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### Promoting an Increase in Preceptors for Nurse Practitioner Students by Providing the Necessary Tools for Preceptorship

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PROMOTING AN INCREASE OF PRECEPTORS FOR NURSE PRACTITIONER  
STUDENTS BY PROVIDING THE NECESSARY TOOLS FOR PRECEPTORSHIP

A Scholarly Project Submitted to the Graduate School  
in Partial Fulfillment of the Requirements  
for the Degree of  
Doctor of Nursing Practice

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PROMOTING AN INCREASE IN PRECEPTORS FOR NURSE PRACTITIONER  
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# PROMOTING AN INCREASE IN PRECEPTORS FOR NURSE PRACTITIONER STUDENTS BY PROVIDING THE NECESSARY TOOLS FOR PRECEPTORSHIP

An Abstract of the Scholarly Project by  
Sonja Albright

The purpose of this project was to confirm the difficulties and barriers to precepting nurse practitioner students found in the literature by conducting a focus group with nurse practitioners who were currently precepting and some who were not. Participants were volunteers at a 4-State APN Conference in Joplin, Missouri. The group did confirm the barriers to precepting noted in the research. The most common theme noted during the group was that nurse practitioners felt ill-prepared to precept nurse practitioner students, a concept also noted in the literature. A Voiceover PowerPoint presentation was created based on the research and concepts discussed in the focus group to help prepare nurse practitioners to precept students. This program will be available on the internet for any interested party to view.

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## **CHAPTER I**

### **Introduction**

#### **Description of the Clinical Problem**

The role of nurse practitioner (NP) is one of the fastest-growing roles in current U.S. medical practice. As of 2016, there are over 220,000 licensed NPs in the United States and approximately 20,000 of those practitioners completed their programs in 2014-2015 (American Association of Nurse Practitioners, 2016).

There is increased public awareness of the role of NPs as well as increased knowledge about the extent of their abilities in various practice settings. This knowledge has played a part in enticing registered nurses to advance their careers as NPs and increased enrollment in NP programs across the nation is a result (O'Connor, 2012). Schools of Nursing are struggling to meet the demands of this increased enrollment. Due, in part, to faculty shortages and a shortage of training sites for their NP students, Schools of Nursing are being forced to limit the number of students they can enroll (O'Connor, 2012).

A minimum of 500 clinical hours are necessary to graduate from a nurse practitioner program. These clinical hours are completed in a clinic setting with a practicing provider, a preceptor, and are in addition to the classroom and didactic work. The American Association of Colleges of Nursing state that the “development of clinical



proficiency is facilitated through the use of focused and sustained clinical experiences designed to strengthen patient care delivery skills,” as well as assessment and intervention skills (American Association of Colleges of Nursing, 2011, p. 8). These skills must be obtained in the clinical setting. It is easy to see the dilemma: greater demand for nurse practitioner services and greater enrollment in nurse practitioner programs coupled with an insufficient number of university faculty and a shortage of nurse practitioner preceptors.

There are many reasons nurse practitioners choose not to serve as preceptor for NP students and these reasons will be discussed at length in the review of the literature. Some of these reasons include the struggle to meet daily visit targets while precepting (Wiseman, 2013), the time it takes to precept and evaluate student performance (Wiseman, 2013), and the lack of incentives for preceptors (Forsberg, Swartwout, Murphy, Danko, & Delaney, 2014). Further, NPs expressed a lack of support from Schools of Nursing faculty when precepting NP students (Wiseman, 2013) and preceptors felt they needed more training prior to serving as preceptors (Peyser, Daily, Hudak, Railey, & Bosworth, 2014). It is this last concern that this project addressed.

There was a significant amount of research available on the concerns and incentives related to precepting. Many of the concerns cited in the literature are described as barriers and are uncontrollable. There are productivity demands to meet (Wiseman, 2013), a preceptor must evaluate students honestly and fairly and this takes time. Additionally, there are very few incentives (Forsberg et al., 2014), if any, offered to the practitioners who precept. While the literature revealed significant difficulties associated with precepting, there were noted benefits as well. The practitioner felt he or she was

giving back to the profession (Lyon & Peach, 2001), the practitioner felt he or she was meeting a professional obligation (Webb, Lopez, & Guarino, 2015), and there was perceived enjoyment of teaching by the preceptor (Brooks & Niederhauser, 2010).

Offering education to nurse practitioners on ways to minimize these perceived difficulties and on how to become a prepared and effective preceptor is likely to be helpful. The educational program to be offered via this project includes many components designed for NPs who wish to precept NP students and offers tools on how best to precept. The program is available to NPs on the internet and consists of discussions on the role of preceptor, faculty, and student, adult learning styles, providing feedback and evaluation, and how to handle student performance issues and the sub-par student.

Nurse practitioners who choose to precept NP students serve to bridge the gap between theory and practice for nurse practitioner students. This is a crucial piece of the students' advanced practice education and is a significant responsibility for the preceptor. Nurse practitioners must be educated on how to be successful in this role so they are competent and do not feel ill-prepared to function in this role.

### **Significance to Nursing**

Increasing the number of nurse practitioner preceptors will impact the profession significantly. As more NPs choose to precept, more sites for preceptorships become available and Schools of Nursing and NP students experience less difficulty finding placement to complete the required clinical hours. The American Association of Colleges of Nursing (2014) reports that "the challenge lies in determining how best to encourage preceptors to invest in future advanced practice registered nurses" (p. 4).

The profession of nursing has struggled to be heard and recognized for its many abilities and contributions to healthcare. Now that its members are in serious demand, it has the distinct opportunity to rise to the occasion and meet the needs of patients everywhere. This will be done, in part, by increasing the number of nurse practitioners willing to precept nurse practitioner students, allowing the schools of nursing to increase enrollment, as faculty staffing permits, and meet the demand for more primary care providers.

The Institute of Medicine's *Future of Nursing Report* (Institute of Medicine, 2010) discusses the need for a fundamental change in nursing education. The report consistently mentions the need for a system that promotes seamless academic progression and calls for nurses to be full partners with physicians and other health professions. Consequently, NP students must learn inter-professional collaboration skills. These skills are taught and learned in the clinic setting through role-modeling and example-setting, therefore, increasing the number of available NP preceptors will allow for this education to take place; this is necessary to address the Institute of Medicine's directives. The report also calls for advanced practice nurses to practice at the fullest extent of their licensure and education. It is imperative that the profession increase its number of quality nurse practitioner preceptors to realize this effort.

Another directive in the Institute of Medicine's *Future of Nursing Report* (2010) is the development of a framework of continuous, lifelong learning that includes residency programs, continued education, and ongoing competence. This begins in a nurse practitioner student's preceptorship. The need for an increase in clinical sites and quality preceptors is clear.

The nursing profession benefits from this work in several ways. University faculty and students will have less difficulty finding willing preceptors for clinical experiences, nurse practitioners will experience professional development as a result of precepting as they must stay abreast of current trends in nursing to precept and simply by mentoring another, students will benefit from quality clinical education, and future patients of these students will benefit from the expertise the students take away from these preceptorships.

### **Purpose of the Project**

The purpose of this project is to confirm the difficulties with and barriers to precepting found in the literature and identify any others and to decrease those concerns so more nurse practitioners will be willing to precept nurse practitioner students. While this project cannot decrease productivity demands or offer incentives for precepting, it can offer the education necessary for nurse practitioners to become competent and prepared preceptors. The Institute of Medicine's *Future of Nursing Report* (2010) presents some thorough directives for the education of advanced practice nurses but it does not offer specific guidance on how to reach those goals. This author hopes to help fill that gap by promoting interventions to partially fulfill the report's objectives.

The researcher will first conduct a focus group to see if the concepts noted in the literature are consistent with those noted in the group. Specifically, the author would like to determine if the difficulties with precepting faced by the focus group participants match those of other preceptors discussed in the literature. The focus group will also discuss how prepared they feel to precept nurse practitioner students. The literature implies nurse practitioners often feel ill-prepared to precept students (Siela, Twibell, Mahmoodi, & Mahboubi, 2015) and this should be verified.

In addition, the project includes the development of a how-to Voiceover PowerPoint for nurse practitioners who plan to precept or may be interested in precepting nurse practitioner students. This PowerPoint will educate nurse practitioners on the necessary components of a successful preceptorship. The PowerPoint will be available to any nurse practitioner who wishes to view it.

### **Theoretical Framework**

The theoretical framework for this project is Benner's staging of clinical competence (Benner, 1984). In describing staging of clinical competence, Benner argues that each stage represents a level of competence that must be completed before moving to the next level. This framework is relevant as an important foundation for the preceptor-student relationship because the nurse practitioner student is in an especially vulnerable role, requiring much support and guidance as they transition from being an expert nurse to a novice nurse practitioner. The roles of registered nurse and nurse practitioner are quite different as is the level of accountability that accompanies the role change. According to Benner (as cited in Current Nursing, 2013), the development of knowledge in medicine and nursing "is composed of the extension of practical knowledge (know how) through research and the characterization and understanding of the 'know how' through clinical experience". Benner's theory, along with the Institute of Medicine's *Future of Nursing* Report (2010), support the significance and importance of the clinical component of education necessary for nurse practitioner students. It is imperative to equip preceptors with the best possible education and tools to facilitate this process.

### **Project Hypotheses**

The hypotheses for this project are as follows:

- Nurse practitioners feel ill-prepared to precept nurse practitioner students and this may contribute to the insufficient number of NP preceptors.
- Viewing a web-based Voiceover PowerPoint that shares important and supportive concepts about the role and responsibilities of preceptors will decrease feelings of ill-preparedness and increase the number of nurse practitioners willing to precept nurse practitioner students.

### **Definitions of Key Terms**

- Nurse practitioner: according to the International Council of Nurses (2014), nurse practitioners are “registered nurses who have acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice...”
- Preceptor: “an expert or specialist, such as a physician, who gives practical experience and training to a student, especially of medicine or nursing” (American Heritage Medical Dictionary, n.d.).
- Preceptorship: a “period of practical experience and training for a student, especially of medicine or nursing, that is supervised by an expert or specialist in a particular field (American Heritage Medical Dictionary, n.d.).
- Voiceover PowerPoint presentation: a presentation created in PowerPoint for Windows that uses a Voiceover feature allowing the presenter to speak while displaying the PowerPoint slides.
- The *Essentials of Master’s Education in Nursing*: according to the American Association of Colleges of Nursing (2011), these are the core essentials “for all master’s programs in nursing and provide the necessary curricular elements

and framework, regardless of focus, major, or intended practice setting (p. 3).”

The essentials “delineate the outcomes expected of all graduates of master’s nursing program (p.3).”

### **Logic Model Description**

The logic model demonstrates the inputs required for this project, the proposed interventions, and the outputs and outcomes (see Table 1). Major constraints are also listed in the model.

The literature review is conducted to determine what has been established in relation to the shortage of nurse practitioner preceptors, why there is a shortage, and what has been done about this shortage of preceptors. The literature review was followed by focus group interviews to confirm the themes found in the literature. The information gleaned from both the research review and the group was used to develop an internet-based educational opportunity for nurse practitioners who precept or wish to precept.

The interventions included the conduction of a focus group of 6 nurse practitioners to discuss their experiences, or lack thereof, with precepting. The goal was to correlate responses with what was found in the literature. The second intervention involved the development of a Voiceover PowerPoint presentation. This PowerPoint training tool includes information on many important facets of precepting. The goal of this tool was to increase the number of nurse practitioners willing to precept nurse practitioner students by increasing their preparation to precept.

The outputs are a list of those items that occur as a direct result of the interventions. The first output was the production of the PowerPoint and the posting of it on the internet so it is accessible to nurse practitioners interested in precepting nurse

practitioner students. Second, the PowerPoint will be viewed by nurse practitioners. Last, due to the availability of professional development in precepting, the nurse practitioners will view the presentation and feel more prepared, thereby, become more willing to precept APN students.

The end result of the project is higher quality clinical experiences for the nurse practitioner students. The outcomes are achieved by effecting a change in knowledge and skills of the preceptors. Both the students and the preceptors will benefit from the professional development that occurs as a result of the experience. Finally, faculty and students will have less difficulty securing a clinical site for required clinical experience because there will be an increase in the number of nurse practitioner preceptors and clinical sites.



## Logic Model

**Table 1**

<b>INPUTS</b>	<b>INTERVENTIONS</b>	<b>OUTPUTS</b>	<b>OUTCOMES</b>
Literature Review	Focus group to verify and add to concepts found in literature	Voiceover PowerPoint conducted and available to nurse practitioners	Higher quality clinical experience for students
Researcher time		Voiceover PowerPoint developed and available to be viewed	Change in knowledge and skills of preceptors Increase in number of NPs choosing to precept
Focus group		Confirmation of difficulties with precepting found in the literature Additional content for Voiceover PowerPoint	
<b>CONSTRAINTS</b>			
-Preceptor time -Organization limits on precepting -Unable to control productivity demands			

## Summary

In summary, there is a shortage of nurse practitioner preceptors and clinical sites. Traditionally, securing a location for one's clinical rotations has been the responsibility of the student in spite of the fact that the literature indicates it is a primary responsibility

of faculty to secure these locations (Burns et al., 2006). Partially due to the lack of nurse practitioners willing to precept, students are traveling long distances for these experiences. The nursing profession would benefit from an increase in clinic rotation sites with nurse practitioners who are qualified to precept nurse practitioner students.

There are many barriers to increasing the number of preceptors for graduate nursing students noted in the literature. One of the barriers identified is the fact that some nurse practitioners do not feel qualified to precept nurse practitioner students. Nurses are, by nature, a generally conscientious group and they want to do things correctly. Sharing information on how to best precept a nurse practitioner student will increase the nurse practitioner's confidence level as they will be equipped with the knowledge to fill the role.

This project consisted of conducting a focus group of six NPs asking participants about their experiences with precepting NP students, discussing why they might choose not to precept, the perceived difficulties with precepting, how they prepare to precept a NP student, and what training they recommend for preceptors who choose to precept NP students. Based on the literature review and the participants' statements about additional information needed, a Voiceover PowerPoint was developed to present instructional material on concepts that include the preceptor's role, promoting critical thinking, handling student performance issues, ideal preceptor characteristics, and teaching and learning concepts in adults.

The goal of the project was to increase the number of nurse practitioner preceptors available to nurse practitioner students by increasing the willingness of nurse practitioners to precept based on the concept that many feel ill-prepared to do so. The

intervention was designed to provide the education needed to these nurse practitioners and to those already precepting. Those who stand to benefit from this work include the student, the preceptor, the faculty, the profession, and all the future patients seen by these nurse practitioner students.

## **CHAPTER II**

### **Integrated Review of the Literature**

#### **Introduction**

A review of the literature revealed a significant shortage of NP preceptors and several barriers that contribute to a lack of willingness by NPs to precept NP students. Some of the barriers cited included time constraints that occur while precepting, a lack of organizational support for the preceptor while precepting, a hesitancy to precept due to professional burnout of the NP, and a lack of formal training to prepare NPs to precept.

#### **Literature Review**

A literature review was conducted using several methods. There was a general internet search, using Google and Yahoo search engines, for topics on precepting nurse practitioner students. Several data bases were utilized that included CINAHL, PubMed, ProQuest Nursing, and Allied Health Source. Search terms used included “nurse practitioners”, “preceptors”, “mentoring nurse practitioner students”, “role of nurse practitioner.” This author attempted to exclude the use of articles that were not specific to masters-level preceptorships. Google was also utilized to search for statistics on the number of practicing and NPs and future predictions related to the utilization of NPs in the healthcare workforce. These statistics were found on nursing organization websites. Excluded during this Google search were statistics that were older than five years. There

was also a laborious review of the journals owned by the author and her peers and colleagues. As will be illustrated, the review of the literature revealed the need for a project that will increase the number of nurse practitioners willing to precept students by educating them on how to be successful preceptors. In addition, this review of literature addressed the need for nurse practitioner preceptors to be educated on how to fill the role as well as the components that should be included in the Voiceover PowerPoint.

**Demand for NPs in Current U.S. Medical Practice.** The Health Resources and Services Administration (2013) predicts a shortage of 20,400 physicians by the year 2020. This insufficient number of primary care physicians will be inadequate to meet the healthcare demands in 2020. This organization predicts the utilization of NPs and physician assistants to rise dramatically.

According to the American Association of Nurse Practitioners (2016), there were 171,000 NPs practicing in 2013. Currently, there are 222,000 practicing NPs. This difference reflects a growth of 51,000 licensed NPs in the past three years. This number of practicing NPs is expected to rise to 244,000 by the year 2025.

As of 2014, 420 institutions nationwide offer NP programs (AACN, 2014). According to this source, there has been an increase in NP program enrollment of 81%. This increase correlates with the concepts found in the literature regarding the struggle of Schools of Nursing to place these students at clinical sites and the insufficient number of clinical sites for NP students found in the literature.

**The Role of Clinical Education in Preceptorships.** The Essentials of Master's Education in Nursing (American Association of Colleges of Nursing, 2011) states the "development of clinical proficiency is facilitated through the use of focused and

sustained clinical experiences designed to strengthen patient care delivery skills, as well as system assessment and intervention skills, which will lead to an enhanced understanding of organizational dynamics,” (p. 8). These clinical experiences are obtained through preceptorships between practicing NP preceptors and NP students. This same document lists the primary goals of clinical learning to be met by NP students: to improve quality care outcomes by leading change, to advance a culture of excellence, to learn to build and lead collaborative inter-professional teams, to integrate and navigate patient services within the healthcare system, to design nursing practices that are innovative, and to translate evidence into practice.

The role of the NP preceptor in the clinical education of NP students is multifactorial. Smedley (2008) revealed that “preceptors facilitate the development of knowledge, clinical skills, and professional attitudes in nursing through guidance, supervision, role modeling, and personal development of the student. They also help to orient and socialize the student to the real nursing workplace environment” (p. 185).

The need to recruit NP preceptors to fill this role for students, in part, is due to the current focus on clinical practice education. The Institute of Medicine’s *Future of Nursing* Report (2010) called for this emphasis on clinical education in an effort to prepare nurse practitioners to practice independently and to the fullest extent allowed by licensure and education.

**Availability of Clinical Preceptors.** Concerns about the availability of NP preceptors and clinical sites was a dominant theme in the literature. For example, Peyser et al. (2014) reported “finding sufficient numbers of teachers who are willing and capable of effectively overseeing learners within the field of outpatient primary care is a

longstanding challenge (p. 360).” This finding is supported by other researchers, including Webb et al. (2015). The demand for nurse practitioner preceptors stems from the aforementioned increase in enrollment in nurse practitioner programs. This increase in enrollment is secondary to the increasing demand for nurse practitioners due to the healthcare provider shortages (Peyser et al., 2014). Schools of Nursing are responding to this demand by increasing enrollment but cannot fully meet the need, in part, because of a limited amount of training sites (Forsberg et al., 2014) (American Association of Colleges of Nursing, 2014).

The administrators of some clinical sites limit the number of students a nurse practitioner can precept during the course of a year or semester and some organizations do not allow students at all (Forsberg et al., 2014). While these factors must contribute to the inadequate number of clinical sites available to students, there was no research available on how much this obstacle impacted the number of available sites. This researcher was interested in the nurse practitioners who are permitted to precept NP students but have chosen not to and hoped to implement interventions to change these choices.

**Difficulties with Precepting.** Common themes in the literature regarding barriers and difficulties to precepting were increasing work demands, NP burnout, NP student skill level, lack of incentives, and a lack of formal training for preceptors. The most commonly cited barrier to precepting was increasing work demands on the practitioner that limited the amount of time a preceptor had available for a student (Lyon & Peach, 2001) (Forsberg et al., 2014) (Wiseman, 2013) (Fitzgerald, Kantrowitz-Gordon, Katz, & Hirsch, 2012) (Burns, Beauchesne, Ryan-Krause, & Sawin, 2006). Nurse practitioner

students do require oversight and guidance and this does require time from the provider. Healthcare in the outpatient setting has become a time-intensive environment (Forsberg et al., 2014) and having a nurse practitioner student has the potential to make a clinical day more complex due to the time it takes to properly precept a student (Burns et al., 2006).

Another factor that may negatively affect productivity is the electronic medical record through which patient care is documented. The student typically learns to navigate the patient's chart to review medical history, diagnostics, and documentation. Forsberg et al. (2014) state this training takes time and does impact the preceptor's productivity.

Two studies, Lyon and Peach (2001) and Forsberg et al. (2014) mentioned professional burnout as one reason nurse practitioners chose not to precept. Forsberg et al. (2014) shared that even an experienced preceptor can suffer from burnout because precepting is repetitive and tiring. Lyon and Peach (2001) reported burnout can occur from having multiple demands and found in their study that some preceptors refused to precept because it was one area remaining in their practices that they could control.

Another barrier to precepting seemed to involve the experience and skill level of the nurse practitioner student. Some preceptors avoided accepting students with little or no healthcare experience (Fitzgerald et al., 2011). Lyon and Peach's (2001) study showed that the majority of preceptors preferred the advanced level students because it was easier to incorporate them into their practice settings, though some of the subjects preferred the beginners.

A noted lack of incentives for preceptors was seen consistently in the literature. Brooks and Niederhauser (2010) mentioned a lack of monetary compensation for



preceptors' time. Most often, there is no increase in pay for precepting, no time off, and no decrease in productivity demands (Wiseman, 2013) (Forsberg et al., 2014). Also noted in the literature was a lack of recognition for the time and effort put forth by the preceptor (Wiseman, 2013) (Forsberg et al., 2014) (Fitzgerald et al., 2012) (Brooks & Niederhauser, 2010).

A final difficulty with precepting was one focus of this project: a lack of formal training for nurse practitioner preceptors. Fitzgerald et al. (2012) suggested a lack of formal training may have discouraged nurse practitioners from precepting. Wiseman's (2013) survey of 53 nurse practitioners yielded that additional education on adult learning and learning styles would be helpful. This study also indicated that preceptors require skills for clinical teaching and knowledge about how to motivate others to learn.

In interviews with 145 NP preceptors, Shannon et al. (2006) found that 93% of the subjects felt they possessed adequate teaching skills to precept. However, Siela, Twibell, Mahmoodie, and Mahboubi (2015) reported that nurses often express a lack of confidence in their abilities to teach students and Peyser et al. (2014) found that 45% of their subjects felt they needed more education to improve their teaching and precepting skills.

**Qualities of an Effective Preceptor.** Ideal characteristics of preceptors and preceptorships will be covered in this review but it should be noted that just because a practitioner is clinically competent, does not necessarily mean he/she can teach another to be clinically competent. Preceptors must understand how learning occurs, the concepts of critical thinking, and how to facilitate critical thinking in others (Sorensen & Yankech, 2008). In interviews with 47 preceptors, Sorensen and Yankech (2008) found study

participants actively sought information about how to become better preceptors by consulting journals, attending seminars, and participating in networking in order to improve their skills.

Precepting nurse practitioner students requires skill in the art and science of teaching and some practitioners feel they lack that skill (Carlson & Bengtsson, 2015). This study by Carlson and Bengtsson (2015) used focus groups and written accounts of preceptors who participated in an advanced professional development course. The purpose of their study was to evaluate the preceptors' experiences with precepting students after the completion of the professional development course. Their results indicated a well-structured program increased the perceived abilities of the nurse practitioner. Further, these researchers discovered that "preceptors who participate in educational initiatives are better prepared to address challenges and are more satisfied with the preceptor role" (p. 6).

Research revealed the importance of certain concepts or skills for advanced practice preceptors and these concepts are discussed in this paper. These skills included role definitions for preceptor, student, and faculty, adult learning concepts, characteristics of successful preceptors, and an understanding of feedback and student evaluation. In addition, the research noted that nurse practitioner preceptors should know how to handle performance issues and the unsafe student and also how to promote critical thinking in the nurse practitioner student. These are the concepts deemed important via the literature and focus group that were included in the Voiceover PowerPoint presentation.

**Role of Preceptor.** The clinical learning for NP students most often takes place in a busy clinic environment and the preceptor has many demands on his or her time. The

role of the preceptor involves significant responsibility. It is the preceptor's duty to provide day to day clinical teaching (Burns et al., 2006). In many cases, preceptors take a less active role and offer little to nothing on the professional development of the student. Payne, Heye, and Farrell (2014) advises that a successful preceptorship occurs when a relationship is established and expectations are defined. To effectively precept students, the practicing nurse "acts as a coach who monitors and evaluates the practice of a defined set of behaviors or competencies" (Poronsky, 2012, p. 624). In her phenomenological study of nurse preceptors, Smedley (2008) reported that preceptors were responsible for developing knowledge, professional attitudes, and clinical skills in students. She stated this was done through supervision, role modeling, guidance, and personal development of the student. She went on to add that part of the role of preceptor was to "orient and socialize the student to the real nursing workplace environment" (p. 185).

Burns et al. (2006) go into much detail about how to develop and support the student. These researchers state the preceptor is responsible for orienting the student to the site and the policies and procedures of the facility. It is the responsibility of the preceptor to be a positive role model, identify appropriate patients to provide learning experiences, and to provide ongoing feedback. They advise pacing the learning of the student to meet his or her needs. In addition, the preceptor should direct students to appropriate readings and resources and to notify faculty of student concerns and progression.

**Role of Student.** Understanding the role of the student helps the preceptor fill his or her role more effectively. Having knowledge of the student's role allows the NP preceptor an opportunity to build and reinforce the student's responsibilities.

There was not much in the literature regarding the responsibilities of the student engaged in a preceptorship. Billay, Mytrick, and Yonge (2015) conducted a qualitative study using interviews from preceptors and students to gather data. The purpose of the study was to explore the process that occurs in preceptorships that prepares nurse practitioner students for professional practice. Their conclusions indicated students must acknowledge the change that occurs to their self-identities during preceptorship, they must embrace that change, and then integrate the change into their new self-identities. This correlates with Benner's (1984) theory which proposes nurses move through different stages as they develop their clinical skills. This is especially true in the nurse practitioner population because these students are transitioning to an advanced practice provider role that requires different skills and a different perspective on healthcare practice.

The student is expected to be an active learner. He/she is "expected to increase knowledge and skills, refine practice efficiency and effectiveness, and become increasingly independent in managing patient care" (Burns et al., 2006, p. 172). Keough, Arciero, & Connolly (2015) did a qualitative study on adopting new models of nurse practitioner education in clinical partnerships and found one of the most important responsibilities of students was to just be students. This includes being prepared to work culturally and clinically with the patients at the practice site. The nurse practitioner participants in this study emphasized that students should demonstrate motivation and initiative. They felt students should come equipped to work among interdisciplinary teams with some core clinical skills that include assessment, documentation, and some pharmacology knowledge. Payne et al. (2014) added to these student skills critical

thinking in data collection and supported the need for some pharmacology knowledge. They further offered that students should maintain frequent communication with the faculty and the preceptor.

**Role of Faculty.** NP preceptors should have knowledge about the role of faculty in preceptorships. This assists in education of the student by making preceptors aware of resources and support available to them through the School of Nursing faculty. Support from faculty might include the provision of information on adult learning concepts and styles or clarification of the student's objectives, for example.

It is generally accepted that responsibility for placing students in an appropriate facility for clinical training rests with the students' academic department (Burns et al., 2006; Payne et al., 2014); in practice, however, students often secure their own clinical sites (Burns et al., 2006) due to the increased enrollment in nurse practitioner programs and the professional demands placed on the faculty. The students' academic department is also responsible for providing preceptors with the course objectives for the student (Burns et al., 2006) as well as maintaining communication with the preceptor, making site visits for student evaluation, and providing assessments of student progress in the course (Payne et al., 2014). Burns et al. (2006) also argue it is the responsibility of the academic department to help preceptors develop teaching skills, but although the American Association of Colleges of Nursing's report on the *Current State of Advanced Practice Registered Nurses Clinical Education* (2014) recommends that "clinical staff at the practice partner institution should receive comprehensive training...for the preceptor role" (p. 19), there is currently no education or training requirement for NPs who precept NP students addressed in the literature.

**Adult Learning.** There is not one teaching style that is appropriate for all situations and preceptors. Smedley (2008) mentioned in her study some teaching styles that included the use of stories, coaching, and technology. Burns, Beauchesne, Ryan-Krause, and Sawin (2006) add questioning, case presentations, and observation and modeling as appropriate teaching styles preceptors may use in the clinical setting.

**Characteristics of a Successful Preceptor.** The research agreed on many of the characteristics of a successful preceptor. Freeman, as cited by Harrington (2011), did a study during which 565 nurse practitioners identified 5 qualifications of a mentor. These included being an educator, a counselor, a sponsor, having personal commitment, and being an authority in the field. Wealthall and Henning (2012) add from their qualitative study of students and clinicians that clinical teachers should be clinically competent, be an efficient organizer, a group communicator, and should be person-centered. Another qualitative study, conducted by Rebholz and Baumgartner (2015), identified a sense of honor, professionalism, and self-efficacy as important preceptor qualities. The characteristics of effective mentors was studied by Straus, Johnson, Marquez, and Feldman (2013). They interviewed 54 faculty members and found their participants valued altruism, honesty, trustworthiness, and active listening in a mentor.

**Feedback and Evaluation.** An understanding of how to provide feedback and how to evaluate students is critical to becoming a successful preceptor. Wilkinson, Couldry, Phillips, & Buck (2013) state providing feedback in an effective manner, which is a core function of the preceptor role and a critical part of the student's learning process, might be the most essential skill for preceptors involved in clinical teaching. They go on to say feedback is an ongoing process that should occur frequently and should focus on

what occurred and the potential consequences of the action. These authors also state feedback should occur in a private setting and it should be constructive while focusing on areas of improvement for the student. Payne et al. (2014) agree that feedback should be ongoing and add that the preceptors should use specific situations and statements when providing feedback.

There is also a formal evaluation of the student completed by the preceptor. The preceptor should be familiar with the evaluation tool provided by the faculty. Providing examples of written and verbal feedback is encouraged. The evaluation is typically based on a rating scale that is developed based on the student's clinical objectives (Payne et al., 2014).

**Performance Issues.** Having the ability to address performance issues is an important skill in a preceptorship as faculty entrust the clinical development of students to the preceptor (Payne et al., 2014). The preceptor is expected to provide feedback to faculty about whether or not the student's performance meets the standards set by the program and the profession. A qualitative study conducted by Luhanga, Yonge, & Myrick (2008) looked at 22 nurse preceptors, seven of whom never received any preceptor training. All of the subjects had experiences with students engaging in unsafe practices. The majority of the nurse practitioners in this study acknowledged that some students passed their clinical practicum without having gained sufficient clinical experience during their time with the preceptor. The practitioners were reluctant to assign a failing grade to students. The clinical teachers expressed a reluctance to do this based on their lack of experience or lack of confidence in the role of preceptor. Other reasons given were hesitancy to jeopardize the student's future, fear of legal implications, and

closeness of the relationship developed with the student. Some preceptors in this study admitted to allowing weak students to pass based on the hope they would acquire the necessary clinical skills in future clinical rotations or in practice. These authors go on to point out that preceptors who do not assign a failing grade to unsafe students are causing harm to the student and to the profession. Burns et al. (2006) emphasize that the preceptor, student, and faculty should all be involved with resolution of student performance issues.

**Critical Thinking.** Critical thinking is a required skill to function as a nurse practitioner. McMullen and McMullen (2009) report little is known about the critical thinking skills of nurse practitioners. Critical thinking is practiced by nurse practitioners as they form differential diagnoses lists and develop plans of care based on the nursing process. The nursing process, fundamental to decision-making, guides the practitioner's thinking. Educational standards call for practitioners to use critical thinking as they care for patients (Gorton & Hayes, 2014). In a study of the effects of direct instruction on preceptor interaction with students, Sorensen and Yankech (2008) found after participating in a short (3 hour) instructional intervention that included information on teaching and learning strategies that promote critical thinking, preceptors reported using higher-level questioning strategies to stimulate critical thinking for their students. These researchers state preceptors must have some understanding of how learning occurs and the concepts of critical thinking. Further, they say preceptors must have some development of skills that facilitate critical thinking in order to maximize the learning experiences for the students.



## Summary

A literature review was conducted on the availability of nurse practitioner preceptors and factors that affect availability, the current and projected future demand for nurse practitioners, and factors affecting enrollment in Schools of Nursing. The increase in enrollment places a higher demand on faculty as well as preceptors to provide the necessary clinical education for these students. The barriers to and difficulties with precepting were discussed and among those mentioned was a lack of confidence on the part of the nurse practitioner and feelings of being ill-prepared to precept a nurse practitioner student.

The literature review illustrated the importance of educating nurse practitioners on how to fill the role of preceptor. The importance of this role was discussed and the responsibilities of the role were illustrated. This review included research that supports the education of nurse practitioners to properly fill the role of preceptor.

Finally, this chapter included some literature on characteristics of a successful preceptor. It discusses which of those characteristics were deemed most important to research participants. Also covered in the review was the importance of dealing with the unsafe nurse practitioner student and how to promote critical thinking in students.

## **CHAPTER III**

### **Methods**

One goal of this study was to use a focus group discussion to confirm the difficulties with precepting found in the existing literature. A hypothesis of the study stated the focus group would not only support the concepts found in the literature, it would also reveal that nurse practitioners felt ill-prepared to precept nurse practitioner students.

This chapter describes the study design, including the process of recruiting and selecting focus group participants, the questions asked during the focus group and the strategies used to guide the focus group discussion, the tools that were utilized for data collection and the step-by-step procedure that was followed during the process. Study design and justification of design choice is addressed in this section as well. This chapter also explains how the data collected was analyzed and used for the project and explains the justification for the design of the study.

#### **Focus Groups**

A focus group is “a group discussion on a particular topic organized for research purposes” (Gill, Stewart, Treasure, & Chadwick, 2008, p. 293). The focus group promotes interaction and serves to “extend, qualify, or challenge data collected through other methods” (Gill, Stewart, Treasure, & Chadwick, 2008, p. 293). For the purposes of

this project, a focus group discussion was used to support or refute concepts identified in the literature review.

### **Participants**

The participants in this focus group were all nurse practitioners; they were practitioners who attended a 4-State APN conference. The focus group setting was chosen in an effort to obtain views from practitioners working in various environments in the four-state area. The president of the organization was asked to request six volunteers from the attendees for the group. Of those who volunteered, four were currently non-preceptors (three had been preceptors in the past) and two were currently precepting students. Even though the researcher initially asked for three active preceptors and three non-preceptors, all of these volunteers were accepted because the objective was to include both preceptors and non-preceptors so each of the perspectives might be explored. There were no other parameters on selection other than including both preceptors and non-preceptors since the entire group consisted of nurse practitioners and all were qualified to participate.

Prior to asking for volunteers, the group was told about this student's project and that the objectives of the focus group were to discuss the topic of precepting nurse practitioner students and to determine if the emerging themes from the group supported the current literature. The group was also told that the focus group would be held on the first day of the conference after the assigned activities. The group would meet for no more than 45 minutes in a quiet area of the hospital in which the conference was being held.

Further, prior to initiating the group discussion, the group was informed that the session would be audio-recorded, anonymous in that no names would be mentioned, and that the recording would be transcribed and then destroyed. The transcribed material would then be evaluated for emerging themes and compared to the literature. The group was also told that Internal Review Board approval had been obtained for the project.

After the group was assured anonymity, volunteers were selected by the president. The goal was to have group members that currently precepted nurse practitioner students and those who did not. The volunteers chosen signed a consent form to participate (see Appendix A).

Internal Review Board approval for this study was obtained on February 19, 2016. The focus group took place on March 5, 2016 at Mercy Hospital in Joplin, Missouri, following day one of the 4-State APN conference. Subjects were protected through anonymity. The risk of participation included the potential for shared information to be discussed outside the group. Benefits of participation included the opportunity to share experiences and to benefit from those of others as well as to potentially contribute to a training program for nurse practitioner preceptors.

## **Procedure**

This researcher chose to conduct a focus group to collect information. Focus groups are helpful when used to clarify, challenge, extend, or qualify data collected by other methods (Gill et al., 2008). In addition, focus groups have the potential to generate data that may not surface in individual interviews or survey research and they may be directed to assist with program development or evaluation (Sagoe, 2012).

The participants met directly after the conference's first day in a quiet place in the hospital that hosted the conference. The consent forms were distributed to the group members. The forms were read and participants were invited to ask any questions they had; these were answered by the moderator. After all consent forms were signed, the moderator (this author) introduced herself and her assistant (a transcriptionist), who audio-recorded and made notes during the discussion. The assistant was instructed to note any emerging themes along with group's mood and reactions. The assistant was also the individual who transcribed the audiotape. Next, a welcome and a note of thanks for those participating was extended. Rules of the group were explained; these included the reminder to be respectful of others' contributions, an invitation to feel free to share openly about experiences, to maintain confidentiality, and to avoid using one another's names to protect privacy. The discussion was initiated as the moderator asked the first of six questions (see Appendix B).

The group discussion involved all members in answering all six questions and the moderator helped facilitate this by asking participants to answer in turn if they did not contribute to the discussion. If discussion extended beyond the scope of the question or the intent of the group, the moderator intervened and re-directed the discussion. Because it is easy to have lengthy discussions about one's profession, the assistant was asked to let the group know when it has reached 35 minutes of discussion time so members would know they had 10 minutes to wrap up the topic. There was a closing thank-you offered to all participants.

## **Study Design**

The design of this project was of a qualitative nature as the data being collected involved personal experiences, perceptions, and stories. The qualitative design, specifically the use of the focus group, was chosen because of the many benefits it offered. First, focus groups are an economical and efficient way to collect data from multiple participants simultaneously. Another benefit is that the group is socially-oriented and a sense of belonging in the group setting can promote a sense of cohesiveness within the group and allow the members to feel safe and secure when sharing information (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009).

Important data, perhaps even in the periphery of what the researcher intended, was obtained through the discussions in this focus group. Due to the lack of research on designing a relatively short but effective training program for nurse practitioners who precept students, it was this type of discussion that guided the development content for the training PowerPoint.

## **Data Analysis**

The project utilized a modified version of constant-comparison analysis to interpret the data gathered. This type of analysis involved chunking data into small units, attaching a descriptor to that unit, and placing it in a category. The categories were then used to develop themes (Onwuegbuzie et al., 2009). While tedious, the process yielded information that proved helpful in the development of the training program, specifically, the desire of the nurse practitioner preceptors to meet regularly with the School of Nursing faculty and the importance of discussing the objectives with the student. Recall that the intent of the focus group was to determine if concepts found in the literature

regarding advanced practice preceptorships matched that found in the experiences shared by the group members. With this goal in mind, data was transcribed and analyzed for such.

The transcription of the group discussion was reviewed many times by the researcher. The concerns with precepting were listed and compared to a list of barriers and concerns found in the literature. Next, themes were identified in the transcript. They were grouped using the constant-comparison concept as a guide and color-coded as they were separated into different themes. During this process, the researcher borrowed a concept from another method called micro-interlocutor analysis. This method of analysis emphasizes the importance of including data on the number of group members who appear to agree or disagree with concepts being discussed. This method of analysis also recommends the researcher consider lack of individual member input (Onwuegbuzie et al., 2009).

Once the themes were grouped and coded, consensus on responses were considered. The barriers to precepting identified during the focus group were listed and compared with the barriers to precepting found in the literature. Using this method, the researcher was able to determine that the themes identified in the focus group were consistent with the themes found in the literature, thereby supporting and validating the existing literature and meeting the objective of the focus group. The secondary objective of the focus group was to identify an expressed need for further training of nurse practitioners prior to entering preceptorships with students. Any useful data gathered in this regard was used to develop a Voiceover PowerPoint training presentation for nurse practitioners who currently precept or intend to precept nurse practitioner students.

## **Sustainability**

The data obtained during the focus group has far-reaching potential and this was where the project's sustainability presented itself. Difficulties with precepting discussed in the focus group not only supported those found in the literature, but the discussion that began about these concerns served to guide the development of a training program for nurse practitioner preceptors. Sustainability will be achieved through widespread participation in the training program and utilization of the shared concepts. This PowerPoint presentation will be made available on the internet to all who are interested in utilizing the tool. Research has shown that students learn as much by using online and web-based lectures with Voiceover as they do in traditional classroom lectures (Lents & Cifuentes, 2009).

## **Summary**

In summary, the method of data collection for this project involved the use of a focus group to facilitate discussion about nurse practitioner preceptorships. Those involved in this group included six advanced practice nurse volunteers, four who did not currently precept and two who did. These discussions took place after the first day of a 4-State APN conference in the hospital where the conference was held. The group discussion was moderated by the researcher who did not participate in the discussion. An assistant was utilized to take notes and make written observations about the group's mood and dynamics, as well as take notes on agreement and disagreement on concepts discussed.

The design of this study was qualitative in nature as personal accounts, thoughts, beliefs, feelings, and opinions were shared. The analysis of the data involved utilizing



concepts from a constant-comparison method as well as components from a micro-interlocutor analysis process. This served to provide a full picture of the data gathered.

The analysis of the data was compared to that found in the current literature. The objectives of the focus group were met by comparing the data and making a determination about whether or not the concepts matched. In addition, data obtained during the focus group was considered during production of a Voiceover PowerPoint training tool intended to educate nurse practitioners on key concepts deemed important to precepting nurse practitioner students (Appendix C).

## **CHAPTER IV**

### **Results**

The research portion of this project involved conducting a focus group with six advanced practice nurses. The descriptive data of this group is shared in this chapter. In addition, this chapter re-visits the study's hypotheses. The data obtained in the focus group was analyzed and major themes identified. Data validity is also addressed in this chapter. Finally, discovery of additional data during the focus group is discussed.

#### **Descriptive Data**

The focus group consisted of six advanced practice nurses from a four-state Midwest region. Two of the participants were current preceptors and four were not. Of the four who did not precept, one had just recently graduated with her Masters of Science in Nursing and did not believe she was prepared to precept. Two non-preceptors had precepted in the past and chose not to currently because of the time commitment involved and other obligations demanding attention. The fourth non-preceptor had just begun a new job and had chosen not to return to precepting yet. The group consisted of five females and one male and all of the participants practiced in a clinic setting the majority of the time. All six of the group members were aged older than 26 and younger than 65 and all were board-certified nurse practitioners. Every group member was Caucasian and

spoke English as their first language. Every member signed a consent form prior to the discussion and agreed to the rules of anonymity.

### **Group Purpose**

The purpose of the focus group was to determine if the difficulties with preceptorships found in the literature would be confirmed by the group members. The focus group also served as a means by which to gather valuable information on material that should be included in a training program for NPs.

### **Findings**

The predominant barriers to and difficulties with precepting found in the literature included a lack of time to precept secondary to work demands, professional burnout, issues with students performing at different levels, a lack of incentive to precept, and lack of training for the preceptor. The focus group allowed for either confirmation of these concepts, the addition of new concepts, or findings that might not be consistent with those cited in the literature.

During the focus group, lack of time to precept was mentioned ten times, professional burnout was referred to once, and the experience and knowledge level of the student was mentioned four times. Lack of incentives for precepting was voiced three times and references to a lack of training or the nurse practitioner feeling ill-prepared was cited fourteen times. In addition to the mention of emerging themes, support for those themes seemed to stem from the number of individuals in the group discussing the theme. For example, while lack of time available for precepting was mentioned ten times, it was mentioned ten times by only three group members (see Table 2). However, lack of training was referred to fourteen times but it was mentioned by five different individuals

in the group. It was noted during analysis that of all the barriers discussed in this focus group, lack of training for the preceptor was referred to the most and by more group members than any other barrier mentioned.

**Table 2**

<b>Barrier mentioned</b>	<b># of times mentioned</b>	<b># of different individuals citing or referring to barrier</b>
Lack of preceptor training	14	5
Lack of time to precept	10	3
Experience level of student	4	1
Lack of incentive to precept	3	1
Preceptor burnout	1	1

One of the group members held a degree in nursing education and offered that she felt comfortable with adult learning concepts. She felt this offered her an advantage when she precepted because she was familiar with the need to have objectives and how best to educate adults. Others in the group agreed this did give her an advantage as a preceptor.

### **Themes**

The major theme that emerged from this group was a lack of training for NPs who precept and feelings of being ill-prepared to precept (see Table 3). Another clear theme discovered involved a lack of communication and interaction with the Schools of Nursing; it was referred to nine times during the discussion. Finally, roles and responsibilities were mentioned quite frequently. These discussions referred to the roles and responsibilities of the preceptor, the student, and the Schools of Nursing.

**Table 3**

THEME	SELECT GROUP COMMENTS
Lack of training for NP preceptors	<p>“There is no real rhyme or reason to what we are supposed to do.”</p> <p>“I felt like nobody gave me any information about how to do it.”</p> <p>“What I don’t like is I have no idea what I’m doing with this.”</p> <p>“I don’t feel like I have any knowledge of what it is I am supposed to do.”</p> <p>“I was pretty much blind.”</p>
Lack of communication and interaction with Schools of Nursing	<p>“I have no idea what is actually expected of their clinical experience.”</p> <p>“Half of them I can hardly get to email back from whoever their instructor is at the facility...if I ask for more information, I don’t get it.”</p> <p>“I have never met one of their instructors, I never see them for a site visit.”</p> <p>“I can’t even get an email response from some of these educational facilities...certainly makes you more hesitant to be a preceptor.”</p>
Roles and responsibilities of student, preceptor, and/or faculty	<p>“There needs to be more communication (with student)...as far as what the objectives are and what they are expecting from you because you are basically acting as their clinical instructor.”</p> <p>“If you are communicating to the student...I want to know what you expect from me and I’m going to tell you what I expect from you.”</p> <p>“I didn’t realize what my responsibility was in precepting.”</p>

### Group Observations

The assistant moderator kept notes during the focus group. She was observing the overall group mood, participation or lack thereof, and noting any patterns that recurred.

Utilizing concepts from the interlocutor method, notes were taken on any agreement/disagreement between group members.

The assistant noted the eagerness of the group members to share opinions and experiences. Seldom did the moderator need to re-focus the discussion as the group tended to take turns around the circle answering questions and sharing thoughts. The group member that shared the least was noted to be the NP who recently graduated and

had not yet had the opportunity to precept. It was difficult to determine the member that shared the most as discussion time was essentially equal otherwise.

There was stated agreement between two group members when discussing the importance of communicating the objectives in a preceptorship. There did seem to be some disagreement regarding whose responsibility it was to locate a preceptor for the students, the student or the faculty. Overall, agreement seemed to be essentially consistent throughout the discussion as evidenced by other group members nodding their heads while an individual shared his or her thoughts and experiences.

### **Validity**

The focus group format and the qualitative approach were chosen for this project because the researcher hoped to support or negate concepts on precepting that were found in the existing literature. This goal required obtaining the observations, opinions, and detailed experiences of those either currently precepting NP students or those in a position to precept NP students. These participant observations, opinions, and detailed experiences were discussed among six individuals during the focus group; the goal was met. The validity of these discussions, while perhaps not consistent with the rigorous standards required of quantitative research, addressed the questions of the project and confirmed the barriers and difficulties with precepting found in the current literature.

Validity was established by using critical reflection of the methods used to collect data to ensure relevance of data. There was meticulous record-keeping; the focus group was audio-recorded and transcribed verbatim. In addition, during the analysis of the data, similarities and differences were noted to ensure different perspectives were represented. Finally, validity for the study was established by comparing the participants' statements

and shared concepts regarding difficulties with precepting to the statements and concepts identified in the literature. No significant differences were noted between the participants' statements and the literature. However, it should be noted that while the literature placed a focus on barriers, indicating that the difficulties with precepting prevented NPs from engaging in preceptorships, two of the group members in this study continued to precept in spite of the concerns and difficulties with precepting that they reported. Further, those not currently precepting planned to do so in the future.

### **Additional Data**

The focus group participants expressed their thoughts on what should be included in a training program for NP preceptors. It was interesting to note, however, that these concepts were not all shared when the group was asked the question "what type of preceptor training would you recommend prior to precepting nurse practitioner students?" Instead, thoughts on training issues for preceptors were found elsewhere in the group's discussion. For example, in response to a different question, one participant stated "I didn't really realize what my responsibility was in precepting." Another group member stated that reviewing the student's objectives with him or her is important. One group member stressed open communication with faculty as a key component of the preceptorship. The group member with the degree in nursing education stated she was more comfortable precepting because of her existing knowledge base on adult learning concepts; she found this gave her an advantage during precepting. Feedback was mentioned as an important piece of the preceptorship as well as clear communication of responsibilities and expectations.

In conclusion, the data obtained during the focus group discussion support the project hypothesis in that the data did verify the perceived difficulties precepting found in the literature. Specifically, it supported that NPs feel ill-prepared to precept NP students. This support is evidenced by a lack of training for preceptors being mentioned fourteen times during the discussion, more than any other barrier. The expectation that important concepts for the training PowerPoint would surface during the discussion was met.



## **CHAPTER V**

### **Discussion**

The overall purpose of this study was to confirm the barriers to and difficulties with precepting found in the literature through validation by a focus group discussion and promote the willingness of more nurse practitioners to precept students by increasing the preceptor's preparedness to precept. Several issues with precepting were identified in the literature and the focus group. Lack of preceptor training was the ongoing theme in the discussion group and was something that could be affected within the scope of this research project.

The literature review revealed that a lack of training for preceptors may discourage nurse practitioners from precepting because nurse practitioners feel ill-prepared to precept. The focus group conducted supported this theory. Both the literature review and the focus group responses supported the concept that nurses lack full knowledge of how to precept nurse practitioner students; they felt ill-prepared to precept. Because it had been established that nurse practitioners feel ill-prepared to precept and that this ill-preparedness may be affecting the shortage of nurse practitioner preceptors, a PowerPoint program was created utilizing concepts deemed to be important in both the literature and the focus group.

The Voiceover PowerPoint offers instruction in eight domains: role of the preceptor, role of the student, role of the faculty, adult learning concepts, characteristics of successful preceptors, offering feedback and providing student evaluations, handling performance issues, and the promotion of critical thinking. The literature offered valuable research and information on each of these topics and the key concepts listed in Table 4 highlight the key points in the PowerPoint presentation.

**Table 4**

<b>Role of Student</b> <ul style="list-style-type: none"> <li>- Share course objectives with preceptor</li> <li>- Advise preceptor of days they will be in clinic</li> <li>- Seek educational opportunities</li> <li>- Communicate: with preceptor and faculty</li> <li>- Recognize and embrace the professional advancement occurring during the rotation</li> </ul>
<b>Role of Preceptor</b> <ul style="list-style-type: none"> <li>- Orientation of the student: to clinical site, staff, policies</li> <li>- Behave as a role model</li> <li>- Assess student's learning style and develop appropriate learning opportunities</li> <li>- Provide ongoing feedback and periodic evaluation</li> <li>- Communicate: with student and faculty</li> </ul>
<b>Role of Faculty</b> <ul style="list-style-type: none"> <li>- Share course objectives with preceptor</li> <li>- Schedule visits with preceptor to discuss student's progress</li> <li>- Support and guide the preceptor on teaching principles and provide resources</li> <li>- Communicate: with student and preceptor</li> </ul>
<b>Adult Learning Concepts</b> <ul style="list-style-type: none"> <li>- Know the student's experience history and level of expertise</li> <li>- Adults are experiential learners</li> <li>- Adults learn best in different ways, assess your student's learning style</li> <li>- Adult learners need an atmosphere of respect and trust</li> </ul>
<b>Characteristics of a Successful Preceptor</b> <ul style="list-style-type: none"> <li>- Clinically competent</li> <li>- Exhibits respect for students' autonomy and independence</li> <li>- Believes it is important to be readily available to student</li> <li>- Values the importance of providing a safe non-judgmental learning environment</li> <li>- Possesses a passion for his/her role as nurse practitioner</li> <li>- Patience</li> </ul>
<b>Feedback and Evaluation of Students</b> <ul style="list-style-type: none"> <li>- Feedback must be specific, immediate, and offered in a private setting</li> <li>- Feedback should be positive</li> <li>- Feedback is ongoing and informal</li> <li>- Evaluation is more in-depth and formal than feedback</li> <li>- Evaluation is generally based on the course objectives</li> <li>- A student's evaluation should never be a surprise as feedback has been ongoing</li> </ul>
<b>How to Manage Student Performance Issues</b> <ul style="list-style-type: none"> <li>- Sub-par performance is seldom intentional</li> <li>- Involve faculty when a problem is identified</li> <li>- Be honest with the student: guide and mentor</li> </ul>
<b>Promotion of Critical Thinking</b> <ul style="list-style-type: none"> <li>- Acquisition of critical thinking skills is a process</li> <li>- Discuss patient situations that do not have one right answer but answers that are deemed better or worse after using reflective judgement and reasoning</li> <li>- Encourage the student to assess his thoughts about how to provide patient care and discuss after student has that opportunity</li> </ul>

The study's first hypothesis proposed that NPs felt ill-prepared to precept and that this ill-preparedness contributed to the insufficient number of NP preceptors available. The focus group discussion did support the concept that nurse practitioners felt ill-prepared to precept. Not only did the lack of training for nurse practitioner preceptors merit mention during the group, it was the most frequently mentioned issue discussed by the most group members. However, these feelings of ill-preparedness did not prevent some of the participants from precepting students. Only one group member had made a conscious choice to not precept due to feeling ill-prepared. Three group members were not currently precepting for other reasons. One group participant held a master's degree in education and felt confident as preceptor but the other five group members reported feeling ill-prepared to precept. The literature revealed that NP preceptors feel a lack of preparedness to precept NP students and the focus group supported that. However, this lack of preparedness did not serve as a barrier to two of the participants as they chose to precept in spite of their reported feelings of ill-preparedness.

In addition to verification of the need for preceptor training, the focus group discussion revealed topics that were felt to be important in training nurse practitioner preceptors. These topics were included in the PowerPoint tool made available on the internet.

A recurring theme during the focus group was roles and responsibilities of each member of the preceptorship team. The team includes the preceptor, the student, and the School of Nursing faculty. The roles and responsibilities of each was included in the training tool. Interestingly, topics included in the PowerPoint tool were not necessarily mentioned by group members when they were asked to share any recommended items for

the program. Training topics were generally picked up in the transcript when group members were answering other questions or discussing a different topic.

It was noted that little re-direction was required during the group session. Participants were eager to share their experiences and opinions. The conversations were free-flowing and group members seemed genuinely interested in what others were sharing.

### **Results Related to Theoretical Framework**

The results of this study support Benner's Stages of Clinical Competence (1984). Benner's staging proposes that clinical competence advances through different stages; it is a process. One participant in this study's focus group illustrated knowledge of this process during the discussion when she expressed she felt ill-prepared to precept because she was a new practitioner and believed she should advance clinically herself before taking on a student. She has transitioned from being in the highest clinical competence category (expert) as a registered to nurse to being in the lowest category (novice) as a new nurse practitioner. The clinical competency advancement must begin anew.

### **Limitations**

One limitation to this study was the small sample size of nurse practitioners. The focus group included only six nurse practitioners in an effort to facilitate in-depth discussion. The opinions and experiences of those six individuals may not be representative of the larger population of nurse practitioners in the region or other regions.

Another limitation of this study was the peer group dynamics. A researcher cannot rule out that peer pressure may have been at play during the group influencing others to respond to the questions asked in a similar manner.

Finally, while feelings of ill-preparedness and lack of preceptor training to precept was reported by five of the six group members, two of those participants were currently precepting and two others were not precepting due to other obligations, not because they felt ill-prepared. Only one group member had chosen not to precept because she felt ill-prepared. While five reported feeling ill-prepared and shared that preceptors should have training, the lack of training was not a barrier to precepting for four of the participants.

### **Implications for Future Research**

This project's results might be validated by conducting additional interviews with nurse practitioners across the United States. Certainly, a more representative sample of nurse practitioners would be obtained if the interviews were country-wide and numerous. Another consideration would be to include both rural and urban nurse practitioners; this might eliminate any question of whether there was a disparity between the two sub-groups.

More research is required to determine the degree to which feelings of ill-preparedness are a barrier and prevent NPs from precepting. This might best be accomplished by interviewing just NPs who choose not to precept and determining the reason they choose not to precept.

This project included the creation of a Voiceover PowerPoint tool that shared concepts the literature and focus group members viewed as important topics for nurse practitioner preceptor training. More research would be necessary to determine if the

program was effective and if it did, indeed, increase the number of nurse practitioners willing to precept nurse practitioner students.

### **Implications for Practice and Education**

The findings of the study were significant in that data obtained during the focus group confirmed the difficulties with precepting that were noted in the literature.

Specifically, nurse practitioners have often felt ill-prepared to precept nurse practitioner students and that some avoid precepting because of this ill-preparedness. The significance to the Schools of Nursing faculty is the premise that if nurse practitioners were trained in how best to precept students, they would feel better prepared to precept and would presumably be more willing to precept these students. This willingness to precept would relieve some of the burden to both faculty and students when it comes time to complete the required clinical hours.

The profession of nursing benefits from this study as well. The preceptors experience some professional development through practice with mentoring and practice educating and socializing students at the profession's entry level. The image of the profession is enhanced by professionally developed and confident nurse practitioners. In addition, the profession, workforce, and countless patients benefit from highly-skilled nurse practitioners who have completed a preceptorship with a well-prepared and proficient practitioner. The training tool that accompanies this project provides that training foundation.

### **Conclusion**

The overall purpose of this research project was to confirm the barriers and difficulties related to precepting nurse practitioner students found in the literature. An

additional aim was to increase the number of nurse practitioners willing to precept nurse practitioner students by increasing the preparedness of the preceptor through a Voiceover PowerPoint training tool.

The focus group did confirm the difficulties and barriers related to precepting found in the research. The most frequently mentioned theme in the group was the idea that nurse practitioners felt ill-prepared to precept and, sometimes, avoided accepting students for this reason. The focus group also served to identify some additional teaching points that were in the PowerPoint training presentation.

The researcher's hope is that the PowerPoint tool will be viewed and utilized by nurse practitioners who are considering a preceptorship with a nurse practitioner student. Those who precept currently would benefit from the program as well; the included components will not only improve preceptor skills, it will also promote professional development in the preceptor and the student. The Voiceover PowerPoint presentation is available at <http://youtube.com/watch?v=k2h7tkd2-k>.



## References

- American Association of Colleges of Nursing (2014). *Current state of APRN clinical education*. Retrieved from <http://www.aacn.nche.edu/APRN-White-Paper.pdf>
- American Association of Colleges of Nursing (2011). *The essentials of master's education in nursing*. Retrieved from <http://www.aacn.nche.edu/education-resources/MasterEssentials11.pdf>.
- American Association of Nurse Practitioners. (2016). *NP Infographic*. Retrieved from <http://www.aanp.org/all-about-nps/what-is-an-np-2>
- American Association of Nurse Practitioners (AANP). (2016) *NP Fact Sheet*. Retrieved from <https://www.aanp.org/all-about-nps/np-fact-sheet>
- American Heritage Medical Dictionary (n.d.). Retrieved October 2, 2015 from [ahdictionary.com/word/search](http://ahdictionary.com/word/search)
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.
- Billay, D., Mytrick, F., & Yonge, O. (2015). Preceptorship and the nurse practitioner student: navigating the liminal space. *Journal of Nursing Education*, 54, 430-437. doi: <http://dx.doi.org/10.3928/01484834-20150717-02>
- Brooks, M. V., & Niederhauser, V. P. (2010). Preceptor expectations and issues with nurse practitioner clinical rotations. *Journal of the American Academy of Nurse Practitioners*, 22, 573-579. doi: <http://dx.doi.org/10.1111/j.1745-7599.2010.00560.x>

Burns, C., Beauchesne, M., Ryan-Krause, P., & Sawin, K. (2006). Mastering the preceptor role: challenges of clinical teaching. *Journal of Pediatric Health Care*, 20, 172-183. doi: <http://dx.doi.org/10.1016/j.pedhc.2005.10.012>

Carlson, E., & Bengtsson, M. (2015). Perceptions of preceptorship in clinical practice after completion of a continuous professional development course: A qualitative study part II. *BioMed Central Nursing*, 14. doi: <http://dx.doi.org/10.1186/s12912-015-0092-8>

Current Nursing. (2013).

[http://currentnursing.com/nursing\\_theory/Patricia\\_Benner\\_From\\_Novice\\_to\\_Expert.html](http://currentnursing.com/nursing_theory/Patricia_Benner_From_Novice_to_Expert.html)

*Current state of APRN clinical education*. (2014). Retrieved from American Association of Colleges of Nursing website: <http://www.aacn.nche.edu/APRN-White-Paper.pdf>

Definition: preceptor. (n.d.). In . Retrieved from <http://medical-dictionary.thefreedictionary.com/preceptor>

Fitzgerald, C., Kantrowitz-Gordon, I., Katz, J., & Hirsch, A. (2012). Advanced practice nursing: challenges and strategies. *Nursing Research and Practice*. doi: <http://dx.doi.org/10.1155/2012/854918>

Forsberg, I., Swartwout, K., Murphy, M., Danko, K., & Delaney, K. R. (2014). Nurse practitioner education: greater demand, reduced training opportunities. *Journal of the American Association of Nurse Practitioners*, 27, 66-71. doi: <http://dx.doi.org/10.1002/2327.6924.12175>

- Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: interviews and focus groups. *British Dental Journal*, 204, 291-295. doi: <http://dx.doi.org/10.1038/bdj.2008.192>
- Gorton, K. L., & Hayes, J. (2014). Challenges of assessing critical thinking and clinical judgment in nurse practitioner students. *Journal of Nursing Education*, 53, 26-29. doi: <http://dx.doi.org/10.3928/01484834-20140217-02>
- Harrington, S. (2011). Mentoring new nurse practitioners to accelerate their development as primary care providers: a literature review. *Journal of the American Academy of Nurse Practitioners*, 23, 168-174. doi: <http://dx.doi.org/10.1111/j.1745-7599.2011.00601.x>
- Health Resources & Services Administration. (2013). Projecting the supply and demand for primary care practitioners through 2020. Retrieved from [bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare](http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare)  
<http://iom.nationalacademies.org/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>
- Institute of Medicine. (2010). *The future of nursing: leading change, advancing health*.
- International Council of Nurses (2014). Definition and characteristics of the role. *ICN Nurse Practitioner/Advanced Practice Nursing Network*. Retrieved from <http://international.aanp.org/practice/APNRoles>
- Keough, L., Arciero, S., & Connolly, M. (2015). Informing innovative models of nurse practitioner education: a formative qualitative study. *Journal of Nursing Education and Practice*, 5, 88-91. doi: <http://dx.doi.org/10.5430/jnep.v5np88>

- Luhanga, F., Yonge, O. J., & Myrick, F. (2008). Failure to assign failing grades: issues with grading the unsafe student. *International Journal of Nursing Education Scholarship*, 5. doi: <http://dx.doi.org/10.2202/1548-923X.1366>
- Lyon, D. E., & Peach, J. (2001). Primary care providers' views of precepting nurse practitioner students. *Journal of the American Academy of Nurse Practitioners*, 13, 237-240.
- McMullen, M. A., & McMullen, W. F. (2009). Examining patterns of change in the critical thinking skills of graduate nursing students. *Journal of Nursing Education*, 48, 310-318. doi: <http://dx.doi.org/10.9999/01484834-20090515-03>
- O'Connor, B. (2012). New American Association of Colleges of Nursing data show enrollment surge in baccalaureate and graduate programs amid calls for more highly educated nurses. *Journal of Professional Nursing*, 28, 137-138.
- Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Methods*, 8(3), 1-21. doi: <http://dx.doi.org/10.1177/160940690900800301>
- Payne, C., Heye, M. L., & Farrell, K. (2014). Securing preceptors for advanced practice students. *Journal of Nursing Education and Practice*, 4, 167-179. doi: <http://dx.doi.org/10.5430/jnep.v4n3p167>
- Peyser, B., Daily, K. A., Hudak, N. M., Railey, K., & Bosworth, H. B. (2014). Enlisting new teachers in clinical environments (ENTICE); novel ways to engage clinicians. *Advances in Medical Education and Practice*, 5, 359-367. doi: <http://dx.doi.org/10.2147/AMEP.S69063>

Poronsky, C. B. (2012). A literature review of mentoring for RN to FNP transition.

*Journal of Nursing Education*, 51, 623-631. doi: <http://dx.doi.org/10.3928/0148-20120914-03>

Rebholz, M., & Baumgartner, L. M. (2015). Attributes and qualifications of successful rural nurse preceptors: preceptors' perspectives. *The Qualitative Report*, 20, 93-119. Retrieved from <http://www.nova.edu/ssss/QR/QR20/2/rebholz7.pdf>

Sagoe, D. (2012). Precincts and prospects in the use of focus groups in social and behavioral science research. *The Qualitative Report*, 17, 1-16. Retrieved from [www.nova.edu/ssss/QR/QR17/sagoe.pdf](http://www.nova.edu/ssss/QR/QR17/sagoe.pdf).

Shannon, S., Walker-Jeffrey, M., Newbury, J. W., Cayetano, T., Brown, K., & Petkov, J. (2006). Rural clinician opinion on being a preceptor. *Rural and Remote Health*, 6. Retrieved from [http://www.rrh.org.au/publishedarticles/article\\_print\\_490.pdf](http://www.rrh.org.au/publishedarticles/article_print_490.pdf).

Siela, D., Twibell, R., Mahmoodi, M., & Mahboubi, S. (2015). Close encounters at the bedside: partnering among clinical nurses, students, and faculty. *American Nurse Today*, 10(6). Retrieved from <http://www.americannurse.today.com/close-encounters-bedside-partnering-among-clinical-nurses-students-faculty/>

Smedley, A. M. (2008). Becoming and being a preceptor: a phenomenological study. *The Journal of Continuing Education in Nursing*, 39, 185-191. doi: <http://dx.doi.org/10.3928/00220124-20080401-08>

Sorensen, H. A., & Yankech, L. R. (2008). Precepting in the fast lane: improving critical thinking in new graduate nurses. *The Journal of Continuing Education in Nursing*, 39, 208-216. doi: <http://dx.doi.org/10.3928/00220124-20080501-07>

- Straus, S. E., Johnson, M. O., Marquez, C., & Feldman, M. D. (2013). Characteristics of successful and failed mentoring relationships: a qualitative study across two academic health centers. *Academic Medicine*, 88(1), 82-89. doi: <http://dx.doi.org/10.1097/ACM.0b013e31827647a0>
- The essential: clinical resources for nursing's academic mission.* (1999). Retrieved from American Association of Colleges of Nursing: <http://www.aacn.nche.edu/education-resources/ClinicalEssentials.99.pdf>
- The essentials of master's education in nursing.* (2011). Retrieved from American Association of Colleges of Nursing website: <http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf>
- Wealthall, S., & Henning, M. (2012). What makes a competent clinical teacher? *Canadian Medical Education Journal*, 3, 141-145. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/pc4563632/>
- Webb, J., Lopez, R. P., & Guarino, A. J. (2015). Incentives and barriers to precepting nurse practitioner students. *The Journal for Nurse Practitioners*, 11, 782-789.
- Wilkinson, S. T., Couldry, R., Phillips, H., & Buck, B. (2013). Preceptor development: providing effective feedback. *Hospital Pharmacy*, 48, 26-32. doi: <http://dx.doi.org/10.1310/hpj4801-26>
- Wiseman, R. F. (2013). Survey of advanced practice student clinical preceptors. *Journal of Nursing Education*, 52, 253-258

## **APPENDIX**

## **Appendix A**

**Pittsburg State University  
Irene Ransom Bradly  
School of Nursing**

### **Informed Consent**

#### **Increasing the Number of NP Preceptors by Increasing Education**

**Approval Date: February 19, 2016**

**Expiration date: December 15, 2016**

**Principal Investigator:**

Sonja Albright, MSN, APRN

**Co-Investigators:** None

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**Purpose of the Research:** You are invited to participate in a focus group that will discuss the preceptorship of nurse practitioners and the processes involved with preceptorship. This group is for partial fulfillment of a Doctor of Nursing Practice scholarly project for a student in the Pittsburg State University doctoral program.

**Procedures:** Data collection methods will be discussed between group members in answer to set questions asked by the moderator. There will be an assistant present who will audio-tape the session and transcribe that audio-tape to ensure accurate reporting of the information provided by the group. Names of participants will not be asked or used during the group to ensure confidentiality. Should a group participant mention your name, the transcriber will delete that from the transcript. The audio tape will be destroyed immediately after it is transcribed and the transcript will remain in the possession of the



researcher until the completion of the project. The researcher, transcriptionist, and the researcher's committee members are the only people that will have access to these transcripts prior to shredding at project completion.

**Length of Study:** Total participation time will be no longer than 45 minutes at the 4-State APN Conference.

**Potential Risks or Discomfort:** There are no anticipated physical risks associated with this focus group. Members of the group will be asked to keep all information shared in the group confidential, however, there is a potential risk that information you share may be discussed outside the group. If this is a potential issue for you, please ask for the questions to be given to you outside the group setting.

**Anticipated Benefits:** A potential benefit of participating in this group is the opportunity to share your experiences with others and benefit from learning about theirs. The data collected in this group may be beneficial in the development of an educational program for nurse practitioners who precept nurse practitioner students.

**Extent of Confidentiality:** The information obtained in this group will be treated as privileged and confidential and will consequently not be released or revealed to any person without your expressed written consent. You do agree to the use of your information for research purposes. The identity of all subjects will remain anonymous during any presentation or publication of this study. Only the principle investigator and research technician will have access to your personal data. Once the study is completed, all personal identifying data will be destroyed.

**Compensation of Availability of Medical Treatment if Injury Occurs:** In the event of injury, the Kansas Tort Claims Act provides for compensation if it can be demonstrated that the injury was caused by the neglect or wrongful act or omission of a state employee acting within the scope of his/her employment.

Do you have any questions? If so, write them below and you will receive a verbal and/or written response.

Questions:

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Answer to question:

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Have your questions been completely answered? Yes    No

**TERMS OF PARTICIPATION:** I understand this project is research, and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

**Participant Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness to Signature: (Project Staff):** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

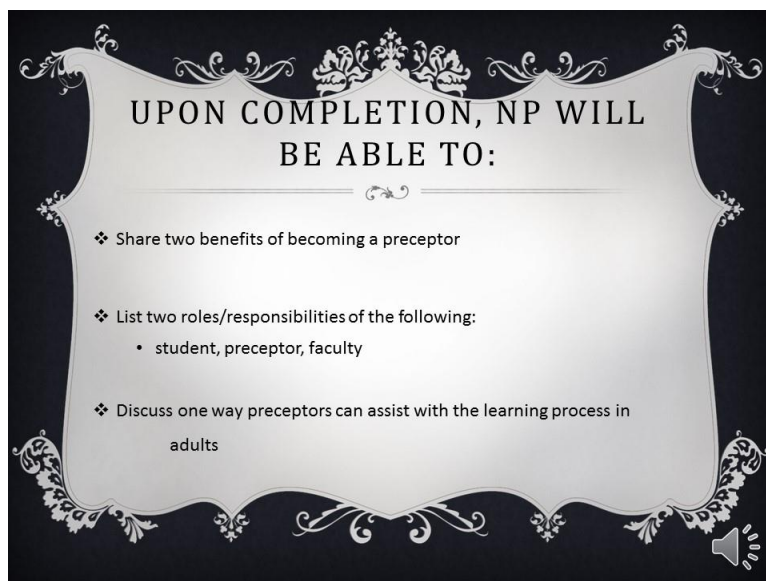
## **Appendix B**

### **FOCUS GROUP QUESTIONS**

1. Tell me your experience with precepting nurse practitioner students. What did you like least about the experience? What did you like most?
2. For those of you who do not precept nurse practitioner students, please discuss why.
3. What were/are some factors that make precepting difficult or impossible?
4. How did you prepare yourself to precept the nurse practitioner student?
5. What type of preceptor training would you recommend prior to precepting nurse practitioner students?
6. Please share your thoughts on the way nurse practitioner student currently complete their clinical hours with preceptors. What recommendations for change, if any, would you make?

## Appendix C

### POWERPOINT PRESENTATION



## UPON COMPLETION, NP WILL BE ABLE TO:

- ❖ List three characteristics of a successful preceptor
- ❖ Explain why feedback is important
- ❖ Describe the difference between feedback and evaluation
- ❖ Identify the First Step the preceptor will take after a student performance or safety issue has been identified
- ❖ Share one way preceptors can promote critical thinking

## BENEFITS

- ❖ Direct positive health outcomes for strangers!
- ❖ Professional development
- ❖ It's not all about you...

## ROLES/RESPONSIBILITIES

❖ ***“Every role that you play comes  
with its own set of challenges”***

Mireille Enos



## STUDENT

- ❖ Address course objectives
- ❖ Arrange the schedule
- ❖ Be prepared to learn
- ❖ Communicate
- ❖ Recognize the socialization process...embrace it!



## PRECEPTOR (YOU!)

- ❖ Show the student around
- ❖ Determine student's learning style/lesson plans
- ❖ Provide ongoing feedback
- ❖ Communicate
- ❖ Be that super role model

*"You can teach better with your example than by your words"*

- Reed Markham



## PSU FACULTY WILL:

- ❖ Provide preceptors with the Course Objectives
- ❖ Schedule site visits:
  - Face-to-Face
  - FaceTime
  - Telephone Calls
- ❖ Offer preceptor support
- ❖ Communicate
- ❖ Ensure preceptor competence



## ADULT LEARNING CONCEPTS

- ❖ Adult learners have a variety of experiences
- ❖ Adults want to bridge that gap between seeing, doing, and experiencing
- ❖ Adults learn best in different ways
- ❖ Adult learners need respect
- ❖ Adults learn at different speeds

## CHARACTERISTICS OF SUCCESSFUL PRECEPTORS

- ❖ Clinically competent
- ❖ Display enthusiasm for teaching
- ❖ Respect their students' autonomy and independence
- ❖ Readily available to students
- ❖ Able to provide a safe, non-judgmental, non-threatening learning environment



## CHARACTERISTICS OF SUCCESSFUL PRECEPTORS

- ❖ Patience
- ❖ Passionate



## FEEDBACK

- ❖ Best when feedback is specific and immediate
- ❖ Used to reinforce and guide
- ❖ Feedback is positive
- ❖ Ongoing and informal
- ❖ Private
- ❖ Time before discussion



## EVALUATION

- ❖ More in-depth/evaluative than feedback
- ❖ Performance/progression
- ❖ Utilize objectives when completing the evaluation
- ❖ Be familiar with the tool and how it correlates to grades
- ❖ No surprises!



## PERFORMANCE ISSUES IN THE SUB-PAR STUDENT

- ❖ Frequent mistakes
- ❖ Not following directions
- ❖ Practicing outside scope
- ❖ Lack of skills
- ❖ Inability to establish rapport
- ❖ Poor attitude / difficulty getting along with others
- ❖ Tardiness / missed work



## PERFORMANCE ISSUE CONCEPTS

- ❖ Patient safety comes first
- ❖ Almost always unintentional
- ❖ STEP ONE: Involve faculty
- ❖ Do not personalize
- ❖ Most performance issues are minor and most students are teachable
- ❖ Honesty is the best policy



## CRITICAL THINKING

- ❖ Must be learned and practiced
- ❖ Improving critical thinking skills is a process
- ❖ There is a dynamic change in critical thinking levels during graduate school



## HOW TO PROMOTE CRITICAL THINKING

- ❖ Ill-structured problems
- ❖ Metacognition



## AANP RESOURCE

- ❖ Toolkit for Nurse Practitioner Preceptors:  
[aanp.org/images/documents/education/  
PreceptorToolkit.pdf](http://aanp.org/images/documents/education/PreceptorToolkit.pdf)

