

A Guide for Preceptors of Advance Practice Nursing Students Caring for Women and Infants

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ABSTRACT

Women's health care in the United States has been described as unsatisfactory and falling behind the Healthy People 2010 objectives. Inadequate health care due to a shortage of providers is especially problematic for women who are poor with lower socioeconomic status. Advanced practice nurses are well suited to address this need. In this article, preceptor and academic partnerships are discussed as strategies to make more qualified women's health and infant providers available.

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Currently, there is a serious shortage of advanced practice nurses (APN) to meet the health care requirements of women and infants. Educating APNs requires clinical placements to provide the clinical learning experiences necessary for students to acquire advanced practice skills. However, there are not always enough APNs who are willing to serve as preceptors and many graduate nursing programs have an APN preceptor shortage. As APN programs strive to meet demand by increasing enrollment numbers, it is essential that APNs in practice become engaged in educating the growing number of enrolled APN students to meet domestic and global health care needs (American Association of Colleges of Nursing, 2005; National Organization for Nurse Practitioner Faculties, 2008). This article summarizes the compelling health care needs of women and their infants and the corollary need for APN preceptors. Additionally, the role of APN preceptors, characteristics of qualified preceptors, benefits and challenges related to the preceptor role, and strategies for navigating and negotiating opportunities are described. The role of the academic institution in supporting the APN in the preceptor role is also addressed.

Health Care Needs of Women and Infants

The National Women's Law Center's (NWLC) report card on women's health services recently described the outlook for women's health care in the United States as unsatisfactory and falling behind in meeting the Healthy People 2010 health care objectives set for women (NWLC, 2004). Inadequate health care is especially problematic for women who are poor and have a lower socioeconomic status. Providers frequently do not accept patients who are unable to pay.

Health care disparities are evident in at least two populations in prenatal services: minority ethnic and racial populations and pregnant adolescents. Inadequate prenatal care not only affects the woman, but also the growing fetus. Research is conclusive that women who receive prenatal care in their first trimester tend to stay healthier and have healthier infants (NWLC, 2004).

Black women have a fourfold increased risk of dying during their pregnancies than White women (Parham & Hicks, 2005). Pregnancy-induced hypertension, embolism, and hemorrhage are more

likely to cause death in Black women (Healy et al., 2006; Parham & Hicks). More than 85% of White women seek prenatal care in the first trimester, but the rate for Black women is 75% (Parham & Hicks). Rates of infant mortality and preterm delivery for Black women are twice that of White women (Healy et al.; Parham & Hicks). Black non-Hispanic infants are one third more likely to be admitted to the neonatal intensive care unit (NICU) (Healy et al.).

Pregnant adolescents have a higher preterm birth rate than women over the age of 20, and adolescents also experience more spontaneous abortions, low birth weight infants, and stillbirths (March of Dimes [MOD], 2007). Pregnant adolescents are at increased risk of developing gestational diabetes and hypertension, which can lead to complications such as a higher NICU admission rate if they are not diagnosed early and followed carefully. Adolescents are also more likely to acquire sexually transmitted infections that can lead to preterm labor and/or delivery (MOD). Infants born to adolescents are at an increased risk of dying in the first year. These infants can be subject to respiratory distress syndrome, cerebral hemorrhage, serious gastrointestinal problems, and vision problems. The infants of adolescents have a 78% chance of living in poverty and are more likely to perform poorly in school (MOD).

The health care problems facing many women and infants can be most successfully addressed by providing adequate health care access to these populations. The shortage of health care providers is a global issue affecting the health of the entire world (National Rural Health Association [NRHA], 2003). Most current health care providers are from the "baby boom" generation and are approaching retirement age. As they retire, the demand for health care providers will significantly outweigh the supply in the next 10 years (NRHA). Physicians are not the only members of the health care team that can provide appropriate, quality health care to women and infants. Nurses at the advanced practice level, such as women's health nurse practitioners, certified nurse-midwives, neonatal nurse practitioners, and pediatric, family, and adult nurse practitioners provide safe, holistic, and satisfying care to the women and infants they serve (Gibson & Hauri, 2000; Jordan & Farley, 2008). By educating more APNs who can serve in these health areas, it may be possible to increase the access to health care that women and their infants so badly need (NRHA). One challenge in educating more APNs, however, is finding experienced practitioners willing to serve as preceptors.

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The Preceptor Model

Graduate nursing clinical education is distinct from undergraduate clinical learning experiences in that, typically, students are assigned a preceptor to work with one-on-one in the clinical setting (Gibson & Hauri, 2000; Hayes, 2000; Smedley, 2008). Each student receives the individual attention and direction of this preceptor. Preceptors provide the opportunity to apply newly acquired knowledge to real clinical situations, thus facilitating the development of complex clinical reasoning skills (Billay & Myrick, 2008; Jordan & Farley, 2008). Experiential learning is a key ingredient in APN education, allowing the learner to grasp and make meaning of experiences and grow into the role of an APN (Billay & Myrick).

In an integrative review on preceptorship, Billay and Myrick (2008) stated that the reliance on the preceptor model in graduate nursing education has been demonstrated to be a valuable teaching strategy for fostering learning. The greatest benefit of the preceptorship model is the student's exposure to the clinical knowledge and reasoning that the preceptor role models for the student. Students benefit from engaging in active participation in the clinical decision-making process, receiving prompt feedback from the preceptor that is both formative and constructive, and practicing in a "safe" environment that allows them to hone their clinical skills under the guidance of an expert clinician (Billay & Myrick; Jordan & Farley, 2008).

Characteristics of Preceptors

Advanced Practice Nurses Knowledge Skills

Preceptors are teachers, mentors, tutors, and clinical facilitators (Arthur, 2005). Preceptors facilitate role socialization and provide students with the opportunity to gain experience in the practice setting. Preceptors need to be confident and competent in their role as ANPs. They must possess a strong knowledge base and excellent clinical skills. They should have the ability to determine differential diagnoses and have strong patient management skills. They should also have effective interpersonal communication skills (Arthur; Billay & Myrick, 2008;

Preceptors work one-on-one with students to provide individual attention and direction.

Hales, Karshmer, Williams, Mann, & Robbins, 2004; Smedley, 2008).

Teaching Role

Advanced practice nurse preceptors must be interested in and committed to the student's learning. In order to teach effectively, preceptors should establish a climate conducive to learning and foster the students' growing independence. They should be organized and be able to explain the basis for actions and decisions as well as being a strong motivator to the student (Billay & Myrick, 2008).

Personal Characteristics

Successful preceptors must demonstrate a warm, caring demeanor, one that is empathetic, nurtures, and mentors the growth of students in an advanced practice role. Other traits include being respectful, humorous, flexible, fair, dependable, consistent, and enthusiastic. These traits foster the students' growth and development by teaching them how to be "mindful" and attentive to the physical, mental, and emotional aspects of the patient (Mitchell, 2004). This is critical for the APN student in obstetrics, gynecology, and neonatology, where particularly delicate procedures such as pelvic exams or talking with a distraught parent of a premature newborn require a great deal of communication finesse and experience.

The following case scenario exemplifies the connection among these preceptor characteristics and illustrates the caring aspect of the role of the preceptor in graduate nursing education.

Experiencing a First Clinical Rotation as an APN Student

In this scenario, Ella Freeman is an APN student and this is her first day of the women's health clinical rotation. Ella is nervous because she is not sure what to expect; however, after her initial meeting with Claire Phillips, her preceptor, she is less anxious. Over coffee, Claire asked, "Ella, how did you become interested in becoming a nurse practitioner?" As Ella shared how she'd gotten to this point in her career, Claire listened intently and praised her accomplishments. Ella felt a renewed sense of pride in her professional accomplishments and shared with Claire that she was both excited and scared about her new role. As Claire shared her own professional experiences, Ella could relate. They had both been

NICU nurses before entering their respective practitioner programs. Claire told Ella that she had been a nurse practitioner in private practice for 10 years and enjoyed precepting students.

Claire introduced Ella to the office staff and other health care providers in the office. Ella noticed that Claire used her full name for the staff introductions and when introducing Ella to each patient. Ella observed Claire's interactions with her patients, noting how she spoke to them, how she listened and showed her care about each individual concern, and how she examined the patient. When they came out of each patient room Claire reviewed the pertinent findings from the reproductive and gynecologic history and physical examination aspects with Ella and used the differential diagnoses process to come to a conclusion about diagnosis and treatment. After finishing with their last patient of the morning, Claire and Ella went to Claire's office to recap the morning. Ella thought she was ready to examine a few patients on her own and they agreed that it would be good for her to start by taking the history on the first patient of the afternoon. Claire told Ella to take as much time as she needed, and that she would be in the next room if she had any questions. In addition to the references Ella had brought, Claire showed her where the reference books were in her office and told her to feel free to use her office and the books anytime.

Ella took a deep breath, entered the patient's room, and introduced herself using her full name. She modeled Claire's style of listening to the patient's concerns. Her patient had been experiencing a burning sensation and urgency with urination for the last 2 days. Ella asked additional questions about the patient's pain, menstrual history, risk factors, medications, drug allergies, and what she had tried so far to relieve her discomfort. The urinalysis results revealed positive leukocytes, positive nitrites, and positive red cells. Ella was fairly sure the patient had a urinary tract infection but wanted to talk with Claire first before discussing her findings with the patient. Together, Claire and Ella performed a careful physical exam on the patient, and Claire confirmed that the patient had a urinary tract infection. They left the room, discussed the list of differential diagnoses, the different types of urinary tract infections, how to make the distinction between diagnoses with similar symptoms and lab results, and the treatment options for this patient's diagnosis. Claire explained the rationale for choosing the appropriate medication and showed Ella how to write the prescription. Ella gave the patient the prescription along with instructions and

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self-care education and told the patient to call if she was not feeling better within 24 to 48 hours. Ella left that day feeling encouraged and inspired.

In this scenario, Claire Phillips exhibited key characteristics of an effective preceptor. She demonstrated what matters and what is important by sharing her APN expertise with Ella. In her teaching role she explained the rationale for actions and decisions as related to patient management. Her interpersonal characteristics were clearly appreciated by her student.

Often clinical rotations are stressful for students in a new area where they do not yet have a great comfort level. Preceptors who are understanding and empathetic, while still holding the student to a high standard, prove to be very effective (Arthur, 2005; Hayes, 2000). Early in the rotation, students should be given ample time with patients. Students can become anxious trying to balance their need for learning with a full office schedule. It is important to provide students with enough challenge to help them learn, but not so much that they become overwhelmed. Students who are overwhelmed may feel as if they are drowning in information and with the responsibility to the patient and the preceptor (Burns, Beachesne, Ryan-Krause, & Sawin, 2006). Students may have difficulty concentrating and making decisions, have memory problems, and think that they will never be APNs. The experienced preceptor will recognize these symptoms and assist the students to be clear about what needs to be achieved and to set goals (Hayes). The preceptor should take time at the beginning and end of each clinical session to review with the students and make plans for accomplishing the day's tasks, and help the students to learn how to prioritize and delegate. Continual assessment of the students' progress and ability, along with open communication, are key concepts for an effective preceptor in determining what challenges the students are ready for next (Burns et al.; Hayes; Jordan & Farley, 2008).

Benefits of Being a Preceptor

The "love" of teaching and wanting to facilitate the development of the next generation move some APNs to accept the role of preceptor (Burns et al., 2006; Young, Hagler, Cox, & Drefs, 2008). A survey by Burns et al. found that a large majority of APNs agreed to be preceptors because they felt an obligation to their specialty (89%) or an obligation to their school (85%). In addition, 85% of those surveyed stated that they chose to be a preceptor because they liked teaching. Respondents in this

Ninety-four percent of advanced practice nurses find precepting inherently satisfying and want to continue.

survey reported that precepting was inherently satisfying, with 94% saying they would continue to precept students (Burns et al.).

Students can be a catalyst of "renewal" for preceptors, because students bring with them an enthusiasm for the discipline. Preceptors may also find that serving in the role enables them to stay more current because students will typically be studying the most recent evidence on clinical topics, which they share with the preceptor (Young et al., 2008). Preceptors have stated that they learn more about themselves as a person and a practitioner by having students, and they believe that having students has made a positive contribution to their patients and practice (Arthur, 2005; Young et al.). Others reported benefits include "passing the torch" to the next generation of providers, sharing knowledge and expertise, coaching and mentoring others, demonstrating expertise to the patients as they watch the preceptor teach the student, providing networking opportunities, and receiving credit for continuing education and national certification, (Billay & Myrick, 2008; Burns et al., 2006; Campbell & Hawkins, 2007).

It should be acknowledged that benefits also exist for the clinical agencies in which preceptor relationships are established. These benefits relate to the recruitment and retention of staff. Students who have positive clinical learning experiences are more inclined to seek employment at the agency upon graduation and are often a good source of referrals to their clinical site. In addition, the preceptor model fosters collaboration between practice and education and facilitates collegial relationships between practitioners and faculty. Such collaborative partnerships can be leveraged for other mutually beneficial agreements between the agency and the school (Campbell & Hawkins, 2007).

Challenges to Being a Preceptor

Not every APN has an interest in being a preceptor or is able to be a preceptor because of career timing or practice productivity constraints. Although the majority of APN preceptors find precepting a positive experience, some challenges can be associated with the role.

Being a preceptor is time consuming, especially early in the student's clinical experiences. A study

by Young et al. (2008) found that the majority of practitioners did not have precepting duties described in their job descriptions, nor were these responsibilities included in their job performance reviews. Not adjusting busy patient schedules to reflect the amount of time that the preceptor needs to spend with the student can lead to an overwhelmed preceptor, a frustrated student, and patients who do not feel they have received satisfactory care (Gibson & Hauri, 2000; Young et al.). Advanced practice nurses who feel called to precept should negotiate with their practice to adjust the scheduling template to allow fewer duties early in the precepting period. Once the student becomes more familiar with the office operations and gains an increased comfort level with seeing patients, the preceptor will likely need to have less direct contact with the student and can once again increase patient load and other office responsibilities (Burns et al., 2006; Young et al.).

An additional negotiating point for preceptors, when considering the precepting role within a practice, is that the art of precepting increases a clinician's value and should be reflected in the performance reviews and merit raise. Such frustrations can often be avoided if the preceptor establishes expectations up-front with everyone involved. Advanced practice nurses who know they might one day desire to precept students should discuss this with their employer before accepting students. Precepting responsibilities can be added to the job description along with whether precepting will be judged favorably on the performance review and compensated as such (Burns et al., 2006; Young et al., 2008).

New APNs who have not reached a comfortable practice level should not accept students. When a preceptor is not yet comfortable providing care on her own, it is difficult to be a role model for the student. A minimum of 1 year of experience should be allowed before accepting or being expected to precept a student (Jordan & Farley, 2008). It should be up to the APN to determine when s/he is ready to start precepting students. Expectations must be clear about when the APN might begin precepting students and how often s/he will accept students. Preceptors are at risk for burnout if they accept students too frequently. Faculty members should take this into consideration when requesting a particular preceptor to accept students over multiple terms (Burns et al., 2006).

Another challenge to the preceptor role can be lack of communication with the school of nursing course

faculty. The preceptor should receive a contact from and be able to contact the course faculty on a regular basis. When there is not enough contact, the preceptor can feel undervalued and "used" by the faculty member (Campbell & Hawkins, 2007).

Preparations for the Preceptor Role

Few articles in the literature have addressed the orientation, utilization, or evaluation of preceptors in graduate nursing education or the benefits that an APN receives when s/he agrees to become a preceptor for a student (Halstead, 2007). Agreeing to serve as a preceptor is a serious commitment. The APN must not only consider what precepting a student will mean personally but also how the student will be integrated into his or her practice and how the student's presence in the clinical arena will affect everyone else involved with the practice (Burns et al., 2006).

Academic programs rely on the use of preceptors to provide the significant number of clinical hours required in APN education. As such, nursing programs have a responsibility for providing preceptors with the tools necessary to prepare them to function in their role and make their experience positive (Campbell & Hawkins, 2007). As a valued member of the educational team, preceptors should feel supported and acknowledged as an important partner in the teaching-learning process.

Orientation to the preceptor role is crucial when a new preceptor is starting, and reminders to seasoned preceptors are also helpful (Campbell & Hawkins, 2007). It is now common for academic institutions to have preceptor handbooks or offer online tutorials. By reviewing the handbook, the preceptor knows that s/he is responsible for selecting patients who are appropriate to the clinical objectives, observing the student directly, providing constructive feedback, being available for consultation and review, planning for additional experiences, validating the student's progress through written evaluations, and sharing the evaluations with the student and course faculty (Mitchell, 2004).

As reported by Campbell and Hawkins (2007), the following items should be provided to a preceptor via the student by the associated academic institution:

- *Introductory letter and telephone call from the faculty member.* This opens the line of communication early in the collaborative/collegial relationship.

- *Faculty member responsible for clinical placement and contact information.* Faculty member contact information should be provided to facilitate communication.
- *Student curriculum vitae.* The curriculum vitae provides the preceptor with the student's work and educational history. This aids in directing the clinical experiences needed by the student.
- *Copies of student credentials and clearance paperwork.* Copies of the student's credentials will validate for the clinical facility that the student is legitimately enrolled in the educational program.
- *Course syllabus (program, course, and clinical objectives).* The syllabus provides insight into what learning experiences are needed for the student, what learning outcomes are to be obtained, and what aspects of student performance will be evaluated.
- *Current list of texts, assigned readings, and guest access to online course management system.* The current list of texts and guest access to online portions of the course assists the preceptor in understanding the content that is being provided.
- *Process of evaluation of the student.* In order to provide adequate evaluation of the student's progress it is imperative that the preceptor receive the clinical evaluation tool.
- *Review of student evaluation of preceptors.* It is thought that improvement in a skill is obtained by evaluation and critique. In order for preceptors to improve precepting skills, student evaluations should be shared with them.
- *Site visit protocol.* The number, frequency, length, and purpose of faculty site visits (if done by the institution) need to be shared with the preceptor at the beginning of each course. This will allow for open dialogue among student, preceptor, and faculty.
- *Informal input into curriculum of the advanced practice program.* Preceptors have the unique opportunity to see firsthand what information students have been able to translate from cognitive knowledge to practice skills. An open dialogue between preceptor and faculty can enhance the curriculum.

Preceptors should ask for this information if it is not automatically provided by the student and academic institution.

The nursing program can also provide information that supports preceptors in their role by offering continuing education about how to effectively precept APN students. Many preceptors report feelings

of insecurity about their roles and responsibilities, and often express a lack of clarity related to the expectations of their role (Miller, 2000). Mitchell (2004) reported most preceptors have little or no information about theories of adult learning and teaching strategies. Providing face-to-face or online learning opportunities for these topics provides support and improves the teaching skills of the preceptor and quality of student experiences. Many academic institutions now have such resources in place for preceptors, and it is perfectly appropriate for preceptors to request such support and guidance (Mitchell).

Developing a relationship with the academic faculty is as important for preceptors as developing a relationship with the student. Such an established connection will ensure the preceptor has a way to contact the academic institution if the student experiences trouble in the clinical setting and when it is time for a formal evaluation of the student's progress (Arthur, 2005).

Rewards of Being a Preceptor

Because the role of preceptor is voluntary and an extra duty in an already typically busy schedule, formal rewards and recognitions are necessary from the academic institution to demonstrate appreciation for the accomplishments of the preceptors, as well as to encourage their retention in this role (Jackson, 2001). Campbell and Hawkins (2007) provide a list of potential rewards that can be given to preceptors as a way of saying, "Thank you for your service to our school!" Some examples of rewards include vouchers for tuition for courses or continuing education, adjunct faculty status, online services, and access to the university library system (Campbell & Hawkins; Gibson & Hauri, 2000; Young et al., 2008). The most frequently used methods to compensate preceptors include thank you letters, courtesy faculty appointments, and invitations to lectures, dinners, and luncheons (Gibson & Hauri). Invitations to serve on school advisory boards are greatly appreciated by preceptors. Schools may also give small recognition gifts with the school logo on them (Campbell & Hawkins).

Even with these tokens of gratitude, preceptors look for other rewards to assist them to be better preceptors. For example, preceptors desire formal evaluations and feedback on how they are doing (Campbell & Hawkins, 2007; Gibson & Hauri, 2000). Preceptors should request such feedback from the academic institution and the student, if they are not readily provided. Preceptors have reported that

they would enjoy a better understanding of the educational program and the concurrent didactic components of the curriculum (Gibson & Hauri). Faculty should continue to work within their schools of nursing to help nurture faculty/preceptor/student relationships, and should continue to find new ways to acknowledge, support, and reward preceptors for their generous gifts to the school and the profession (Campbell & Hawkins). Accordingly, feedback from preceptors about the clinical experience is invaluable and will serve to further the academic institution-preceptor relationship.

Conclusion

The demand for quality health care providers will significantly outweigh the supply in the very near future. Nowhere will this be more acute than in the health care needs of women and infants. There is a great need to educate more APNs who can provide women's health and infant services, but this requires that education programs are able to admit students to these programs and have places and preceptors to clinically educate them.

There are distinct advantages for clinicians who adopt the preceptor role, just as there are advantages for the academic institutions and the students. However, for this model to work smoothly and satisfyingly, certain tasks must be completed by all parties. Preceptors know their own practice best, and they are the ones best able to match projects and activities to student learning objectives. The goal of the academic institutions should be to have every preceptor succeed and enjoy the precepting experience, as well as to offer support in every way possible. Preceptors have a right to request resources from the academic institutions if they are not already provided. Success in APN preceptorships depends on many of the same characteristics identified for effective preceptors: good communication, respect, dependability, consistency, enthusiasm, and appreciation. Given clear goals and responsibilities of both APN preceptors and the academic institutions, the precepting role can be a valuable experience for preceptor, the academic institution, and most importantly the APN student. When experienced practitioners are willing to provide the requisite experiential learning needed for APN students, more qualified women's health and infant providers will be available.

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