate students within the clinical setting. In particular, the patterns of strategies used with advanced beginner and competent-proficient students were identified.

The study was conducted at Virginia Commonwealth University/Medical College of Virginia, a large urban university which has a Primary Health Care Nurse Specialist Program as part of its graduate program in nursing. This program included options for specialization as a family, pediatric, adult, geriatric, or women's health NP. Expert preceptors were determined by circulating a list of active preceptors to program faculty who were asked to identify individuals they would consider expert preceptors. No attempt was made to come up with definitive criteria for the expert category, but faculty indicated that their classifications were influenced by extensive contact with preceptors, repeated visits to preceptor sites, and cumulative feedback from students. Asking faculty to identify expert preceptors paralleled the mechanism Benner (Benner, 1984; Benner et al., 1992) used to obtain her expert clinicians sample. Fifteen subjects were selected for interview when nominated by three faculty members. Eleven of the individuals identified as expert preceptors were NPs and four were physicians. All preceptors had experience working with master's level NP students, 10 (66%) had done so for more than 3 years, and 9 (60%) had attended some form of inservice on precepting.

## PROCEDURE

The 15 interviews were guided by the researcher-developed Preceptor Intervention Questionnaire (Table 2), which consisted of 12 open-ended questions designed to elicit preceptors' most salient strategies used in clinical teaching. Data from the first six questions are reported in this study. The data obtained from the last six questions have been analyzed and will be used for preceptor orientation and for future publication. Participants were asked to identify strategies used with advanced beginner and competent-proficient students. To allow them time to reflect on their experiences, preceptors were given study definitions and questions 2 to 3 days prior to the interview. Two interviewers were utilized. Both were experienced NPs. The structured interview and appropriate follow-up questions were reviewed in detail to assure consistency of the interview format. Transcribed interviews reflected consistency with interview questions and follow-up probes used. The interviews, ranging from 20 to 25 minutes, were audiotaped and transcribed for analysis. This study was approved by the Human Subjects Committee, Virginia Commonwealth University. All participants reviewed and signed consent forms before participating in the interviews.

**TABLE 2.**

## PRECEPTOR INTERVENTION QUESTIONNAIRE

1. Imagine you are consulting with a new preceptor who will be working with a student who is about 6 weeks into the clinical experience and functioning at the advanced beginner level. What would be examples of teaching strategies you would suggest?
2. What teaching strategies would you use for the student who is in transition out of the advanced beginner level?
3. What techniques are helpful for nurse practitioner students at the competent-proficient level to help them move along the continuum as far as possible?
4. Preceptors often describe a goal of "letting go." Tell me what "letting go" means to you.
5. How do you know when to let a student "go," at least to some extent?
6. What type of challenging experiences do you offer to the competent-proficient student in order to help increase her/his confidence, independence?
7. What barriers get in the way of you using the strategies you have identified for the advanced beginner student?
8. What barriers get in the way of you using the strategies you have identified for the competent-proficient student?
9. What are the most positive aspects of being a nurse practitioner preceptor?
10. What do you see as the drawbacks in being a nurse practitioner preceptor?
11. If you could make changes in the preceptor experience, what would you change?
12. What are the differences in precepting a nurse practitioner student versus precepting a medical student?

## RESULTS AND DISCUSSION

Content analysis was used to identify salient strategies recognized by preceptors. Covert (1977) identified a process of content analysis which included distinguishing the universe of content and coding units, specifying a category system, and applying the selected categories to the individual coding units. The content analysis was done on the transcribed interviews in their entirety. After preliminary analysis it was decided that concepts, rather than words, would be the unit of analysis. Concepts, the authors felt, captured the meaning of the phenomenon under study more appropriately. Concepts were identified and grouped into categories by the first two authors. These classifications were validated by two colleagues, one an experienced faculty member and the other an expert preceptor.

Four patterns of teaching strategies emerged. First, preceptors identified orientation strategies they used with all students. Second, they delineated ongoing strategies used across the levels of the learner. Third, preceptors differentiated between the strategies used with advanced beginner and those with the competent-proficient students. Finally, they discussed "letting a

**TABLE 3.**  
**ORIENTATION STRATEGIES USED IN THE LEARNING EXPERIENCE**

- I. General Orientation
  - A. Review or set guidelines, ground rules
  - B. Review charting
  - C. Explain role of preceptor
  - D. Share expectations as to level of learner
- II. Orientation to Identify Student Strengths, Needs
  - A. Initial interview
  - B. Initial student self-assessment
  - C. Focus on strengths, goals of student to decrease stress
  - D. Reinforce areas of weakness observed
  - E. Early observation of student
  - F. Diagnostic assessment/evaluation of student's level
  - G. Student involved in assessment/validation/decisions about learning
- III. Orientation to Preceptor Style
  - A. Muddle through it, sink or swim, give free reign
  - B. More structure, increased structure strategies

student go" behaviors and the timing of this critical decision.

### ORIENTATION STRATEGIES

Many preceptors discussed orientation strategies. These strategies fell into three categories: general orientation, collaborating with students to identify their strengths and needs, and an orientation to preceptor style (Table 3).

Preceptors felt general orientation strategies were critical to communicate expectations of the setting. Strategies used here included identifying ground rules, such as the method of client selection, and reviewing protocols specific to the setting. Charts were reviewed to spell out expectations for documentation. Preceptors explained how they planned to interact with students, for example, how they would introduce students to clients and how they would check student findings on physical examination.

Preceptors identified expectations related to the level of the learner. For example, they might plan for the student to observe them with two clients, have the student do the history on the next two clients and then proceed to have the student complete identified components of the physical examination. In addition, some preceptors conveyed the amount of history, physical examination, assessment, management planning, and counseling expected initially and then by the middle and end of the clinical experience, which could encompass anywhere from days to a whole semester.

Several preceptors identified the need for collaborative assessment with students prior to initiation of their clinical experience and throughout the experience. An initial interview provided the opportunity to get to

**TABLE 4.**  
**OVERALL STRATEGIES USED WITH BOTH LEVELS OF STUDENT LEARNERS**

- I. Manipulate the Environment to Increase Positive Experience
  - A. Create a positive environment (between student and client)
  - B. Provide for increased student "comfort," decreased anxiety
  - C. Give positive reinforcement, reassurance
  - D. Buffer student from extraneous stressors
- II. Optimizing Client, Student, and Preceptor Interaction
  - A. Maintain close contact with student
  - B. Use role modeling
  - C. Involve student in joint counseling
  - D. Implement directed, guided questioning
  - E. Use charting to teach
  - F. Engage in pre- and postconference (debrief after student assessment)
  - G. Assign reading in area of specialty

know the student, to understand the student's experiences, and to identify which of the student's learning needs could be met in this setting. Some preceptors focused on the strengths of the students in order to minimize anxiety. One said, "I like to reinforce their sense of competency and remind them of their large knowledge base in nursing." Preceptors also indicated that early observation of student interactions was critical to identifying the level of learner.

Two philosophies of precepting emerged. Four of the 15 preceptors took a "sink or swim" or "muddle through" philosophy; 11 preceptors used a "manipulated structure" style. The "muddle through" style involved a pre- and postconference with the preceptor for each client visit. The student was responsible for the history and physical without the presence of the preceptor. The "manipulated structure" style was characterized by incremental additions of responsibility. The preceptor manipulated the type of experience and aspects of the environment to buffer extraneous stressors. For example, the student would be involved in the entire visit, but would be responsible for history only for an identified number of clients. Then selected portions of the physical examination would be added. In another example, primarily utilized early in the experience, the preceptor would intervene for the student to make outside referrals, consult other professionals, or interact with office staff. This buffering process decreased as students' skills and confidence increased.

### OVERALL STRATEGIES

The two prevalent overall strategies used, regardless of level of learner or style of preceptor, were manipulation of the clinical environment and optimization of interactions among client, student, and preceptor (Table 4). A major concern for preceptors was creating an environment that would decrease

**TABLE 5.**  
**ONGOING STRATEGIES USED WITH DIFFERENT LEVELS OF LEARNERS**

Advanced Beginner	Transition	Competent-Proficient
Expectation centered on assessment. Student needs much help with focusing assessment.	Help focus. Student needs less assistance from preceptor. Expect student to come up with more alternatives. Student forms assessment and sets priorities with minimal assistance. Begin to expect student to pick up on subtle cues. Increase experience with clients.	Focus on plan and pattern development. Focus on subtle changes. Emphasize putting the physical and psychosocial together. Precision and focus on critical aspects quickly. Develop own caseload.
Pre- and postconference with emphasis on chart review.	Decrease structure and frequency in pre- and postvisit conferences.	Focus on consultation. More postvisit-only conferences.
Assign simpler clients.	Assign more complex clients.	Increase complexity of clients: multiple differentials, require more follow-up, more complex psychosocial emotional needs, variety. Student develops own caseload.
Time no problem.	Focus increases efficient use of time.	Increase time constraints.
Lots of role modeling.	Less role modeling, more review-oriented questions.	Continue to decrease role modeling, increase review questioning.
Charting used to diagnose, teach student interactions. Teach logical thinking and completeness using preliminary charting.	Have student write plan as a mechanism to increase clarity and comprehensiveness.	Good charting reflects clear thinking. Expect integrated charting in a timely manner.
Use lots of guiding and direct questions with goal of helping student organize thinking.	Begin analytical approach to questioning: grilling, challenging student for alternative plans. Critically analyze information given by students. Create "what if" or "what else" questioning.	Continue this style with focus on refining skills. Questions focus on self-evaluation of visit.

anxiety and enhance learning. For example, one preceptor said, "In the beginning, I try to assign patients whom I know will deal well with [the students], a relaxed person with plenty of time." Another said, "I reassure students that the preceptor is ultimately responsible for the patient's care." Preceptors consistently gave positive feedback when students presented a client. "The advanced beginners tend to ramble on, and on, and on, with positives and negatives, and I let them ramble, because they need to feel like they have not missed anything." Some preceptors tried to reinforce students' sense of competency by reminding them of their nursing experience to date. Many took care to accentuate all of the positives. As one preceptor stated, "I give them positive strokes on the stuff they are good at, which puts me in a better position to work on areas they are less comfortable with." Another preceptor said, "I treat the student the way I remember wanting to be treated when I was a student."

Other overall strategies were related to optimizing client, student, and preceptor interactions. Preceptors talked about role modeling: "First they observe me, then I observe them." Preceptors also demonstrated components of the physical examination; one said, for instance, "I let them know that they can ask me questions about anything, especially the physical exam,

and this will not affect their grade." Role modeling was also implemented in joint counseling, in which the student and preceptor together counseled clients when issues unfamiliar to the student were discussed.

Preceptors varied several strategies across the level of learner. In contrast to style used with all learners, preceptors did identify teaching strategies which they used differentially (Tables 2 & 5). Charting was used by several preceptors to teach, but the specific way charting was used varied with the level of learner. For example, preceptors might ask the advanced beginner student to use the subjective/objective/assessment/plan (SOAP) format to document subjective and objective information which would substantiate the assessment. Eventually, charting was expected to reflect priority setting and complex decision-making. One preceptor indicated, "good charting reflects clear thinking."

Use of pre- and postconferences was mentioned frequently. Preceptors used preconferences more with the advanced beginner, to prepare the student for the interaction with a client, while only postconferences were used routinely for the most advanced learner. Assigned reading was used primarily if the student was in a specialty setting and lacked knowledge in the area.

Preceptors used detailed, guiding questions to help

**TABLE 6.**  
**INDICATORS OF STUDENT READINESS FOR INCREASED**  
**RESPONSIBILITY ("LETTING GO")**

- I. Intuitive Indicators
  - A. There is a mutual increase in comfort, almost intuitive, a mutual decision.
  - B. We build up trust, I trust them not to get in over their heads, and to be responsible for their own actions and decisions.
- II. Indicators Related to Student Performance
  - A. Students prove they will not miss something important.
  - B. There is no longer a need to review every detail with preceptor.
  - C. Student has proven physical assessment skills, rechecks of the examination are satisfactory.
  - D. Student gives accurate clinical presentation of significant positives and negatives.
  - E. Data presented by student proves she/he has covered all the bases with the patient. She/he has not only met all the patients' needs, but has not found anything wrong with the normal patient.
  - F. Student shows ability to tie in past experience with new skills, and apply them to new scenarios.
  - G. Student recognizes limits of knowledge, admits to weaknesses.
  - H. Student asks appropriate questions.
- III. Indicators Related to Student Initiative
  - A. The student becomes a self starter, can cope with an unstructured setting or a change in the schedule.
  - B. Student asks for more challenging experience, exhibits confidence.

the student focus, "sort of like working with an adolescent, step by step," explained one preceptor. Guided questioning also helped students to discover that they could provide needed information (for the assessment and plan). For example, "I want them to feel like they have come to the right answer on their own. They need to feel good about something. They feel so overwhelmed." Guiding questions also were used to elicit information left out of the history or to help the student give a rationale for actions taken by the preceptor.

#### STRATEGIES FOR DIFFERENT LEVELS OF LEARNERS

Preceptors who used the "muddle through" style offered more independence early for both levels of learner. In contrast, preceptors with the "manipulated structure" style incrementally decreased structure, increased freedom, created more opportunities for independent decisions, and facilitated experiences with other health care providers as students achieved greater competence.

Environmental and interactive strategies also differed by level of learner. Preceptors felt the advanced beginner student needed plenty of one-to-one interactions with "lots of teaching from the preceptor." Preceptors thought the greatest need of the advanced

beginner was to develop the ability to focus. "The students at the beginning, who are usually really meticulous spirits . . . gather lots of answers to questions and then they spend a lot of time writing it down, but they have no idea what it is they are going to do with it when they get it." Preceptors helped students to focus by reviewing the chart and paying particular attention to pertinent elements of the history and physical examination before the interaction with the client. Less complex clients were seen as appropriate for advanced beginners. Other strategies included frequent use of role modeling, guiding and directing questions, and minimizing the emphasis on time spent with the client.

Students moving beyond the advanced beginner level were considered to need less one-to-one interaction. They ventured into parts of the history and physical without the preceptor's presence or without a review prior to the interaction. They also were given more decision-making opportunities in order to reinforce their sense of competence. Student and preceptor discussions focused on developing and implementing the plan of care. Preceptors commented on the characteristics of students in this transition phase. "I expect them to be more concrete with their plans and to give a rationale. They have to take more ownership of the assessment and plan." "I could now see where she was by what she does, rather than what she tells me. I begin to expect a more holistic approach, rather than just a medical history and physical." "They are moving out of the 'rambling stage' into the 'what matters stage.'" "You don't realize they are into the stage until you see things start to click for the student."

Preceptors working with competent-proficient students focused on having the student generate a client care plan, develop pattern recognition, recognize subtle changes, and put the physical and psychosocial data together to come up with an integrated view of the client. Preceptors assigned complex clients, used post-conferences, and identified time expectations with these more advanced students. Preceptors described students at the competent-proficient level. "At this level, they have a lot of insight." "We are learning from each other at this stage, very stimulating." "This student knows what she knows and what she does not know." "The biggest difference between the competent-proficient student and the earlier student is the fact that the beginners are satisfied with your answers to their questions while the competent-proficient students can read between the lines and look for more far-reaching consequences."

#### DETERMINANTS OF 'LETTING GO' BEHAVIOR

One of the most difficult tasks of a preceptor is to know when and how to "let go." Preceptors defined

"letting go" as the ability of the preceptor to give students the freedom to make and implement decisions. More specifically, "you go see [the patient], you go evaluate him, and come back and tell me about it." Other definitions included the following. "Give students the freedom to do what they feel comfortable doing." "Function more on their own, I do not have to be there for them constantly, we can discuss clients later." "Less checking behind them, less supervision." "I spend less and less time questioning the student."

When preceptors were asked how they knew when to let a student go, they identified several indicators of student readiness. These included both student performance and student initiative and are described in Table 6.

## IMPLICATIONS FOR RESEARCH AND PRACTICE

Further research exploring differential strategies, students' perceptions of strategies, and the effect of differing teaching strategies on teaching outcomes is needed. The strategies identified here will be incorporated into a quantitative tool to allow systematic study of preceptor behavior. The use of similar tools to collect data from students regarding teaching strategies they found most helpful as they progressed along the levels of learner could provide valuable insight into the

preceptor-student relationship.

Data from this study could be helpful to preceptors in several ways. First, sharing the strategies identified can stimulate discussion of the most effective strategies for specific situations. Second, preceptors may find teaching strategies that they are not using and may become aware of their style of precepting and its effect on individual students. One preceptor commented, "I did not realize how much of a 'sink or swim' preceptor I am. I wonder if that style works well with all my students." Preplacement assessment of student learning by faculty may be important, especially in early clinical experiences. Matching a student's learning style with the preceptors teaching style may increase the satisfaction of both, decrease anxiety, and optimize student learning.

Reviewing strategies identified in this study with new preceptors may alleviate some of the uncertainties faced by this group. Faculty could hold a preceptor orientation, create written materials for new faculty, or create a videotape orientation tool discussing the preceptors role and strategies identified as useful.

Clinical preceptors will continue to play a significant role in NP programs. Faculty need to assure that clinicians selected for this important role are given the guidance needed to become good teachers. The findings of this study have the potential to positively affect the preceptor experience for preceptors, their students, and faculty in NP programs.

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