AANP | American Association of NURSE PRACTITIONERS®

PRECEPTING WITH PURPOSE

A Comprehensive Guide for Nurse Practitioner Preceptors

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CHAPTER 1: WELCOME TO PRECEPTING

What is a Preceptor?

A preceptor is a licensed, practicing clinician who provides real-world clinical training and supervision to nurse practitioner (NP) students. Serving as both teacher and mentor, the preceptor serves as the bridge between classroom learning and clinical application. While faculty guide didactic content, it is the preceptor who models clinical reasoning, professional behavior, and patient-centered care in action.

Precepting is more than supervision—it's an intentional partnership that cultivates future NPs through hands-on experience, structured feedback, and thoughtful coaching.

The Importance of Precepting in NP Education

NP programs rely on high-quality clinical placements to ensure graduates are ready for practice. Preceptors play a critical role in this ecosystem by shaping how students apply evidence-based guidelines, manage patient complexity, and refine their diagnostic skills. Without committed preceptors, clinical education would be incomplete—and so would the development of confident, safe, and effective NPs.

Preceptors play a critical role in ensuring the workforce of the future by preparing new clinicians to meet the growing demand for high-quality, accessible care.

Why Precept?

Precepting offers both personal and professional rewards. Many experienced NPs find that working with students reinvigorates their own practice and sharpens their clinical thinking.

See the infographic on the next page for more information on the benefits of precepting!

Overview of Preceptor Roles and Responsibilities

Preceptors are expected to:

- Orient the student to the clinical setting
- Provide direct supervision appropriate to the student's level of training
- Foster progressive independence while ensuring patient safety
- Evaluate clinical performance using structured tools
- Offer regular, constructive feedback
- Communicate with faculty as needed regarding student progress or concerns

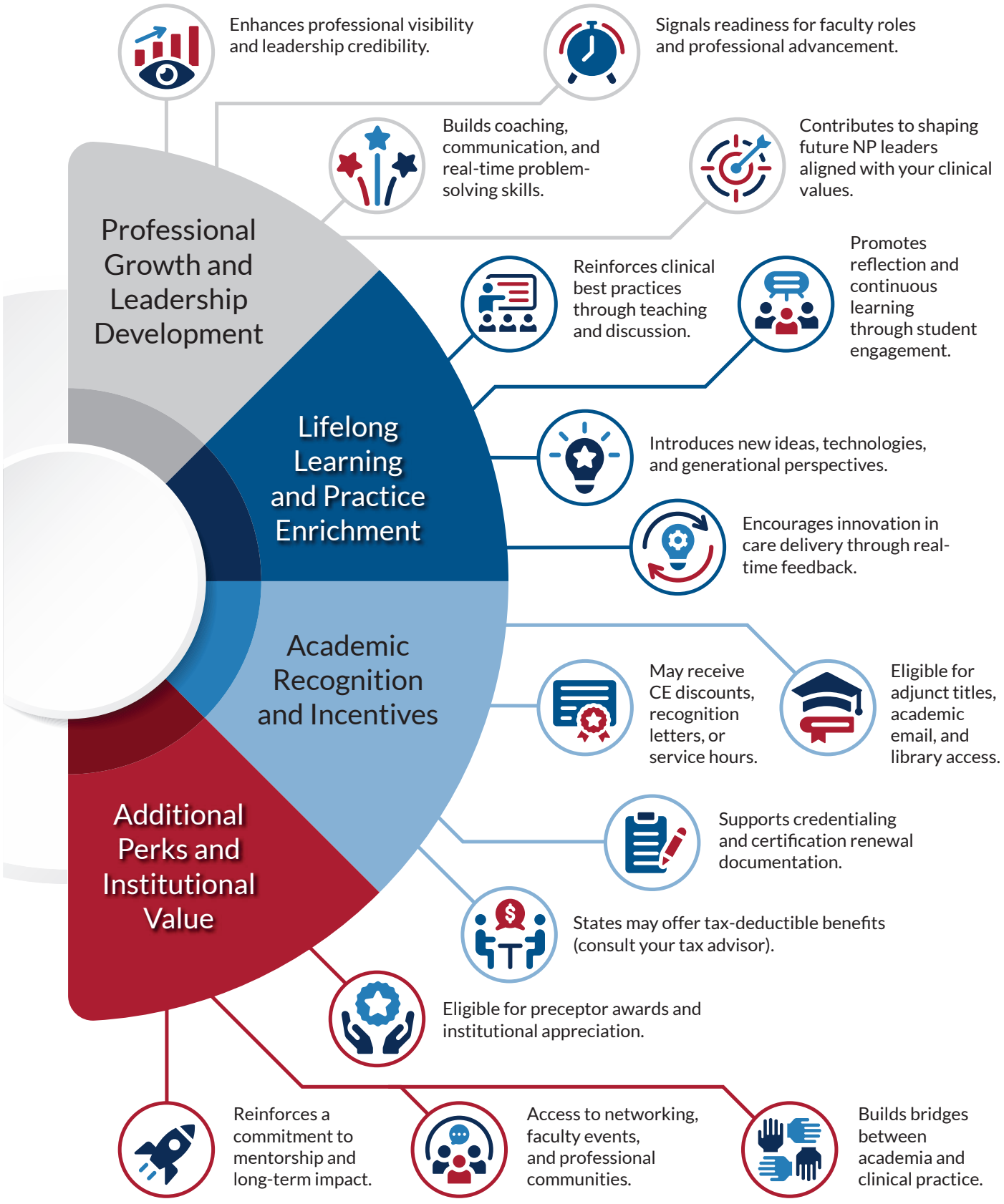
The success of each clinical rotation hinges not only on hours completed, but on the depth of learning that takes place under the preceptor's guidance—a process further explored in Chapter 4, which offers strategies for clinical teaching in time-constrained environments.

How Preceptors Support Clinical Competency and Safe Practice

At the heart of NP education is the goal of safe, evidence-informed care. Preceptors are uniquely positioned to reinforce clinical standards, challenge cognitive errors, and model effective patient communication. By giving students opportunities to apply knowledge in real time—and then debriefing thoughtfully—preceptors accelerate skill acquisition and support the development of sound clinical judgment.

This role is essential not just to meeting curriculum objectives but to protecting patient safety, fostering professional identity, and instilling a commitment to lifelong learning.

Why Precept?


Professional Growth and Leadership Development
Lifelong Learning and Practice Enrichment
Academic Recognition and Incentives
Additional Perks and Institutional Value
Enhances professional visibility and leadership credibility.
Signals readiness for faculty roles and professional advancement.
Builds coaching, communication, and real-time problem-solving skills.
Contributes to shaping future NP leaders aligned with your clinical values.
Reinforces clinical best practices through teaching and discussion.
Promotes reflection and continuous learning through student engagement.
Introduces new ideas, technologies, and generational perspectives.
Encourages innovation in care delivery through real-time feedback.
May receive CE discounts, recognition letters, or service hours.
Eligible for adjunct titles, academic email, and library access.
Supports credentialing and certification renewal documentation.
States may offer tax-deductible benefits (consult your tax advisor).
Eligible for preceptor awards and institutional appreciation.
Reinforces a commitment to mentorship and long-term impact.
Access to networking, faculty events, and professional communities.
Builds bridges between academia and clinical practice.

CHAPTER 2: GETTING STARTED – PRECEPTOR PREPARATION

Becoming a Preceptor

Serving as a preceptor begins with more than willingness—it requires alignment with program standards and a shared understanding of educational goals. The process of becoming a preceptor is outlined on the next page and typically includes meeting eligibility criteria, completing an institutional vetting process, and signing formal agreements that outline responsibilities and expectations.

Preceptor Expectations of Faculty

Effective precepting requires a collaborative partnership between preceptors and faculty. Knowing what to expect from the faculty liaison can help preceptors feel supported throughout the rotation.

- **Communication:** Faculty should provide timely introductions to students, clarify learning objectives, and remain accessible throughout the rotation. Preceptors should feel comfortable addressing concerns and clarifying issues with students and reaching out to the faculty member for continued dialogue.
- **Support:** Faculty play a key role in addressing student performance issues, navigating challenging situations, and providing teaching resources. Preceptors should never feel alone in managing educational challenges.
- **Documentation:** Faculty are responsible for collecting evaluations, site paperwork, and confirming hours. Preceptors may be asked to complete structured performance assessments and document student progress. Having clear timelines and forms up front reduces administrative burden.

Understanding Clinical Rotation Objectives and Student Competency Levels

Each clinical rotation is structured around specific learning goals aligned with the student's stage in the program. First-semester students may be focusing on foundational skills like patient interviewing and forming differential diagnoses, while final-semester students are expected to demonstrate independence in managing complex care.

Best Practice Tip

Review logs of student clinical hours regularly—typically at the midpoint and end of the rotation—to verify accuracy and ensure accountability.

Process of Becoming a Preceptor

STEP 1
Confirm Eligibility

Ensure you meet core qualifications:

- an active license,
- applicable board certification(s), ***and***
- at least 1–2 years of clinical experience in your practice.

STEP 2
Express Interest

Contact the academic institution or program coordinator to express your interest in precepting. You may need to complete an initial interest form or provide a professional bio or CV.

STEP 3
Complete Credentialing

Participate in a vetting process that verifies your license, certification, malpractice insurance, and eligibility to supervise students. Your clinical site may also be reviewed to ensure it supports appropriate learning experiences.

STEP 4
Provide Site Information

Submit details about your practice setting, including types of patients seen, average patient volume, and other providers at the site.

STEP 5
Sign Affiliation or Preceptorship Agreement

Finalize your participation by signing a formal agreement.

STEP 6
Plan for Student Onboarding

1. Once approved, coordinate with faculty and prepare for your student's arrival.
2. Coordinate with the student and begin planning for the start of the rotation.

STEP 7
Stay Active and Renew as Needed

Remain engaged by completing student evaluations, attending optional preceptor trainings, and responding to faculty communications.

Preceptors should review the program's clinical objectives prior to the rotation. These will typically outline:

- Expected competencies in history-taking, physical exams, clinical reasoning, and documentation.
- Required patient encounter types (e.g., well visits, chronic disease management, urgent care).
- Milestones for skill development and independence.
- Understanding a student's competency level helps tailor expectations and prevents mismatches in supervision or patient assignment.

Additional guidance for structuring expectations by rotation type can be found in the Projected Clinical Encounters Overview and Orientation Checklist.

Best Practice Tip

Use end-of-day debriefs to link patient care activities to core clinical skills or program objectives.

Overview of Program Requirements

NP clinical education is grounded in national accreditation standards and competency frameworks that define the skills, behaviors, and knowledge expected of entry-level NPs. These foundational standards also guide evaluation criteria, remediation processes, and documentation practices, all discussed in more detail in Chapter 5.

Accreditation

NP programs in the U.S. must be accredited. These organizations establish standards for program quality, including clinical training, faculty qualifications, and student outcomes. Links to the two most common accreditors are provided below.

- Commission on Collegiate Nursing Education (CCNE): https://www.aacnnursing.org/CCNE
- Accreditation Commission for Education in Nursing (ACEN): https://www.acenursing.org/

Essentials

The American Association of Colleges of Nursing (AACN) Essentials outline the foundational competencies for nursing education, including graduate-level programs. This document serves as a curricular guide for schools of nursing and underpins the development of advanced nursing competencies.

- 2021 AACN Essentials (Domains 1–10): https://www.aacnnursing.org/Essentials

NONPF Standards and Competencies

The National Organization of NP Faculties (NONPF) provides two key resources that shape NP education: the **National Task Force (NTF) Criteria for Evaluation of NP Programs** and the **NONPF Core Competencies for NPs**. While the NTF Criteria ensure the infrastructure and educational process are sound, the NONPF Core Competencies define what students must learn and demonstrate. The NTF Criteria require that NP programs use the NONPF Core Competencies as the curricular framework. Together, these resources serve as a roadmap for aligning educational outcomes with national expectations for NP readiness.

- **NTF Criteria for Evaluation of NP Programs:** Outline essential components of program structure and ensure educational consistency and program-level accountability. These criteria are used by accrediting bodies, such as CCNE and ACEN, when reviewing NP programs. The key components are:
  - Program mission and governance
  - Curriculum content and sequencing
  - Faculty qualifications
  - Preceptor selection and evaluation
  - Clinical hours and site appropriateness
- **NONPF Core Competencies for NPs:** Define the knowledge, skills, and behaviors expected of all NP graduates. The domains are:
  1. Scientific Foundation
  2. Leadership
  3. Quality
  4. Practice Inquiry
  5. Technology and Information Literacy
  6. Policy
  7. Health Delivery System
  8. Ethics
  9. Independent Practice

Best Practice Tip

Remember NTF Criteria are the program's standards and structure and NONPF Core Competencies are the student's graduation outcomes and expectations.

CHAPTER 3: ORIENTING THE STUDENT

The Orientation Meeting: Setting the Stage for Success

The orientation meeting lays the groundwork for a successful rotation. Held on the first day (or ideally before clinicals begin), it provides a shared understanding of goals, responsibilities, and expectations. A well-structured orientation helps students feel welcomed and confident while reinforcing your role as both clinician and educator.

Begin by reviewing the student's clinical background, their learning goals for the rotation, and how feedback will be shared. Use tools included in this eBook such as the Student Expectation Agreement to guide the conversation. Clarify daily workflow, documentation expectations, and how to handle absences, tardiness, or patient-related concerns. Even a brief, structured meeting builds trust and sets a professional tone for the rotation.

Tour of Clinical Site

A brief but focused site tour reduces first-day anxiety and helps the student acclimate to the clinical setting. This includes introducing the student to staff and showing key locations such as patient care rooms, break areas, supply storage, and emergency exits. The Orientation Checklist can help ensure no critical areas are missed and serves as a useful documentation tool for both preceptor and student.

Review of Policies, EHR, and Documentation Expectations

Reviewing clinical site policies and workflows upfront helps prevent misunderstandings. Clarify expectations for attire, communication, HIPAA compliance, and infection control. Provide guidance on EHR access, including login credentials, note formatting, and whether the student is permitted to document directly in the chart. If students are restricted from using the EHR, consider having them submit written notes for review, using tools like the Feedback Log to track performance and provide structured coaching. Establishing documentation norms early reinforces safe, professional practice and reduces risk throughout the rotation.

From Orientation to Clinical Teaching

With expectations clarified, logistics coordinated, and orientation complete, both student and preceptor are ready to shift into the heart of the clinical experience. The tools referenced in Chapter 5, such as the Student Expectation Agreement, Student Readiness Checklist, and Student Scheduling Template, provide the structure needed to support a smooth transition. What comes next is where the real learning happens: guiding clinical reasoning, balancing supervision with independence, and fostering growth through intentional, day-to-day teaching.

CHAPTER 4: CLINICAL TEACHING STRATEGIES

Principles of Adult Learning in Clinical Education

Adult learners thrive when teaching is practical, relevant, and respectful of their existing knowledge and life experience. NP students bring diverse backgrounds and expectations to the clinical setting, so effective preceptors tailor their approach by encouraging autonomy, connecting clinical cases to evidence-based practice, and fostering reflection. Learning is optimized when students feel psychologically safe, actively engaged, and see the value of feedback in shaping their development. Clear communication, shared goal setting, and timely reinforcement help students take ownership of their learning process.

Balancing Supervision With Student Independence

Preceptors must walk a fine line between oversight and autonomy. Early in the rotation, students may shadow or perform basic tasks under close supervision.

As they gain competence, preceptors can gradually allow more independence in conducting visits, documenting care, and forming plans, while always within safe, defined boundaries. This transition is rarely linear and requires close observation and ongoing dialogue. When supervision is matched to the learner's evolving needs, students develop not only skills but also professional confidence.

Structuring Learning for Skill Progression

Clinical teaching should be intentional, not just reactive to the day's patient load. Assign responsibilities that build progressively, starting with focused tasks and moving toward complete encounters. For example, have students begin by conducting a focused history, then add the physical exam, followed by presenting findings and suggesting a plan.

Preceptors can use the Procedure Checklist for Skill Tracking to track technical skills and tailor further learning opportunities. Supporting this kind of deliberate practice is especially important when patient diversity or case mix varies week to week.

Maintaining Appropriate Load: Ratio Guidance

Effective teaching depends on maintaining a manageable student load. Preceptors should never feel obligated to supervise more students than they can safely and effectively support. According to national standards from the AACN, NONPF, and the National Task Force, the following ratios are recommended:

- Faculty oversight: 1 faculty member per 6–8 students.
- Concurrent student load per preceptor (on-site at same time): 1–2 students.
- Sequential student load per preceptor per term (different days or blocks): 2–4 students.

Programs are expected to monitor site and preceptor capacity to uphold these standards. If a preceptor feels overwhelmed or uncertain about supervision limits, they should contact the faculty liaison to reassess load.

Tips for Teaching in Time-Constrained Environments

Even when time is short, meaningful teaching moments are still possible. Brief interactions can be powerful if they are focused and consistent. For structured micro-teaching during busy clinical days, preceptors may also refer to the One-Minute Preceptor technique, covered in Chapter 5.

From Teaching to Evaluation

Armed with effective clinical teaching strategies that are grounded in adult learning principles, purposeful supervision, and structured skill progression, you and your student are well-positioned to maximize learning throughout the rotation. In the next chapter, we'll explore the essential tools and frameworks for providing ongoing feedback, evaluating performance, and documenting progress. Together, these resources complete the continuum from orientation and instruction to assessment and growth.

Teaching in Time-Constrained Environments: Quick Tips for Busy Preceptors

Let Students Shadow You for Efficiency

When your time is limited, let the student observe your full patient interaction and debrief after.

Use the One-Minute Preceptor Framework

When possible, apply the 5-step model to turn short interactions into structured learning moments.

Batch Questions Strategically

Ask the student to write down non-urgent questions and address them in short bursts between visits or at the end of the day.

Pre-Assign Goals for the Day

Choose 1–2 skills or focus areas in the morning so feedback and teaching stay targeted.

Use Templates or Checklists

Refer to the Feedback Log or Procedure Checklist to streamline skill tracking without extra paperwork.

Use Micro-Moments to Teach

Take advantage of hallway walks, elevator rides, or charting time to ask brief clinical questions or share teaching points.

Encourage Think-Alouds

Ask students to verbalize their clinical reasoning during presentations to make their thought process visible.

Give Real-Time Feedback

Tie feedback to specific actions (E.g., *"Great job explaining the rationale behind that medication change"*) so it sticks.

Assign One Teaching Point Per Encounter

Focus on just one high-yield takeaway—no need to teach everything at once.

Model While You Work

Narrate your decision-making during patient care so students can learn passively even when time is tight.

CHAPTER 5: FEEDBACK AND EVALUATION BEST PRACTICES TOOLKIT

Clinical preceptors play a pivotal role in shaping the next generation of nurse practitioners. One of the most impactful contributions a preceptor can make is fostering a learning environment where feedback is continuous, constructive, and grounded in clear evaluation standards. However, giving feedback, assessing clinical performance, and navigating student challenges can be complex—especially in the dynamic setting of clinical practice.

The Feedback and Evaluation Best Practices Toolkit was developed to support preceptors with practical strategies, structured communication models, and ready-to-use templates for assessing learner progress. By implementing the practices outlined in this guide, preceptors can foster professional development, uphold academic standards, and build the foundation for safe, effective patient care.

Section A: Giving Feedback

Real-Time vs. Summative Feedback

Effective feedback is a cornerstone of clinical learning. Preceptors should distinguish between real-time (formative) feedback, which occurs during or immediately after a clinical encounter, and summative feedback, which is provided at defined intervals to evaluate overall performance. Real-time feedback offers immediate guidance, helps correct errors in the moment, and reinforces positive behaviors. It fosters reflection and incremental growth and is best delivered privately, respectfully, and frequently. In contrast, summative feedback is typically provided at the midpoint and end of a clinical rotation. It summarizes a student's overall progress across competencies and often informs final grades or decisions about advancement. While summative feedback is evaluative, it should still be constructive, specific, and goal-oriented.

Feedback Models

The following evidence-based communication models can help structure delivery and improve student receptivity, ensuring feedback is effective:

Situation-Behavior-Impact (SBI) Model

- **Purpose:** Encourages specific, behavior-focused feedback that avoids personal judgment.
- **How it works:** Clearly describe the situation, the observable behavior, and the impact of that behavior.
- **Example:** "*During morning rounds yesterday* **(situation)**, *you interrupted the patient several times while they were speaking* **(behavior)**, *which made it harder to build rapport* **(impact)**."
- **Resources for More Information:**
  - Center for Creative Leadership. (2022). Use Situation-Behavior-Impact (SBI)™ to Understand Intent.
  - Fernandes, T. (2020). The Situation-Behavior-Impact-Feedback Framework.

Pendleton's Rules

- **Purpose:** Promotes self-reflection and balances positive and constructive feedback.
- **Steps:**
  1. The learner states what went well.
  2. The preceptor reinforces what went well.
  3. The learner identifies what could be improved.
  4. The preceptor adds their observations and guidance.
- **Example Application:** After a SOAP note presentation, the preceptor invites the student to reflect before offering critique.
- **Resources for More Information:**
  - Burgess A, et al. (2020). Feedback in the Clinical Setting.
  - van de Ridder, JMM. (2023). Pendleton's Rules: A Mini Review of a Feedback Method.

Ask-Tell-Ask Model

- **Purpose:** Supports learner autonomy and encourages collaborative problem-solving.
- **Steps:**
  1. Ask the student to assess their own performance.
  2. Tell your feedback, grounded in specific examples.
  3. Ask how they plan to improve or what support they need.
- **Best Use:** Encouraging critical thinking and when preceptors wish to avoid directive styles.
- **Resources for More Information:**
  - Physician Assistant Education Association. (2017). Ask-Tell-Ask Feedback Model.
  - French JC, et al. (2015). Targeted Feedback in the Milestones Era: Utilization of the Ask-Tell-Ask Feedback Model to Promote Reflection and Self-Assessment.

One-Minute Preceptor Technique

- **Purpose:** Designed for time-constrained environments; emphasizes "microskills" of teaching.
- **Key Steps:**
  1. Get a commitment: *"What do you think is going on?"*
  2. Probe for supporting evidence: *"What led you to that conclusion?"*
  3. Teach a general principle: *"Patients with ___ often present this way…"*
  4. Reinforce what was done well.
  5. Correct mistakes or offer suggestions for improvement.
- **Advantage:** Integrates feedback seamlessly into patient care discussions.
- **Resources for More Information:**
  - Furney, SL, et al. (2001) Teaching the One-Minute Preceptor.
  - Savaria, MC, et al. (2021). Enhancing the One-Minute Preceptor Method for Clinical Teaching With a DEFT Approach.

Section B: Evaluation Essentials

Competency-Based Evaluation

Competency-based education (CBE) ensures that clinical assessments are aligned with the skills and behaviors required for safe, effective patient care. Rather than focusing on time-based training, CBE emphasizes measurable outcomes across domains such as clinical reasoning, communication, professionalism, and procedural skills.

Preceptors should use structured evaluation tools mapped to program competencies or national frameworks (e.g., the AACN Essentials, AANP Core Competencies). These tools may include Likert-scale rubrics, narrative comment boxes, and skill-specific checklists. Consistency, specificity, and transparency are key; students should know in advance what is being assessed and how feedback will be used.

Best Practice Tip

Evaluate behaviors, not character. Focus on what the student did or didn't do, using clear language tied to learning objectives.

Midpoint and Final Evaluations

Formal evaluations at the midpoint and end of the clinical rotation provide an opportunity to summarize student progress, identify strengths and weaknesses, and set or revisit goals. Preceptors should complete structured evaluation forms provided by the academic program, which often include:

- Core competency domains (e.g., clinical judgment, professionalism).
- A rating scale (e.g., novice to proficient).
- Narrative comments supporting each rating.
- Student self-assessment section (optional).

At the midpoint, feedback should guide continued learning and offer opportunities for course correction. At the final evaluation, feedback should reflect whether the student met expectations and is ready for the next level of training.

Template Midpoint and Final Evaluations can be found in Section D of this toolkit.

Preceptor vs Faculty Roles in Assesment

Preceptor	Faculty
Observes daily clinical performance	Oversees academic progress
Provides real-time feedback	Reviews and synthesizes evaluations
Competes midpoint and final evaluations	Assigns final grades
Guides skill development and professionalism	Coordinates remediation if needed
Reports concerns to faculty	Supports preceptors and ensures standards
Mentors student learning and goal-setting	Aligns outcomes with curriculum requirements

Best Practice Tip

Write as if your notes may be reviewed by faculty, the student, or a credentialing body. Professional, factual language preserves clarity and credibility.

Student Evaluation of Preceptor

Feedback is most effective when it flows in both directions. A brief, anonymous evaluation completed by the student at the end of the rotation allows programs to gather insights on:

- Clarity of expectations and orientation.
- Quality and frequency of feedback received.
- Opportunities for hands-on learning.
- Overall teaching effectiveness.

Preceptors should welcome this feedback as an opportunity for professional growth and consider incorporating student suggestions when feasible.

A template Student Evaluation of Preceptor can be found in Section D of this toolkit.

Skill Tracking

For students engaged in procedural training, a procedure checklist allows for documentation of exposure, assistance, and independent performance. These checklists can be maintained by students and verified by preceptors, and may include: name of procedure (e.g., pap smear, wound care), date performed, role: observer, assistant, performer (under supervision), preceptor initials, and optional comments.

This form supports accountability, ensures exposure to required skills, and aids in identifying procedural gaps early in training.

Section C: Documenting Progress and Addressing Concerns

How to Write Clear Evaluative Notes

Well-documented feedback provides a defensible record of student progress, supports ongoing development, and serves as the foundation for intervention if concerns arise.

Effective evaluative notes should be:

- **Objective:** Describe observed behaviors, not assumptions or attitudes.
- **Specific:** Detail what occurred, when, and in what context.
- **Actionable:** Link feedback to learning goals and identify next steps.

Example (Less Effective):
"Student seems disorganized and unprepared."

Example (Stronger):
"On 4/10, during rounds, the student was unable to present patient history without prompting. I advised reviewing patient charts before rounds begin."

Identifying and Reporting Red Flags

Preceptors are often the first to notice early warning signs that a student may be struggling. These red flags can take many forms: persistent lack of preparation, repeated difficulty with basic clinical tasks, unprofessional behavior, or an inability to accept and integrate feedback. While it's natural to hesitate before labeling an issue as significant, delaying documentation or communication can hinder the student's opportunity for timely support.

If a concern arises more than once or compromises patient care, even slightly, it warrants written documentation and a prompt check-in with the faculty liaison. The goal of red flag reporting is not punitive action but early intervention. Providing specific, objective notes helps distinguish a momentary lapse from an emerging pattern and allows faculty to respond with coaching, structured remediation, or academic guidance.

Examples of Documenting Red Flags:

- *"On 4/17, the student loudly discussed a patient's condition in a public hallway. I reviewed HIPAA standards and provided an article on clinical confidentiality. Behavior was acknowledged by the student."*
- *"On 5/2, the student arrived at clinic wearing leggings, which did not meet site dress code expectations. I reminded the student of professional attire guidelines and they agreed to adhere moving forward."*

Best Practice Tip

Stick to observable facts. Avoid language that implies judgment (e.g., "lazy," "unmotivated"). Instead, describe what was seen or heard: "Student did not initiate patient interview despite prompt."

Communicating with Faculty During Challenges

When preceptors encounter concerns about student performance, early and transparent communication with clinical faculty is essential. Even if the issue feels minor or uncertain, reaching out helps clarify expectations and ensures appropriate next steps.

Faculty members can offer coaching strategies, contextual insight into student history, or guidance on documentation and remediation.

In more serious situations, such as safety concerns or repeated professionalism issues, preceptors should alert faculty promptly to allow timely intervention. These partnerships not only protect the student's growth trajectory but also safeguard the preceptor's role as an evaluator within an academic framework.

Remediation Plan

A remediation plan should be developed in collaboration with faculty when a student requires targeted support. The plan typically includes:

- Identified performance issues.
- Measurable goals (e.g., improve organization of SOAP notes).
- Timeline for reassessment.
- Defined support strategies (e.g., increased supervision, guided practice).

The Remediation Plan Form provides a standardized format for documenting these agreements and tracking student progress toward resolution.

Case Example: Supporting a Struggling Student

Case: *Sarah, a second-semester NP student, consistently provides disorganized patient presentations and has difficulty synthesizing clinical data. You've given informal feedback twice, but there's little improvement. On one occasion, she omitted a key medication during a case presentation, which delayed care.*

What you do:

- Document specific instances using the Feedback Log
- Notify the faculty advisor and share your observations
- Meet with Sarah to provide structured feedback using the Ask-Tell-Ask model
- Collaborate with faculty to initiate a remediation plan with weekly goals
- Monitor progress, providing real-time coaching and written updates

This case illustrates how a proactive, structured approach grounded in clear documentation can turn a performance issue into a learning opportunity.

Best Practice Tip

Review forms with students up front. Set expectations early by walking through key forms—like the evaluation tool or hours tracker—during orientation. This transparency reduces confusion, fosters accountability, and helps students take ownership of their learning.

Best Practice Tip

Document early, even if it feels minor. Small patterns of concern—like tardiness or missed assignments—can become significant over time. Early documentation creates a timeline that supports fair, informed interventions.

Section D: Forms and Templates

This section includes a comprehensive set of customizable forms to support preceptors in orienting students, tracking clinical hours, documenting performance, and addressing concerns. These tools are designed to enhance transparency, promote consistency, and reduce administrative burden throughout the clinical education experience.

All documents are intended for practical use in real-world settings and may be adapted to reflect the policies of individual programs or clinical sites. Where applicable, forms have been referenced in earlier sections of the toolkit.

Forms and Templates in Section D

Preceptor and Site Orientation Forms

- Preceptor Orientation Form
- Clinical Site Orientation Checklist *(Preceptor-Led)*
- Preceptor Availability and Student Schedule Form
- Projected Clinical Encounters Overview
- Site Expectations Acknowledgment Form

Student Orientation Forms

- Student Readiness Checklist
- Student Expectation Agreement
- Student-Preceptor-Faculty Agreement
- Projected Clinical Schedule Template

Evaluation Tools

- Midpoint Clinical Evaluation Form
- Final Clinical Evaluation Form
- Procedure Checklist for Skill Tracking
- Student Evaluation of Preceptor Form

Progress Tracking and Communication Forms

- Clinical Hours Tracker
- Feedback Log
- Site Visit Notification Form
- Remediation Plan Form

Effective Communication With Students

Open, respectful communication is the foundation of a strong preceptorship. Students thrive when expectations are clear, feedback is consistent, and there is room for dialogue. Set the tone early by inviting questions, encouraging reflection, and modeling professional communication. Discuss preferred methods for day-to-day updates (whether that's verbal check-ins, written notes, or scheduled debriefs), and revisit those agreements periodically. A strong communication dynamic not only improves learning but builds student confidence and accountability.

Communication Triad

Successful clinical education relies on a three-way partnership among the student, preceptor, and faculty. Each member of this triad brings a distinct role. Strong triadic communication prevents misunderstandings, facilitates early intervention, and supports student success. Preceptors should feel empowered to contact faculty with any concerns related to professionalism, clinical safety, or learning progression.

Best Practices for Virtual or Hybrid Experiences

As health care evolves, more patients are seeking care in virtual visits. It is appropriate for some clinical rotations to include virtual elements so that today's students are prepared to meet patient care needs in a virtual health care environment. In cases of virtual and hybrid experiences, communication planning is even more critical. Establish expectations for how and when virtual communication will occur (e.g., secure messaging, Zoom check-ins), and ensure both student and preceptor are comfortable with the technology involved.

Encourage students to maintain professional standards in all virtual interactions, including attire, confidentiality, and punctuality.

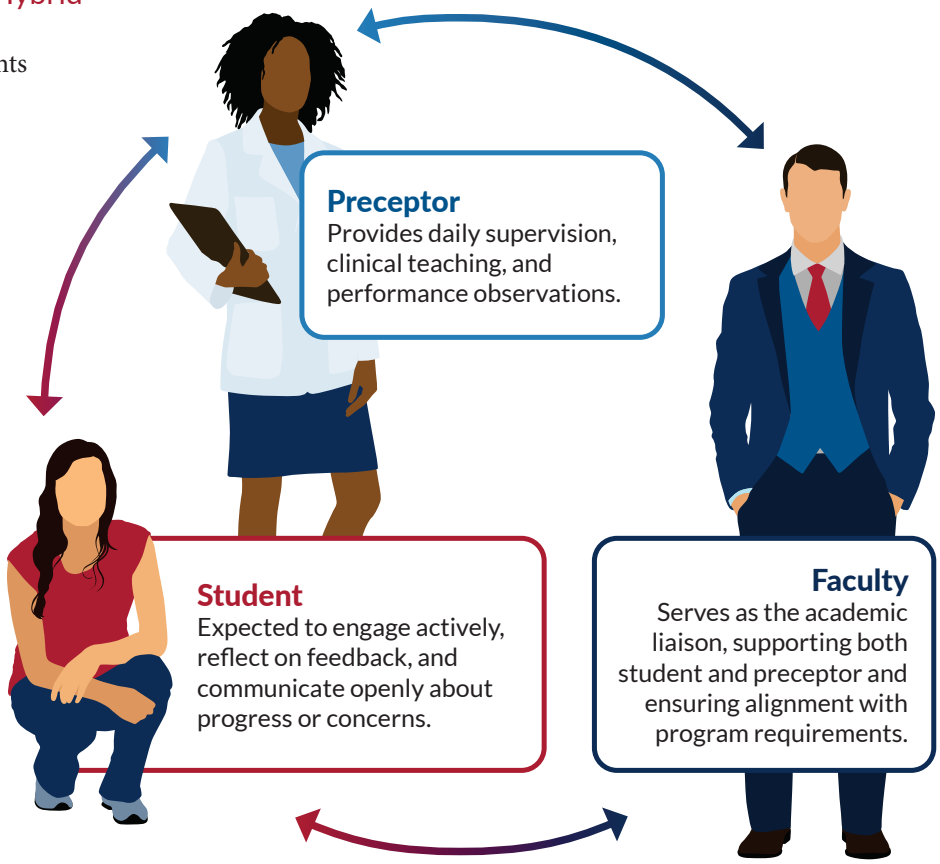
When used intentionally, hybrid experiences can still offer rich clinical learning with the flexibility to accommodate modern practice models.

Faculty Engagement and Communication Tools

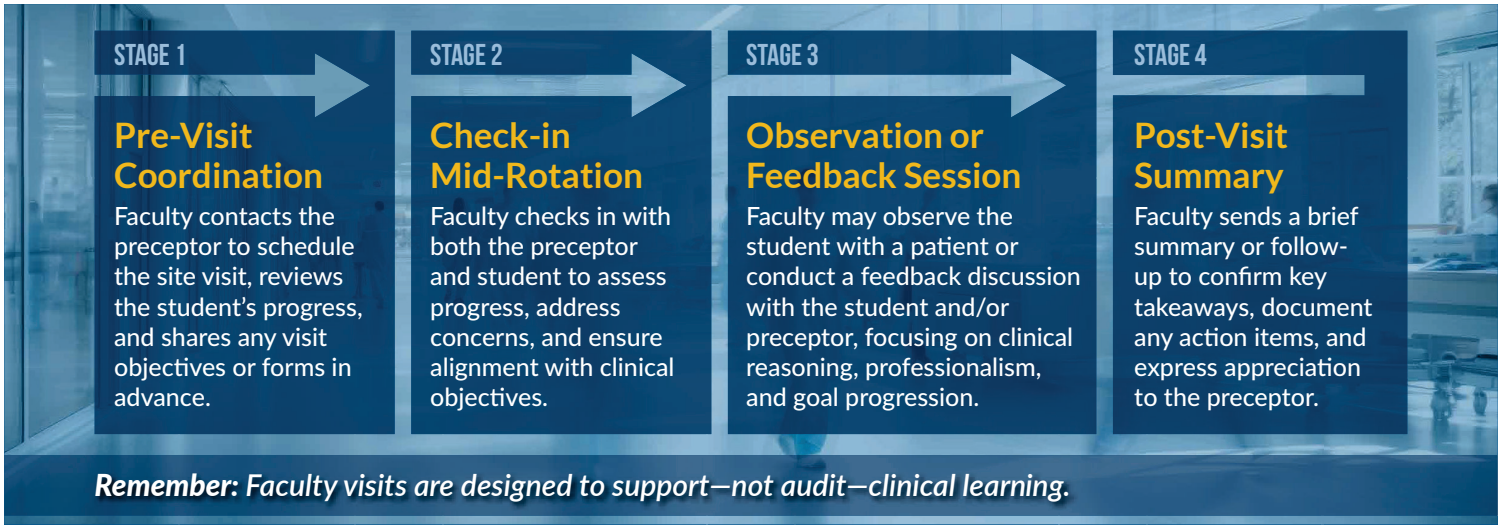
Regular communication with faculty helps ensure the rotation stays on track and supports early identification of challenges. Many NP programs schedule a faculty site visit, either in person or virtual, to connect with both student and preceptor, observe progress, and answer questions. These visits are intended as collaborative touchpoints, not evaluations of the preceptor, and should be scheduled in advance to minimize disruption.

To simplify communication, Chapter 5 includes ready-to-use templates for emailing faculty about student progress, sharing concerns, or confirming scheduling changes. These tools support efficient, transparent communication and reduce administrative burden, especially when juggling multiple responsibilities.

Communication Triad



Faculty Site Visit Timeline



STAGE 1

Pre-Visit Coordination

Faculty contacts the preceptor to schedule the site visit, reviews the student's progress, and shares any visit objectives or forms in advance.

STAGE 2

Check-in Mid-Rotation

Faculty checks in with both the preceptor and student to assess progress, address concerns, and ensure alignment with clinical objectives.

STAGE 3

Observation or Feedback Session

Faculty may observe the student with a patient or conduct a feedback discussion with the student and/or preceptor, focusing on clinical reasoning, professionalism, and goal progression.

STAGE 4

Post-Visit Summary

Faculty sends a brief summary or follow-up to confirm key takeaways, document any action items, and express appreciation to the preceptor.

***Remember:** Faculty visits are designed to support—not audit—clinical learning.*

CHAPTER 7: PROFESSIONALISM, ETHICS, AND ROLE MODELING

Preceptors as Role Models: Clinical Judgment and Ethics

Preceptors are not only clinical instructors but also living examples of how to navigate professional challenges with integrity. Students observe how you handle uncertainty, deliver difficult news, manage time, and treat patients, colleagues, and staff. These day-to-day interactions leave a lasting impression. Modeling sound clinical judgment, ethical reasoning, and professionalism in all aspects of care helps students internalize these values as foundational to their own practice.

Professionalism also includes transparency when mistakes occur. Demonstrating accountability, respectful communication, and an ongoing willingness to learn teaches students that integrity is more important than perfection.

Maintaining Boundaries

As students grow in confidence and connection, it's natural for the preceptor-student relationship to become collegial. Still, clear boundaries must be maintained. Preceptors should avoid engaging in dual relationships or sharing personal information that blurs professional lines. Conversations should remain centered on learning goals, clinical decision-making, and professional development.

Boundaries also apply to evaluation, and feedback and assessments must remain objective. Maintaining professional distance fosters fairness, prevents misunderstandings, and ensures a respectful learning environment and focuses on patient care and safety.

Role Modeling in Action

What Students See	What Students Learn
Greeting every patient with respect	Professionalism, empathy
Admitting when unsure & looking up info	Lifelong learning, intellectual humility
Asking team members for input	Interprofessional collaboration
Giving structured feedback	Growth mindset, communication skills
Managing time between patients	Prioritization, clinical efficiency
Explaining clinical decisions aloud	Clinical reasoning, transparency
Apologizing after a misstep	Accountability, ethical practice
Using inclusive language with patients	Cultural humility, patient-centered care

Navigating Preceptor-Student Boundaries

Too Familiar	Appropriately Professional	Too Distant
Blurred boundaries: personal or evaluative relationships compromised.	Balanced, consistent mentorship with clear boundaries and open communication.	Detached, inaccessible, or overly formal; student feels unsupported.
Examples • Shares personal or romantic experiences. • Socializes outside clinical setting. • Gives preferential treatment. • Communicates in overly casual tone or via personal channels (i.e., social media).	**Examples** • Asks about student goals and progress. • Gives regular feedback. • Shares relevant clinical stories. • Respects privacy.	**Examples** • Rarely speaks beyond instructions. • Avoids giving feedback, engaging in teaching moments, or explaining clinical decisions. • Keeps physical/emotional distance.

Promoting Interprofessional Team Engagement

NPs are trained to lead and collaborate across health care disciplines. Preceptors should model this by demonstrating respect for the contributions of nurses, pharmacists, medical assistants, social workers, and other members of the care team. Encourage students to observe and engage in integrated health care by participating in huddles, consulting with other providers, or learning from support staff.

When preceptors emphasize collaborative communication and shared decision-making, students gain insight into what effective interprofessional practice looks like in action.

Modeling Cultural Humility and Inclusive Practice

One of the most powerful forms of role modeling is how preceptors interact with patients of diverse backgrounds. Cultural humility requires an openness to learning from patients, an awareness of one's own biases, and a commitment to equitable care. Preceptors can demonstrate inclusive practice by:

- Using inclusive language and preferred pronouns
- Recognizing and addressing health disparities
- Asking culturally sensitive questions without assumptions
- Inviting student reflection on how identity may influence care

By modeling curiosity, empathy, and respect, preceptors help students develop the mindset needed to provide care that is both clinically sound and socially responsive.

Best Practice Tip

Let the student know it's okay to say "I don't know"—openness promotes trust and growth.

CHAPTER 8: FREQUENTLY ASKED QUESTIONS

How do I handle student struggles or safety issues?

If a student is underperforming, missing key clinical skills, or demonstrating unsafe behavior, it's important to act early. Begin by documenting specific concerns using tools like the Feedback Log. Communicate with the faculty liaison promptly—programs expect preceptors to raise red flags rather than try to manage challenges in isolation. Faculty can help assess the situation, develop a remediation plan, or adjust the clinical placement if needed.

What should students know before starting?

Students should arrive with a clear understanding of the clinical site's expectations, scope of practice, and documentation processes. Preceptors can reinforce this during the orientation meeting by reviewing policies, scheduling, communication norms, and documentation procedures. Many of these expectations are outlined in the Student Expectation Agreement and Student Readiness Checklist.

How much should I expect to supervise the student each day?

The level of supervision varies based on the student's stage in training. Early in the rotation, close observation and frequent check-ins are essential. As competency builds, you can gradually allow more autonomy. However, preceptors are always responsible for oversight and patient safety. Refer to program guidelines or contact faculty if expectations are unclear.

What forms do I need?

Most programs provide preceptors with a set of required documents including:

- Midpoint and final evaluation forms
- Procedure checklists
- Student attendance or hours tracker
- Communication templates for faculty updates

All of these are available in Chapter 5 for easy access and use throughout the rotation.

What if I don't feel like the student is a good fit for my site?

Preceptors can request reassignment if a mismatch is interfering with learning or patient care. This can happen due to scheduling issues, patient population needs, or interpersonal dynamics. Document concerns and communicate with faculty early. Programs appreciate your willingness to try but respect when a change is needed.

How are clinical hours tracked?

Students are typically responsible for logging their clinical hours using a program-approved tracking system or form. Preceptors may be asked to verify these hours weekly or at the end of the rotation. The Clinical Hours Tracker provides a simple template for confirming time spent on-site.

What if I have a scheduling conflict or need to miss a day?

Life happens, whether due to illness, emergencies, or prior commitments. Notify the student and faculty as soon as possible, and if available, coordinate with another qualified clinician to provide coverage. The faculty member may need to adjust the student's schedule or ensure required hours are met through alternate placements.

What should I do if a student discloses personal or mental health concerns?

Preceptors should listen supportively but avoid providing counseling or making promises of confidentiality. Direct the student to contact faculty and/or student health services. Then inform the faculty liaison discreetly so they can ensure the student gets appropriate support. Protecting the student's well-being while maintaining boundaries is key.

CHAPTER 9: RESOURCES AND CONTINUING EDUCATION

Accessing This eBook on an Interactive Platform

Precepting with Purpose: A Comprehensive Guide for Nurse Practitioner Preceptors is also available in a dynamic, digital format. This interactive version allows preceptors to:

- Navigate chapters and sections quickly through an intuitive sidebar menu.
- Download individual documents as needed.
- View embedded videos and interactive components.
- Use links to clinical resources, standards, and evaluation tools.
- Bookmark key chapters, sections or tools for easy return during a clinical day.
- Access newly added content, updates, and expanded tools as they become available.

The digital format is optimized for both desktop and mobile viewing, making it easy to reference teaching strategies, feedback models, or forms on the go. Access the digital version at: *Precepting With a Purpose* Point-of-Care Tool

AANP Student Education and Training (SET)

The AANP SET program offers free, high-quality CE sessions to student members. Faculty and preceptors are encouraged to review the available modules and recommend specific sessions to reinforce clinical concepts, address knowledge gaps, or complement the rotation experience. Explore SET and other student resources at the following links:

- SET: https://aanpset.inreachce.com
- Student resources: https://www.aanp.org/student-resources

CE Offerings and Certificate Programs

Many organizations offer free or low-cost CE credit to preceptors, recognizing their contribution to clinical education. Depending on your program affiliation and state board policies, you may be eligible to earn CE hours for precepting based on the number of hours or students supervised.

You may also qualify for:

- Preceptor development certificate programs.
- Online CE modules focused on teaching, assessment, and mentorship.
- Institutional adjunct faculty appointments that include access to additional CE and training.

Check with your academic program or credentialing organization to verify your eligibility and required documentation.

Linking to Academic Program Resources

Each NP program may provide its own set of supplemental resources, such as:

- Student and preceptor handbooks.
- Course syllabi and clinical objectives.
- Required forms for evaluation, documentation, and communication.
- Program calendars and clinical policies.

Preceptors should request access to these materials at the start of each rotation. They provide context for expectations and ensure alignment between clinical instruction and academic outcomes. Some programs may also offer access to university library systems or clinical databases for adjunct preceptors.

CHAPTER 10: REFERENCES

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