



American Association of  
NURSE PRACTITIONERS®

# PRECEPTING WITH PURPOSE

A Comprehensive Guide for Nurse  
Practitioner Preceptors



# TABLE OF CONTENTS

<b>CHAPTER 1: Welcome to Precepting .....</b>	<b>3</b>	<b>Section D: Forms and Templates.....</b>	<b>12</b>
What is a Preceptor?.....	3	<b>Preceptor and Site Orientation</b>	
The Importance of Precepting.....	3	Preceptor Orientation Form.....	13
Why Precept? .....	3	Clinical Site Orientation Checklist (Preceptor-Led)...	14
Overview of Preceptor Roles and Responsibilities .....	3	Preceptor Availability and Student Schedule Form.	15
How Preceptors Support Clinical Competency and		Projected Clinical Encounters Overview.....	16
Safe Practice.....	3	Site Expectations Acknowledgement Form.....	17
<b>Infographic: Why Precept? .....</b>	4		
<b>CHAPTER 2: Getting Started—Preceptor Preparation.....</b>	<b>5</b>	<b>Student Orientation</b>	
Becoming a Preceptor .....	5	Student Readiness Checklist.....	18
Preceptor Expectations of Faculty .....	5	Student Expectation Agreement.....	20
<b>Infographic: Process of Becoming a Preceptor.....</b>	5	Student-Preceptor-Faculty Agreement.....	21
Understanding Clinical Rotation Objectives and		Projected Clinical Schedule Template .....	22
Student Competency Levels .....	6		
Overview of Program Requirements .....	6	<b>Evaluation Tools</b>	
<b>CHAPTER 3: Orienting the Student.....</b>	<b>7</b>	Midpoint Clinical Evaluation Form.....	23
The Orientation Meeting: Setting the Stage for		Final Clinical Evaluation Form.....	24
Success .....	7	Procedure Checklist for Skill Tracking .....	25
Tour of Clinical Site.....	7	Student Evaluation of Preceptor Form.....	26
Review of Policies, EHR, and Documentation			
Expectations .....	7	<b>Progress Tracking and Communication</b>	
From Orientation to Clinical Teaching.....	7	Clinical Hours Tracker.....	27
<b>CHAPTER 4: Clinical Teaching Strategies.....</b>	<b>7</b>	Feedback Log.....	28
Principles of Adult Learning in Clinical Education.....	7	Site Visit Notification Form .....	29
Balancing Supervision With Student Independence .....	7	Remediation Plan Form.....	30
Structuring Learning for Skill Progression.....	7		
Maintaining Appropriate Load: Ratio Guidance.....	8		
Tips for Teaching in Time-Constrained Environments..	8		
From Teaching to Evaluation.....	8		
<b>Infographic: Teaching in Time-Constrained</b>			
<b>Environments: Quick Tips for Busy Preceptors .....</b>	8		
<b>CHAPTER 5: Feedback and Evaluation Best Practices Toolkit .....</b>	<b>9</b>		
<b>Section A: Giving Feedback.....</b>	<b>9</b>	<b>CHAPTER 6: Collaboration and Communication.....</b>	<b>31</b>
Real-Time vs Summative Feedback.....	9	Effective Communication With Students.....	31
Feedback Models .....	9	Communication Triad .....	31
<b>Section B: Evaluation Essentials .....</b>	<b>10</b>	Best Practices for Virtual or Hybrid Experiences .....	31
Competency-Based Evaluation.....	10	<b>Infographic: Communication Triad .....</b>	31
Midpoint and Final Evaluation.....	10	Faculty Engagement and Communication Tools .....	31
<b>Infographic: Preceptor vs Faculty Roles in Assessment.....</b>	10	<b>Infographic: Faculty Site Visit Timeline .....</b>	32
Student Evaluation of Preceptor .....	11		
Skill Tracking .....	11		
<b>Section C: Documenting Progress and Addressing Concerns.....</b>	<b>11</b>	<b>CHAPTER 7: Professionalism, Ethics, and Role Modeling.....</b>	<b>32</b>
How to Write Clear Evaluative Notes .....	11	Preceptors as Role Models: Clinical Judgment and Ethics.....	32
Identifying and Reporting Red Flags .....	11	Maintaining Boundaries .....	32
Communicating With Faculty During Challenges .....	11	<b>Infographic: Role Modeling in Action .....</b>	32
Remediation Plan.....	12	<b>Infographic: Navigating Preceptor-Student Boundaries .....</b>	33
Case Example: Supporting a Struggling Student .....	12	Promoting Interprofessional Team Engagement .....	33
		Modeling Cultural Humility and Inclusive Practice.....	33
		<b>CHAPTER 8: Frequently Asked Questions.....</b>	<b>33</b>
		<b>CHAPTER 9: Resources and Continuing Education.....</b>	<b>34</b>
		Accessing This eBook on an Interactive Platform.....	34
		AANP Student Education and Training (SET).....	34
		CE Offerings and Certificate Programs .....	35
		Linking to Academic Program Resources.....	35
		<b>CHAPTER 10: References.....</b>	<b>35</b>

# 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.

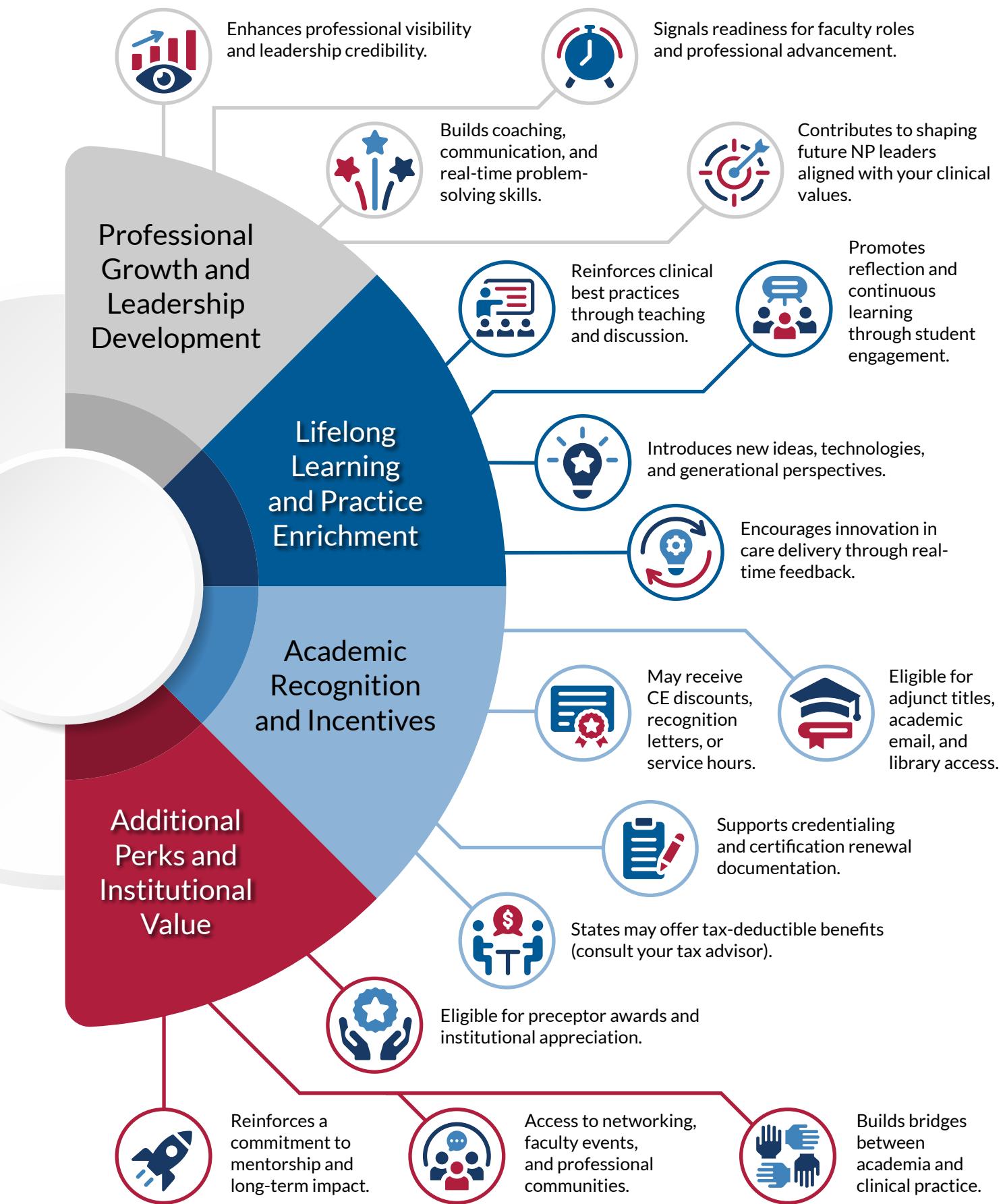
## How Preceptors Support Clinical Competency and Safe Practice

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?



# 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.

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.

## 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.

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.

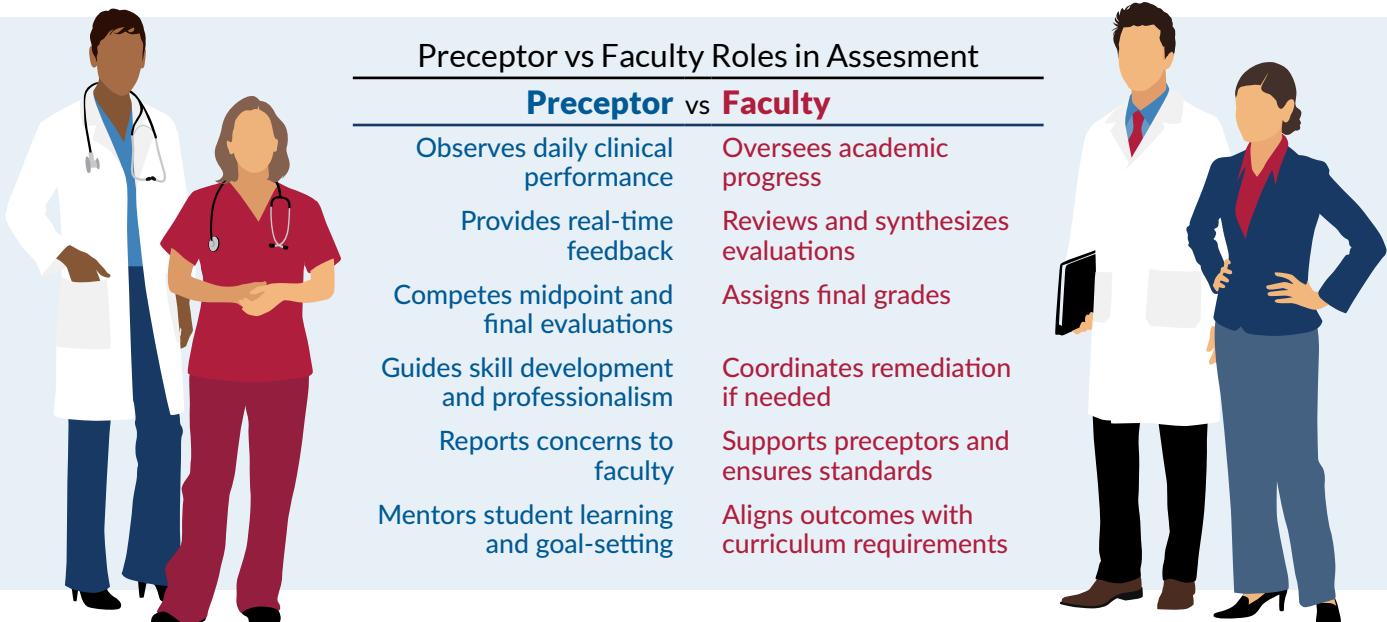
### Midpoint and Final Evaluations

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.*





## 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

# Preceptor Orientation Form

**Purpose:** This form gathers essential information about the clinical preceptor and site while confirming completion of preceptor orientation activities. It may be completed electronically or as a printed, signed document.

***To be completed by new preceptors during onboarding process and returning preceptors at the start of each new term.***

## Preceptor Information

Full Name: \_\_\_\_\_

Credentials (e.g., NP, MD, PA-C): \_\_\_\_\_

Specialty Area: \_\_\_\_\_

License Number & State: \_\_\_\_\_

Years in Clinical Practice: \_\_\_\_\_ Years as a Preceptor: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Clinical Site Information

Clinical Site Name: \_\_\_\_\_

Clinical Site Address: \_\_\_\_\_

Clinical Site Phone: \_\_\_\_\_

## Preceptor Orientation Topics

Please check each item to confirm completion and understanding:

Reviewed program expectations and student learning objectives.

Reviewed evaluation tools and feedback timelines.

Reviewed student scope of practice and supervision standards.

Reviewed procedures for contacting faculty with questions or concerns.

Reviewed student onboarding process (EMR access, site policies, safety protocols).

## Signatures

I acknowledge that I have completed the above orientation activities and agree to serve as a preceptor in accordance with program policies.

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Clinical Site Orientation Checklist (Preceptor-Led)

**Purpose:** This checklist guides the preceptor in orienting the student to key site-specific policies and procedures. This ensures a safe, productive start to the clinical experience.

***To be completed with student at the start of rotation and retained on file or submitted to faculty as required.***

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

## Orientation Topics

Please check each item to confirm completion and understanding:

Site tour: exam rooms, staff areas, emergency exits.

Location of supplies, PPE, and equipment.

Clinic workflow: patient flow, scheduling, documentation.

EMR system overview and access.

Communication expectations with staff/providers.

Daily schedule and break policies.

Infection control protocols (e.g., hand hygiene, PPE use).

Emergency procedures (e.g., code protocols, fire safety).

Documentation standards (e.g., note format, sign-off procedures).

Professional conduct and dress code.

Expectations for supervision and level of independence.

Privacy and confidentiality (HIPAA reminders).

Student's role in patient care (observing, assisting, leading).

How and when to ask for help or feedback.

Review of site-specific safety concerns or policies.

## Signatures

I acknowledge that the above orientation topics were reviewed and that the student was given the opportunity to ask questions.

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Preceptor Availability and Student Schedule Form

**Purpose:** This form outlines the student's expected clinical schedule based on the preceptor's availability. It helps the student, preceptor, and program ensure adequate clinical exposure and appropriate supervision.

**To be completed with student at the start of the rotation and updated as needed.**

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Term/Dates of Clinical Rotation: \_\_\_\_\_

**Preceptor Weekly Availability** *(Indicate typical hours or shift blocks. Leave blank any days not available.)*

Day	Start Time	End Time	Notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Planned Student Schedule** *(Based on availability and required hours.)*

Week	Dates	Planned Days/Times	Notes
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12			

## Signatures

I agree to the planned schedule to the best of my knowledge and will notify faculty if significant changes occur.

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Projected Clinical Encounters Overview

**Purpose:** This form provides a preview of the anticipated clinical exposure at the site, including patient populations, common conditions, and types of visits/procedures. It helps set clear expectations and ensures alignment with the program's required clinical competencies.

***To be completed by preceptor during onboarding and at the start of each term to provide students.***

## Primary Patient Population

Pediatrics (0–17 yrs)	Obstetric/Gynecologic	Acute/Urgent Care
Adults (18–64 yrs)	Mental/Behavioral Health	Preventive/Wellness Care
Geriatrics (65+ yrs)	Chronic Care Management	Underserved/Health Disparities

## Common Diagnoses/Conditions Seen at Site

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Anticipated Visit Types or Activities

New patient visits	Medication management	Interprofessional collaboration
Annual/wellness exams	Mental health screenings	Telehealth or virtual visits
Chronic disease follow-up	Women's health visits	Diagnostic/procedural support
Acute/urgent care visits	Health education or counseling	Other: _____

## Anticipated Procedures

List any common procedures the student may observe, assist with, or perform under supervision:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Suggested Readings and Topics to Review

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# Site Expectations Acknowledgment Form

**Purpose:** This form confirms that the student has been made aware of all clinical site-specific policies, expectations, and responsibilities. It reinforces accountability and alignment between the student, preceptor, and site.

***To be completed during orientation or within the first week of the clinical rotation.***

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_ Rotation Dates: \_\_\_\_\_

The student has been informed of the following site-specific expectations:

Clinic hours and punctuality requirements.

Infection control practices and PPE use.

Dress code and professional appearance.

Role in patient care: observing, assisting, leading visits.

Supervision model and level of independence permitted.

Communication expectations with preceptor and staff.

Use of EMR and documentation procedures.

Clinic safety and emergency procedures.

Confidentiality, privacy, and HIPAA policies.

Other site-specific policies or norms.

Procedure for calling out sick or missing a shift.

Use of cell phones or personal devices during clinic hours.

## Signatures

We confirm that these expectations have been reviewed and discussed. The student agrees to uphold site-specific standards and communicate proactively if concerns arise.

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Student Readiness Checklist

Purpose: This form is intended to help students self-assess and confirm completion of all necessary preparations for a successful clinical rotation.

***To be completed by student and submitted to faculty advisor or clinical coordinator, if required.***

Task	Notes
<b>Administrative Requirements</b>	
Enrollment in required clinical course(s).	
Clinical site placement confirmed and approved.	
Preceptor assignment confirmed and contact information obtained.	
Clinical affiliation agreement (if required) is on file with program.	
Background check completed and on file.	
Drug screening completed and on file.	
Proof of immunizations submitted (MMR, Tdap, Hep B, Varicella, COVID-19, Influenza).	
BLS certification current and on file.	
Malpractice insurance documentation submitted.	
HIPAA training completed and certificate submitted.	
OSHA/infection control training completed and certificate submitted.	
<b>Clinical Tools and Resources</b>	
Clinical (scrubs/lab coat) or business attire complies with site dress code.	
Clinical equipment obtained (stethoscope, BP cuff, penlight, etc.).	
ID badge or site access credentials obtained.	
<b>Academic Preparation</b>	
Reviewed clinical course syllabus and hour requirements.	
Reviewed core clinical competencies.	
Practiced SOAP note or preferred clinical setting documentation.	
Clinical skills (e.g., physical exam techniques, health history taking) applicable to this rotation have been refreshed.	
<b>Technology and Access</b>	
Internet connection and devices are functional and secure.	
Electronic Health Record (EHR) access and training arranged, if applicable.	
Telehealth platform access and training completed (if applicable).	

Student Readiness Checklist Page 1 of 2

Task	Notes
Professional Communication and Conduct	
Contacted preceptor and confirmed schedule.	
Rotation schedule coordinated with preceptor.	
Expectations for punctuality and professionalism understood.	
Plan in place for communicating absences or emergencies.	
Plan in place for weekly self-reflection or learning goals (optional).	
Rotation-Specific Items <i>(Fill in Below As Needed)</i>	

## Signatures

By signing below, I affirm that I have reviewed and completed the required items listed in this checklist to the best of my knowledge. I understand that failure to meet readiness expectations may delay or impact my clinical placement. I am committed to upholding the standards of my program and the clinical site, and I will maintain professionalism, respect, and integrity throughout the clinical rotation.

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

Student Readiness Checklist Form Page 2 of 2

# Student Expectation Agreement

Purpose: This agreement outlines the expectations and responsibilities of Nurse Practitioner students engaged in a clinical rotation under the supervision of a preceptor. Its purpose is to promote a professional, respectful, and productive clinical learning environment.

***To be reviewed and signed by the student prior to the start of the rotation.***

## Professional Conduct

I agree to:

- ♦ Maintain professionalism in dress, demeanor, communication, and interactions with patients, staff, and preceptors.
- ♦ Arrive on time, prepared, and ready to actively engage in all clinical activities.
- ♦ Demonstrate respect for the knowledge, time, and feedback of my preceptor and other clinical staff.
- ♦ Uphold confidentiality and adhere to all HIPAA regulations and site-specific policies regarding patient privacy and safety.

## Clinical Participation and Learning

I understand that:

- ♦ I take responsibility to ensure that I am learning and will proactively seek opportunities within my scope of practice and academic preparation to gain the established clinical rotation competencies.
- ♦ I will communicate my clinical goals, learning needs, and required competencies to my preceptor at the beginning of the rotation and at regular intervals throughout the rotation.
- ♦ I will actively participate in patient care activities appropriate to my level, under the supervision and direction of my preceptor.
- ♦ I will document clinical encounters in accordance with site policies and only after receiving preceptor approval when required.

## Communication and Feedback

I agree to:

- ♦ Communicate promptly and respectfully with my preceptor about scheduling, absences, or any concerns that may arise.
- ♦ Receive and respond to feedback with a growth mindset, and provide feedback on my learning experience when requested.
- ♦ Notify my faculty advisor or clinical coordinator if significant issues or barriers arise in the clinical environment.

## Attendance and Scheduling

I acknowledge that:

- ♦ I am expected to attend all scheduled clinical days unless illness or emergency prevents me from doing so.
- ♦ I will notify my preceptor as early as possible in the event of an absence and will work to make up missed time as required by my program.
- ♦ I will coordinate my clinical schedule with my preceptor in advance and remain flexible to accommodate patient and site needs.

## Ethical and Legal Responsibilities

I agree to:

- ♦ Practice within the scope of a Nurse Practitioner student as defined by my program, licensure, and the supervising preceptor.
- ♦ Refrain from performing any procedures or tasks for which I am not trained or approved by the preceptor. Report any incidents, ethical concerns, or patient safety issues to the appropriate supervisor or faculty member.

## Signatures

By signing this document, I affirm that I have read, understood, and agreed to abide by the expectations outlined above. I recognize that failure to adhere to these responsibilities may result in removal from the clinical site or academic consequences per my program's policies.

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Student-Preceptor-Faculty Agreement

Purpose: This agreement outlines shared responsibilities and expectations for clinical rotations to promote accountability, open communication, and a supportive learning environment.

***To be completed by all parties—student, preceptor, and faculty—at the start of the clinical experience.***

## Student Responsibilities

As the student, I agree to:

- ◆ Arrive on time, prepared, and professionally dressed for each clinical shift.
- ◆ Adhere to all clinical site policies, including HIPAA and safety protocols.
- ◆ Communicate personal learning goals at the start of the rotation.
- ◆ Participate actively in patient care within the scope of training.
- ◆ Accept and apply feedback with professionalism.
- ◆ Track clinical hours using the designated logging system.
- ◆ Notify both preceptor and faculty promptly of any absence or issue.
- ◆ Uphold professional behavior and ethical standards at all times.

## Preceptor Responsibilities

As the preceptor, I agree to:

- ◆ Provide site orientation and review expectations on day one.
- ◆ Offer supervision and guidance appropriate to the student's skill level.
- ◆ Facilitate clinical experiences aligned with the student's learning needs and program objectives.
- ◆ Deliver timely feedback and complete midpoint and final evaluations.
- ◆ Monitor student attendance and verify clinical hours.
- ◆ Contact faculty if concerns arise regarding student performance or professionalism.

## Faculty Responsibilities

As the faculty member, I agree to:

- ◆ Maintain regular contact with both student and preceptor.
- ◆ Provide program objectives, evaluation tools, and support materials.
- ◆ Address concerns promptly and assist in remediation planning if needed.
- ◆ Ensure alignment between academic standards and clinical experience.

## Communication Expectations

All parties agree to:

- ◆ Communicate respectfully and professionally.
- ◆ Respond to email or phone outreach in a timely manner.
- ◆ Collaborate proactively to address challenges or clarify expectations.
- ◆ Document key concerns or performance issues using program-designated tools.

## Signatures

By signing this document, I affirm that I have read, understood, and agreed to abide by the responsibilities outlined above.

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Projected Clinical Schedule Template

Purpose: This template helps preceptors and students collaboratively plan the rotation by identifying expected weekly clinical activities, target competencies, and focus areas. It also supports alignment with program objectives and milestone tracking.

*To be completed collaboratively by the student and preceptor during the first week of the clinical rotation.*

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Term/Dates of Clinical Rotation:

## Weekly Schedule Planning Table

## Signatures

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Midpoint Clinical Evaluation Form

**Purpose:** This form supports formative assessment of the student's clinical performance at the midpoint of the rotation. It allows the preceptor to identify strengths, areas for growth, and recommend specific goals for the remainder of the experience.

**To be completed by the preceptor at the halfway point of the student's clinical rotation.**

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Term/Dates of Clinical Rotation: \_\_\_\_\_

## Competency-Based Assessment

### Rating Scale:

1 = Unsatisfactory | 2 = Needs Improvement | 3 = Meets Expectations | 4 = Exceeds Expectations | 5 = Exceptional

Competency Area	Rating (Mark One in Each Row)	Comments
Clinical Reasoning and Decision-Making	1 2 3 4 5	
History Taking and Physical Exam Skills	1 2 3 4 5	
Oral Case Presentation ( <i>organization, clarity</i> )	1 2 3 4 5	
Documentation and EMR Use	1 2 3 4 5	
Professionalism and Accountability	1 2 3 4 5	
Interprofessional Communication	1 2 3 4 5	
Time Management and Clinic Readiness	1 2 3 4 5	
Patient Rapport and Communication	1 2 3 4 5	

## Narrative Feedback

What are the student's key strengths so far?

What areas would benefit from further development?

Suggested goals for the second half of the rotation:

## Signatures

This form has been reviewed with the student.

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Final Clinical Evaluation Form

**Purpose:** This form is used to evaluate the student's overall clinical performance at the conclusion of the rotation. It supports final grading decisions and provides formal feedback on core clinical competencies.

**To be completed by the preceptor during the final week of the rotation.**

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Term/Dates of Clinical Rotation: \_\_\_\_\_

## Competency-Based Assessment

### Rating Scale:

1 = Unsatisfactory | 2 = Needs Improvement | 3 = Meets Expectations | 4 = Exceeds Expectations | 5 = Exceptional

Competency Area	Rating (Mark One in Each Row)	Comments
Clinical Reasoning and Decision-Making	1 2 3 4 5	
History Taking and Physical Exam Skills	1 2 3 4 5	
Oral Case Presentation ( <i>organization, clarity</i> )	1 2 3 4 5	
Documentation and EMR Use	1 2 3 4 5	
Professionalism and Accountability	1 2 3 4 5	
Interprofessional Communication	1 2 3 4 5	
Time Management and Clinic Readiness	1 2 3 4 5	
Patient Rapport and Communication	1 2 3 4 5	

## Overall Evaluation

1. Has the student demonstrated sufficient clinical progress to pass this rotation?

Yes                  No                  With Reservation (*please explain below*)

2. Do you recommend this student for continued progression in the program?

Yes                  No                  With Reservation (*please explain below*)

## Final Comments

Please summarize your impression of the student's overall performance and growth during the rotation:

## Signatures

This form has been reviewed with the student.

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Procedure Checklist for Skill Tracking

**Purpose:** This form allows students and preceptors to track clinical procedures observed, assisted with, or performed under supervision. It ensures accountability, supports competency development, and highlights procedural gaps.

*To be completed by the student throughout the rotation and reviewed by the preceptor during evaluations.*

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Term/Dates of Clinical Rotation:

## Instructions

- ◆ Students should log procedures as they occur.
- ◆ Preceptors must initial each entry to confirm exposure.
- ◆ Use the legend below to categorize the student's role for each procedure.

**Legend:** O = Observed | A = Assisted | P = Performed Under Supervision

## Procedure Log

# Student Evaluation of Preceptor Form

**Purpose:** This form allows students to provide feedback on the quality of clinical teaching, mentorship, and support received from their preceptor. It promotes continuous improvement and reinforces professional development.

***To be completed by the student at the conclusion of the rotation. May be submitted anonymously to faculty, depending on program policy.***

Student Name (*Optional*): \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Term/Dates of Clinical Rotation: \_\_\_\_\_

## Competency-Based Assessment

**Rating Scale:** 1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

Evaluation Statement	Rating (Mark One in Each Row)
The preceptor provided clear expectations and orientation to the site.	1    2    3    4    5
The preceptor created a supportive, respectful learning environment.	1    2    3    4    5
The preceptor demonstrated professionalism and modeled appropriate clinical behavior.	1    2    3    4    5
The preceptor provided constructive, actionable feedback.	1    2    3    4    5
I was given sufficient opportunities for hands-on clinical learning.	1    2    3    4    5
The preceptor encouraged self-reflection and clinical reasoning.	1    2    3    4    5
I would recommend this preceptor to future students.	1    2    3    4    5

## Narrative Feedback

What were the strengths of this preceptor and clinical experience?

What could be improved to enhance student learning in this setting?

# Clinical Hours Tracker

**Purpose:** This form provides a daily log of the student's clinical hours, including total time and patient volume. It supports accurate hour tracking, faculty verification, and end-of-term reconciliation.

*To be completed through the rotation by the student and verified weekly by the preceptor.*

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Clinical Site:

Term/Dates of Clinical Rotation:

## Daily Clinical Hours Log (*Duplicate as needed for additional days.*)

## Weekly Verification

I confirm that the clinical hours recorded above are accurate and reflect appropriate student engagement.

Week #:

Week #: \_\_\_\_\_

Week #: \_\_\_\_\_

Week #: \_\_\_\_\_

Preceptor Initials: \_\_\_\_\_

Preceptor Initials: \_\_\_\_\_

Preceptor Initials: \_\_\_\_\_

Preceptor Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# Feedback Log

**Purpose:** This form provides a structured space to record feedback provided to the student throughout the clinical rotation. It promotes continuity, identifies performance patterns, and supports faculty communication if concerns arise.

*To be completed throughout the rotation by the preceptor. May also be shared with faculty for documentation of student progress or concerns.*

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Term/Dates of Clinical Rotation: \_\_\_\_\_

## Instructions

Use this log to record key feedback discussions—whether reinforcing strengths, addressing areas for improvement, or coaching specific clinical skills.

# Site Visit Notification Form

**Purpose:** This form notifies the clinical site and preceptor of an upcoming faculty site visit. It outlines the purpose of the visit and clarifies expectations for participation, documentation, and student engagement.

**To be completed by the clinical faculty and shared with the preceptor and student in advance of the scheduled visit.**

Faculty Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ Clinical Site: \_\_\_\_\_

## Visit Details

Scheduled Visit Date: \_\_\_\_\_ Expected Arrival Time: \_\_\_\_\_

Estimated Duration: \_\_\_\_\_ Location/Clinic Area: \_\_\_\_\_

## Purpose of the Visit (check all that apply)

Routine mid-rotation check-in.

Discussion of site concerns or feedback.

Final evaluation visit.

Verification of clinical hours or forms.

Observation of student performance.

Other: \_\_\_\_\_

Review of clinical documentation.

Other: \_\_\_\_\_

## Requested During Visit (check all that apply)

Brief meeting with preceptor.

Review of completed evaluation tools (*if available*).

Time with student for feedback or interview.

Space to conduct meeting privately (*if needed*).

Observation of student during clinical care.

Other: \_\_\_\_\_

## Additional Notes or Requests

# Remediation Plan Form

**Purpose:** This form outlines a structured plan to address performance concerns identified during the clinical rotation. It is developed collaboratively by faculty and the preceptor, with clear goals, timelines, and accountability measures.

**To be completed when a student demonstrates performance deficits that require targeted support. Faculty should guide development of this plan in coordination with the preceptor.**

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Clinical Faculty Contact: \_\_\_\_\_ Date of Plan Initiation: \_\_\_\_\_

**Performance Concern(s) Identified** *Summarize observed behaviors or patterns with specific examples.*

**Goals for Improvement** *List measurable, achievable goals related to the concern areas.*

Goal	Strategies/Support	Responsible Party	Target Date
<i>Example: Demonstrate consistent punctuality and clinic preparedness</i>	<i>Arrive 15 minutes early daily; use checklist to confirm required materials are on hand</i>	<i>Student</i>	<i>October 10, 2025</i>
<i>Example: Improve clarity and organization in oral case presentations</i>	<i>Use One-Minute Preceptor model; practice presenting one patient per day with preceptor feedback</i>	<i>Student and Preceptor</i>	<i>October 20, 2025</i>

## Evaluation Plan

Follow-up meeting date(s): \_\_\_\_\_

Criteria for successful remediation:

Consequences if performance does not improve:

## Signatures

We agree to the goals and terms of this remediation plan. The student understands the expectations and timeline for improvement.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CHAPTER 6: COLLABORATION AND COMMUNICATION

## 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.

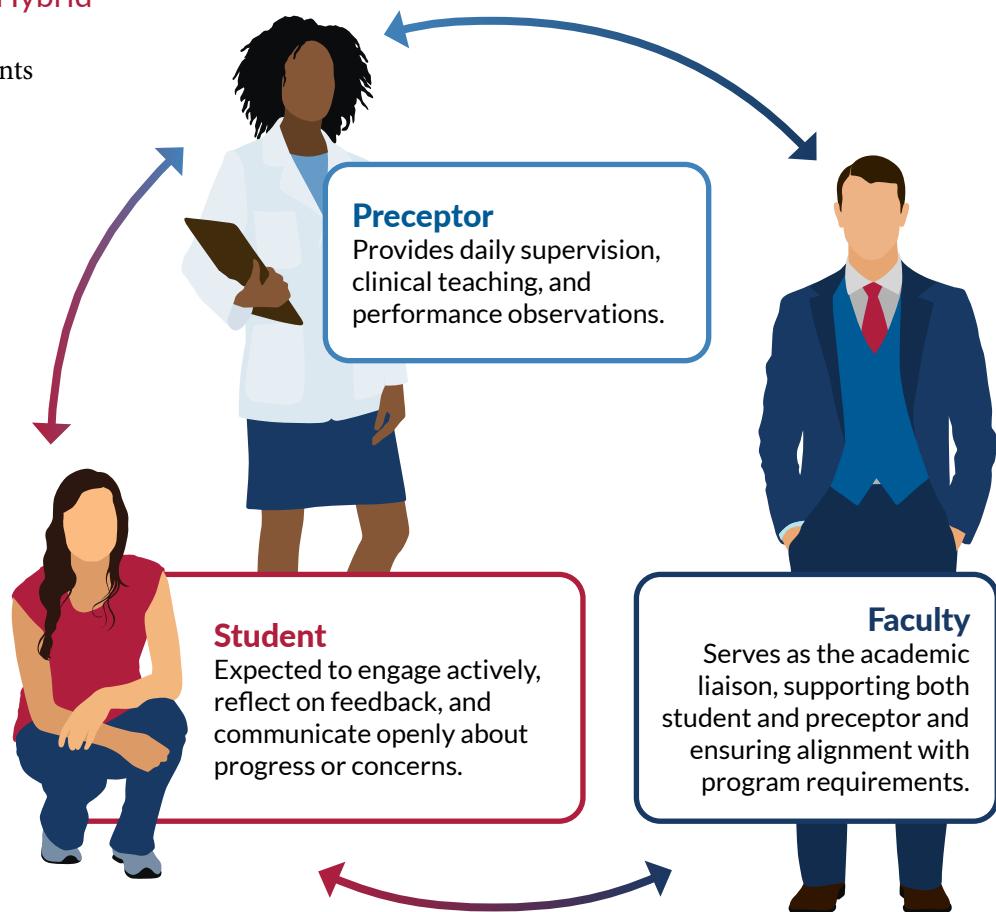
When used intentionally, hybrid experiences can still offer rich clinical learning with the flexibility to accommodate modern practice models.

## Faculty Engagement and Communication Tools

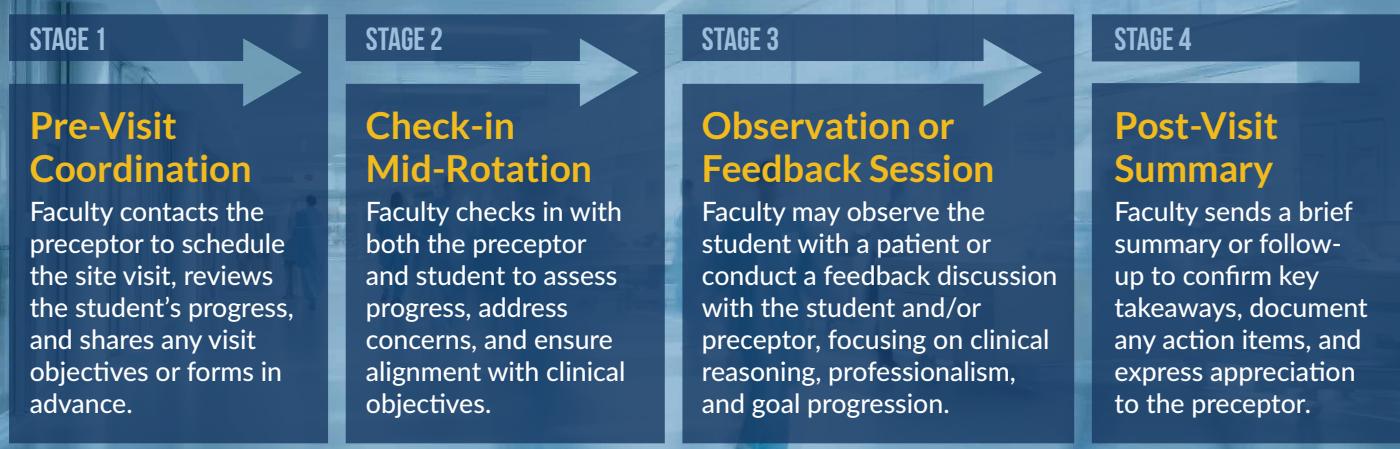
Regular communication with faculty helps ensure the rotation stays on track and supports early identification of challenges. Many NP programs schedule a faculty site visit, either in person or virtual, to connect with both student and preceptor, observe progress, and answer questions. These visits are 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



**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
<p>Blurred boundaries: personal or evaluative relationships compromised.</p> <p><b>Examples</b></p> <ul style="list-style-type: none"><li>Shares personal or romantic experiences.</li><li>Socializes outside clinical setting.</li><li>Gives preferential treatment.</li><li>Communicates in overly casual tone or via personal channels (i.e., social media).</li></ul>	<p>Balanced, consistent mentorship with clear boundaries and open communication.</p> <p><b>Examples</b></p> <ul style="list-style-type: none"><li>Asks about student goals and progress.</li><li>Gives regular feedback.</li><li>Shares relevant clinical stories.</li><li>Respects privacy.</li></ul>	<p>Detached, inaccessible, or overly formal; student feels unsupported.</p> <p><b>Examples</b></p> <ul style="list-style-type: none"><li>Rarely speaks beyond instructions.</li><li>Avoids giving feedback, engaging in teaching moments, or explaining clinical decisions.</li><li>Keeps physical/emotional distance.</li></ul>

### 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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