Student – Preceptor Scenario

The following are a few examples of how a situation can occur within the preceptorship experience. The scenarios represent both student and preceptor situations.

Student Situations:

A. Student NNP, Merry Breath, was in her second clinical rotation but the first day at this site. She had been assigned to three Level 2 patients and had already examined the infants and was about to read the charts. She looked around the room for a place to sit and promptly sat on the floor in a corner of the nursery and opened the chart to begin reading.

Alternative responses by the Preceptor:

#1 Preceptor tells MB to get up immediately – in front of 2 parents, the Neonatologist and the RN caring for a nearby infant. This is very appropriate as MB needs to be humiliated so she won't forget what a dumb thing this was. The student was sent home for the day.

#2 Preceptor bends down and whispers in MB's ear that she would like to see her in the hallway (or some other private place). The preceptor then counsels the students in how unprofessional it is to sit in the floor of the nursery. There is also a discussion concerning infection control. The student is instructed to change her scrubs and return to the unit to complete her assignment.

B. Student NNP, Nancy Nurse, was in her Residency under an experienced NNP preceptor. She also attended some deliveries with the neonatologist at this site. This neonatologist is very tough. She is known to be "over-bearing and unreasonable" if things "don't go according to her plan." Nancy Nurse, NNPS, was sent to a STAT C-Section for fetal bradycardia with the neonatologist. The NNP preceptor had a case load of her own and stayed in the unit to work on her assignment there. The infant was delivered with poor tone and a weak cry. Nancy Nurse, NNPS, received the infant, placed her on the radiant warmer, suctioned the mouth and nose and proceeded to provide PPV via bag & mask with oxygen at 5 L/min. There was no chest rise and the infant's color did not improve. The nurse assisting the team reported the HR as 80. The neonatologist pushed Nancy aside and took over the resuscitation stating that she was incompetent and did not know how to resuscitate an infant. As the student's preceptor, how would you handle this situation?

Alternate responses by the Preceptor:

#1 Preceptor accepts the neonatologist's interpretation of the event and tells the student that she needs to retake the NRP Program. She calls the student's Clinical Instructor and complains that the student is incompetent to initiate the initial steps of a neonatal resuscitation.

#2 Preceptor discussed the events in the delivery room with the student. At every future opportunity, the preceptor attends deliveries with the student to make a judgment call on her own. If there is a need for remediation, she will work with the student to make any necessary adjustments. The Clinical Instructor will be notified at the earliest opportunity if any problems are anticipated.

C. Student NNP, Steve Stoic, has worked in a Level 2-3 NICU for 12 years and has worked on a transport team where he had certain privileges that are usually limited to advance practice. He has intubated infants on occasion and has inserted umbilical lines about 5 times. He stated during the first clinical rotation that he really didn't think he needed to be "passed off" on skills. During his first clinical rotation, his preceptor complained that he seemed to have a "minimalist attitude". He did not seek out learning experiences and often made up excuses to leave clinical early. Is this a preceptor or clinical faculty problem or both?

Alternate responses by the Preceptor and Faculty: This is actually a problem that should be dealt with very early in the student's clinical experiences. Goals and objectives should be set that include expectations of the student, the preceptor and the clinical faculty and are within the guidelines for the particular clinical rotation. This is definitely a clinical faculty problem that should not progress to be a preceptor problem.

D. D. Student NNP, Cynthia Sensitive, is a very quiet, very polite nurse who is an experienced NICU nurse. She is extremely bright and graduated with honors from her BSN program. During her first 2 clinical rotations at the Level 3 unit where she had worked for 5 years, she had received good evaluations. For her residency, she chose to transfer to a very busy Level 4 NICU so that she could work with the NNPs there and benefit from the increased acuity of the patients there. For the first half of the rotation, she progressed at an acceptable pace but was a bit slow in finishing her assignment. According to her preceptor, she just "took too long to make decisions." There were some "older, experienced" NICU nurses there who questioned her decisions and even refused to carry out some of her orders before they talked to the preceptor – even though the preceptor had co-signed them. NNPS Sensitive seemed to lose self-confidence and regressed in her decision-making to the point that she "froze" when the preceptor would question her. The student requested that she be allowed to finish her rotation at her home unit as she felt she could not work and learn in that environment any longer. After giving this student a B for the midterm, the preceptors gave the student a failing grade for the first half of the remaining rotation. Her Clinical Instructor granted her request and she finished the clinical at her home NICU where she was required to repeat the failed hours. She received a passing grade with favorable comments from the neonatologist at her home NICU. Should the Clinical Instructor have allowed the student to end the clinical at the Level 4 NICU? How do you think the preceptor and clinical instructor could have handled this differently to the student's benefit?

Alternate responses by the Preceptor and Faculty: This is definitely a tough situation and probably does not have an iron-clad answer. Something went wrong after the midterm which might have been avoided with good preceptor/student/clinical faculty communication early in the problem. This would have been a good time for a conference call. Some Distance-Accessible NP Programs do have methods for Preceptors and Faculty to "meet" online. This is a perfect example where this modality would be of benefit. If the problem could not be worked out, the Clinical Faculty should discuss the situation with the Preceptor **before** allowing the student to change sites if at all possible. A good interview between the student and the preceptor and the Clinical Faculty and the preceptor can often help to find a better "fit" for students who may have the tendency to be more sensitive than others. In this case, the student may be perfectly capable and the preceptor may be an excellent teacher and mentor. They just don't "fit" together.

Preceptor Situation:

E. The following situation is rare, but represents the overbearing, unrealistic preceptor.

NNP student, Horsie Sue, planned to complete a 2nd practicum in the Neonatal Nurse Practitioner program at a nearby Level 4 NICU. This student had 8 years of level III NICU experience prior to starting the NNP program, as well as 4 years as a transport nurse. Her area of weakness was Cardiology, so she made arrangements with local preceptors to complete some hours managing NICU cardiac patients. She had been given a passing midterm evaluation stating that she was performing at an expected level. Her clinical instructor had also received positive remarks from various preceptors on several occasions that she was doing well. Approximately two thirds of the way through completion of the practicum, she was asked by one of her preceptors to increase her load from 3 or 4 critically ill cardiac babies to 7 or 8 babies. She had 1 or 2 of her patients who were very ill and were demanding constant supervision (Balloon at the bedside, etc.). When she requested a lighter load for the day due to the acuity, she was berated in front of the attending Neonatologist as being weak and unprepared. She was told that she would not pass if she could not manage the entire assignment. This student took the lesser assignment for the day. She contacted her instructor as soon as the day's work was completed, crying and pleading to not return to the setting. "It's overwhelming enough. I do not need a dictator preceptor with unrealistic demands, crushing my progress. Please help me find another site to complete my hours".

The clinical instructor made several phone calls and sent several emails trying to reach the preceptor. The preceptor failed to return calls or respond to emails. She also would not complete a progress evaluation for the student or return any of the clinical paperwork that the student had turned in for review. After many attempts to reconcile the situation, the decision was made to move the student to another clinical site. This student elected to complete all of the hours in question with this preceptor (since the preceptor would not return any of her paperwork), as well as the remainder of hours for the semester.

Four of five of the student's preceptors from the original site, scored her with passing remarks at the end of the practicum.

Optional Responses:

One of the responses in situations such as this is that we just don't send students back to work with this type of preceptor or that we only send very strong students to these sites. When students are placed in these sites or with these preceptors, there will need to be very frequent contacts - as frequently as weekly at first. Good communication between the clinical faculty and the preceptor may help to salvage an excellent site and teacher. Was it the situation, the preceptor or the student or all three?