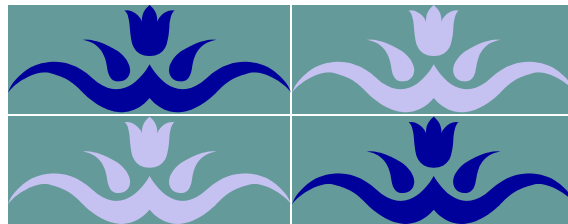


Preserving Our Mission: Precepting With Passion



UIC COLLEGE OF
UNIVERSITY OF ILLINOIS
AT CHICAGO NURSING

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Introduction

Why another preceptor manual, you may be asking yourself. Certainly we asked ourselves the same question, weighed whether or not another guide was necessary in our information-glutted society. After much discussion and careful deliberation, we came to the conclusion that indeed there were gaps to be filled, another perspective yet to be offered. While we appreciate the important work already done by academic institutions throughout the country, within our own state (Loyola University's Workbook for Adult Nurse Practitioners, for example) and even within our own College (Department of Public Health, Mental Health and Administration's Family Nurse Practitioner Manual) we felt compelled to supplement their offerings toward two ends— one practical, the other more philosophical. First, the pragmatics.

Practical

As a state institution, the University of Illinois spans a broad geographical distance. Our students vary widely in terms of life experience, ethnic diversity, age and educational level. Similarly, the needs and expectations of a small rural health care agency differ significantly from those of a public health department in a large urban area. Further, we recognize that students seek preceptors at various levels of educational background. The approach required for a student in an Associate Degree program will not suit the needs of a student pursuing a Masters Degree. We hoped to be able to map out a neutral ground and disseminate information, standards and expectations which would have applicability across all levels of the precepting experience.

Philosophical

During a 2003 state wide advisory meeting, a faculty member mused somewhat wistfully that our public health mission seems in danger of fading into murky insubstantiality. Didn't it all have something to do with Lillian Wald, she wondered aloud? It is our hope that this manual may serve to elicit dialogue, stimulate questions as to what the nature of our public health mission might be today, and what role the preceptor has in fostering and preserving our traditions. Is it important for students to recognize the names of the pioneers who came before them, to know what their values were, and how they fought to preserve them? How does our history connect with our present, help to guide our future? In some modest way, we hope this manual will prompt reflection on why we do what we do, teach the way we teach. If we truly believe in the mission of public health nursing, we must be able to articulate what that is and why it is essential to preserve. Dedicated preceptors act as the conduit between faculty and students. To ensure our ongoing vitality we must all— faculty, agency, preceptor, and student— engage in dialogue that clarifies and energizes. We must, in short, affirm passion for our mission and pass it on.

Program Aims

History

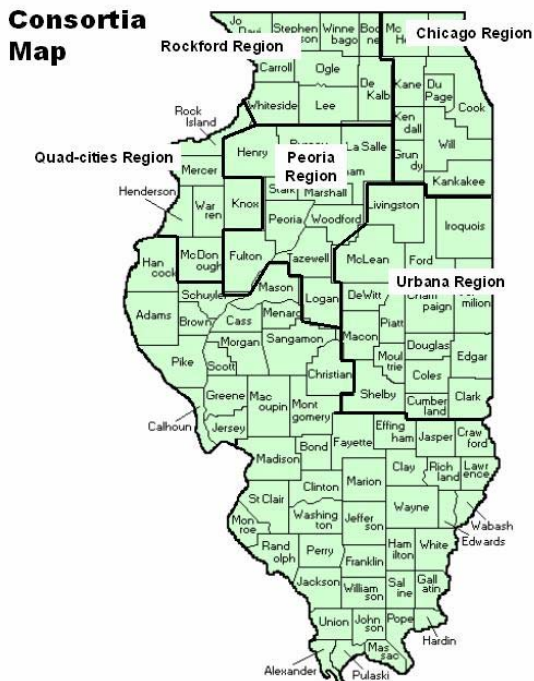
This preceptor manual is aimed at meeting the needs of the five groups which compose the Illinois consortium. Over the course of the past year (2003-04) the various state consortia contributed their thoughts regarding the content and applications of this manual. A State Task Force met for a workshop in the summer of 2003 to produce a preliminary structure. In the course of the ensuing academic year, further suggestions and refinements were contributed by a small Chicago core group consisting of agency administrators, faculty at both four- and two-year institutions, and practicing community health nursing preceptors.

Goals

This manual differs from other existing tools in that it seeks to uniformly address the concerns of consortia from divergent geographical/academic regions. The structure, needs and requirements of an agency in a rural setting can be vastly different from one situated in a large urban area; so too the expectations for a student in an ADN program will differ from those enrolled in a BSN curriculum, not to mention the rapidly burgeoning field of accelerated programs. Furthermore, there are vast differences between the requirements and expectations in undergraduate, masters, and doctoral programs. Nonetheless, the aim of this manual is to locate some common ground from which the agencies, preceptors, faculty, and students across the state might forge alliances, foster common dialogue, and work toward fulfilling the mandate of Public Health Nursing in Illinois.

Consortia

Each consortium brought to their meetings the following concerns:



- Raised the possibility of satellite training in an effort to foster statewide dialogue.
 - Articulated the problem of recognizing and rewarding participating agencies in an era of dwindling resources.
 - Expressed some concern with use and availability of distance teaching strategies, i.e. polycom and satellite communication.
 - A “teach the teacher” approach to both the Preceptor Manual and subsequent training sessions was suggested.
 - Noted importance of stressing that all students need to comply with agency policies.
-
- The inclusion of a checklist for providing student evaluation was recommended.
 - It was observed that since there are no funds for travel reimbursement, any ongoing training would be most appreciated if it were done on-site.
 - Suggested manual could be construed as part of a “preceptor toolbox.”
 - Recognized need to identify “critical attributes” of different levels of students: Two-year programs, four-year programs, graduate students.
 - Agencies need outlet for expressing feedback as to what does and does not work for them.
 - An instructional video might be designed for use with the agency staff.

- Must relate importance of preceptors to the maintenance of public health mission. Preceptors require ongoing feedback as to the vital role they play in the students' understanding of and commitment to public health mission.

Thus the concerns of the participants across the state can be clustered around several predominant themes:

- A desire for statewide communication which serves to remind us we are part of a community larger than our own agency/geographical boundaries;
- A recognition of the structures imposed by an era of ever-tightening budget constraints;
- The need to develop communication strategies that are both economically feasible and interpersonally satisfying;
- Uniformity in the way we meet the needs of our students and agencies; and
- The nurturing and preservation of public health mission.

Since the last of these is the most global, let us move toward a common definition and understanding.

Mission

'Mission' is a rich word, abundant with connotations. It serves as both noun and verb and suggests a religious zeal, bordering, at times, on the evangelical. According to the Oxford English Dictionary, the noun form implies a "sending into the world . . . the spirit . . . for the purposes of salvation." Further, it can represent a "body of persons sent out . . . to evangelize abroad . . . the action of sending men or women forth with authority to preach" . . . Mission also connotes diplomatic endeavors, as in "the sending of representatives to a foreign country especially for the purposes of conducting negotiations . . . watching over certain interests." Generally it can be understood as any task or undertaking, a "duty or function imposed by a person; a person's vocation or work in life." More specific is the association with military maneuvers in which an "operation . . . is carried out . . . in the course of a conflict." Regardless of the particular application, the essence is clear: **Mission** without **Passion** is oxymoronic. The question, then, which we must continue to raise, is to what extent do we reflect this missionary zeal within our own public health professional spheres?

PUBLIC HEALTH MISSION

The American Public Health Association (APHA) remains the recognized voice for national/international public health concerns. In November of 2004 the 132nd annual meeting convened in Washington, DC, the exposition's theme was *Public Health and the Environment*, reflecting the "profound impact environmental factors have had on the health of the public." The more than 13,000 participants focused "attention on the role of public health in addressing environmental issues, sustaining healthy environments and enhancing research, public awareness, prevention, and treatment of diseases caused or exacerbated by environmental factors" (APHA 2004 Exposition Booklet.) Erin Brockovich, the feisty whistleblower who took on and triumphed over the power industry, served as keynote speaker. The meeting convened one week after the presidential election.

The current president of the APHA, Jay Glasser, recognizes how the historic mission of public health grounds its current work and provides the roots from which future initiatives may flourish. He states:

Since our founding [more than] 129 years ago by Dr. Stephen Smith and nine colleagues, the Association has remained faithful to its core value of community health for all and vigorous in the face of enduring challenges. In this new century, the pace of events is accelerating. The diversity of public health needs, globally and in an ever more diverse American population, threatens to outstrip the collective resources of our component professions which, though highly socially valued, are often under-funded and under-acknowledged. . . Our success in launching a multi-year multi-sectional effort to eliminate racial and ethnic disparities shows how we can at once attract allies and attack a seemingly intractable public health and societal failure. (<http://www.jglasser.com/mission/htm>)

The time has never been more critical.

PUBLIC HEALTH/COMMUNITY HEALTH NURSING MISSION

Lillian Wald produced generations of descendants, women and men who carried the spirit of Henry Street Settlement through the challenges and conflicts of the twentieth century into the turbulent dawning of the millennium. Among the many organizations and associations participating in Public Health Nursing, one which articulates its mission with particular clarity and passionate voice, is the Minnesota Department of Health.

Their website (<http://www.health.state.mn.us/divs/chs/phn/partnerships.html>) states their reaffirmation of mission as follows: *Public health nurses (PHNs) are reclaiming their population-based focus and strengthening their practice with communities, the individuals and families that comprise communities, and the systems that affect the health of communities.*

According to the Center for Public Health Nursing, Minnesota Department of Public Health (CPH, MDPH), cornerstones are defined as “those core concepts and beliefs that guide or underscore all actions of a profession. The cornerstones of Public Health Nursing are a synthesis of the cornerstones of its two basic disciplines, public health and nursing” (Center for Public Health Nursing, Minnesota Department of Health, 2003.) As reminder of our *raison d’être* and of the direction in which we strive to lead our students, here are those cornerstones, briefly excerpted, as articulated by the CPH MDPH:

1. The focus is on an entire population, meaning that public health nursing keeps an eye toward everyone who has the same characteristics of risk or concern and not just those already known to the public health system. Public health nurses (PHNs) are equally concerned about those they do not see or do not even know about who may also be at risk or of interest.
2. The work reflects community priorities and needs, meaning that everything public health nursing does is related to population health concerns or issues identified through a systematic assessment of community health status.
3. Establishes caring relationships with the communities, families, individuals and systems that comprise the populations served, meaning that public health nursing operates from a position of mutual trust, honesty, and integrity.
4. Is grounded in social justice, compassion, sensitivity to the diversity, and respect for the worth of all people, especially the vulnerable, meaning that public health nursing views health as a right for all and not a privilege for some.
5. Encompasses the mental, physical, emotional, social, spiritual, and environmental aspects of health, meaning that public health nursing acknowledges the impact of all determinants of health and maintains a holistic perspective of it.
6. Promotes health through strategies demonstrated as effective by epidemiological investigation, meaning that public health nursing relies on epidemiology as the method of inquiry for understanding the problems and issues it addresses.

Center for Public Health Nursing
Minnesota Department of Health

One need not strain to hear the echo of Wald's Henry Street Settlement. It reverberates in the commitment to discover and serve the hidden and marginalized, in the dedication to population-based community health; in the ringing call for trust and integrity, in the holistic approach, collaborative spirit; and in the vow to remain grounded in social justice, compassion, and respect for all.

Such is our historic mandate and so are we called to pass it forward to the students who come to us for guidance. In their editorial commemorating twenty years of publishing the journal *Public Health Nursing*, Shamansky and Young-Graham recognized both the particular challenges of our war torn era and Public Health Nursing's commitment to meet them: "In this dangerous world, so full of uncertainties, may we rise to the challenges and hope with renewed determination to build a better world for all humankind." (2003, p.339)

And so we begin with the task at hand: A consideration of the practicum experience, through which our students are first exposed to the mission and passion of public health nursing.

PRACTICUM EXPERIENCE

Nursing is love in action, and there is no finer manifestation of it than the care of the poor and disabled in their own homes.

Lillian Wald
1867-1940



The community health practicum experience offers a great range of options, depending on student interest, educational level and available resources. Ideally, insofar as is feasible, the faculty should strive to match the students' interests with the needs of participating community partners/agencies. This can be time-consuming and is not always possible. It demands patience on the part of the faculty who act as liaison between the student and agency/preceptor. A more general consideration concerns the level of education as it defines the practicum.

Level of Education

The extent and breadth of the community experience corresponds to the educational level of the student. From the associate degree programs to doctoral research, the community provides fertile ground for the student to encounter individuals' families, populations, and systems with a variety of health-related issues and problems outside of an acute care facility.

a. The Associate Degree Student

Because the focus of most ADN programs tends to be on the care of the individual and family in acute care settings, community rotations, if present, are usually of briefer duration than in baccalaureate programs. The emphasis is placed on care of the individual in the community rather than on population focused assessment and care delivery. Home health agencies providing a variety of skilled care to individuals and families may be best suited to meet the needs of the ADN students whose practicum experience generally extends over a four to six week period.

b. The Baccalaureate Student

Because of the nursing shortage and the competition among schools of nursing to address the resultant dearth of qualified practitioners, new programs are rapidly being developed to entice the so-called 'non-traditional' students into nursing. Thus a variety of accelerated programs are being designed and put in place across the country, changing the landscape of nursing education, and making it increasingly difficult to define the 'traditional' baccalaureate program. For our purposes, however, we will assume this student to be the graduate of a four-year university with an accredited school of nursing which confers a Bachelor of Science in Nursing upon successful completion. A large percentage of these students will likely pursue graduate study at some point in their careers. Thus the introduction to community based, population focused nursing care will be somewhat broader than that of the ADN student, stressing the need for intervention at the aggregate level rather than for the individual and family unit. In addition to home health agencies, appropriate sites include health departments, schools, community clinics, multi-purpose centers, and specialized health

fairs/screenings, to name but a few possibilities. The duration of the practicum varies from approximately seven to fifteen weeks.

c. The Master's Level Student

Graduate students enrolled in a Master's Degree program have likely identified a particular area of clinical interest. To varying degrees, according to their specific program of study, they will be conducting a community assessment and subsequent program planning and evaluation. Their practicum placement will thus be lengthier and more in depth. The 'smorgasbord' approach, which might be appropriate to undergraduates desirous of sampling a variety of clinical opportunities, would be inappropriate with this level. These students seek an 'immersion' experience in which they can submerge themselves in a project mutually enlightening for them and beneficial for the agency with which they will partner. It is particularly essential at this level for the faculty to ensure a good fit between students and preceptors/agency. The agency should derive clear and concrete benefits from the energy and resources of the graduate students involved and, reciprocally, the students need to feel the project is productive with tangible results. Participation from the faculty is most critical in the early planning stages and in the evaluative process upon completion. Unlike the undergraduate students who require ongoing and close supervision throughout the practicum, graduate students can be expected to work in a largely autonomous fashion with the faculty and agency personnel available for support and consultation.

d. The PhD Student

By the doctoral level, the student can be assumed to be mature and self-directed. Faculty can be helpful in assisting the student to locate community resources suitable to the student's particular research project. In addition to the population-focused basis of the research, the scholarship generated by doctoral students can shape and influence public healthy care policy.

Placement

As outlined above, the placement of students within the community health practicum is largely defined by three factors: students' level of education, students' interests, and available community resources. While ADN students may be best served within a home health agency, options available to baccalaureate and graduate students are as varied and complex as the community in which they study. Expectations regarding **mileage, transportation, and safety precautions** should be clearly defined before the practicum begins. Most programs assume a student's access to a car as prerequisite but complications and exceptions always arise and are better handled before the rotation commences. Whatever the site/sites chosen, and regardless of the student's level of study, it is the responsibility of the faculty to verify that the educational institution maintains a current and viable contract with the participating agency/site.

Passion

In an essay entitled “To Hell with Well Behaved” (June, 2004) *Newsweek’s* political columnist Anna Quindlen begins with the following antidote:

Recently a young mother asked for advice. What, she wanted to know, was she to do with a 7-year old who was obstreperous, outspoken and inconveniently willful?

“Keep her,” I replied.

Not helpful but heartfelt. I have never been a fan of tractable women, having mostly experienced self-loathing when I tried to masquerade as one.

WELL-BEHAVED WOMEN DON’T MAKE HISTORY, says the t-shirt a college student sent me . . .

Well-behaved women might not make the best public health preceptors either. If we are to light the fire of mission in our students’ hearts, we must ensure they encounter models of women and men ignited with passion for the core principles of public health nursing. Those who believe profoundly in social justice, equitable distribution of resources, the right to affordable health care and the dignity of the oppressed and marginalized cannot always be so well behaved when they are acting in an advocacy role. A bit of righteous indignation is often called for, a refreshing breeze through the stagnation of cynicism. These are the individuals we should seek as preceptors for our students, not the weary, already beaten by a system they abhor. Passion is contagious; let us vector it around, infect the generations who follow.

In the next section, the roles and responsibilities of the Preceptor, Agency, Student and Faculty will be outlined. An interview with a representative from each

category follows. Finally, a prototypical scenario, created through the collaborative efforts of participant consortia, concludes the section.

These vignettes are designed to serve as catalysts for discussion, edification, and improved practice.

Benefits of Precepting

What agency derives from a precepting experience:

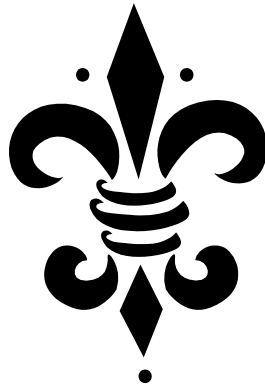
- Recruitment: The student group may contain potential employees.
- Orientation time is less when new nurses have already had clinical experiences in an agency.
- Students can augment the services delivered by the agency:
 - Needs assessment to help agencies tailor programs to their communities and populations.
 - Develop interventions that can be used by the facility.
 - More one-on-one time with “complicated” or needy clients.
- Students learn about the community-based services that are available and bring knowledge into practice—useful for future referrals, etc.
- Students develop an understanding about the role of nurses in providing community-based services, again useful for future collaboration.
- Preceptors and agency staff deepen understanding of the faculty role.
- Preceptors develop new skills to orient not only students, but also NEW staff.
- Preceptors and staff learn new strategies to articulate their roles and functions.
- Through teaching, preceptors and staff improve their understanding of community-based services and population-focus.
- Preceptors can use documentation of their experiences as evidence of performance for:
 - Career ladders
 - Raises/merit/evaluation
- Working with different levels of students help community agencies better define expectations (or competency levels) for staff with different nursing education backgrounds and different levels of public health experience.

DESCRIPTION OF PRECEPTORSHIP

PRECEPTOR

- 1a. One who instructs, a teacher, instructor, tutor.
 - b. *transf.* As title of a book containing instructions for some art. (Cf. *tutor.*)
2. The head of a preceptory of Knights Templars.
3. *spec.* A physician or specialist who gives a medical student practical training. *U.S.*

Hence preceptoral a. {so F. preceptoral}, of or pertaining to a preceptor; **preceptorate** {so F. *preceptorat*}, the office of preceptor or giver of instruction.



ROLES AND RESPONSIBILITIES

Preceptor

a. Preceptor Role

The Community Health Nurse Preceptor guides students by serving as a role model, sharing knowledge, resources, and information, expressing and generating ideas, stimulating exploration, and by providing feedback.

The Community Health Nurse Preceptor (CHNP) as role model:

- Demonstrates competency as a preceptor by knowledge of own role within agency and understanding of student's role.
- Facilitates participation, assesses learning needs, skill level, and educational background of the student, and provides relevant learning experiences.
- Communicates effectively with student and faculty in appropriate and timely fashion.
- Models critical thinking, leadership, advocacy, and cultural competence.
- Observes students directly and provides constructive feedback.
- Applies the Nursing Process to promote the health of the individual, families, and the community.
- Provides information about community health systems (town, city, county, state) and explains how they interface with individual practice.
- Discusses safety issues in community/environmental awareness.
- Links work of agency with national (i.e. HP 2010) and international (i.e. AIDS awareness issues).
- Involved in professional association.
- Enhances awareness of public policy and legislation affecting practice.

The Community Health Nurse Preceptor as socializer/integrator:

- Provides orientation to community setting.
- Introduces student to facility staff.
- Advocates for student.
- Helps the student feel welcome in the community health setting.
- Available to student for questions.

The Community Health Nurse Preceptor as educator:

- Receives course syllabus and course objectives 2-4 weeks before student arrives.

- Develops an understanding of the level of the student's educational program (associate, baccalaureate, graduate, post-graduate) as well as the student's skill level.
- Plans the "learning experience" with faculty/or student of MSN or above.
- Gathers background materials with faculty for advanced distribution to students.
- Assures that agency is prepared for students-takes ownership for the experience (i.e. has back up plan in case of changes in agency schedule and/or activities).
- Reviews objectives with student so both are on same page from the beginning.
- Assigns student to work with other staff members appropriately.
- Notifies clinical instructor as soon as problem arises.

b. Preceptor Interview

The preceptor interview is not only utilized as closure to the person precepting, but also could give valuable insight and information applicable to the next Preceptorship in a similar situation.

The following is an example of preceptor interview questions with replies.

Interview Questions:

1. What would you describe as the greatest rewards of precepting? The greatest frustration?

The greatest reward is the reciprocity that precepting brings to my practice and to the student's application of knowledge. We both learn something from each other and this strengthens the practice of Public Health Nursing. The greatest frustration is the student who is not prepared or a student who believes all of the learning is one-sided.

2. How can academic institutions better facilitate your role?

Communication between the preceptor and faculty is crucial. Understanding the expectations and role is important. Being a preceptor means more than being knowledgeable and skillful in the field, I think it is important that both the institution and the preceptor discuss this and identify learning needs of the preceptor before he/she begins.

3. Have you found significant differences in precepting requirements between ADN and BSN students? Graduate students?

The biggest difference between BSN and graduate students is the level of independence as well as the practical application of theory. For the most part, the level

of “real world” experience varies greatly between the BSN and graduate student. BSN students apply their critical thinking skills in a much different way than graduate students, which means that more clinical time is spent on theoretical concepts with the BSN student. I do not precept ADN students.

4. Can you share a success story?

My greatest success story is that “ah ha” moment when the student suddenly puts everything together and begins to really appreciate the impact of what he/she is doing. Like the cartoon, the light bulb seems to go off and that is when the hard work is all worth it.

5. Did you have any preceptors who shaped your own philosophy—for better or worse?

Absolutely. I am not sure they considered themselves preceptors or mentors, but I consider myself very lucky to have worked with and learned from several awesome professionals during my career. Their presence and influence have greatly shaped my philosophy, practice and success. It is because of them that I was able to recognize those who were not what I wanted to become!

6. How would you define the mission of public health nursing?

My version of the mission of public health nursing is being a leader and advocate for health as a right for everyone. That said, sometimes I think that our mission is more of convincing the rest of the medical community that people live in communities and with each other, not within the four walls of any institution, and that the impact of this is quite profound.

c. Preceptor Scenario

Janie is an experienced hospice nurse with a bulging caseload. To keep up with the multiple and complex needs of her twenty-five patients, she must make a minimum of five visits per day. Her supervisor asks her if she would mind precepting a student from a nearby university for a few days. Janie is reluctant due to her stringent schedule but the supervisor asks her to do it as a favor. The faculty member is a friend of hers and she is struggling to find experiences that emphasize population-based studies for her junior students. Janie agrees and is assigned Meg, who needs to complete a population-based

study of hospice patients for her community health care class. She is a soft-spoken twenty-year-old. Meg's first experience is a visit to the home of Luke, an 84-year-old veteran in the end stages of lung cancer. Meg is quiet and fidgety during the visit, sitting in a chair by the door, far from the hospital bed, which dominated the living room. Before they leave, Luke calls Meg over, saying he "wants to have a look" at her. When she stands by him, Luke reaches for her hand and tells her not worry, she will "make a fine nurse." Back in Janie's car, Meg bursts into tears. She explains that her grandfather died of lung cancer last year and, in between sobs, apologizes profusely and tells Janie she "just can't do this" and asks to be taken back to her car in the office parking lot, 15 miles away.

Discuss Janie's options and priorities.

- What lapses in responsibility have made Janie's job tougher? On the part of the agency? On the part of the faculty? The student?
- When there is a conflict between serving the profession by teaching the next generation of practitioners and serving one's patients, which one trumps?
- What steps might Janie take to try to circumvent a similar situation in the future?

Agency

a. Agency Role

The agency acts as "home base" for students' community health rotation, provides preceptors to guide and enrich students clinical experience, acts as collaborating partners with academic institution to foster learning and continuity of public health mission.

Agency role as home base to student:

- Extends welcome and hospitality to students.
- Provides space for student to meet with preceptor.
- Advises student on practical issues such as storage of personal items, parking, lunch arrangements, etc.
- Matches appropriate preceptor to student's needs.

Agency role as community collaborator:

- Maintains current contact with academic institution.
- Understands and affirms objectives of community health experience.
- Accepts reciprocal responsibility for ensuring positive Community Health Nursing experience.
- Shares information about upcoming agency activities and community events with students and faculty.
- Facilitates enforcement of agency regulations, which affect students, i.e. HIPPA, drug screening/immunizations requirements, documentation/education.
- Communicates overall view (mission, goals, vision, organization, know IPLAN priorities) and philosophy of agency to student.
- Sharpen realistic educational goals and objectives.
- Oversees student safety in work environment and practice.

Agency role as implementer of learning plan:

- Implements planned learning experiences.
- Maintains involvement with student throughout clinical experience.
- Maintains ongoing communication with student.
- Safeguards the student's FERPA right to privacy.
- Serves as the liaison between community and student to assure smooth interface of projects.
- Provides on-going feedback about experience to faculty and agency administration in order to meet objectives.
- Evaluator of job performance:
 - Evaluates student performance.
 - Evaluates the agency's experience.
 - Collaborates with faculty to provide agency administration with an evaluation of overall experience.
 - Gains benefit of student's enthusiasm and idealism.

b. Agency Interview

The following is an example of an agency interview with questions and replies.

1. What would you describe as the agency's greatest area of concern when assuming responsibility for a preceptorship?

Getting the students with the "right" nurses. It is a challenge to find the time to ensure proper placement for both students and staff nurses and to obtain sufficient information from faculty—the 'personal' information in addition to course objectives.

2. Does your agency currently provide any formal training for staff assuming a precepting role? If so, how do you gauge its effectiveness? If not, do you feel it would be beneficial?

No, we do not currently, but it would be helpful. We are just now beginning to talk about clinical ladders and serving as preceptor would constitute one rung.

3. Has your agency experienced any problems with the precepting of students?

Sometimes we do not see the faculty member much and when that happens I feel like I am “subbing” for the faculty. If the faculty is not on site, the students have no one to go to except our staff and we are stretched thinly.

4. To what level has your agency been satisfied with faculty/academic support?

It has been mixed and really varies with the institution. As I mentioned, when the faculty are here and on site we have been highly satisfied.

5. How do you feel the academic institutions could best express their appreciation of your collaboration in the education of their students?

Appreciation is best expressed directly to the nurse preceptors. A handwritten card from the students means a lot. One group of students came back with breakfast for the nurses—bagels, cream cheese, fruit—and that was really lovely.

6. How do you see your agency promoting the mission of public health?

We are a nonprofit agency serving the community. The patients we see are not always the ones with the great insurance. Many are struggling with finances as well as with death. We do lots of outreach into the community: We provide bereavement service to all in need and we have services for kids and their families as well.

7. When you are precepting students of your own, what three qualities would you most like to embody?

A love and passion for my job/career and the competency to excel at what I love-nursing!

c. Agency Scenario

An independent non-profit hospice organization serving the metropolitan Chicago area has been deluged with requests for home visits for students. Not wanting to overtax the already very busy nurses in Cook County, the agency decided to send several students out

to its less active office in Lake County, located in a storefront on a strip mall. Midway through the afternoon, the Education Director in Cook County received a call from the office manager in Lake County. A hostage situation was unfolding in a neighboring store in the mall. Police had surrounded the store and cordoned off the area. The manager was worried the students might inadvertently stumble into all of this. She asked the Director of Education for guidance.

- What does this suggest as to the importance of knowing students' whereabouts at all times?
- How does agency ensure it can reach students in case of an emergency? What avenues of communication are possible?
 - Cell phones/pagers (student)
 - Cell phones/pagers (preceptors)
 - List of patient visits, including addresses and phone numbers
 - Contingency plans for students in case of emergency (phone numbers of contacts/police/fire)
- Discuss importance of contractual agreements/liability issues between agencies and educational institutions.
- Discuss ethical dilemma of tension between wanting to accommodate students needs/interests and protecting staff members from potentially unsafe situations/conditions.

Student

a. Student Role

The student serves as both a learner and community health professional, expanding and honing communication skills in the process.

Student Role as Learner:

- Takes responsibility for own learning.
- Participates thoughtfully in the learning process.
- Seeks guidance/direction when uncertain of appropriate action.
- Participates productively/responsively in group through careful preparation and reflection.
- Evaluates own performance and experiences verbally and through documentation.
- Communicates own learning needs to faculty/preceptor.
- Seeks opportunities for new learning with faculty/preceptor.
- Provides the agency with scholarly community assessments, interventions, and critiques projects designed to meet agency needs.
- Participates in case conferences/staff meetings as available/appropriate.
- Takes advantage of learning opportunities in the agency/community.
- Correlates theory to clinical experience.
- Remains open-minded and non-judgmental.
- Prepares in advance for clinical experience as appropriate/directed.
- Provides feedback to case manager/preceptor about an experience/visit.
- Communicates effectively with preceptor and faculty.
- Assumes responsibility for learning about the agency before arriving (i.e. if they have a website).
- Follows safety precautions as appropriate within community.

Student Role as Community Health Professional:

- Recognizes professional boundaries.
- Respectfully complies with agency policies and procedures.
- Demonstrates cultural competency befitting community ethnic diversity.
- Abides by ethical practice standards.
- Fosters positive relationship with agency through open communication.
- Demonstrates understanding of application of best practices.
- Strives to appreciate complexity of community problems.
- Maintains professional attire, behavior, and attitudes.
- Maintains professional behavior/demeanor.
- Shows courtesy and respect to clients and staff within agency and community settings.
- Actively offers help with areas of comfort and interest.

- Maintains confidentiality.
- Arrives and leaves on time.
- Dresses appropriately.
- Shows accountability with log hours and work behaviors.

Student Role as Communicator:

- Shares appropriate information, materials, and readings/articles with agency.
- Communicates with agency preceptor or staff about patient care/progress.
- Communicates with agency preceptor or staff if not being supervised adequately.
- Notifies faculty (and agency if appropriate) of changes in personal phone numbers and addresses.
- Communicates problems in clinical setting to faculty as soon as possible.
- Notifies preceptor/agency and faculty of absence as far in advance as possible.
- Shares any discomforts about doing specific procedure, participating in specific experiences, with appropriate personnel and faculty.
- Completes an evaluation of the experience for the preceptor/agency/faculty/self.
- Thanks ALL for help (people in agency-preceptor administration, clients).
- Offers professional presentation/project to the agency at the end of the semester.

b. Student Interviews

The following is an example of a student interview with questions and replies.

- 1) Did you feel that the instruction from your preceptor/s complimented the classroom lectures? In other words, did what you were doing/observing in the community correlate with what you learned about the mission of public health nursing?**

The classroom lectures involved more of a national and, at times, global perspective on nursing. The instruction we received from our preceptors involved the local level of public health nursing. Although these perspectives varied, they complimented each other beautifully.

The time spent in clinical needs to be representative of what needs to be learned. There needs to be a realistic view of the classroom vs. the real world. At times the clinical experiences came before the classroom. Sometimes I was so afraid of being a burden to my preceptor that I was reluctant to ask for more supervision. Sometimes I have been envious of the med students who have "monitors" who do nothing but sit and be available to answer questions. We need to have NP's who can really supervise.

Yes, but in general what I learned in clinical was more memorable—nothing super memorable from class but I remember clinical more vividly—seeing how different community health nurses worked, all the logistics of community health nursing.

2) Compared to your clinical rotations within hospitals, how well supported were you in your role of community/public health nurse?

There was much more independence in my community/public health nursing role which allowed me to explore my role as a nursing student more in depth. My preceptors were always willing to answer my questions and teach me the independent side of being a nurse.

We need preceptors intent on being good teachers. Having clinical faculty serve as preceptors can be tricky but we do need to have relevance between the classroom and clinical experience.

In general the community preceptors were not as intimidating as in the hospitals and they seemed a lot happier. They also seemed to like teaching more.

3) Can you describe a preceptor in the community who was particularly helpful?

*Pat, a school nurse in Oak Park, was very open, frank, and passionate about her job. Also, Mr. P at the Core Center opened my eyes and mind to AIDS/HIV testing, prevention, and education.
I had wonderful preceptors!*

4) Did the preceptors with whom you worked demonstrate passion for public health nursing?

Mostly yes. There was one school nurse who I felt did not enjoy her job that much and this impacted on my perception of her passion for nursing. However, this was just one preceptor out of many.

All of the hospice nurses were really helpful-- perhaps because it was an area of interest for me. Also the CHN at the Howard Center was really great. Yes—they showed a much more positive side of nursing than the nurses in the hospital. It was a good and encouraging way to end.

5) How would you define the mission of public health nursing?

To provide care (BOTH PHYSICAL AND EMOTIONAL) as well as offering supportive services to people who live in the areas where these services are needed—i.e. everywhere!

From what I have seen and from talking to Public Health Nurses, they seemed pretty passionate about keeping people out of acute care settings. Many had worked in acute care and believed in catching things early to help people stay at home.

6) When you are precepting students of your own, what qualities would you most like to embody?

*Patience—a lot of nurses just go ahead and “do things” if they perceive you as being too slow and that decreases self-confidence. I will try to let the students work things out themselves even if it takes a bit longer.
Warmth—I want to be kind instead of intimidating.*

c. Student Scenario

Ellen is a graduating senior who had been looking forward to her community rotation. She was inspired by the stories and legends around Henry Street Settlement, by the gutsy nurses who worked with the Visiting Nurse Associations and hiked their long skirts to climb tenement rooftops at the turn of the century, by Mary Breckenridge and her group of rural midwives who reached their patients by horseback. She was relieved to be out of the confines of the hospitals and was anticipating adventures in the west side community where she would be placed. When Ellen was assigned the tasks of helping to update child immunization records and assisting with a bilingual poster on nutritional choices for newly diagnosed diabetics, she was sorely disappointed. This was not what she had expected and she felt bored and exploited. She wanted to function in the role of an RN and felt more like a clerical worker. She made no effort to disguise her frustration and checked the clinic clock with regularity.

- Discuss the importance of classroom content matching and preparing for community reality.

- How can the faculty better prepare students for the many facets/dimensions of public/community health nursing?
- Discuss the importance of open communication between students/preceptor/faculty and how miscommunication can damage essential community health linkages.
- How might faculty and preceptors better convey the importance of teaching in health promotion and prevention?
- What is the basic etiquette standard to which each student can legitimately be held?

Faculty

a. Faculty Role

The faculty serves as community health professional role models, collaborators, and educators. They integrate and embody the articulation of didactic and clinical community health knowledge.

Faculty Role as Community health role model:

- Advocates for patients when appropriate.
- Shares enthusiasm for public health and understanding of mission.
- Demonstrates problem solving, mediation, and negotiation skills.
- Maintains currency of own education.

Faculty Role as Collaborator:

- Communicates with agency and students on ongoing basis.
- Schedules early and makes self available during clinical hours.
- Provides resources for agency staff, speakers, educational liaisons, and faculty available to agency and student.
- Owns the KEY responsibility for effective communication and understanding, availability of communication between school, student, and agency.
- Explores ways that institutions can offer educational benefits and/or incentives to agency.
- Maintains availability to agency/preceptor/students.
- Demonstrates appreciation for agency staff and reaches students to do letters and awards.

- Maintains familiarity with agency and assist students with expectations.
- Links agency staff with professional organizations when available/appropriate.
- Maintains consistent faculty assignment with specific agency.
- Advocates for students.
- Advocates for preceptor/agency.
- Respects and feels comfortable within the agency.
- Knows the community.
- Serves as liaison between community and educational institution.
- Assures viability of or initiates current contact to agencies.

Faculty Role as Educator:

- Assessor of learning needs
 - Identifies student's academic abilities and skill level.
 - Safeguards the student's FERPA rights to privacy.
 - Complies with Illinois Department of Professional regulation when planning student clinical assignments.
 - Learns student's interests and attempts to match experience to area of interest in community agency.
 - Possesses general knowledge of agency objectives.

Faculty Role as Planner:

- Defines course objectives clearly.
- Links course objectives to learning experience.
- Communicates agency policy to students.
- Collaborates with preceptor to design material for learning experience.
- Anticipates problem areas and clarifies as necessary
- Uniform requirements.
 - Transportation expectations.
 - Compatibility of student/agency.
 - Delineates and clarifies faculty and student roles for agency.
 - Plans for ongoing communication with agency and student.
 - Oversees student compliance with agency requirements and policies.
 - Informs agency of student's educational program and skill level.
 - Assures student's basic understanding of community health.
 - Provides course syllabus and schedule to agency.
 - Assists with design of student projects.
 - Develops appropriate evaluation tools.

Faculty Role as Implementer of learning plan:

- Provides supervision appropriate to level of student.
- Maintains overall accountability/responsibility for learning experience.
- Links classroom (theory) with clinical experience with arrangements for post conference and on-line discussion.

- Demonstrates flexibility with agency staff and accommodates necessary changes.
- Understands and adheres to agency policies and procedures.
- Arranges format for post-conference discussion time.

Faculty Role as Evaluator of job performance:

- Grades students with input from preceptor.
- Provides agency with an evaluation of clinical experiences.

The factors outlined in the preceding section largely determine the focus and success of the preceptorship. Levels of education, placement, and passion mold and define the relationship. Let us look briefly at each and its affect upon the preceptorship.

b. Faculty Interview

The following is an example of a faculty interview with questions and replies.

FACULTY (PA): Baccalaureate Program

1. In your experience, have you had difficulty in matching students with appropriate preceptors in community settings?

We don't use preceptors regularly, only for special projects. We really haven't used them consistently for the past 10 years. We have had to make a real effort to meet special interests-school nursing for instance. I generally act as both faculty and preceptor with home visits. The only real traditional precepting we had was with the old Chicago VNA.

2. How have you handled the logistics of post-conferences when you have students at multiple sites?

I always try to set a time of week for the students to return to campus. All of them are placed within a nearby geographical area. We do not try and have a post-conference every day.

3. In what ways has your academic institution expressed appreciation to the participating agencies/preceptors?

With the undergraduate program we have a minimal budget set aside for the agency. I usually try to do some gesture like a fruit basket and I always do letters to

the preceptors and their supervisors. With the graduate students, we have a preceptor dinner. I always encourage students to take responsibility for some gesture; it is just part of the etiquette. The university cannot offer classes but we will be happy to come out and do presentations.

4. What sorts of student projects have you found most beneficial to community agencies?

I always ask what would be most helpful and try and help the students design a project to meet the agency's needs—a poster on giving medications to kids or developing teaching materials, resource directories and designing in-services.

5. What would be the one change in the community/public health clinical experience you would most like to implement?

Students always want more contact with families and children. It is hard to get family referrals for community visiting. It is getting increasingly harder to find home visit experiences.

6. In your experience, does passion infuse public health nursing?

Yes, more so than in in-patient settings. I think that when students have experiences in community, they are intensified by the nurses with whom they work. Students feel the excitement of those nurses. There are no hopeless community health preceptors.

c. Faculty Scenario

Gail is an exceptionally bright and mature student completing her ADN program. She has been assigned to do home visits with Nancy, one of the RNs at a local home health agency. The clinical instructor, Lou, had to work hard to convince the agency to accept the student, and she was most grateful when they finally agreed. At the end of her second day of visits, Gail called Lou. She was nervous and apologetic about “bothering” her but said she needed to discuss something that disturbed her. An elderly woman with mild dementia had complained to Nancy about chronic pain in her lower abdominal area. She stated it did not respond well to her regular analgesic and she wondered if maybe she could try something else for pain or “get some tests” or both. Nancy had glossed over her

concerns, assuring the patient that it was “nothing to worry about.” After leaving the home, Gail asked if it might not be a good idea to notify the physician. Nancy first stated that the woman was confused and is “always complaining about something.” When Gail persisted, Nancy responded with mounting irritation, “Look, if I call the doctor to report that, he is just going to get mad at me and I don’t feel like getting yelled at, okay?” Gail found the whole situation very disturbing and sought Lou’s counsel.

- Discuss the role and extent of diplomacy as it affects the faculty’s relationship with both students and agency.
- In what situations should the students directly voice their concerns to the preceptors and when are they justified in waiting to discuss them with their faculty?
- When a student voices concern over the actions or inactions of the preceptor, to whom within the agency should the faculty relay the information?
- Discuss the various dimensions of advocacy suggested by this scenario.

Educational Institution’s Responsibilities

- Contracts
- Faculty Assignments
- Student Assignments
- Ratios
- Resources and infrastructure
 - Immunization compliance and verification
 - Background checks
 - License verification
 - CPR, BBP training

- FERPA and HIPAA training
- Disciplinary procedures
- Adjunct status for appropriate preceptors
- Complaint procedures/grievances

Preceptor Level of Education

a. The Associate Degree Student

As previously mentioned, since the focus of the practicum at this level is likely to be on the delivery of care to individuals and families in the community, a skilled preceptor with at least two years of experience in community health nursing would be requisite. Ideally, the individual should have knowledge of care across the lifespan and a Bachelor's Degree whenever possible.

b. The Baccalaureate Student

An appropriate preceptor for the baccalaureate student would have a minimum of a Bachelor's Degree, good clinical skills, and a strong understanding of the link between community and public health nursing. She/he should be able to speak knowledgeably about the community, its needs, priorities and underserved components. She should be able to translate the care of individuals and families into language appropriate to aggregates. She/he should be able to articulate the connection between the mission of the particular agency and the larger public health initiatives (i.e Healthy People 2010).

c. The Master's Degree Student

The preceptor for the graduate student should be either an advanced practice nurse or hold a Master's Degree in Nursing or in Public Health. At this level the preceptor's role

would be to serve as a guide through the labyrinth of community resources, leaders, policy makers, etc. Depending on the length and breadth of the practicum, the Master's students may seek out the guidance of several preceptors.

d. The PhD Student

Students conducting doctoral research seek the wisdom of a faculty mentor to support and oversee the completion of their work. In some cases the roles may overlap but for the most part, the mentor might suggest consultation with strong public health preceptors who can provide key pieces in the population based model of program research.

Placement

To reiterate the placement options discussed in the previous section as they apply to the precepting experience:

The site chosen for the practicum should be one most likely to yield the type of preceptor appropriate to the needs and educational level of each student. Thus an established home health agency with Bachelor prepared nurses would be a likely site for ADN students. Departments of Health, as well as specialty and school-based clinics are well poised to meet the requirements of baccalaureate students. Graduate students will likely become well acquainted with a variety of agencies within the community they assess and evaluate. Doctoral students will chose sites conducive to the conduction of their research. All participating agencies must have valid contracts with the affiliated educational institution. Doctoral students might also have to factor in the requirements of their particular Institutional Review Board.

Passion

The true indicator of a successful precepting experience is the transfer of passion from preceptor to student. If the preceptor cannot convey enthusiasm, dedication, and even delight in their work, the student will be at a distinct disadvantage. There are few nurses who have not experienced the misfortune of coming under the tutelage of the bored and dispirited practitioner. Nothing makes the student rethink his/her career choice faster than the example of one who seems utterly miserable in the role. While no one can be expected to be a bastion of unflagging optimism and energy, a strong conviction in the worthwhileness of one's profession is requisite. While she/he may not be able to narrate the venerable history of public health nursing, something of Lillian Wald's passion should burn in the eyes.

Definition of Passion

- 1.a. *trans.* To affect or imbue with passion.
- b. To move or impel passion. *Obs. Rare*
- c. To express with passion or deep feeling.
2. To affect with suffering, to afflict. *Obs.*
3. *intr.* To show, express, or be affected by passion or deep feeling; formerly *esp.* to sorrow.

Conclusion

The process of compiling a Preceptor's Manual began in the Fall of 2002. The terrain of Public Health nursing had shifted abruptly in response to international upheavals. Suddenly confronted with the urgency of "bioterrorism preparedness," nurses were summoned to lead the charge against all manners of threats both tangible and vague. 'Preparedness' was the mandate we were handed, our clarion call from funding sources. So we learned about anthrax, smallpox outbreaks, duct tape, and color-coded alerts.

This manual approaches completion in the waning days of 2004. Behind us is an election, which polarized the country, separating its citizens according to the color of the state in which we reside. The week following November 2nd, many of us gathered in Washington, D.C. for the American Public Health Association's Annual Meeting. Our sessions reflected the diversity of concerns, which challenge us to action in the years ahead. Some of the early, domestic frenzy has abated; we no longer view our mail suspiciously, checking for signs of white powder and duct tape has resumed its humble place within the home repair kit. But as the dust settles and we look back, as we look forward to consider the future, we must engage in some serious discernment. The rush toward preparedness at all costs has exacted quite a toll on traditional public health priorities. As winter descended we faced a scarcity of flu vaccine in the United States, the consequences of which are still uncertain. Might such a crisis have been averted were stewards of the public's health not distracted by the escalating war abroad and the dwindling resources at home? We cannot say with finality but with the number of under and uninsured at an all time high and climbing (well over 40 million at this writing), it is clear we must once again return to our mission, reconsider our priorities.

A recent issue of the *American Journal of Public Health* helps us to do just that. An

editorial focusing on health in rural America, subtitled “Remembering the Importance of Place,” reviews the historical lenses through which Public Health views the world. The “fourth lens,” according to Phillip and McLerny, “focuses attention on the distinction between market forces and social justice” (October, 2004, 1661.) Regardless of the price of oil, we must remain focused on the well-being of those within our communities—rich or poor, insured or not. Pages later, Cohen, Gould and Sidel offer a critical analysis of the “Pitfalls of Bioterrorism Preparedness” (October, 2004, 1667-70.) According to the authors, our tunnel-visioned preoccupation with preparedness has had “adverse health consequences and have resulted in the diversion of essential public health personnel, facilities and other resources from urgent, real public health needs” (1667.) Looming flu epidemics, for instance. And now, as we prepare to bid farewell to this year of domestic strife and international violence, comes news of the cataclysmic events ravaging our neighbors around the Indian Ocean. The earthquake and attendant *tsunami* triggered a public health disaster of previously unknown magnitude. We are mandated to care not only for our neighbors and citizens but for our global community as well.

And so we come full circle: doesn't this all have something to do with Lillian Wald? Indeed it does. Wald, Brewster, Lloyd-Dock, Breckenridge—all those heroic pioneers of public health nursing left us with quite a legacy. They were not deflected from their mission to attend to the poor and the marginalized. They organized and agitated and advocated tirelessly. And with such a legacy comes responsibility, an obligation to reexamine priorities in light of our public health mission, a charge to instruct the newly emerging generation of public health nurses. In short, their legacy challenges us to precept with passion. To do so, we must risk a loss of civility.

“Well behaved women don't make history,” Anna Quindlen reminded us in this election year. With the votes now cast, the real work begins. Once again we must reassess the terrain

and align our priorities accordingly. Faculty must work closely with the agencies that provide the preceptors who model public health nursing. Descendants all of Lillian Wald, we must work together to care deeply, to protect our mission and to practice with passion, both at home and world wide.