PRESENTATION COLLEGE
DIVISION OF NURSING

PRESENTATION COLLEGE

2018-2019

Master of Science in Nursing (MSN)
Preceptor Guidelines
# TABLE OF CONTENTS

Welcome .......................................................................................................................... 1  
FNP Program .................................................................................................................. 1  
NE Program ................................................................................................................... 1  
Role of the Preceptor as Clinician and Educator ....................................................... 2  
Preceptor and Program/Course Faculty ................................................................... 3  
  Nurse Practitioner Course Progression .................................................................... 3  
  Communication with Presentation Faculty ............................................................. 3  
Liability Concerns ....................................................................................................... 3  
Medicare and Insurance Regulations ....................................................................... 4  
Summary of Preceptor Responsibilities ................................................................ 5  
  Logistics and Arrangements .................................................................................. 5  
  Preceptor Requirements ....................................................................................... 5  
  Communication ...................................................................................................... 5  
  Patient Encounters ............................................................................................... 6  
  Evaluations ........................................................................................................... 6  
Preceptor Expectations for Students ...................................................................... 7  
  Interviews ............................................................................................................. 7  
  Review of Past Clinical Log Hours ...................................................................... 7  
  Preparation ........................................................................................................... 7  
  Clinical Hours and Attendance .......................................................................... 7  
  Professional Appearance ...................................................................................... 8  
  Evaluation of the Preceptor and Clinical Site .................................................... 8  
Managing the Clinical Experience .......................................................................... 9  
  Getting Started ................................................................................................... 9  
  The Clinical Day ................................................................................................. 9  
  The Last Clinical Day: Summing Up .................................................................... 10  
Clinical Teaching ..................................................................................................... 11  
  Refining Clinical Skills ....................................................................................... 11  
  Integration and Application of the Sciences and Evidence-Based Practice .......... 11  
  Clinical Reasoning and Decision-Making .......................................................... 12  
Mastery of Documentation ....................................................................................... 12  
Refining Interpersonal Skills ................................................................................... 13
WELCOME

We would like to thank you for your willingness to be a clinical preceptor for a Presentation College MSN student. Clinical preceptors are an invaluable addition to the education of advanced practice registered nurses. Please read through the preceptor guidelines prior the clinical experience. This document delineates the preceptor’s responsibilities for teaching, supervision, and student evaluation during the preceptorship experience. The guidelines also serves as a resource tool for the preceptor for various issues that may arise during the preceptorship.

A resource video that may assist the preceptor is the NONPF Preceptor Orientation Video. This may be accessed at https://vimeo.com/118248474. This may also be access at https://vimeo.com/nonpf/nonpfpreceptororientation and enter the passcode “NONPFOrientation15.”

FNP PROGRAM

Our MSN FNP program is a hybrid program that began in Spring 2018. The program consists of 48 credits with all course work delivered online. The program is completed full-time in 2 years or 6 consecutive semesters, part-time options are also available. Students are required to attend on-campus residency experiences approximately once per semester. During residencies, students demonstrate competencies, learn, and practice various skills and procedures, and participate in interdisciplinary simulation. During the program the student participates in 640 clinical hours with additional simulation.

NE PROGRAM

Our MSN Nurse Educator program is a hybrid program that began in Fall 2018. The program consists of 36 credits with all course work delivered online. The program is completed full-time in 4 consecutive semesters, part-time options are also available. Students are required to attend on-campus residency experiences approximately once per semester during their final semesters. During residencies, students demonstrate competencies, learn and practice various skills and procedures, and participate in interdisciplinary simulation.
ROLE OF THE PRECEPTOR AS CLINICIAN AND EDUCATOR

- Directs overall goals and objectives for the practicum experience based on student outcome objectives provided by the student, and/or program faculty;
- Provides students with clinical experiences that are grounded in the implementation of evidenced based practice, and represent typical advanced practice nursing;
- Identifies and discusses the student’s needs in order to meet the course objectives;
- Assess the nature of particular patient-care encounters to enable the student to meet personal learning objectives;
- Uses appropriate teaching methods to help the student meet learning objectives;
- Evaluates whether the student’s objectives have been achieved by the end of the practicum;
- Provides the student with feedback regarding patient care decisions, professional comportment, and progress toward objectives;
- 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 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; and
- Ensures that students comply with HIPAA training and regulations.
PRECEPTOR AND PROGRAM/COURSE FACULTY

Nurse Practitioner Course Progression

Prior to the student’s clinical practicum, the preceptor will receive a copy of the specific course description and objectives, as well as the student’s individual clinical learning objectives. The preceptor will also be given a brief curriculum outline delineating what stage of the program the student is current at. Awareness of the curriculum may be beneficial to design learning experiences, based on previous and current courses and clinical experiences.

Communication with Presentation Faculty

Prior to the student’s clinical practicum, preceptors will receive a copy of the MSN Program Director and MSN Clinical Faculty’s phone number and email address. The preceptor should also provide personal contact information along with the best times for contact. NP program faculty will arrange for site visit and/or video visit to observe the student providing direct care to patients and families. Time should be scheduled during faculty site visits so the preceptor and faculty member can discuss concerns related to the student’s performance, the preceptor’s role, or any questions about the program. Faculty, student, and preceptor telephone conference calls may also be utilized to support preceptors during the student’s clinical practicum and performance evaluation.

Preceptors should collaborate with faculty when a conflict or problem related to the student is identified. Any preceptor/student conflicts that have the potential for an adverse effect on the clinical experience should be discussed with the faculty as soon as possible. Faculty and preceptors should maintain open lines of communication throughout the clinical experience.

Any problems related to the faculty member’s role in the preceptorship experience should be discussed by the faculty member and the preceptor. If the problem cannot be resolved in this way, the preceptor should discuss it with the program director.

LIABILITY CONCERNS

Care provided by students must be held to the same standard of care provided by a licensed advanced practice professional (NP, MD, DO, CNM, NE). Preceptors are liable for the care provided to their patients while being precepted. Preceptors introduce the student to their patient, and request the patient’s permission to be interviewed and examined by the student. There is a clear understanding that the preceptor remains the primary care provider, is responsible for decisions related to patient care, and will continue to provide follow-up care.

Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm differential diagnoses and management plans with students prior to the discharge of the patient. Review by the preceptor must be documented in the record, indicating that the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible for care. It is customary that the preceptor co-signs all records in which the student provides
documentation. Third party payers, government, and insurance companies cannot reimburse for care provided solely by the student.

Presentation College maintains professional liability insurance for all nursing faculty and graduate nurse practitioner students. Specific information regarding liability insurance is available in the agency clinical contracts.

**MEDICARE AND INSURANCE REGULATIONS**

The CMS Guidelines for Teaching Physicians, Interns, and Residents (2011) are specifically directed on the role of the teaching physician, which although are not stated, can be applied to teaching nurse practitioners who care for Medicare patients. The CMS guidelines and the National Task Force (NTF) criteria for the ratio of preceptor to student are reasonable and explicitly identify the preceptor as the primary provider for the patient being seen by students, who is responsible for the review of all subjective and objective findings, diagnostics, and plans of care.

Preceptors currently are required by law to co-sign orders written by NP students, and generally write a similar note as is written for medical residents. “I have seen, examined, and discussed the patient with the NP student, and concur with the findings and management plan.” Please refer to the complete CMS policy at the following website: (www.cms.gov/MLNProducts/downloads/gdelinesteachgresfctsht.pdf).
SUMMARY OF PRECEPTOR RESPONSIBILITIES

Logistics and Arrangements

- Arrange for student orientation, including computer access;
- Assist in completing required documentation such as:
  - Signing confidentiality form/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;
- Ensure examination space for patient encounters;
- Assist the student in learning the consultation and referral process in the clinical setting;
- Be aware of information in the legal affiliation agreement with the student’s program; and
- Review personal and course/clinical objectives with student.

Preceptor Requirements

- Provide the following documents to Presentation College:
  - CV/resume;
  - Professional license information;
  - Documentation of specialty certifications; and
  - Provide current contact information to faculty.

  The items may be faxed to 605-229-8489 or mailed to the following address:

  Presentation College
  MSN Program Director
  1500 North Main Street
  Aberdeen, SD. 57401

Communication

- Discuss any problems with student and faculty;
- Enable student documentation of patient care consistent with the requirements of the clinical site. (If students have limited access to EHR, student can document on a form that may assist with preceptor’s own computer charting); and
- Be available onsite when student is present.
Patient Encounters

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

Evaluations

- Provide formative and summative evaluation to document student’s performance, consistent with student’s agreement and personal objectives and course objectives; and
- Confer with faculty advisor and student a minimum of two times per experience to discuss student’s progress and learning needs.
PRECEPTOR EXPECTATIONS FOR STUDENTS

Interviews

A preceptor may require an interview prior to accepting the student. In the absence of an interview, the clinical/courses faculty member will assess the appropriateness of the clinical setting and preceptor assignment.

Review of Past Clinical Log Hours

The student is required to keep an electronic log in Typhon of the de-identified patients they have seen and the nature of the patient care encounters they have experienced during the clinical rotation. Student logs/encounters provide a substantive indicator for discerning whether the student’s learning needs are being met.

Preparation

The student should prepare for clinical practicum as recommended by the preceptor and faculty member. This preparation includes developing individual learning objectives, conferring with faculty on specific learning needs, and seeking independent learning experiences to improve autonomy and self-confidence. Students keep a log/reflective journal of their clinical experiences and make note of areas needing refinement as they progress through the experience. The preceptor should discuss the specific patient population and the most common clinical problems to expect in the clinical site.

Clinical Hours and Attendance

The student should schedule clinical practicum hours considering the receptor’s schedule and availability – not the student’s schedule or convenience. Prior to beginning the clinical practicum, students and preceptors need to agree on the days and times the student will be in the clinical setting. The preceptor must be notified by the student, prior to the beginning of the clinical day, if the student will be absent due to illness or emergency. It is also the student’s responsibility to notify the faculty member of the absence and negotiate with the preceptor making up the clinical time, when possible. If the student is not attending clinical as scheduled, the preceptor should notify the course faculty member immediately. The student is not permitted to be in the clinical setting if the preceptor is absent, unless an appropriate substitute preceptor is present.

If a student fails to complete the required number of clinical hours for the practicum, they are not automatically permitted to make up those hours. Agreement by the preceptor and faculty must be obtained prior to any extension of the clinical practicum. Making up incomplete clinical hours and absences related to unexpected illness (of the student or preceptor) should be discussed between the course faculty, preceptor, agency, and student.
**Professional Appearance**

Students are expected to dress appropriately and professionally and wearing the official Presentation College ID badge, lab coat, or clinical site-specific attire (e.g. scrubs). Student behavior should be consistent with standards of confidentiality established by HIPAA and the clinical agency.

**Evaluation of the Preceptor and Clinical Site**

Following the clinical practicum, the student should provide feedback to the preceptor on the quality of the learning experience, including the effectiveness of the preceptor’s teaching and mentoring. In addition, students should provide the faculty with feedback on the effectiveness of the clinical practicum in meeting learning outcomes as well as the clinical site for facilitating learning (e.g. exam rooms available for student patient encounters).
MANAGING THE CLINICAL EXPERIENCE

Mentoring and role modeling strengthen socialization in advanced clinical practice. Observing the preceptor’s interactions with other professionals, staff, and patients enables the student to assume this new role. As students successfully integrate the role of the NP, they begin their journey from novice to expert. By organizing clinical learning within a time-constrained environment, the preceptor enriches learning experiences for the student. The preceptor communicates with the office staff about the scheduling of patients, the availability of exam room space, and specific procedures (e.g. suturing) that would enhance learning with minimal disruption of the office routine.

A resource video that may assist the preceptor is the NONPF Preceptor Orientation Video. This may be accessed at https://vimeo.com/118248474. This may also be access at https://vimeo.com/nonpf/nonpfpreceptororientation and enter the passcode “NONPFOrientation15.”

Getting Started

- Discuss individual preceptor expectations and teaching style. Will the experience be fast-paced or will the schedule be modifiable according to the needs of the student?
- Introduce student to the clinical site, confidentiality and personnel policies, and to other members of the staff and provider team. Explain the role of the student and the length of time of the clinical placement;
- Determine student’s personal learning objectives and priorities; and
- Allow the student at least one day to “shadow” the preceptor, so the student understands the particular style and pace of the clinical environment.

The Clinical Day

- Deliberate reflection: Provide rationale for assessments and treatment of patients/families. Allow time for brief questions as interactions with patients unfold and the student observes care.
- Developing a problem-oriented focus: Select a concept or problem area for each clinical day that enhances clinical learning (e.g., physical exams of various age groups, management of several patients with the same condition, consulting, and referrals).
- Readying: Brief the student before entering patient room. What are the tasks required prior to meeting the patient? What resources are available to the student to prepare for the care of this patient/family?
- Initiation: Introduce the student to the patient and request the patient’s permission for the student to prepare for the care of this patient/family.
- Pattern identification: Assist the student to recognize patterns/constellations of signs and symptoms. Assist in thinking through differential diagnosis, relating assessment data, and developing working diagnoses.
• **Clinical problem solving:** Teach in the patient’s presence. Student presents signs and symptoms in front of patient/family. Use the “teachable moment” in response to student’s presentation.

• **Controlling the number of teaching points:** Limit teaching to 1 or 2 key critical components per student-preceptor interaction.

• **Feedback method:** Guide student’s clinical reasoning though a developmental process, beginning with analysis of specific experiences and student self-assessment, then identifying relationships between clinical experiences and specific concepts, and finally discussing patient care at the level of concepts.

• **Critique and evaluation:** Assess student’s level of knowledge and understanding, filling in gaps and showing relationships between and among key concepts.

• **Student reflection-in-action:** Use staffing time after each patient encounter to help students reflect on progress and need for continued development and practice. Promote student reflection-on-action at midway and final points in the experience. Encourage collaborative discussion that guides the student in understanding critical relationships between prior knowledge and new clinical experiences, and guide the student in self-evaluation and critique.

• **Student evaluations:** Assess student’s level of clinical competence, using evaluation materials supplied by Presentation College. Take into account the students current level of experience. Beginning students will demonstrate lower levels of accomplishment than students nearing the end of their clinical experience.

**The Last Clinical Day: Summing Up**

• Provide tie for the student to “debrief” regarding the entire clinical experience. Ask what went well, what they would like more of, what they will carry forward into their own practice.

• Provide honest, clear, and specific suggestions for the student’s continued development as a nurse practitioner. Suggest additional clinical experiences to enhance the student’s learning and growth in the NP role. Help the student make connections with other providers who might add knowledge and skill preparation.

• Discuss written evaluation with the student and the clinical faculty member.

• Indicate your willingness (or not) to continue in the teaching/mentoring role.
CLINICAL TEACHING

Preceptors are responsible for helping students to refine skills related to patient care within the context of a caring relationship (Ferguson, 1996). It is important for the preceptor to allow the student to experiment with newly-learned skills to build clinical self-reliance. Preceptors can gain confidence in the student’s abilities through observation, listening to case presentations, reviewing documentation, and attending to feedback from patients and other clinical personnel.

Refining Clinical Skills

The preceptor’s initial role involves evaluating the student’s level of knowledge and assessment skills. As the student progresses from novice toward proficiency in assessing patients, identifying a diagnosis, and formulating a management plan, the preceptor evaluates a) the student’s psychomotor skills, b) data collected from the history and physical, c) interpretation of data, and c) the proposed management plan.

Guiding students in gathering reliable assessment data involves observing the student while eliciting a history and performing a physical exam, followed by validating the assessment. The student presents findings to the preceptor, who evaluates the student’s interpretation of the assessment data. Incorrect information is corrected by discussion and re-examining the patient as appropriate. Providing positive feedback reinforces students’ skills and confidence in successful clinical learning. Students need time to practice their skills and test their abilities. Obtaining patient’s permission is always requested prior to student beginning the encounter. The patient should be assured that the preceptor will also see them following the student’s interview and exam.

Students should identify their individual learning needs in the area of assessment and welcome the preceptor’s critique and/or validation of their skill levels. A plan for remediation should be anticipated for situations in which the student needs practice and proficiency in either technique or interpretation of patient assessment data. Often refining an incorrect psychomotor skill technique can be achieved with a clinical demonstration by the preceptor at the time of the patient encounter. Interpretation of laboratory data is a skill that requires the student to apply knowledge from the sciences and identify links to the patient’s history, presenting concerns, physical exam, and differential diagnoses.

As students progress and gain confidence, they become more comfortable with the preceptor’s critique and seek direction to achieve higher levels of proficiency in clinical reasoning. Students need to be apprised that, although they are students, evidence of progressive mastery of content and psychomotor skills is expected. They should anticipate progressing along the continuum from novice to competent, safe practice.

Integration and Application of the Sciences and Evidence-Based Practice

The preceptor is instrumental in facilitating the student to synthesize and apply scientific knowledge and evidence to interpret subjective and objective data, assess the patient and to develop management plans. Students’ ability to synthesize and apply scientific knowledge to
the care of their patients should increase as the progress. In particular, they should demonstrate progressive mastery of physical assessment, pathophysiology, and pharmacotherapeutics.

Clinical reasoning can be supported by having the student present the patient case to the preceptor and provide evidence-based rationale for their decisions. In addition, the preceptor may suggest topics for further research, based on the patient encounters from that day. This strategy will enable students to gain confidence in and reinforce their knowledge base.

**Clinical Reasoning and Decision-Making**

As an expert clinical practitioner, the preceptor has mastered a variety of ways of thinking that contribute to the process of clinical reasoning. Teaching the student how to use these ways of thinking helps develop clinical proficiency. The process of teaching clinical reasoning guides the student in learning new ways of thinking in clinical practice. Teaching clinical reasoning enables students to apply knowledge in practice. Students should be asked to:

- Reflect and describe the process of identifying a specific diagnosis or differential, select laboratory tests, prescribe medications or recommend a follow-up schedule;
- Use accepted guidelines and standards of care;
- Use the latest evidence in development of management plans;
- Critically analyze the guideline/standard of care and determine how it should be implemented or adapted to the individual patient scenario; and
- Reflect on previous client encounters and compare and contrast components of the assessment.

The one-to-one relationship with the preceptor provides the student with the opportunity to develop competence in diagnostic reasoning/clinical decision-making, advanced practice nursing skills/procedures, as well as self-confidence in implementing the NP role. Timely and constructive feedback, whenever possible, enhances this learning process.

**Mastery of Documentation**

The clinical practicum provides the students with the opportunity to master documentation of care. In "learning by doing," the preceptor mentors the student in refining the history, exam, decision making, and level of service provided. The preceptor should review the history and physical findings prior to entries in the patient’s health record. Many preceptors request that the student write out the note and an prescriptions for review. This strategy is effective in enabling the student to revise the note prior to entering it in the patient health record. When the preceptor has determined that the student’s documentation has progressed to a level that requires little or no correction, the student is usually permitted to enter findings directly into the health record. Preceptors must co-sign all students’ notes whether hand-written, dictated, or computerized as they are legally responsible for the care of the patients, and requires by CMS.
Refining Interpersonal Skills

Students should demonstrate basic interpersonal skills:

- Eliciting historical data by using open-ended questions and allowing the patient time to answer a question before proceeding to the next question;
- Eliciting a history, comprehensively, and in an unhurried manner before beginning an exam;
- Asking about the patient’s opinions, concerns about their condition, and how they would like to participate in their plan of care;
- Verifying with the patient understanding of their concerns, treatment plan, and opinions;
- Eliciting information from the patient about their family and support systems;
- Showing empathy: genuine interest, concern, or warmth for the patient’s situation, condition, or personal/social problem;
- Providing the patient with relevant information, demonstrating sensitivity regarding potential impact on the patient’s lifestyle, financial resources, or self-care ability; and
- Providing culturally congruent care, demonstrating awareness of ethnicity, traditions, and beliefs.

The student should be notified of any need for improvement in interpersonal skills early in the clinical practicum. By alerting students to focus on problematic areas early in the practicum, preceptors give students the opportunity to refine their interpersonal skills by the time the clinical practicum is completed. Students who do not improve their interpersonal skills, despite preceptor recommendations, should be referred to their faculty member for remediation.

Patient Education

Patient education is an important domain of NP practice and should focus on health promoting behaviors, disease prevention as well as issues surrounding health maintenance and episodic self-care. Students are expected to:

- Integrate patient education in all aspects of care;
- Demonstrate the ability to perform a learning needs assessment and construct a teaching plan that is appropriate to the learning needs of the patient and/or family members;
- Take into consideration timing and level of patient education, identifying “teachable moments” as opportunities for patient and family learning;
- Determine the patient’s or family members’ ability to understand either verbal and written instructions, in plain English, or their own language;
- Document the patient education plan in the record and reinforce it with subsequent providers, whenever possible;
- Discuss the educational plan with the preceptor; and
- Be aware of agency resources for educating patients such as a nutritionist, diabetic educator, or health educator. Students should collaborate, as appropriate, with other members of the health care team. Members of the interprofessional health care team...
can provide resources and links in the community that will best meet the patient’s needs.

**Navigating Health Care Systems**

To fully function in the nurse practitioner role, students must learn to navigate health care systems. They can practice these skills during contacts with interagency referral processes and with processes related to managed care, home care, securing durable medical goods, and writing prescriptions.

Students should be encouraged to advocate for patients as part of providing comprehensive care. Students’ self confidence in decision-making can be enhanced by providing feedback on their ability to achieve patient care goals and objectives through skillful negotiation of health care systems. A reference guide for commonly used resources should be available to the student. Students should initiate referrals and team conferences and seek financial and social supports for patients/families.
EVALUATION

Academic Standards Student Evaluation Criteria

Prior to the preceptorship experience, the preceptor will be provided with the MSN program outcomes, the specific course description, course outcomes and a copy of the student clinical evaluation criteria. The preceptor will provide both formative and summative evaluation during the preceptorship. The preceptor evaluation, faculty site visits, and phone conferences will be incorporated as the faculty assign the final course grade.

Formative evaluation

Formative evaluation is an assessment by the preceptor in the form of feedback to the student regarding their performance during the clinical practicum. Ongoing feedback provides the student with the opportunity to enhance their performance during the course of the clinical practicum. Role performance areas in which the student has achieved competence should be discussed with the student, as well as those areas that have been identified as weak, and needing improvement. Specific recommendations from the preceptor on strategies for improving clinical performance will be helpful to the student and can be documented in anecdotal notes and midterm evaluation.

Summative evaluation

Summative evaluation describes the student’s performance, development, and improvement at the conclusion of the clinical practicum. The summative evaluation of performance is based on the criteria indicated on the clinical evaluation tool provided by the NP program faculty. Although students may not be able to meet the performance competencies immediately, they should be able to demonstrate progression of skills and competencies. The written narrative is an extremely important part of the evaluation. Comments are valuable in assessing the student’s knowledge, skill level, and immersion in the course. Clarity of comments and specific examples of situations that illustrate the comments written on the evaluation form are important to learning. Written comments are particularly valuable if the student needs remediation in a specific competency area. The evaluation should be reviewed with the student on the last day of the clinical practicum, and returned to the clinical course faculty by the deadline indicated.

Preceptors are encouraged to document anecdotal notes that can be used to develop the mid-semester and/or end of semester evaluation. Student strengths, as well as weaknesses, should be documented. In the event that a student’s behavior is unprofessional, or the student places the patient in danger (e.g. including medical errors), an anecdotal note should document the event and the course faculty must be contacted. The course faculty should then meet with the clinical preceptor and student and take further action as appropriate.

Summative and formative evaluation provides the preceptor with the tools to identify and discuss deficiencies that may indicate clinical failure. Preceptors should inform the clinical
nursing faculty advisor of clinical performance deficiencies and/or problems at the time they occur. Clinical faculty are ultimately responsible for the final grade in the clinical course.
THANK YOU

The Presentation College MSN faculty members would like to thank you for being a preceptor for our MSN student. We deeply appreciate your participation in preparing the future generations of advanced practice nurses.

As a token of our appreciation and as an extension of our faculty by serving as a preceptor, please enjoy complimentary use of the online resource Accessmedicine: https://accessmedicine.mhmedical.com/. This is an online medical resource that provides access to numerous current medical textbooks, quick reference tools, drug information, multimedia videos, and patient education information. There are also numerous continuing education opportunities available within this resource.

This document has been adapted from the National Organization of Nurse Practitioner Faculties, “NONPF Partners in NP Education Manual.”