ADVISORY OPINION
PRECEPTORSHIP FOR STUDENTS IN PRE-LICENSURE PROGRAMS

STATEMENT OF SCOPE
It is within the scope of practice for an experienced professional nurse to assume the role of preceptor, once they have undergone specific education/training, to facilitate and guide the individualized clinical learning of the professional nursing student from an approved nursing program. The preceptor functions under the direction of the program faculty and provides direct supervision of the student clinical learning experience at the clinical agency where the preceptor is employed and the student is placed for the clinical experience. The preceptorship experience is guided by a written agreement with the approved nursing program and the clinical agency, which includes specific responsibilities of the Arizona State Board approved professional nursing program, clinical agency, faculty, preceptor and nursing student. It is consistent with the Nurse Practice Act for programs to offer preceptorships as part of student clinical learning.

Definition of Preceptor: An academically and experientially qualified person who has received formal training to function as a resource and role model for nursing students (ACEN, 2016).

Definition of Preceptorship: Experiential learning opportunities to develop core competencies and socialization into the professional role and allow for the application and integration of nursing knowledge, skills and attitudes into clinical practice. A preceptorship typically occurs at the end of the nursing program to assess application of knowledge (Ulrich, 2012).

GENERAL REQUIREMENTS:
Preceptorships involving students have become an accepted standard of practice with many stakeholders involved; including the AZBN approved professional nursing programs, clinical agencies, faculty, preceptor, and nursing student. Clear delineation of roles and responsibilities is necessary to ensure safe patient care outcomes.

A. Approved Professional Nursing Program
   1. Operate within the written agreement between the program and each clinical agency as described per rules of the AZBN described within R4-19-201 (F); R4-19-204 (C) and (D); and R4-19-206 (E).

B. Faculty
1. Provide an orientation for the preceptor and maintain written documentation of such, per organizational guidelines and/or policy. The orientation by faculty to a preceptorship includes, but is not limited to:
   a. Program type and academic progression level;
   b. Student objectives, course objectives and course outline;
   c. Role of the preceptor and faculty;
   d. Performance expectations of the student;
   e. Assessment of student learning
   f. Avenues of communication between the program, faculty, preceptor, clinical agency, and student;
   g. Student assignments related to the experience;
   h. Expected level of core competence - knowledge, skills, and attitudes of the student;
   i. Maintain written documentation of preceptor orientation.

2. Faculty are responsible for the overall supervision and evaluation of the student and must collaborate with each preceptor and student at least once before the student learning experience, at the midpoint of the experience, and at the end of the learning experience to evaluate student clinical competence. In addition, faculty must supervise student instruction according to provisions of R4-19-204 (C), (D).

3. Provide feedback to the preceptor on the effectiveness of the learning experience and their performance as a preceptor.

C. Student Responsibilities:
   1. While learning with the preceptor, the student role expectations must not exceed the level of practice for which the student is prepared;
   2. Respect preceptor schedule and be punctual and prepared;
   3. Adhere to ANA Scope and Standards of Professional Practice;
   4. Integrate theory, knowledge, and practice in the clinical setting.

D. Clinical Agency
   1. Select preceptors who:
      a. hold an unencumbered active license that has no current stipulations, conditions, or limitations;
      b. are academically prepared at or above the learner’s program, or deemed competent or hold national certification in clinical specialty.
         i Benner (1984) defines competence as the nurse who functions in the same or similar situations for two or three years. The nurse demonstrates appropriate intervention and rational for clinical decision making. The nurse adheres to scope and standards of practice for professional nursing.
      c. is a current employee of the clinical agency in good standing;
   2. Provide relief preceptors who are similarly qualified in the absence of the primary preceptor;
   3. Provide preceptor training inclusive, but not limited to:
      a. American Nurses Association (ANA) Ethical Considerations and Scope and Standards of Practice
      b. Quality Safety Education for Nurses (QSEN) (Cronenwett, et.al., 2007)
      c. Nurse of the Future Core Competencies (NOF) (Sroczynski, et.al., 2017)
      d. Baccalaureate Essentials (AACN, 2008)
      e. Assessment of learning needs, learning outcomes, adult learning principles, roles and responsibilities, communication, conflict resolution, learning goals and activities, problem and coping strategies (Chang, Lin, Chen, Kang, & Chang, 2015)

E. Preceptor
1. Successfully complete Preceptor Training and apply preceptor training principles to student’s clinical experience;
2. Collaborate with faculty and student at least once before the student learning experience, at the mid-point of the experience, and at the end of the learning experience to evaluate student clinical competence;
3. Provide an orientation for the student to the practice area and expectations of nursing care standards;
4. Precept not more than one student during scheduled work time;
5. Be present and available the entire time the student is rendering patient care;
6. If more than one preceptor works with the student during the preceptorship, the preceptor team collaborates to provide the faculty and student timely and appropriate feedback;
7. Communicate concerns to faculty in a timely manner.

References


