APNA Guidance Regarding Precepting and Mentorship

The American Psychiatric Nurses Association (APNA) receives periodic inquiries seeking advice on the procurement of preceptors and mentors, as well as what role APNA plays in the process. Below is guidance for members and other stakeholders. It provides definitions to clarify the distinction between preceptors and mentors. Foundational to this guidance is that there can be no replacement for the proper due diligence by the organization, institution, and students involved in determining qualifications, credentials, and suitability of preceptors and mentors. The identification and selection of either calls for the careful deliberation of all concerned to assure that these relationships result in positive outcomes for all involved in and affected by the relationship.

**Mentor**

- **Definition:** Mentoring implies a knowledge or competence gradient, in which the teaching-learning process contributes to a sharing of advice or expertise, role development, and formal and informal support to influence the career of the protégé. [1]
- **Role/Relationship:** Mentoring is a reciprocal and collaborative learning relationship between two individuals with mutual goals and shared accountability for the success of the relationship. The mentor is the guide, expert, and role model who helps develop a new or less experienced mentee. [2-3]
- **Initiation:** Negotiated between parties.
- **Duration:** Longer term/Ongoing. Ends via mutual and negotiated consent. [4]

**Preceptor**

- **Definition:** A preceptor is typically a nurse assigned based on her/his knowledge, skills, and experience in the specialty to assist an entry level nurse or APRN student with competency in the skill and knowledge of philosophies, goals, policies and procedures, expectations, physical environment, and services in learning the practice of nursing.
- **Role/Relationship:** An experienced nurse who serves as a short-term clinical teacher, role model, supporter, supervisor, and evaluator to a nurse orientee who is acclimating to the complexities of patient care and the role of professional nurse in a given clinical setting and during work hours. [5]
- **Initiation:** Ascribed or appointed by educational institution, employer, or individual*. 
- **Duration:** Defined period of time determined by established standards and institutional requirements. [4]

*Please note, APNA advocates adherence to the Commission on Collegiate Nursing Education’s (CCNE) standards on preceptorship (See Standard II, third bullet point) which states, “In Key Element II-F, CCNE’s expectation has been clarified that individuals serving in roles such as mentors, guides, and coaches are to be included by programs when addressing preceptors. Please note, this key element does not prohibit programs from allowing students to
play an active role in identifying a preceptor, but if a student is unable to find an appropriate preceptor, when used by the program as an extension of faculty, the program is ultimately responsible for doing so.” [6]

As a professional membership organization, APNA does not have procedures or authority to accredit individuals for preceptorship. It can provide the opportunity for members to network with each other and express a need for preceptors or mentors. Those willing to serve as preceptors or mentors are encouraged to make their availability known via networking opportunities, such as the APNA Member Bridge community site or the Mentor Match program provided by APNA. APNA makes no warranty or statement as to the qualifications or credentials of potential mentors or preceptors. It is the responsibility of the organizations, institutions, and students to exercise their own due diligence in assessing qualifications, credentials, and suitability of preceptors or mentors.

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Citations


