

PMHNP Preceptor Handbook

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A Guide for Preceptors

MASTER OF SCIENCE IN NURSING PROGRAM

PYSCHIATRIC MENTAL HEALTH NURSE PRACTITIONER

COLLEGE OF NURSING AND HEALTH PROFESSIONS

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Letter to the Preceptor

Dear Preceptor,

We are so excited by your interest in mentoring our nurse practitioner students. The time commitment along with the energy expended during preceptorship is great. We applaud your selfless desire to improve health care in our region.

We have prepared the Preceptor Orientation Handbook to facilitate your experience with our students. Please read through the selection criteria and expectations of all team members to determine if you have a desire to be a part of our team. Next, you will need to fill out the Preceptor Qualification Sheet and Terms of Agreement. These forms keep us up to date with the uniqueness of each preceptor and assist faculty with the placement of students. Our desire is to place the right student with the right preceptor for the best possible outcomes. Thank you in advance for your help.

We are hopeful that you will find the answers to any questions you may have in the Preceptor Orientation Handbook. Please feel free to use the Directory to call any member of our faculty with any unanswered questions.

Thank you,

PMHNP Faculty

Arkansas State University School of Nursing

College of Nursing and Health Professions

Mission Statement

The mission of the College of Nursing and Health Professions is to provide quality education to students, graduates, and health care providers in a variety of health disciplines. Recognizing its unique position in the lower Mississippi Delta region, the College provides educational programs that are designed to promote lifelong learning based on the expressed needs of its varied constituencies. The College assesses the attainment of this mission in terms of the contributions its graduates make to health care in the Delta region and beyond.

School of Nursing Mission

Statement and Philosophy

Mission Statement

The mission of the School of Nursing is to educate, enhance and enrich students for evolving professional nursing practice.

The core values:

The School of Nursing values the following as fundamentals:

- **Integrity:** Purposeful decision to consistently demonstrate truth and

- **Excellence:** Highest quality of nursing education, practice, service and
- **Diversity:** Respect for varied dimensions of individuality among populations
- **Service:** Professional experiences in response to the needs of
- **Learning:** Acquisition of knowledge and skills in critical thinking, practical reasoning, and decision
- **Student centered:** Development of essential skills for lifelong learning, leadership, professionalism, and social

Philosophy (AASN/BSN/MSN/DNP)

The faculty holds the following beliefs about personhood, environment, health, nursing and nursing education. We believe that each person has innate worth and individuality, which reflects integration of the bio-psycho-social-spiritual nature of one's being. Though each is unique, all persons possess characteristics that form the bases of identifiable shared basic human needs. We believe that individual experience, heredity, and culture influence each person, and that one's existence depends on perception of and reaction to change.

Inherent in this process is the capacity to make decisions, weigh alternatives, predict and accept possible outcomes.

The faculty believes that the environment profoundly influences all persons. The environment is the sum of all conditions and forces that affect a person's ability to pursue the highest possible quality of life. The concept of environment has two major components. The first comprises society and culture, which derive from the need for order, meaning, and human affiliation. The second component consists of the physical and biological forces with which all human beings come in contact. Both of these components of environment are sources of stimuli that require personal adaptation and/or interaction in order for individuals to survive, develop, grow, and mature.

The faculty believes that health is a state of wholeness and integrity. We recognize that health is not a static state for individuals, families, groups, or communities, but that it is a continuum in which the mind, body and spirit are balanced, providing a sense of well - being. Health is influenced by the ability to cope with life processes. The achievement of this potential is determined by motivation, knowledge, ability, and developmental status. The faculty also believes the primary responsibility for one's health rests with the individual or those upon whom one is dependent.

We believe that each individual has the right to quality health care. The goal of health care is to promote, maintain, or restore an optimal level of wellness. Nurses act as advocates in assisting persons to gain access to and secure maximum benefit from the health care system. The complexity of health care requires that nurses as professionals collaborate to provide the highest level of health care possible. The faculty believes that nursing is both art and science. This unique altruistic discipline has evolved from the study and application of its own interventions as well as applying knowledge from a variety of other disciplines. The focus of nursing is the provision of care across the health care continuum utilizing a systematic nursing process.

We believe that nursing refines its practice in response to societal need, and that nursing education must prepare a professional nurse for evolving as well as traditional roles. The faculty

recognizes the obligation of the nursing curriculum to include leadership, change strategies, professionalism, and community service.

We believe that the education of nurses occurs at several levels in order to prepare various categories of practitioners. To acquire the knowledge and judgment inherent in practice, nursing education focuses on critical thinking, decision-making, analysis, inquiry, and research. The faculty also believes that learning is an independent, life-long process.

Learning is an opportunity for teacher-student interaction in setting goals, selecting and evaluating learning experiences and appraising learners' progress. All levels of nursing education share certain rights, duties, and characteristics, such as the scientific basis of nursing care. Accordingly, we actively support the endeavors of the profession to assist nurses in pursuing professional education at beginning and advanced levels.

The purpose of the associate level is to prepare graduates who apply the nursing process in the provision of direct nursing care for clients with common, well-defined problems. Therefore, the associate curriculum is grounded in the liberal arts and includes professional values, core competencies, and core knowledge and role development. The associate degree graduate is prepared to function as a member of the profession and a manager of care in acute and community-based settings.

The nurse prepared at the baccalaureate level is a professional who has acquired a well-delineated and broad knowledge base for practice. We believe that the role of a baccalaureate graduate is multifaceted and developed through extensive study in the areas of liberal education, professional values, core competencies, core knowledge and role development. This knowledge base prepares the beginning baccalaureate graduate to function as a provider of direct and indirect care to individuals, families, groups, communities and populations. The baccalaureate graduate is also a member of the profession and a designer, manager and coordinator of care.

The master's level prepares baccalaureate nurses for advanced nursing practice roles. Preparation for advanced practice emphasizes strategies to intervene in multidimensional situations. The knowledge base is expanded in scope and depth through the scientific, theoretical and research components of nursing. Various theories inherent in advanced practice roles and strategies are analyzed and explored to synthesize the interdependence of theory, practice, and scientific inquiry in nursing. This synthesis of knowledge and experience provides the basis for creating, testing, predicting, and utilizing varied and complex interventions for problems of health care and health care delivery. The graduate of the master's program is a leader in the profession and prepared as an intricate member of the medical home.

Preceptor Selection Criteria

The clinical experience of the advanced practice nurse must be carefully monitored by a qualified preceptor. Arkansas State University follows the recommendations from the National Organization for Nurse Practitioner Faculties (NONPF) by requiring the following criteria:

1. **Psychiatric Mental Health Nurse Practitioner (PMHNP) or Psychiatric Mental Health Clinical Nurse Specialist (PMHCNS):**

- Current national AANC or AANP certification in Psychiatric Mental Health Nursing
 - Current Licensure with prescriptive privileges
- Extensive clinical experience in the role of APRN
- Preceptor Qualification Sheet on file (Appendix B)
- Terms of Agreement on file (Appendix C)

2. Physician:

- Doctor of medicine or osteopathy from an accredited university
 - Must be American Board of Psychiatry and Neurology (ABPN) certified
- Currently licensed and practicing in the role of physician
- Preceptor Qualification Sheet on file (Appendix B)
- Terms of Agreement on file (Appendix C)

3. Licensed Psychotherapist:

- Must be Master or Doctorate Level prepared
- *Psychotherapy hours only*
- LICSW, LPC, MSW, LSW, LADC, LMFT, LMHC

4. Psychologist:

- *Psychotherapy hours only*
- PsyD or PhD

5. Clinical practice sites should include a variety of experiences regarding ages and mixes of acute and chronic illness.
6. Site should allow the student to engage in clinical experiences sufficient to meet the requirements for the role of the advanced practice
7. Preceptor should prepare to provide applicable supervision, instruction, and evaluation of
8. Preceptor should be able to facilitate active participation of students in the delivery of health
9. Must have at least 12 months' experience in his/her
10. Students may not rotate with preceptors whom they are related

PMHNP Nurse Practitioner Option

Specialty Prerequisites

NURS 66063 Psychotherapy for Clinical Practice

NURS 66073 Advanced Psychopharmacology

Seminars

NURS 60313 Seminar I (Child & Adolescent)

NURS 61133 Seminar II (Adult & Older Adult)

NURS 64433 Seminar III (Trauma & Substance Use Disorder)

Practicums

NURS 60334 PMHNP Practicum I

NURS 61134 PMHNP Practicum II

NURS 6013v PMHNP Practicum III

Preceptor Expectations

Review Preceptor Orientation Handbook.

Review clinical outcomes located on the syllabus along with student clinical evaluation tool appropriate for course (included in handbook).

Provide the student with clinical experiences that maximize the student's potential in meeting the clinical outcomes on the clinical evaluation tool.

Prepare yourself to be a professional role model and mentor to the student. Exhibit enthusiasm that engages the student in active learning.

Use both positive and negative feedback to encourage learning. A copy of the "One- Minute Preceptor: 5 Micro skills for One-On-One Teaching" (Irby, 1997) is included as Appendix A to help facilitate your preceptorship.

Demonstrate current evidence based clinical skills.

Assess the student at all levels as they become more sufficient in-patient care gently prodding them to advance from assessment to diagnosis and treatment.

Complete student evaluation form at the end of each semester and submit to appropriate faculty.

If at any time in the semester, you have reservations that the student may not be able to meet the competencies outlined in the evaluation form, please contact the assigned clinical faculty member or any member of the administration provided in the directory.

Student Expectations

Review learner outcomes from the syllabus and appropriate level clinical evaluation tool.

Set clinical times and dates to meet required clinical hours with your preceptor that facilitates the needs of both participants.

Come to clinical prepared to learn. Be engaged as an active learner. Bring necessary equipment needed for practice and resources such as text and lab manuals.

Be punctual, respectful, and responsible at all times. Complete necessary clinical log information daily.

Engage in patient encounters that challenge your self-identified learning needs.

Complete and submit preceptor evaluation tool and clinical site evaluation at the close of each semester.

Faculty Expectations

Assure student compliance with standards for immunization, CPR, liability insurance, and current unencumbered nursing license before beginning clinical.

Establish or verify clinical site agreements for each clinical site utilized.

Provide the preceptor with a Preceptor Orientation Handbook including current syllabus and clinical evaluation tool (Appendix D).

Review learner outcomes of the student with the preceptor.

Facilitate active communication between the School of Nursing, faculty, student, and preceptor.

Provide leadership in the role of the advanced practice nurse.

Encourage the student to utilize theoretical frameworks for patient care and decision making.

Make clinical site visits as scheduled and as needed.

Provide verbal and written feedback to students swiftly after evaluations including submitted assignments and clinical site visits.

Progression of Courses

There is a student evaluation form included in this handbook. The Preceptor will evaluate the student at the close of each semester using the Preceptor Evaluation Form (Appendix D). The tool was developed from *Advanced Nursing Practice: Curriculum Guidelines and Program Standards for Nurse Practitioner Education from the National Organization of Nurse Practitioner Faculties (NONPF)* and *The Essentials of Master's Education for Advanced Practice Nursing from the American Association of Colleges of Nursing (AACN)*. There are three clinical courses in progression that each student is expected to master.

They are as follows:

NURS 60334 Students need close preceptor guidance in this course. This is the student's first encounter in the role of advanced practice nurse. They are competent to perform thorough interviews, assessments, diagnostic reasoning, and proper documentation.

While competent, the student will need encouragement and feedback regarding their skills with each patient encounter. At the end of each rotation the student should begin to demonstrate increasing independence, comprehensiveness, and proficiency in the management of psychiatric mental health patients. Students must complete a total of 240 clinical hours in this course.

NURS 61134 Students need close preceptor guidance at the beginning of this rotation. Students have now completed clinical hours in children and adolescents but have little experience in adult and older adult practice. However, students can be expected to translate new knowledge and skills from previous clinical sites into practice. Students should advance during this course to demonstrate a progressive increased level of independence, depth, and proficiency in the management of acute and chronic illnesses. Students must complete 240 clinical hours during this course.

NURS 6013V less guidance from the preceptor is required during this final semester. Students should be competent in clinical skills and the management of patient-centered illnesses. Professional behaviors, collaboration with other professionals, and follow-up care are expected. Students should emulate the role of the novice advanced practice nurse in psychiatric mental health practice with all the required responsibilities of such. Students are required to complete 270 clinical hours during this final course.

Clinical Hour Requirements

Complete 240 clinical hours per 14-week practicum courses (Practicums 1-2), except for the final practicum which is 270 clinical hours (Practicum 3) for a **total of 750** clinical practicum hours:

120 child/adolescent medication management hours

120 older adult medication management hours

120 psychotherapy shadowing and/or group therapy hours

120 substance use disorder medication management hours

240 adult medication management hours

These required lifespan hours can be completed in any Practicum course, all hours are flexible, but the requirements must be met.

Max of 400 hours telehealth and 400 hours inpatient treatment.

May use up to 60 hours for a specialty rotation if you choose. (i.e., corrections, pain management clinics, etc.) with faculty approval.

NURS 6034: PMHNP Clinical Practicum 1 (240 hours)

NURS 6134: PMHNP Clinical Practicum 2 (240 hours)

NURS 603v: PMHNP Clinical Practicum 3 (270 hours)

Frequently Asked Questions

Q: Is there a specific set of skills that I am responsible for teaching to students?

A: Clinical experiences vary dramatically from site to site making it impossible for all students to achieve the same level of skills. However, here is a list of the skills that novice advanced practice nurses need upon entry into the field of PMHNP practice:

Age-appropriate psychotherapeutic techniques and psychoeducation

Performing/Interpreting a comprehensive history and physical examination (including laboratory and diagnostic studies)

Perform/Interpret mental status examination

Perform comprehensive risk assessment and safety planning Formulating diagnoses and differentials according to the DSM 5 TR

Selecting appropriate evidence-based practice treatment plan Evaluating patient response and modify as necessary

Q: Can students' chart on electronic medical records?

A: While most EMRs require a password for users, faculty strongly recommends that students be issued a temporary password to provide documentation for the clinical experience.

Q: Can students write prescriptions or E-prescriptions?

A: Students are licensed as registered nurses and cannot write prescriptions. The credentialed provider must supply the authorization/signature on the prescription.

Q: Can students "see" the patient without my presence in the exam room?

A: Students in any level course in the PMHNP program are qualified to examine patients without the presence of the preceptor. The preceptor will want to be present with all examinations until convinced of the student's competency level. Prior to discharge all Patients must also be examined by the preceptor and the plan of care reviewed.

Q: Can students see patients in my absence of a few hours?

A: Students are not credentialed to see any patients without the preceptor being on site with the student.

Q: Can students write prescriptions for controlled substances?

A: Students may not write prescriptions for any medications or controlled substances as they do not possess prescriptive authority or a DEA number at this time. Students are eligible to apply for both upon successful graduation from the program. Students along with the preceptor may recommend controlled substances for patients with documented needs for such medications.

Q: Can my student make rounds with me in the hospital?

A: Yes, observing the PMHNP consultant role is important to a well-rounded clinical experience.

Q: Can students go to a long-term facility with me to make rounds?

A: Yes, the time spent in LTC facilities will count as clinical hours. However, most clinical hours need to occur from clinical experiences.

Q: Can students do clinical hours outside of M-F 9-5PM?

A: Yes, clinical hours may be any times, hour of the week.

Administration

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Appendix A: The One Minute Preceptor:

5 Micro skills for One-On-One Teaching Acknowledgements

This monograph was developed by the MAHEC Office of Regional Primary Care Education,

Asheville, North Carolina. It was developed with support from a HRSA Family Medicine Training Grant. The monograph was provided to our Office of Faculty Development with permission to modify and use in our faculty development program.

Introduction

Health care providers face many challenges in the day to day pursuit of their careers, and those who choose to teach health professions students face the further challenge of efficiently and effectively providing teaching to these learners. No matter what type of learner – resident, medical student, physician’s assistant or nurse practitioner – and no matter what their level of skill or training, the challenge of integrating teaching into your day to day routine remains. Fortunately, tools and techniques have been developed to assist the preceptor. A tested and valuable approach is the One-Minute Preceptor.

Initially introduced as the “Five-Step `Micro skills' Model of Clinical Teaching” (Neher, Gordon, Meyer, & Stevens, 1992), the One Minute Preceptor strategy has been taught and tested across the nation (Irby 1997a, 1997b; STFM, 1993) and has been welcomed by busy preceptors. The dissemination of this technique has been allowed and encouraged, and we are pleased to be able to present it to you as part of our Preceptor Development Program.

At the end of this module you will be able to:

1. List the Steps of the One-Minute Preceptor model of clinical

2. Explain how each step fosters effective and efficient
3. Demonstrate understanding of the One-Minute Preceptor on a sample student
4. Integrate the One-Minute Preceptor model into your clinical

Making the Most of Teaching Time

Much of clinical teaching involves the learner interviewing and examining a patient, and then presenting the information to the preceptor. This strategy is common both in the office and hospital setting. Studies have indicated that on average, these interactions take approximately 10 minutes, and the time is divided into several different activities. (See Figure 1.) Much of the time is taken up by the presentation of the patient by the learner.

Additional time is spent questioning and clarifying the content of the presentation. As a result, only about one minute of time is actually spent in discussion and teaching.

The One-Minute Preceptor approach allows the preceptor to take full advantage of the entire encounter in order to maximize the time available for teaching. The teaching encounter will still take longer than a minute, but the time spent is more efficiently used and the teaching effectiveness is optimized.

The Method

The One-Minute Preceptor method consists of a number of skills that are employed in a stepwise fashion at the end of the learner's presentation. Each step is an individual teaching technique or tool, but when combined they form one integrated strategy for instruction in the health care setting.

Step One: Get a Commitment

At this point, there are many teaching techniques you could employ, but the OneMinute Preceptor method suggest that you get a commitment from the learner - to get them to verbally commit to an aspect of the case. The act of stating a commitment pushes the learner to move beyond their

level of comfort and makes the teaching encounter more active and more personal. This can show respect for the learner and fosters an adult learning style.

In this situation the learner stopped their presentation at the end of the physical exam. An appropriate question from the preceptor might be: "What do you think is going on with this patient?" This approach encourages the learner to further process the information they have gathered. You obtain important information on the learners clinical reasoning ability and the learner is given a higher sense of involvement and responsibility in the care of the patient. If the answer is correct, then there is the opportunity to reinforce a positive skill. If the response is incorrect, an important teaching opportunity has occurred and the impact of the teaching is likely to be greater since the learner has made the commitment.

Not all learners will stop at the same point in their presentation, but the preceptor can still get a commitment. Additional examples include:

"What other diagnoses would you consider in this setting?"

"What laboratory tests do you think we should get?" "How do you think we should treat this patient?" "Do you think this patient needs to be hospitalized?"

"Based on the history you obtained, what parts of the mental status assessment should we focus on?"

By selecting an appropriate question, the preceptor can take a learner at any stage and

encourage them move them further along in their skills and to stretch beyond their current comfort level.

Notice that questions used in getting a commitment do not simply gather further data

about the case. The goal is to gain insight into the learner's reasoning. Questioning by the preceptor for specific data reveals the preceptor's thought process – not the learner's. The learner in the example above needs the opportunity to tell you their assessment of the patient data they have collected.

Step Two: Probe for Supporting Evidence

Now that you have a commitment from the learner, it is important to explore what the basis for their opinion was. The educational setting often rewards a lucky guess to the same degree as a well-reasoned, logical answer. In the clinical setting, it is important to determine that there is an adequate basis for the answer and to encourage an appropriate reasoning process. By the same token it is important to identify the "lucky guess" and to demonstrate the use of appropriate supporting evidence.

Once the learner has made their commitment and looks to you for confirmation, you should resist the urge to pass immediate judgement on their response. Instead, ask a question that seeks to understand the rationale for their answer. The question you ask will depend on how they have

responded to your request for a commitment:

“What factors in the history and physical support your diagnosis?” “Why would you choose that particular medication?” “Why do you feel this patient should be hospitalized?” “Why do you feel it is important to do that part of the physical in this situation?”

There are significant benefits from using this step at this time. You are able to immediately gauge the strength of the evidence upon which the commitment was made. In addition, any faulty inferences or conclusions are apparent and can be corrected later. This step allows the preceptor to closely observe the vital skill of clinical reasoning and to assist the learner in improving and perfecting that skill. Our learner in the role-play will get a further chance to demonstrate their ability to integrate and use clinical data.

Step Three: Reinforce What Was Done Well

In order for the learner to improve they must be made aware of what they did well. The simple statement “That was a good presentation” is not sufficient. The learner is not sure if their presentation is “good” because they included current medications or because they omitted the vital signs. Comments should include specific behaviors that demonstrated knowledge skills or attitudes valued by the preceptor. “Your diagnosis of ‘probable mild neurocognitive disorder’ was well supported by your history and physical. You clearly integrated the patient's history, mental status examination and your physical findings in making that 20 assessment.” “Your presentation was well organized. You had the chief complaint followed by a detailed history of present illness. You included appropriate additional medical history and medications and finished with a focused physical exam.” With a few sentences you have reinforced positive behaviors and skills and increased the likelihood that they will be incorporated into further clinical encounters.

Step Four: Give Guidance About Errors and Omissions

Just as it is important for the learner to hear what they have done well, it is important to tell them what areas need improvement. This step also fosters continuing growth and improved performance by identifying areas of relative weakness. In framing comments, it is helpful to avoid extreme terms such as ‘bad’ or “poor”. Expression such as “not best” or “it is preferred” may carry less of a negative value judgement while getting the point across. Comments should also be as specific as possible to the situation identifying specific behaviors that could be improved upon in the future.

Examples:

“In your presentation you mentioned a temperature in your history but did not tell me the vital signs when you began your physical exam. Following standard patterns in your presentations and note will help avoid omissions and will improve your communication of medical information.”

“I agree that, at some point, complete pulmonary function testing may be helpful, but right now the patient is acutely ill and the results may not reflect her baseline and may be very difficult for her. We could glean some important information with just a peak flow and a pulse oximeter.”

The comments are specific to the situation and also include guidance on alternative actions or behaviors to guide further efforts. In a few sentences an opportunity for behavior change has been identified and an alternative strategy given.

It is important to reflect here that a balance between positive and constructive criticism is important. Some preceptors may focus on the positive, shying away from what may be seen as criticism of the learner. Others may focus nearly exclusively on areas for improvement without reinforcing what is already being done well. As with many things in life, balance and variety are preferable.

Step Five: Teach A General Principle

One of the key but challenging tasks for the learner is to take information and data gained from an individual learning situation and to accurately and correctly generalize it to other situations. There may be a tendency to over generalize – to conclude that all patients in a similar clinical situation may behave in the same way or require the exact same treatment.

On the other hand, the learner may be unable to identify an important general principle that can be applied effectively in the future. Brief teaching specifically focused to the encounter can be very effective. Even if you do not have a specific medical fact to share, information on strategies for searching for additional information or facilitating admission to the hospital can be very useful to the learner.

Step Six: Conclusion

Time management is a critical function in clinical teaching. This final step serves the very important function of ending the teaching interaction and defining what the role of the learner will be in the next events. It is sometimes easy for a teaching encounter to last much longer than anticipated with negative effects on the remainder of the patient care schedule. The preceptor must be aware of time and cannot rely on the student to limit or

cut off the interaction. The roles of the learner and preceptor after the teaching encounter may need definition. In some cases, you may wish to be the observer while the learner performs the physical or reviews the treatment plan with the patient. In another instance you may wish to go in and confirm physical findings and then review the case with the patient yourself. Explaining to the learner what the next steps will be and what their role is will facilitate the care of the patient and the functioning of the learner.

The teaching encounter is smoothly concluded and the roles and expectations for each person are made clear in a way that will facilitate further learning and optimal patient care.

Summary:

You have learned and seen examples of the six steps in The One-Minute Preceptor model. Although it is useful to divide something into discrete steps, it is hard to remember several items in order, especially when you are first using them. To help you with this challenge you will note that the back cover of the book may be cut into several pocket-sized cards which you may carry with you to

help you remember the steps.

The One-Minute Preceptor is a useful combination of proven teaching skills combined to produce a method that is very functional in the clinical setting. It provides the preceptor with a system to provide efficient and effective teaching to the learner around the single patient encounter. It is not intended that this technique should replace existing teaching skills and techniques that already work well for the preceptor or to avoid the need to learn further techniques. It is one approach that can help you in the very challenging work that you do.

References:

Irby, D. (1997, February). The One-Minute Preceptor. Presented at the annual Society of Teachers of Family Medicine Predoctoral meeting, Orlando, FL.

Irby, D. (1997, June). The One-Minute Preceptor: Micro skills for Clinical Teaching.

Presented at teleconference from East Carolina Univ. School of Medicine, Greenville, NC.

Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "micro skills" model of clinical teaching. Journal of the American Board of Family Practice, 5, 419 -424.

STFM. (1993, February). The One-Minute Preceptor. Presented at the annual Society for the Teachers of Family Medicine Predoctoral meeting, New Orleans, LA.

Appendix B: Preceptor Qualification Sheet

Name: _____

E-mail address: _____

Preferred Contact: Home phone _____ Cell Phone _____ E-mail _____ Title: _____
Credentials: _____

Discipline or Specialty: _____ Years in role: _____
Number of students concurrently supervised: _____

Type of patients seen at site (SUD, SMI, age): _____

License #: _____ State: _____ Date expires: _____ Additional
licensure and/or credentials: _____ Certification: ANCC ☐ AANP
☐ NCCPA ☐ ABPN ☐

Name of Clinic: _____

Address of clinic: _____

Education:

Name of School	Major	Dates of Attendance	Year Graduated	Degree Earned

Continuing education:

Workshop/Course/Seminar	Date	Sponsoring Organization

Are you currently working on a degree in nursing or other discipline? Master's_____Doctoral

Appendix C: Terms of Agreement

I have read the Preceptor Orientation Handbook and commit to precept students for A-State's School of Nursing. I am aware of the time and responsibility that is required to advance student learning in the clinical arena.

Preceptor Signature

Date

Please Print Name

I am willing to precept the following terms. (This information is helpful when planning for future students.)

Spring (Year)_____ Summer (Year)_____ Fall (Year) _____ Spring
(Year) _____ Summer (Year) _____ Fall (Year) _____

Appendix D: Preceptor Evaluation of Student

Student Name: _____

Please check the group of phrases which you believe best describes the student's performance in each of the following areas. At the end, please add written comments & suggestions. **Please mail completed evaluation directly to instructor. DO NOT give completed form to student.**

Area to be Evaluated	Outstanding	Above Average	Average	Needs Improvement	Unacceptable	Not Observed	Comments	
KNOWLEDGE:	☐ Consistently	☐ Differentiates	☐ Demonstrates	☐ Recalls	☐ Major	☐ Not		
General	evaluates	understanding						
			understanding	understanding	deficiencies	observed		
	therapeutic	of basic	of basic	of basic	in knowledge			
	interventions,	Pathophysiology	Pathophysiology	concepts	base			
	broad based							
KNOWLEDGE:	☐ Synthesize	☐ Applies	☐ Discusses	☐ Defines the	☐ Lacks	☐ Not		
Related to	broad textbook	expanded	basic	patient's	knowledge to	observed		
individual	mastery &/or	differentiation						
			differentiation	problems,	understand			
patients	directed	diagnosis, can	diagnosis of	problem list	patient			
	literature	discuss minor	active problems	needs	problems,			
	research, reads	problems, reads	in own patients.	improvement.	obvious lack			
	extensively from many different	a good deal	Average reader	Apparent lack of reading	of reading			
	sources							

DATA	☐Consistent ly	☐Utilizes,	☐Reviews basic	☐Recalls data	☐Inaccurate ,	☐Not		
GATHERING:	synthesis,	detailed, broad	history,	as incomplete	major	observed		
Initial	efficient, and	based, obtains		accurate,	or unfocused ,	omissions,		
History/	appreciates	almost all	obtains most	and missing,	inappropriate			
Interviewing	subtleties,	relevant data	relevant data &	psychosocial	psychosocial			
Skills	insightful,	including		most of the	components	component		
	assesses all relevant data	psychical	psychosocial components	that are absent or	absent			
	including psychosocial			sketchy				
DATA	☐Integrates	☐Utilizes	☐Identifies	☐Assesses	☐Inaccurate ,	☐Not		
GATHERING:	subtle findings	organized,						
			major findings	incomplete	major	observed		
Physical	of exam in	focused,	identified from	data or	omissions,			
Examination Skill	practice	relevant findings of practice exam	data gathered in exam	unfocused , relevant data missing, psychosocial	inappropriate psychosocial component absent			
				components				
				absent or				
				sketchy				
DATA RECORDING/ REPORTING:	☐Consistent recording of concise,	☐Assembles key information, focuses,	☐Report accurate, complete	☐Report poor flow in HPI, lacks listing	☐Inaccurate data or major omissions	☐Not observed		

Writing	thorough	comprehensive	history and	detail or			
Histories & Physicals	appraisal of disease process						
			physical	incomplete problem list			
	& patient						
	situation						
DATA	□Synthesize	□Precise, concise organized notes	□Reviews	□Records but	□Missing or	□Not	
RECORDING: Progress Notes	multidisciplinary data in notes						
			ongoing problems & team plan	needs organization, prioritizing	inaccurate data	observed	
				relevant data			

Area to be Evaluated	Outstanding	Above Average	Average	Needs Improvement	Unacceptable	Not Observed	Comments	
DATA RECORDING:	□Analyzes situation	□Discusses data in a fluent,	□Reports basic	□Verbalizes	□Repeatedly	□Not		
Oral Presentations	in a poised manner							
		focused	minimal use of	major				
		manner	notes	omissions,				

				often relates				
				irrelevant				
				facts,				
				rambling				
DATA	☐ Understands	☐ Consistently	☐ Constructs	☐ Frequently	☐ Cannot	☐ Not		
INTERPRETATION: S: Analysis	complex issues, interrelates patient	formulates reasonable	problem list, applies,	reports data without	interpret basic data	observed		
	problems	interpretation of data	reasonable differential	analysis				
			diagnosis					
DATA	☐ Manages patient	☐ Consistently	☐ Appropriately	☐ Frequently	☐ Cannot	☐ Not		
INTERPRETATION: Judgement/ Management	soundly	discusses diagnostic decisions	renders patient care, aware of own limitations	reports data without analysis	interpret basic data	observed		
CLINICAL	☐ Evaluates	☐ Differentiates	☐ Recognizes	☐ Deficient	☐ Inaccurate or	☐ Not		
PERFORMANCE: Outpatient Clinic	preventative care, good grasp of preventative health	major issues, some fine points						
			major issues	recall of major issues	major omissions	observed		
	issues development,							
	education,							
	anticipatory							
	guidance							
CLINICAL	☐ Accurate,	☐ Collects all	☐ Reviews	☐ Incomplete,	☐ Major	☐ Not		

PERFORMANCE: History & Physical	assessment that is focused & detailed,	pertinent data, comfortable	basic information,	unfocused, ill-at-ease	omissions, rude or	observed		
	at ease with all ages & illnesses	with most patient &	comfortable with most	with some patients or	unprofessional			
		illnesses	patients & illnesses	illnesses				
CLINICAL	☐Accurately	☐Formulates	☐Can reliably	☐Has	☐Unreliable or	☐Not		
PERFORMANCE: Patient Triage	assesses patients' level of acuity & prioritizes patients by degree of illness	an accurate appraisal of acuity						
			distinguish between emergent and non-emergent	difficulty recognizing emergently ill patients	inconsistent judgement	observed		
			patients					
PROCEDURES:	☐Always performs	☐Consistently	☐Performs	☐Awkwardly	☐No	☐Not		
	proficiently &	performs	reasonably	performs,	improvement	observed		
	skillfully, very	careful,	skill in	reluctant to	even with			
	compassionate	confident, compassionate	preparation & performance	try even basic	coaching, insensitive			
				procedures				
PATIENT	☐Initiates education	☐Employs	☐Reports the	☐Repeatedly	☐Unexplained	☐Not		
EDUCATION &	& patient care,	patient care,	time & energy	unprepared,	absences,	observed		
CARE: Reliability/	actively seeks	welcomes						
			required for	appears	unreliable			
Commitment	responsibilities	responsibility	education &	lackadaisical				

	beyond assigned	beyond	patient care,	in approach			
	tasks	assigned tasks at times	fulfills responsibilities	to education & patient care			

Area to be Evaluated	Outstanding	Above Average	Average	Needs Improvement	Unacceptable	Not Observed	Comments	
PROFESSIONAL	□Outstanding	□Good	□Reads	□Frequent	□Unwilling,	□Not		
ATTITUDES:	initiative,							
Self-directed	reads	insight, sets	appropriately,	prompting	lack of	observed		
		own goals,	attends	required,	introspection,			
learning	extensively,	reads a good	required	seems to have	is not			
(knowledge &	actively	deal,	rounds &	a varied	appreciative of			
skill)	seeks education	participates in a few	conferences, appreciates	response to feedback	all feedback			
	experiences beyond	additional educational	feedback					
	rounds &	experiences,						

	conferences	seeks feedback						
PROFESSIONAL	☐ Preferred	☐ Gains	☐ Empathetic,	☐ Occasionally	☐ Avoids	☐ Not		
DEMEANOR:	provider,							
		confidences	develops	insensitive,	personal	observed		
Patient	consistently	& trust,	rapport, deals	inattentive,	contact,			
Interactions	elicits &	frequently						
			effectively	frequently	tactless			
	deals with	elicits & deals	with most of	misses				
	patient's	with patient's	patient's	patient's				
	emotional &	emotional &	emotional &	emotional				
	personal	personal	personal	&/or personal				
	problems in	problems in a	problems	problems				
	sensitive &	sensitive &						
	skillful	skillful						
	manner	manner						
PROFESSIONAL	☐ Outstanding	☐ Flexible,	☐ Employs	☐ Inflexible or	☐ Inappropriate	☐ Not		
DEMEANOR:	poise,							
		supportive	appropriate	loses	response,	observed		
Response to	selects		judgement	composure	inability to			
stress	constructive solutions			easily	direct self or others			
PROFESSIONAL	☐ Always	☐ Consistently	☐ Cooperative,	☐ Lack of	☐ Antagonistic	☐ Not		

DEMEAN OR: Working Relationships	establishes tone of mutual respect &	has good rapport with other staff, makes					
			productive member of own team	consideration for others	or disruptive	observed	
	dignity,	attempts to					
	makes a	elicit					
	concerted	cooperation					
	effort to elicit	amongst					
	& contribute	health					
	to	professionals,					
	cooperation	willingly					
	amongst	contributes to					
	health	the success					
	professionals	of the team					

COMMENTS: (Please recommend specific suggestions for improvement.)

Evaluator's Signature

Date Completed Evaluator's Printed Name

Appendix E: Student Evaluation of Preceptor

ARKANSAS STATE UNIVERSITY

COLLEGE OF NURSING AND HEALTH PROFESSIONS MSN PROGRAM

EVALUATION OF PRECEPTOR

Preceptor: _____

Site: _____

Completed by: _____

Date: _____

Instructions:

- 1. Please mark an X in the most appropriate space after each statement below to provide summative feedback to the preceptor named above.*
- 2. Space is provided after each statement if you choose to add any written*

Quality	Seldom	Sometimes	Frequently	N/A	Comments
1) Is available to student.					
2) Demonstrates understanding of the NP Role.					
3) Utilizes student's strengths and knowledge.					
4) Role model for NP Practice.					
5) Demonstrates effective rapport with clients.					
6) Encourages students to assume increasing responsibility during experience.					

7) Assists students in identifying goals and needs for experience.					
8) Considers student's limits according to status in program.					

9) Provides immediate and adequate feedback with questions and patient presentations.					
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*Adapted from Advanced Practice Nursing: Curriculum Guidelines and Program Standards for Nurse Practitioner Education (NONPF, 1995)

Appendix F: Student Evaluation of Clinical Site

ARKANSAS STATE UNIVERSITY

COLLEGE OF NURSING AND HEALTH PROFESSIONS MSN PROGRAM

Clinical Site Evaluation

Name of Site: _____

Location: _____

Completed by: _____

Date: _____

Instructions:

1. Please mark an X in the most appropriate space after each statement regarding the
2. Space is provided after each statement if you choose to add any written

Statement	Yes	No	N/A	Comments
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1) Is adequate space provided?				
2) Is adequate time given to see clients?				
3) Are there sufficient number of clients?				
4) Are the types of clients varied as to age, type of problem, etc.?				
5) Are students allowed to select clients according to their needs?				
6) Are students given the opportunity to follow-up with clients and/or problems of interest?				
7) Are reports from lab and x-ray accessible to students?				
8) Is support staff appropriately helpful to students?				
9) Is support staff accepting of the student's role?				
10) Is philosophy of clinic to provide: a) health promotion and disease prevention? b) disease diagnosis and management? c) both?				
11) Are instructional materials available for clients to supplement their learning (i.e., pamphlets, outside class opportunities, etc.)?				

12) Are community resources, other agencies, and professional disciplines involved with client welfare?				
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*Adapted from Advanced Practice Nursing: Curriculum Guidelines and Program Standards for Nurse Practitioner

Revision #5
Created 2026-03-30 18:11:38 UTC by Kathryn Flannigan
Updated 2026-08-26 15:30:01 UTC by Caroline Pillow