NURSE PRACTICTIONER PROGRAMS PRECEPTOR GUIDEBOOK

SCHOOL OF NURSING

BECOME A PRECEPTOR

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Dedication

We want to thankfully dedicate this guidebook to all the expert clinicians who have precepted us, our colleagues, and our students.

Susan Renda, Marianne Fingerhood, Karan Kverno, and Tammy Slater

Introduction

The preceptor is an integral member of the nurse practitioner education team. Preceptors play a vital role in mentoring future nurse practitioners and thus, impacting quality patient care. Our preceptors are clinicians from a variety of backgrounds, professions, and practice settings. It is in these practice settings that the nurse practitioner student can apply classroom learning to the care of patients and increase competency. We value the relationship we have between our preceptors, faculty, and students.

An exceptional preceptor can create a lasting imprint on the developing student and shape professional competency and behavior. The commitment to become a preceptor requires experience, preparation, and knowledge of best evidence-based practices. Preceptors can benefit from the role by learning from their students, partnering with the school, and increasing their teaching abilities. This guide has been created to clarify the role of preceptor, define expectations of the preceptor-student relationship, and familiarize the preceptor with the various advanced practice plans of study.

Role of the Preceptor

A well-defined role of the preceptor is vital to the development of student competency in their advanced practice role and population. Preceptors assume the responsibility for overseeing the student's development of the skills needed to provide quality patient care within the context of the clinical setting. This will include getting to know the student's strengths and weaknesses through discussion and observation, assisting the student to develop appropriate clinical goals and plans relevant to the practice competencies, challenging the student with appropriate clinical opportunities, communicating any concerns to the student and faculty, and evaluating the student on achievement of entry level competencies. The preceptor may also coordinate plans for the student to spend time with their colleagues for additional learning opportunities.

Expectations of Preceptors

- Commitment to mentor the student on a one-on-one basis over the semester. (Other colleagues, with the permission and oversight of the primary preceptor, may also provide mentorship).
- Preceptors are credentialed health care providers with at least two years' experience in their clinical area of expertise.
- Observe the student while he/she performs patient assessments relevant to the nurse practitioner program and site (examples: psychiatric evaluations and psychotherapeutic interventions for the PMHNP clinical; acute and chronic illness visits in the primary care setting for primary care NPs; physical assessment in the acute care setting for acute care NPs).
- When comfortable with the student's skills, allow the student to perform the assessment without direct observation if appropriate to the setting.
- Allow the student to present the findings, assessment, and management plans and document same.
- Independently validate the student's findings, evaluate his/her performance and give feedback (strengths, limitations, areas in need of and strategies for improvement).
- Ask questions that stimulate and reinforce critical thinking and clinical decision making.
- Demonstrates attitudes and qualities consistent with the ethics of the health Professions.
- Applies leadership skills in the area of peer review, quality assurance, and community involvement.
- Respects the NP student, the clinical faculty, the advanced practice curriculum, and the nurse practitioner program.
- Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.
- Ensures that students comply with HIPAA training and regulations per site
- Contact course faculty at any time with any questions regarding preceptor role, the course or student performance with concerns related to the student's ability to meet expectations. Faculty will arrange to check in with preceptors at designated times in the middle and end of the semester and as needed in between.
- Retain responsibility for the patient's final diagnosis and patient care.

Logistics and Preparations for the Clinical Experience

- Notify appropriate individual (office manager, practice coordinator, etc.) of request for precepting.
- Be aware of information in the legal affiliation agreement with the NP student's program.
- Arrange for NP student orientation, including computer access.
- Assist in completing/gathering required documentation from student for the preceptor's practice such as: Signing any confidentiality forms/HIPAA requirements/OSHA requirements; immunization status; background check; RN license.
- Arrange clinical schedule with student (days, hours).
- Inform and prepare staff for student arrival and participation.
- Inform student of practice epidemiology (common concerns and conditions seen in the practice).
- Assist with student access to patient health records and any needed electronic health record training.
- Ensure examination space for patient encounters
- Assist the student in learning the consultation and referral process in the clinical   setting.
- Review personal and course/clinical objectives with the NP student
- At midterm and end of the semester, with the student, formally review his/her performance related to the population-focused competencies (using a Clinical Evaluation Tool provided by the faculty from the school). The evaluation may be facilitated and enhanced by reviewing the student comments on the Clinical Evaluation tool or in the mental health setting, the student's ongoing self-reflection competency narrative.

Patient Encounters

- Facilitate access to a variety of patients as NP students increase their clinical skills.
- Validate student findings and provide feedback regarding their accuracy and significance.
- Discuss and approve the plan of management with the NP student including diagnostic, therapeutic and follow-up plans.

Role of the Faculty

Clinical faculty are assigned to the students in addition to the course/clinical coordinator and track coordinator. They must maintain communication between themselves, the preceptors and the students. Clinical faculty will be the first line of communication with the student and preceptor in the clinical setting. This communication triad is essential for a successful clinical experience.

Expectations of Faculty include the following:
- Sharing of expectations in the form of syllabi, clinical requirements, etc.
- Regular check-ins, generally at midterm and at the end of the semester.
- Communication regarding specific student needs, areas for improvement.
- Serving as a resource to preceptors, providing learning resources that will facilitate student competency development.

Faculty provide ongoing review of and supervision of student clinical progress. This can be one-on-one meetings, phone supervision, and evaluation of clinical course assignments, write-ups, and clinical cases and time logs. The faculty mentor students in their analysis and synthesis of clinical learning.

Guidelines for Communication with School of Nursing Faculty

Each student is assigned Clinical Faculty member. You will have the opportunity to meet this faculty member in person during the clinical semester or for clinical settings that are distant from the School of Nursing, communication may be by phone. The clinical faculty person is available to you to discuss any concerns you may have about the student assigned to your practice.

For each clinical course, there is a Course Coordinator who is globally responsible for each student and the course as a whole. If you have questions about the content of the course or concerns about student behavior or performance, please contact us immediately.

At the beginning of the semester you will be given contact information for the Clinical Faculty and Course Coordinator. Please feel free to reach out at any time. They are here to support you.

There is also a track coordinator for each advanced practice specialty. The track coordinator oversees the faculty, students, and curriculum within the specialty track and report to the program director for the nurse practitioner program.

Doctoral Programs for Nurse Practitioners

All students in the nurse practitioner programs have had courses in pathophysiology, pharmacology, health assessment including the ability to conduct a history and physical examination, and diagnostic procedures. Other coursework in evidence-based practice, leadership, and research and biostatistics prepare the DNP student for project development and completion in an area of quality improvement.

Adult-Gerontology Nurse Practitioner in Primary Care (AGNP PC)

The Student in the DNP AGNP Primary Care Program: The JHU School of Nursing DNP AGNP PC student is engaged in doctoral studies on a pathway to clinical competency as a nurse practitioner. The DNP AGNP Primary Care student learns to evaluate, diagnose, and manage acute and chronic health problems in adult patient. The DNP AGNP Primary Care student is an RN with a minimum of a baccalaureate degree. Students have varying levels of expertise as a practicing RN. The goal of the student in the program is to reach entry into practice competencies upon graduation. The population-focused competencies for the Adult-Gerontology Primary Care Nurse Practitioner are found on the National Organization of Nurse Practitioner Faculties website: https://www.nonpf.org/page/14

*Plan of Study***:** https://nursing.jhu.edu/academics/programs/doctoral/msn-dnp/dnp-adult-primary/index.html

Adult-Gerontology Nurse Practitioner in Acute Care (AGNP AC)

The Student in the DNP AGNP Acute Care Program. The JHU School of Nursing DNP AGNP AC student is an acute care nurse who wants to pursue doctoral studies as a pathway to clinical competency as a nurse practitioner for acutely and critically ill adult patients. The program applies knowledge of nursing theory, research, nursing informatics, statistics, ethics, and use of medical technology to evaluate and treat the ill patient population. AGNP AC students must have at least one year of full-time RN experience in an acute care setting with direct patient care of adults in the two years prior to acceptance in the program. Many of the students are actively working while engaged in their studies.

The population-focused competencies for the Adult-Gerontology Acute Care Nurse Practitioner are found on the National Organization of Nurse Practitioner Faculties website: https://www.nonpf.org/page/14

Plan of Study: https://nursing.jhu.edu/academics/programs/doctoral/msn-dnp/dnp-adult-acute/index.html

Family Nurse Practitioner in Primary Care (FNP PC)

The Student in the DNP FNP Primary Care Program. The JHU School of Nursing DNP FNP PC student is a nurse who cares for people across the full lifespan. As an advanced practice nurse with doctoral preparation, the FNP in primary care can apply an evidence-based, family-centered approach to full primary care of individuals and families from infancy through adulthood. Students have a variety of clinical experiences that include pediatrics, women's health, and adult common and chronic illness. The DNP FNP Primary Care student is an RN with a minimum of a baccalaureate degree. Students have varying levels of expertise as a practicing RN. The goal of the student in the program is to reach entry into practice competencies upon graduation.

The population-focused competencies for the Family Primary Care Nurse Practitioner are found on the National Organization of Nurse Practitioner Faculties website: https://www.nonpf.org/page/14

Plan of Study: https://nursing.jhu.edu/academics/programs/doctoral/msn-dnp/dnp-family/index.html

Pediatric Nurse Practitioner in Primary Care (PNP PC)

The Student in the DNP PNP Primary Care Program. The JHU School of Nursing DNP PNP PC student cares for children from birth through adolescence to provide complete, advanced care across a wide spectrum of primary care needs and settings. The student will develop competencies in well child care, diagnosis and treatment of acute illness, and management of chronic illness with a holistic approach. With doctoral studies, the student will grow in ability to impact pediatric care through advocacy, evaluation, leadership, and knowledge of health care policy and organizational systems. The DNP PNP Primary Care student is an RN with a minimum of a baccalaureate degree. Students have varying levels of expertise as a practicing RN. The goal of the student in the program is to reach entry into practice competencies upon graduation.
The population-focused competencies for the Pediatric Primary Care Nurse Practitioner are found on the National Organization of Nurse Practitioner Faculties website: https://www.nonpf.org/page/14

Plan of Study: https://nursing.jhu.edu/academics/programs/doctoral/msn-dnp/dnp-pediatric/index.html

Post-Master's Degree Certificates for Nurse Practitioners

Certificate programs are available for the post-graduate NP for Pediatric Nurse Practitioner in Acute Care and for Psychiatric Mental Health Nurse Practitioner. Courses are offered in an online accelerated format with a clinical component.

Pediatric Nurse Practitioner Acute Care (PNP AC)

The Student in the Post-Master's Certificate PNP Acute Care Program. The Johns Hopkins University School of Nursing offers an opportunity for the experienced primary care PNP to gain additional competency and earn a post-master's certificate in acute care. The certificate is taught with online courses plus a clinical component. The graduate is able to diagnose and treat pediatric acute and chronic care conditions, gain the clinical competency, and apply evidence-based practices. Clinical education includes partnership between the Johns Hopkins University School of Nursing, School of Medicine and partners within and external to the Johns Hopkins Health System. PNP AC students have a master's or doctoral degree as a primary care PNP.
Competencies for Acute Care Nurse Practitioners are found on the National Organization of Nurse Practitioner Faculties website:
https://www.nonpf.org/page/14

Plan of Study: https://nursing.jhu.edu/academics/programs/post-degree/pediatric-acute-nurse-practitioner/index.html

Psychiatric Mental Health Nurse Practitioner (PMHNP)

The Student in the PMHNP Post-Master's Certificate Program. The Johns Hopkins University School of Nursing's (JHUSON's) accelerated, online Post-graduate Psychiatric Mental Health Nurse Practitioner (PMHNP) certificate program option is available to experienced primary care nurse practitioners (NPs) who are seeking a second specialization in mental healthcare. The post-graduate certificate program increases the number of certified NPs who can provide integrated mental healthcare to patients with acute or chronic mental symptoms or disorders in the context of primary care. Under the ANCC's Certification Eligibility Curriculum Review Program (CECRP) program, graduates who complete the certificate program are eligible to apply for the ANCC PMHNP certification exam. Graduates are prepared to practice across the lifespan in a variety of primary care and mental/behavioral healthcare settings. The Post-graduate PMHNP certificate is aligned with the mission of the JHU SON to improve the health of individuals and diverse communities through leadership and excellence

in education and practice. The program develops future nursing leaders and educators in the area of integrated mental healthcare.

The population-focused competencies for the Family Primary Care Nurse Practitioner are found on the National Organization of Nurse Practitioner Faculties website: https://www.nonpf.org/page/14

Plan of Study: https://nursing.jhu.edu/academics/programs/post-degree/psychiatric/

The JHU School of Nursing post-graduate PMHNP student is in the process of developing the competencies to practice independent clinical skills, including health assessments, advanced psychiatric assessments, diagnosis of psychiatric conditions, mental status examinations, pharmacological assessments and management, psychotherapeutic interventions that utilize brief individual and group CBT, and psychoeducation. The population-focused competencies of the PMHNP are published by the National Organization of Nurse Practitioner Faculties (NONPF, 2013) and available at http://www.nonpf.org/?page=14.

JHU post-graduate PMHNP students are already licensed nurse practitioners, however as students, they are not credentialed to provide unsupervised independent psychiatric care or prescribe psychotropic medications. Documentation practices vary between sites. In general, documentation that will be added to the patient's chart must be reviewed and cosigned by the primary preceptor or an appointed backup preceptor.

Students can be expected to demonstrate increasing levels of proficiency and independence to:
- Perform an appropriate psychiatric evaluation.
- Develop a case formulation and differential diagnosis.
- Recommend and interpret results from appropriate diagnostic testing (laboratory, radiology, functional testing, etc.).
- Establish a diagnosis.
- Develop and implement an appropriate evidence-based treatment plan including recommendations for medications and psychotherapies.
- Provide brief individual and group cognitive-behavioral therapies.
- Obtain appropriate consults and make referrals.
- Coherently present case findings, assessment and management plans.
- Document findings, assessment and clinical decision making and management plan.
- Demonstrate a high level of professional behavior.

Student Evaluation by The Preceptor:

A critical part of the student's formative learning and summative evaluation is clinical evaluation. Every clinical course for nurse practitioner students has an evaluation tool that is given at intervals throughout the semester or at midterm and end of term. This is an opportunity for the preceptor to formally evaluate the student's performance and progress. Students are also asked to do a self-evaluation and to discuss their evaluation with the preceptor. In addition, the clinical faculty will evaluate the student and offer feedback to the student as to how they are meeting essential competencies in the clinical setting.

Additional Information

Student evaluation is the responsibility of the Clinical Faculty member and Course Coordinator in collaboration with the preceptor. Direct clinical observation of student performance is essential by the preceptor and Clinical Faculty member. (NONPF, 2015) However, for distance students, onsite clinical immersions will occur for faculty to evaluate clinical competency in simulations. Each specialty track has its own evaluations. Most use an evaluation model called "RIME" which was developed several years ago and has been used extensively in medical and more recently in nursing school clinical evaluation (Pangaro, 1999).

The **reporter (R), interpreter (I), manager (M), educator (E)** model is used throughout the program to help quantify progression of student proficiency. In addition to their clinical experience in various practices, students participate in objective structures clinical examinations (OSCEs) several times every semester. These structured evaluations help benchmark progress towards competency. The school of nursing faculty assess the student's progression using the RIME model to align with the evaluation methods in their clinical sites.

Learners at the **reporter** level, will be able to reliably gather information, write basic notes, differentiate normal from abnormal, and present their findings. It is the expectations that all students should be mastering these skills within their first two rotations.

Interpreters will be able to present a patient case, select the important issues, offer differential diagnoses, and support arguments for or against various diagnoses. Though students are expected to begin interpretation of clinical findings from their first clinical experience, this will likely not be integrated well until the second or third rotation.

Learners at the **manager** level will be able to present the case, offer a differential diagnosis, and formulate diagnostic and therapeutic plans. Students should be moving towards the manager level during their second clinical rotation and have this mastered by the fourth.

Learners who have reached the **educator** level will be able to do all of the above plus define important questions, research information regarding the topic, and educate others. During the fourth and fifth clinical rotations students should be meeting the objectives of the educator.

When assessing a learner's presentation, ask yourself questions such as "What is the RIME level of this presentation?" "Is it appropriate for this learner's developmental level?" "How can I coach the learner to advance his/her skill level?" A clinical evaluation tool using the RIME model will be provided to preceptors each semester. Clinical and course faculty can answer questions about evaluation and using the tool.

Preceptor Guidelines for Giving Feedback

Preceptors, as well as Clinical Faculty members, should recognize that most NP students are adult learners. Understanding the unique learning style and needs of the adult learner can help preceptors and faculty create a clinical learning environment that fosters student knowledge, skill, and role development. Knowles (1970) is often credited with establishing the science of adult learning or as he called it, andragogy.

The main principles of Knowles' adult learning theory identify adult learners as:
- Autonomous and self-directed.
- Having accumulated a foundation of life experiences and knowledge
- Goal-oriented
- Relevancy-oriented
- Practical
- Needing to be shown respect (Knowles, 1970)

Mentoring students can be one of the most fulfilling aspects of professional practice. The most effective way to help students increase their competence and confidence is through feedback. Although different models may be used, effective feedback must include some universal characteristics.

For the student to learn and incorporate the feedback it should be:

- **Specific**: contains specific information rather than generalizations.
- **Accurate**: factual and clear
- **Objective**: unbiased and unprejudiced
- **Timely**: given as soon as possible after completion of a task (however, at times it might not be possible and may be delayed to a more appropriate time and place)
- **Usable**: Relate the feedback to goals and strategies so the individual can improve performance
- **Desired by the receiver**: Feedback can still be effective even in those who don't actively seek it, however those who are seeking feedback will often be more motivated to improve performance
- **Checked for understanding**: Clarify understanding with the individual to ensure they are getting the most out of their feedback. (Matua et al 2014; Rose & Best 2005).

Most of us have received feedback from our mentors or supervisors over the years. As lifelong learners we all remember the "Feedback sandwich" designed to start and end on a positive note and contain the behavior of concern in the middle.

This feedback tool consists of three components:
- Begin with the positive feedback
- Then introduce the constructive or negative feedback
- Close with specific that which builds up the learner's trust and comfort

The premise of this type of feedback is that it minimizes any detrimental effect the negative feedback may have on the individual and ensures that the learner is not discouraged and remains motivated to learn (Matua et al 2014).
If done well it can help to motivate the student but done poorly the message concerning area of improvement can be lost in the process.
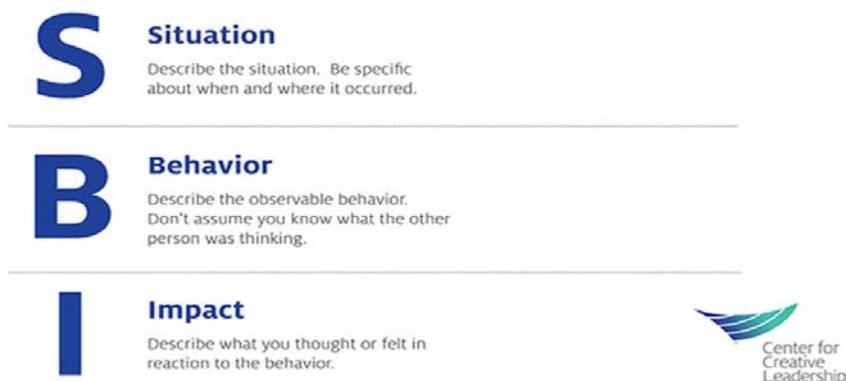
Example

Not the Best Sandwich
You came to clinical today dressed in a professional manner and addressed the patient with respect. You didn't gather all the needed information to complete your HPI or develop a plan. "You certainly looked professional today."

A Better Sandwich

You approached the patient in a professional and respectful manner. The method you used for the collection of data for the HPI did not have a flow and resulted in several gaps in information that made developing a plan difficult. Taking the time to review the patient's chart and having a specific tool for gathering information will allow you to collect the needed information and make forming a differential diagnosis much easier.

Thankfully, over the years other methods have been developed to provide structure for giving effective feedback. The Center for Creative Leadership created the **Situation-Behavior-Impact Model (SBI)** for providing feedback. This simple three-step process has been shown to reduce the anxiety of delivering the message and reduce the defensiveness of the recipient. It may feel awkward or formal at first, but once you have a chance to practice this with students you will find it can be incredibly helpful. The first step is to identify the problem, being as specific as possible. Next you need to describe the problem in terms of measurable behavior, avoiding blaming language. It is important to focus on facts not your interpretation of what is happening lastly, explain how the problem impacts the patient or clinical situation.

S Situation
Describe the situation. Be specific about when and where it occurred.

B Behavior
Describe the observable behavior. Don't assume you know what the other person was thinking.

I Impact
Describe what you thought or felt in reaction to the behavior.

Center for Creative Leadership

Many also add an R for Recommendation – Providing a recommendation for more effective behaviors, as well as their potential impact on the situation can help students develop the needed skills to succeed.

Situation, Behavior, Impact
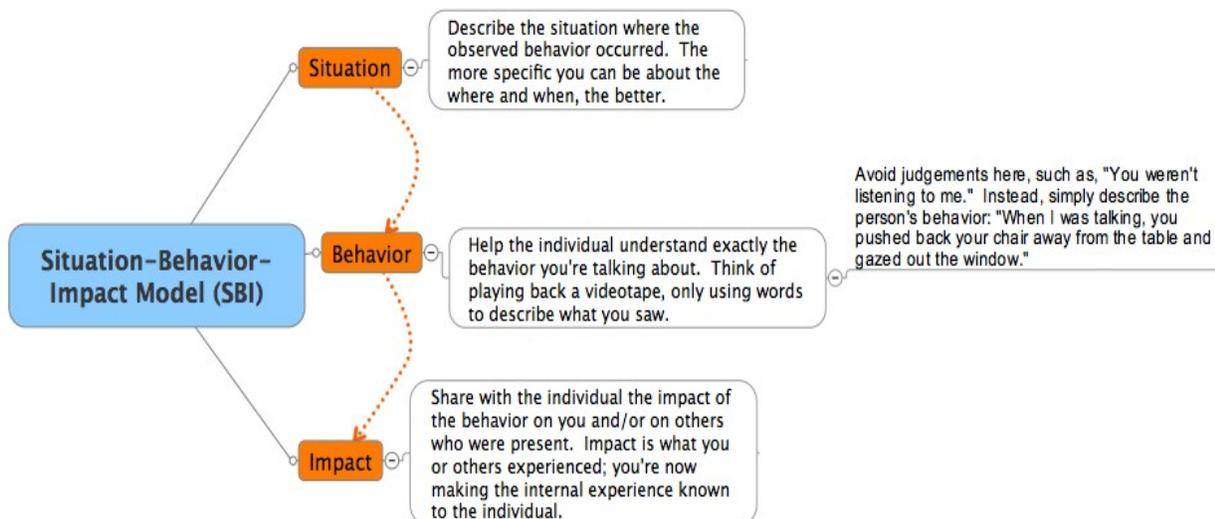
An example of how to use the SBI(R) model:

This morning while you were seeing Mrs. Jones I noticed that you hesitated several times during the interview to gather your thoughts. The patient appeared uncomfortable and unsure of what you needed from her. Utilizing a tool to aid in information gathering can help you feel more confident and make the patient feel more open to sharing information that will be helpful in developing a plan of care.

- **S**ituation: Mrs. Jones' visit
- **B**ehavior: Hesitancy in performing the interview
- **I**mpact: Mrs. Jones' appeared uncomfortable and may have lacked confidence in you as provider
- **R**ecommendation: Use a tool to help gather the information

Problem/Conflict Management

The potential for conflict or problems in interpersonal relationships is common to human nature. In the clinical setting, preceptors are pressured to be "more productive". Constraints of managed care and workforce issues may be limited and jeopardize the amount of time the preceptor can devote to teaching. Other factors, such as the level, ability, and motivation of the NP student, as well as the patient population in the preceptor's clinical panel, can provide a fertile environment for conflict. Problem identification and resolution may be more difficult to resolve if the location of the clinical site is distant and Clinical Faculty member in-person contact is limited, e.g. out-of-state, internationally, etc. The Clinical Faculty member is responsible to serve as a resource for problem-solving and to optimize both the preceptor's teaching experience and the NP student's

learning needs. The following recommendations identify strategies to support preceptors and students. (NONPF, 2015)

Identification of a Problem/ Conflict
- Notification of a problem or conflict by preceptor or NP student
- Reading problem in student electronic log
- NP student's direct or indirect verbal reference to problem
- Observation of problem or conflict during site visit

Methods for Diagnosing the Problem
- Focused interview with preceptor and NP student alone and/ or together, in person or through telephone, Skype or Zoom
- Audiotapes of clinical dialogue at practice site
- Observation at practice site visits
- Written evaluation forms of NP student at beginning, and middle of placement time
- Chart review

Diagnosis of the Problem
- Differing expectations for NP student level of competence (preceptor and Clinical Faculty member)
- Differing teaching/learning styles of preceptor and NP student, e.g. visual, auditory learning, incremental or rapid learning
- NP student recognition or failure to recognize need for remediation
- NP student engaging in unsafe practice
- NP student's lack of self-confidence and hesitant behavior in expected independent actions
- Unpredictability needs for immediacy, and lack of continuity within the practice site not understood and anticipated by NP student.
- Third party interference, such as other health disciplines or agency personnel.
- Limited NP student role in clinical site, e.g. observation only; performing staff nurse functions, e.g. venipuncture
- Illness of preceptor or NP student

Prevention Strategies
- Clear preceptor/NP student guidelines

- NP student requirements (health clearance, liability, insurance, academic preparation), performance expectations at each level, professional codes (conduct, dress, name tags, etc.)
- Discussion by NP student and preceptor of course requirements, objectives and individual student learning objectives
- Evaluation, grading criteria and expected preceptor role in evaluating the NP student
- Communication channels, availability, and expectations related to feedback among all parties with mutual respect
- Matching preceptor and NP student personality and learning styles
- Guidance and orientation for preceptors, e.g., educational strategies, assessing student readiness, etc.
- Clear guidance related to clinical assignments

Intervention Strategies
- Conferencing on-site, or via Skype/Zoom (for NP students in distant locations) in real-time among Clinical Faculty members, preceptor, and NP student
- Telephone, Skype, Zoom, email, and/or on-line monitoring of anticipated or active problems
- Creation and maintenance of written (hard copy or electronic) records of communication with preceptor in problem-solving
- Determination of specific changes needed in NP student-preceptor interaction or environment (e.g., unsafe practice or unprofessional behavior must be stopped immediately) followed by documentation of NP student performance following implementation of recommended changes
- Clarification of NP student/preceptor perceptions of appropriate practice protocols
- Set up of trial improvement time periods, within interim evaluations, if acceptable to preceptor
- Working through cultural or personality conflicts where possible
- Assessment of the possibility of negotiation with outside parties interfering with preceptor-NP student interaction, such as other disciplines or agency personnel (NONPF, 2015)

Conclusion

The role of preceptor can be rewarding, great for professional growth, but can also have some challenges. Partnership with faculty, clearly defined expectations, and support can facilitate a positive experience. With any questions, concerns, or desire to communicate, please reach out to the faculty. We value our relationships with our preceptors and we know the students will be excellent nurse practitioners with your guidance and teaching.

References

Center for Creative Leadership, Situation-Behavior-Impact Model. Retrieved from: https://www.ccl.org/articles/leading-effectively-articles/hr-pipeline-a-quick-win-to-improve-your-talent-development-process.

Knowles, M.S. (1970). The modern practice of adult education: Andragogy versus pedagogy. New York: New York Association Press.

Matua, GE, Seshan, V, Akintola, AA & Thanka AN (2014). Strategies for providing effective feedback during preceptorship: Perspectives from an Omani hospital. *Journal of Nursing Education and Practice*. vol. 4, no. 10, pp. 24-31.

Mind Tools 2017. The situation – behavior – impact feedback tool: Providing clear, specific feedback. Available from: https://www.mindtools.com/pages/article/situation-behavior-impact-feedback.htm

The National Organization of Nurse Practitioner Faculties. (2015). Partners in NP education: A preceptor manual for NP programs, faculty, preceptors & students, 2nd edition. Ed: Dumas, M.

Pangaro, L. (1999). A new vocabulary and other innovations for improving descriptive in-training evaluations. *Academic Medicine*. 74(11):1203–7

Rose, M & Best, D (eds) (2005). Transforming Practice Through Clinical Education, Professional Supervision and Mentoring, Elsevier, Sydney.