



NATIONAL ASSOCIATION OF
CLINICAL NURSE SPECIALISTS

NACNS Precepting Guidelines for Clinical Nurse Specialists

The NACNS *Statement on Clinical Nurse Specialist Practice and Education* (2004) emphasizes the important role that preceptorship experiences play in the development of CNS competencies for CNS students. Although CNS students may augment clinical experiences by working with other healthcare professionals, the major emphasis of CNS clinical experiences must be on learning CNS practice and competencies under the guidance of an experienced CNS.

Introduction

The decision to precept a student is based on many factors: clinical populations available to students, opportunities for experiences and skill acquisition (to be able to meet credentialing requirements), course and terminal program objectives, contractual requirements of the school and the clinical agency, the student's personal objectives for clinical experience, the student's prior clinical experience, student and preceptor time and other commitments, the organizational culture, state requirements for licensure and supervised clinical practica, the duration of the course, and the number of practica and accompanying hours students are expected to complete prior to graduation.

The following provides information about the many factors that are recommended to be considered by an experienced CNS when deciding whether or not to precept graduate student.

Considerations for the CNS who is asked to be a preceptor

- Course objectives – Does your practice provide opportunity to achieve the course objectives? And, are there select objectives that reflect focus of your practice?
- Nature of the practicum – What is the nature of the practicum? Consider:
 - Observational
 - Role for which graduate student is being prepared. Ideally clinical nurse specialists precept CNS students; however in a world of evolving roles and limited resources such as fewer preceptors in rural areas, CNSs may be asked to precept graduate students preparing for other roles. These roles may include functioning as a:
 - The primary responsibility of the preceptor is to structure the practicum, provide access, sponsor the student, demonstrate collaboration among MS prepared RNs
 - Preceptor for a CNS student
 - Preceptor for a student who is not a CNS. A CNS who is asked to precept a non-CNS graduate student must carefully consider his/her ability to provide an appropriate experience as well as the fit between roles and responsibilities of the CNS and the student's role. The CNS must be comfortable with the student's program and School. If the CNS precepts a student who is not in a CNS program, the CNS must work closely with the faculty representative from the program to insure the student obtains appropriate experience and guidance, and is able to differentiate the CNS role from the role for which the student is being prepared.

“Virtual” precepting – when a suitable CNS preceptor is not available for a typical face-to-face preceptor experience, a CNS student may benefit from a well defined online interaction with a suitable CNS living in another area of the county. This “virtual preceptor” can facilitate development of CNS role competencies by reviewing the activities of the CNS, helping the student to analyze experiences and interactions occurring in the clinical setting, and providing insight regarding the role of the CNS in the student's practice environment.



NATIONAL ASSOCIATION OF
CLINICAL NURSE SPECIALISTS

- Virtual precepting requires additional considerations including but not limited to how objectives will be evaluated; how often will preceptor communicate with CNS student and faculty representative, how will the interactions take place (e.g. telephone, email, instant messaging), and what criteria will be used to evaluate the virtual precepted experience.
- Course focus and level of supervision required (basic APN such as skill acquisition vs. internship)
- Level of involvement with faculty/faculty expectations of site and preceptor's expectations of faculty
- Presence of a practicum coordinator for all courses or will preceptor be interacting with a different faculty member for each course?
- How many clinical hours does the student need? How much hands on/direct supervision is required? For example, in a course where the emphasis is on clinical skill building (chemo administration, advanced cardiac assessment), student is likely to need more direct supervision than in a capstone course where the student practicum focuses on role implementation.
- Do the times you have available correspond with the hours student has available?
- Does the student currently work on the unit as a staff member?
- Is there a contract between you, the student, and faculty for the clinical aspect you are precepting? Do you know the process if student is not fulfilling the contract?
- Is there an expectation that the student will be there for a subsequent practicum?
- What are the expectations regarding clinical evaluation of the student's success in meeting the objectives? How will suboptimal performance be addressed?
- How frequently will faculty be on-site to monitor student progress?

It is recommended that the following also be considered during the decision-making process:

- Student characteristics
 - Personal objectives for course
 - Career objectives (e.g., CNS or other credential sought)
 - Is the student an experienced RN, direct entry Master's student, RN to BSN?
 - Prior experience
 - Interpersonal characteristics (chemistry, fit with team)
 - Others
- Preceptor characteristics
 - Nature of practice including amount of direct care involvement, program management,
 - Experience (novice vs. experienced CNS) and specialty
 - Graduate education (CNS, CNS/NP, other)
- Characteristics of patient population
- Incentives being offered by school or requested by CNS (e.g., money, course voucher). Incentives or opportunities for preceptor development (on line education, course voucher that can be used by the preceptor or other staff, or workshop?)
- Time demands/responsibilities (Do I have time to do a good job of precepting?)
- Preceptor's preferences for types of students (based on what has worked or hasn't worked in the past)
- Do you understand the other roles/objectives if the student is not in the CNS option?
- Can you provide an appropriate experience for a student who is not in the CNS option?



NATIONAL ASSOCIATION OF
CLINICAL NURSE SPECIALISTS

- Organizational characteristics/responsibilities
 - Is there an existing contract between the school and agency? Is it ongoing or renegotiated periodically? Does it cover only undergraduates? Contract requirements?
 - Is there a “point person” in the department for coordinating all student placements?
 - Will the APN student be on the same unit as students from his/her school or other schools (grad or undergrad)
 - Can student get access to computer?
 - Can student document on patient records?
 - Will student have access to institutional data/resources for project (e.g. an EBP project or QI initiative)?
 - Orientation requirements (computer, meds, mandatory competencies such as CPR, infx control)
 - Culture (experienced at having graduate students or not?)
 - Staff and physician relationships and expectations regarding student’s roles
 - Facilitating student entrée
 - Letter of introduction (including expectations and deliverables) to staff, interdisciplinary team members
 - Orientation
 - Parking
 - ID badge
 - Cafeteria
 - Hospital library
 - Determine student’s access to hospital resources for preparing materials (e.g., patient education, power point slides etc)
 - Immunizations
 - Emergency contact info
 - Locker/office space for student
 - Phone use
- Educational facility/faculty responsibilities
 - Is the contract with institution current?
 - Has the contract for education experience of student with preceptor been reviewed?
 - Has the preceptor received guidelines or objectives for the preceptorship?

Approved by the NACNS Board of Directors