Facilitators and Barriers to Clinical Placements for APRN Students in WA State

Statewide Survey 2026

Survey Information Analytics

Executive Summary

In January 2026, Survey Information Analytics (SIA) launched a structured online survey on behalf of the Washington Center for Nursing (WCN) and the Washington State Department of Health (DOH) to examine the factors that facilitate and inhibit clinical placements for Advanced Practice Registered Nurse (APRN) students in Washington State. The survey targeted eligible preceptors and currently enrolled APRN students and yielded 567 responses including: 457 eligible APRN preceptors, 69 students, and 41 responses from other eligible preceptors.

Preceptor Capacity & Institutional Support

- 59% of eligible APRN preceptors have precepted an APRN student in Washington State; only 37% did so in the past 12 months.
- The time commitment is significant, nearly 25% spend 11–20 hours per week in the preceptor role.
- 73% report that their employer provides no dedicated time or financial credit for precepting.
- 50% disagree or strongly disagree that precepting time is adequately accounted for in their work schedule; only 4% report clearly defined compensation or time relief.

Preceptor Motivations, Barriers & Professional Identity

- Top motivations include professional obligation and giving back, personal enjoyment of teaching, and enhancing credentials as a clinical educator.
- Top barriers to precepting:
  - Lack of time for high-quality teaching and supervision
  - Workload and productivity negatively impacted
  - Unclear or inconsistent expectations across NP programs
  - Lack of collaboration or high competition between NP programs
- Despite these barriers, a little over half (55%) view precepting as a core professional responsibility, and almost half (49%) report that having a student benefits their own clinical practice.

What Preceptors Need

- Financial compensation or credit, clearer expectations and objectives, and better student preparation and rigor were the most frequently requested changes from school/programs.
- Time relief and scheduling flexibility dominated responses, followed by space, resources, and financial compensation from clinical sites.

Student Placement Disparities by Program Type[1]

- In-person students are nearly universally supported: 92% are matched through direct assignment, 85% receive full placement support, and 100% receive at least some help from their program.
- Online students face a starkly different experience; no online student reported receiving full support, 22% received none, and 91% must independently conduct a student-led search to secure their own placement.

[1] Interpret with caution (directional read only due to small sample size, n=X).

- Hybrid students fall between the two extremes: 36% are matched through direct assignment and 10% receive no support from their program.

Implications

- The willingness to precept exists, what is needed are the systems and support to make it sustainable. Addressing the clinical placement crisis will require coordinated action at three levels:
  - Academic programs: formal compensation, clearer expectations, and school-led placement coordination so students are not responsible for finding their own sites.
  - Clinical institutions: protected time for precepting, reduced patient loads, and recognition of precepting as a formal professional expectation.
  - State policy: incentive structures, rural placement investment, and standardized accountability for program-level placement support.

Methodology and Sample

Survey Design

In January 2026, SIA launched a structured survey to gather essential insights into factors facilitating and inhibiting clinical placements for APRN students in the State of Washington. Administered online with Survey Monkey, the survey was emailed to individuals eligible to precept for APRN students as well as APRN students as both groups provide unique perspectives into facilitators and barriers to clinical placements. Table 1 below provides an overview of the target survey audience.

Table 1. Survey Sample Populations in Washington State

Group	Description
Eligible Preceptors	Licensed clinicians including APRN/Nurse Practitioners (NP), Physician Assistants/Associates (PA), Physicians (MD/DO), Certified Nurse-Midwives (CNM), Clinical Nurse Specialists (CNS), and Certified Registered Nurse Anesthetists (CRNA)
Students	APRN/Nurse Practitioner students *currently enrolled* in programs in Washington State

About 9,600 APRNs in WA received an email invitation to participate via the Washington Center for Nursing's listserv, yielding 457 completed responses and a margin of error of approximately 4% for this group. Other eligible healthcare professionals and APRN students were recruited through convenience sampling methods, with faculty and administrators at advanced nursing degree programs encouraged to share the survey with their students. Survey participation was completely voluntary, and the instrument was designed to take approximately 5 to 10 minutes to complete. The Washington State Board of Nursing (WABON) also assisted with dissemination by sharing the survey invitation through their Friday bulletin, which is distributed weekly to nurses subscribed to the GovDelivery email listserv. The survey closed on March 4, 2026.[2] It should be noted that sample sizes fluctuate throughout this report due to skip logic built into the survey design and the inclusion of partial responses from respondents who did not complete the survey in full. Table 2 below provides an overview of responses by sample population.

[2] Although an extension to the data collection period was requested from WABON to allow for a larger and more representative sample, the request was not approved, and data collection concluded as scheduled on March 4, 2026.

Table 2. Overview of Survey Responses by Sample Population

	Number of Responses
Eligible Preceptors	
APRN/Nurse Practitioner (NP)	457
Others	41
Students	69
Total	**567**

Demographics: APRN Students and Eligible Preceptors

This section presents a demographic overview of Student APRNs and Eligible Preceptors, examining differences across gender, race/ethnicity, and age. These comparisons provide context for understanding the composition of each group and potential implications for preceptor-student alignment.

Gender

Eligible Preceptors are predominantly female, with 67% identifying as women. By comparison, female APRN Students represent 65% of their group. Male representation stands at 11% among preceptors and 10% among students.

Race/Ethnicity

Both samples skew White, though the disparity is more pronounced among Eligible Preceptors (62%) relative to Student APRNs (54%). There are more Black/African American Eligible Preceptors (6%) than Student APRNs (3%) and more Asian Student APRNs (16%) than Eligible Preceptors (5%). Percentages of American Indian or Alaska Native and Pacific Islanders are similar for both groups.

Age

The mean age of Eligible APRN Preceptors is 49 years, compared to 40 years for Student APRNs. This 9-year difference is consistent with the expectation that preceptors are established practitioners, while students are at an earlier stage of their clinical careers.

Table 3. Key Demographics of Eligible APRN Preceptors and APRN Students

	Eligible APRN Preceptors n=457	**APRN Students** n=69
Gender		
Female	67%	65%
Male	11%	10%
Race		
American Indian or Alaskan Native	<1%	0%
Asian	5%	16%

Black/African American	6%	3%
Pacific Islander	<1%	1%
White	62%	54%
Prefer not to answer	5%	0%
Latino/a/x/Hispanic Origin		
Yes	3%	10%
Ever Been a Preceptor for APRN Students		
Yes	59%	n/a
No	38%	n/a
Precepted for APRN Students in Last 12 months		
Yes	37%	n/a
No	23%	n/a
Occupation		
APRN/NP	100%	n/a
Other (in addition to APRN/NP)	3%	n/a
Primary License/Role (select all that apply)		*Student's Specialty*
Family NP (FNP)	53%	48%
Adult-Gerontology Primary Care NP (AGPCNP)	9%	1%
Adult-Gerontology Acute Care NP (AGACNP)	6%	1%
Acute Care Pediatric NP (ACPNP)	1%	1%
Pediatric Primary Care NP (PPCNP)	4%	1%
Psychiatric Mental Health NP (PMHNP)	24%	35%
Women's Health NP (WHNP)	2%	0%
Neonatal NP (NNP)	1%	0%
Certified Registered Nurse Anesthetist (CRNA)	<1%	0%
Certified Nurse-Midwife (CNM)	1%	15%
Clinical Nurse Specialist (CNS)	<1%	0%
Other (please specify)	5.5%	0%
Age		
18-24	<1%	2%
25-34	7%	30%
35-44	27%	32%
45-54	35%	32%
55-64	22%	4%
65 or over	8%	0%
Average Age	*49 years*	*40 years*
Primary Practice County in WA State		*Not asked of students*
Benton	3%	-
Chelan	1%	-
Clark	7%	-

Grant	2%	-
King	25%	-
Kitsap	2%	-
Pierce	8%	-
Skagit	2%	-
Snohomish	6%	-
Spokane	12%	-
Thurston	5%	-
Walla Walla	2%	-
Whatcom	3%	-
Yakima	3%	-
No Response	12%	-
All other Counties (each with <1%)	8%	-

Licensure Type

The most common licensure type among Eligible APRN Preceptors is Family NP (FNP) with 53% of the respondents indicating FNP as their primary license or role. 24% of the Eligible APRN Preceptors identified Psychiatric Mental Health NP (PMHNP) as their primary license or role while another 15% selected Adult-Gerontology – 9% for Adult-Gerontology Primary Care NP (AGPCNP) and 6% for Adult-Gerontology Acute Care NP (AGACNP).

Among APRN students, 48% indicated Family NP (FNP) as their specialty while 35% selected Psychiatric Mental Health NP (PMHNP). Finally, 15% of the student respondents indicated that Certified Nurse-Midwife (CNM) was their specialty.

Eligible APRN Preceptors: Professional Profile & Experience

This section presents a detailed overview of Eligible APRN Preceptors including work certification and experiences as well as respondents' precepting history. This information helps situate clinical placements into the larger context of the APRN workforce in Washington State.

Primary Licensure and Certification

As mentioned above, 53% of the respondents indicated that FNP is their primary license or role while 24% of the Eligible Preceptors selected PMHNP and 15% Adult-Gerontology. Regarding APRN Certification Specialty, 54% of the respondents selected FNP while 24% mentioned PMHNP. Finally, 14% indicated that Adult-Gerontology as their Certification Specialty (8% for AGPCNP and 6% for AGACNP).

State Experience

On average, Eligible APRN Preceptors have 10 years of experience as a licensed clinician in Washington State, with some reporting more than 40 years of experience.

Precepting History

There is an approximately 60/40 split between Eligible APRN Preceptors who indicated they have precepted an APRN student in the State of Washington. Over half say they have (59%) while the remainder say they have not (38%). About one in three respondents (30%) stated that they have precepted between 1 and 5 students in WA during their clinical career. Another 12% indicated that they precepted between 6 and 10 students, 10% precepted between 11 and 20 students during their clinical career. Just 8% responded that they precepted more than 20 APRN students in the State of Washington.

Most Eligible APRN Preceptors indicated that they have precepted for one (14%), two (15%), or three (11%) schools or programs in the State of Washington while another 16% have precepted for four or more schools or programs in the state.

Weekly Commitment

Clinical precepting requires a certain time commitment. Almost a quarter of APRN Preceptors (24%) spend between 11 and 20 hours per week in their preceptor role. About one in ten (11%) of Eligible Preceptors indicated that they actively spend over 20 hours each week teaching or supervising a student when they are on-site, while about two in ten (19%) declared that their preceptor role takes up between 6 and 10 hours per week. Just 5% of APRN Preceptors stated that they spend less than 5 hours per week precepting.

Clinical Setting & Employer Support

Practice Setting

Hospitals are the primary practice setting of many Eligible Preceptors. More than one quarter (27%) of the Eligible APRN Preceptors indicated that they currently work in a hospital-owned clinic or system while 22% stated that they work in private practice (NP or physician owned clinic or system). Finally, 17% of the respondents reported currently working in Community Health Clinic/Federally Qualified Health Center (FQHC). Table 4 below provides an overview of the primary practice setting of Eligible Preceptors.

Table 4. Current Primary Practice Setting for Eligible Preceptors.

Current Primary Practice Setting	Percentage of Respondents n=457
Hospital-Owned Clinic/System	27%
Private Practice (NP/Physician-Owned)	22%
Community Health Clinic/Federally Qualified Health Center (FQHC)	17%
Other (please specify)	12%
Inpatient Hospital Setting	7%
Academic Medical Center/University Clinic	7%
Urgent Care/Retail Clinic	3%

While practice setting is important when considering precepting practices and clinical placements, two-thirds of Eligible APRN Preceptors (61%) indicated that the specific patient population they serve does not impact their decision to accept or decline a student for preceptorship; compared to one third (34%) for whom the patient population does impact their decision to precept.

Geography

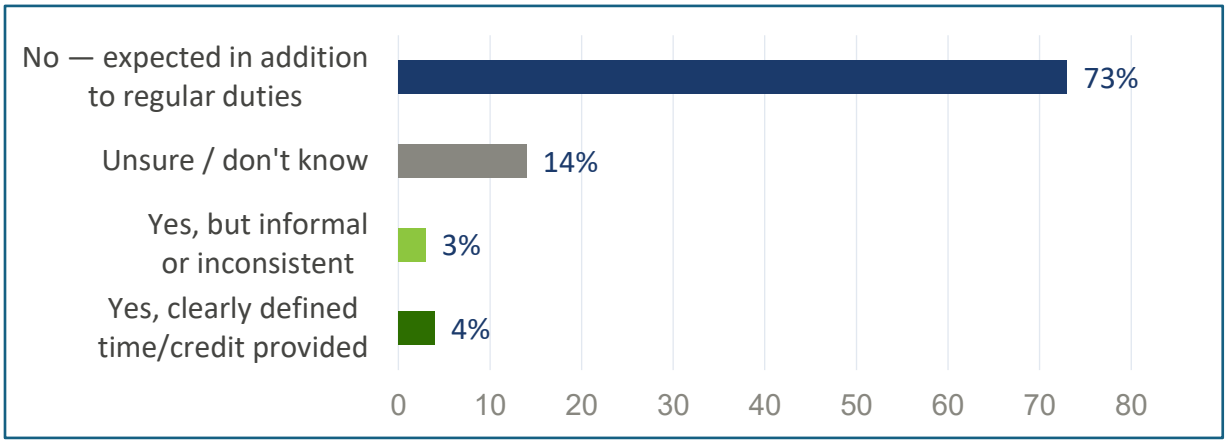
Clinical placements can influence where students want to work.[3] For that reason, understanding where preceptors are located in order to identify geographical gaps in training opportunities. In this survey, 41% of Eligible APRN Preceptors reported practicing in urban areas, compared with 30% whose practice is in a suburban area, and 17% in rural areas. Because rural access to healthcare remains a pressing issue, expanding clinical placements in rural areas could mitigate future shortages.

Institutional Barriers to Precepting

When asked whether their employer provides dedicated time or financial credit for precepting, the majority of eligible APRN preceptors (73%) reported that no such support exists and that precepting is expected in addition to regular duties. Only 3% described support as informal or inconsistent, and 4% reported clearly defined time or financial credit.

[3] Moxham, Lorna, Kim Foster, Brenda Happell, and Richard Lakeman. 2025. "'Clinical Is the Pinnacle': Nurse Academics' Perspectives and Opinions of Their Students Undertaking Mental Health Clinical Placements." *International Journal of Mental Health Nursing* 34.

Figure 1. Does your current employer provide dedicated time or financial credit (e.g., reduced patient load or RVU credit) for time spent precepting?



Note: *Of the 457 eligible APRN preceptors, 28 (6%) did not respond to this item and were excluded from analysis.*

Regarding whether their employer values the time spent precepting, eligible APRN preceptors were divided. A third (32%) agreed or strongly agreed that their employer values their precepting time, while 20% disagreed or strongly disagreed. A quarter of the respondents (25%) neither agreed nor disagreed, representing the largest group for a single answer for this question.

Responses were notably more negative when asked whether precepting time is adequately accounted for in their work schedule. Half of eligible APRN preceptors (50%) disagreed or strongly disagreed that protected time is provided, while only 10% agreed or strongly agreed. An additional 15% neither agreed nor disagreed, and 12% indicated the item was not applicable.

Together, these numbers reinforce that while some preceptors feel their contributions are acknowledged, meaningful schedule accommodation remains are rare, pointing to a gap between perceived value and institutional action.

Figure 2. My current employer/practice values the time I spent precepting

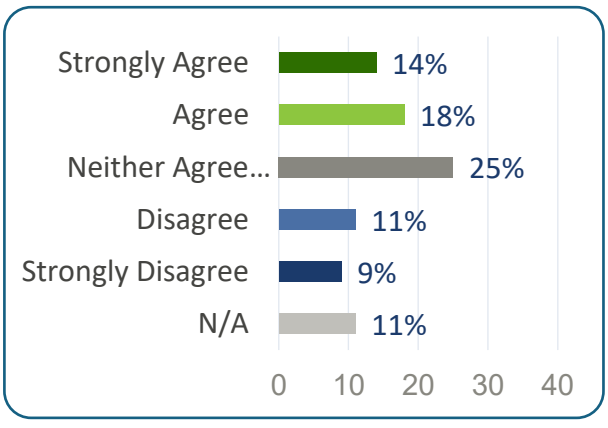
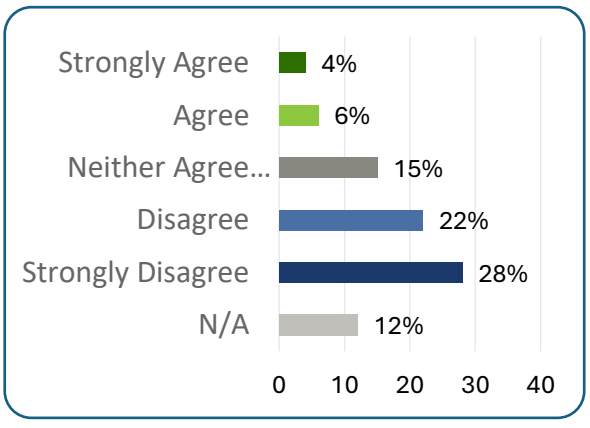


Figure 3. The time I dedicate to precepting is adequately accounted for in my work schedule



Note: *Of the 457 eligible APRN preceptors, 61 (13%) did not respond to this item and were excluded from analysis*

Professional Identity and Perceived Benefits of Precepting

The majority of eligible APRN preceptors viewed precepting as an essential professional responsibility rather than an add-on, with 55% agreeing or strongly agreeing with this sentiment. Only 12% disagreed or strongly disagreed, and 16% neither agreed nor disagreed.

Similarly, half (49%) agreed or strongly agreed that having a student present benefits their clinical practice through new ideas or help with tasks, while 13% disagreed or strongly disagreed.

Figure 4. I view precepting as an essential part of my professional responsibilities, not an add-on

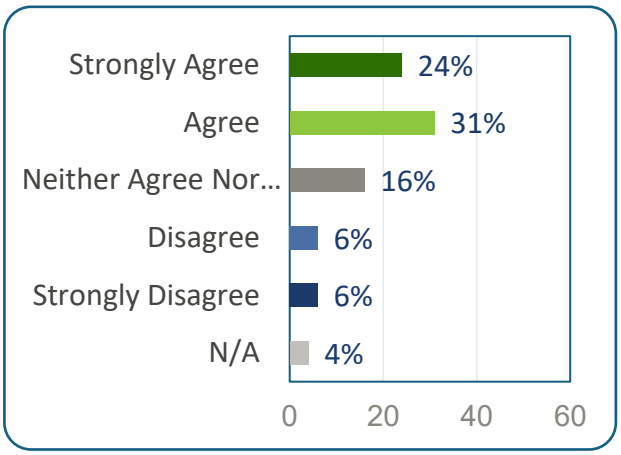
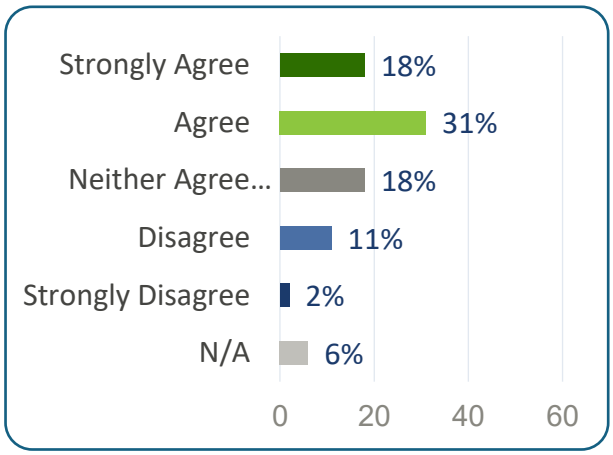


Figure 5. I feel that my clinical practice benefits from the student's presence (e.g., new ideas, help with tasks)



Note: *Of the 457 eligible APRN preceptors, 62 (14%) did not respond to this item and were excluded from analysis*

In addition, 41% of eligible APRN preceptors reported having sufficient clinical site space and resources to accommodate a student, 30% disagreed or strongly disagreed, indicating that physical site capacity remains a notable barrier for a substantial portion of the preceptor workforce. In contrast, preceptors expressed stronger confidence in their personal preparedness, with almost half of the participants (49%) agreeing or strongly agreeing that they are well-trained and informed for the role compared to 13% disagreeing or strongly disagreeing.

Figure 6. My clinical site has sufficient space and resources to accommodate a student

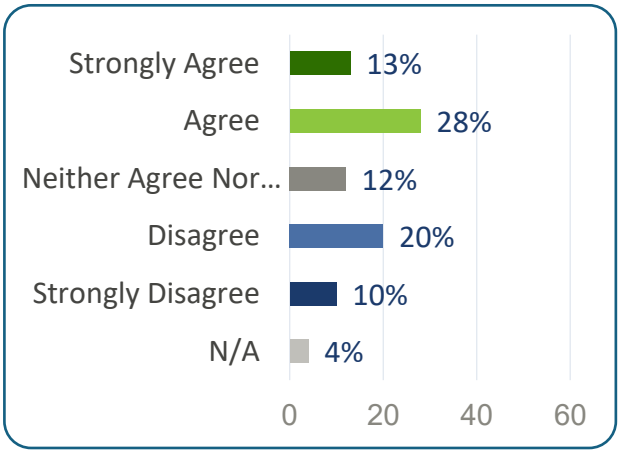
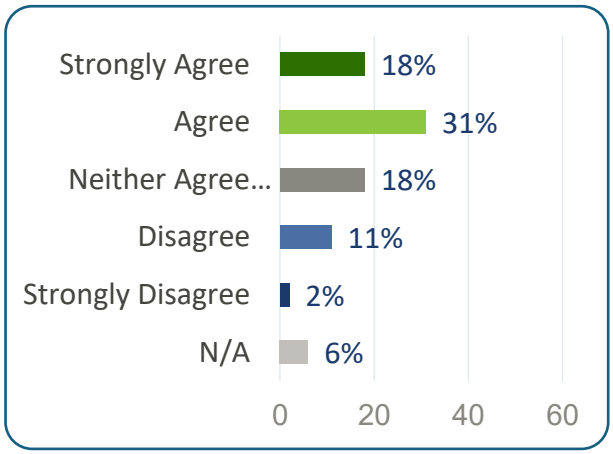


Figure 7. I am well-prepared (trained and informed) for the clinical preceptor role.



Note: *Of the 457 eligible APRN preceptors, 62 (14%) did not respond to this item and were excluded from analysis*

Similarly, when asked if they were taught the professional obligation and importance of becoming a preceptor during their own NP training 60% of Eligible APRN Preceptors either agreed or strongly agreed with the statement which is consistent with previous research highlighting the essential role of clinical placements in the transmission of nursing knowledge and skills.[4]These findings suggest that targeted investment in clinical site infrastructure may be warranted, even among a workforce that largely feels prepared to precept.

Motivations & Barriers

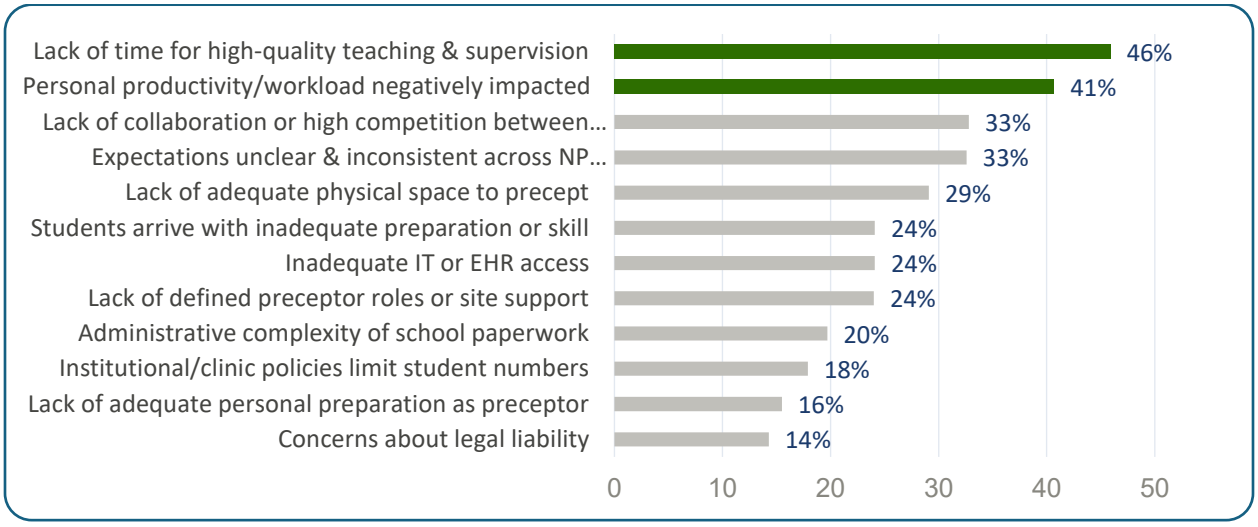
Eligible APRN preceptors cite Professional Obligation and Giving Back, Personal Enjoyment of Teaching and Mentoring, and Enhancing Credentials as a Clinical Teacher or Faculty as their top three motivations for precepting APRN students, reflecting a workforce that approaches the role with strong intrinsic motivation.

There are varying priorities for precepting for clinicians who say they have precepted more students versus those who have precepted fewer. Those who have precepted more than 10 APRNs rank Recruitment Potential (finding future employees) and Supportive Coworkers/Clinic Environment for the preceptor role higher than preceptors who have precepted fewer than 10 APRNs. And for those who have precepted more than 20 APRNs, Financial Compensation is rated the lowest while more novice preceptors cite this as a higher priority when determining whether to precept.

[4] Moxham L, Roberts M, Yousiph T, Jay EK, Lewer K, Robson G, Drury P, Cordina J, Villeneuve-Smith S, Patterson C. 'I Can't See Myself Seeking Help': The Influence of Clinical Placements on Nursing Students' Stigmatising Beliefs and Intentions to Seek Help for Their Own Mental Health Issues: A Prospective Cohort Study. Int J Ment Health Nurs. 2025 Feb;34(1):e13429. doi: 10.1111/inm.13429. Epub 2024 Sep 20. PMID: 39302041; PMCID: PMC11751763.

When participants were asked to rate the extent to which they agree with a series of statements pertaining to factors acting as a barrier to their ability to precept APRN students, data show that the top barriers for Eligible APRN Preceptors includes: 1) Lack of time to dedicate to high quality teaching and supervision (46% Strongly Agree or Agree), 2) Personal productivity or workload is negatively impacted (e.g., seeing fewer patients) (41% Strongly Agree or Agree), 3 (tied) There is a lack of collaboration or high competition between NP programs (33% Strongly Agree or Agree) and 3 (tied) Expectations are unclear and inconsistent across different NP Programs (33% Strongly Agree or Agree).

Figure 8. Barriers to precepting among eligible APRN preceptors



Other Thoughts: Open Ended Responses from Eligible APRN Preceptors

Schools have no business enrolling students for whom they have no reasonable plan for placement.
-APRN, Female, 51

Time Constraints, Resources, and Compensation

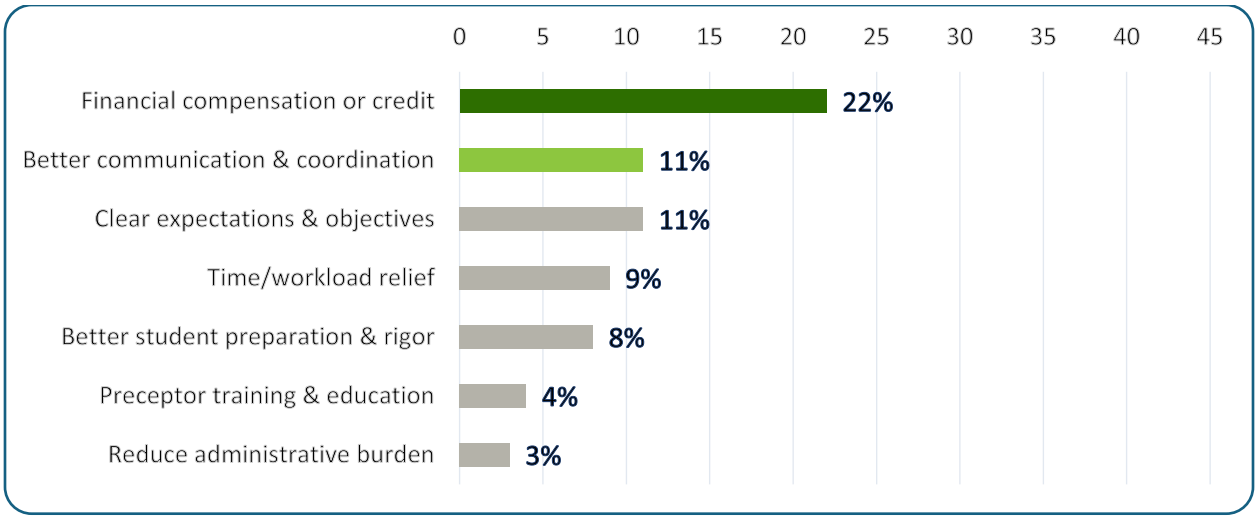
Compensation and time constraints emerged as the most prominent theme across open-ended responses. Eligible APRN preceptors consistently described precepting as an unfunded responsibility layered on top of already demanding clinical workloads, with many noting that taking on a student effectively means absorbing additional hours without any reduction in patient load or financial recognition. Several respondents highlighted the structural inequity of this arrangement, pointing out that graduate nursing programs generate significant tuition revenue while preceptors, who deliver a core component of clinical training, receive little to nothing in return. For some, the financial impact is compounded by productivity-based pay structures that penalize providers for seeing fewer patients on days when a student is present. These findings suggest that without meaningful compensation reform or protected time, the preceptor workforce will continue to face unsustainable pressure.

Give us extra time when we have students. Also, don't penalize us financially. If incentive pay is based on numbers and they give us fewer patients, we are essentially paying out of pocket when we voluntarily take a student.
– APRN, Female, 46

Financial compensation. These graduate schools are multimillion dollar institutions and should be actively recruiting and compensating preceptors for their students to provide high quality education and real clinic experiences.
– APRN, Male, 38

In response to an open-ended question asking what single change schools and programs could make to better support them, eligible APRN preceptors most frequently cited financial compensation or credit (22%), reflecting a strong sentiment that the time and expertise required to precept should be formally recognized and rewarded. Better communication and coordination between programs and preceptors, and clearer expectations and objectives for students, were each cited by 11% of respondents. Time and workload relief (9%) and better student preparation and rigor (8%) rounded out the top responses, suggesting that preceptors are looking for both structural support and higher academic standards from the programs placing students with them.

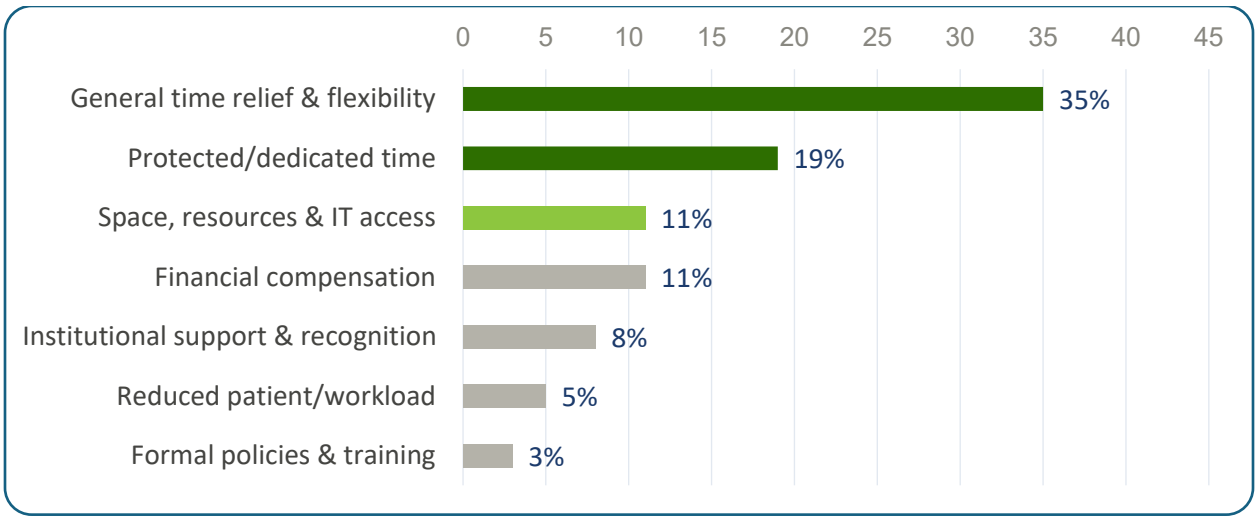
Figure 9. Most important change schools/programs could make to better support preceptors



Note: *N=373 eligible APRN preceptors*

Responses to what clinical sites could do differently were dominated by concerns about time, with general time relief and flexibility cited by 35% of respondents and protected or dedicated time specifically cited by an additional 19%. Combined, time-related responses accounted for more than half of all answers, underscoring that schedule accommodation is the single most pressing ask preceptors have of their clinical employers. Space, resources, and IT access (11%) and financial compensation (11%) were the next most common themes, followed by a desire for greater institutional support and recognition (8%).

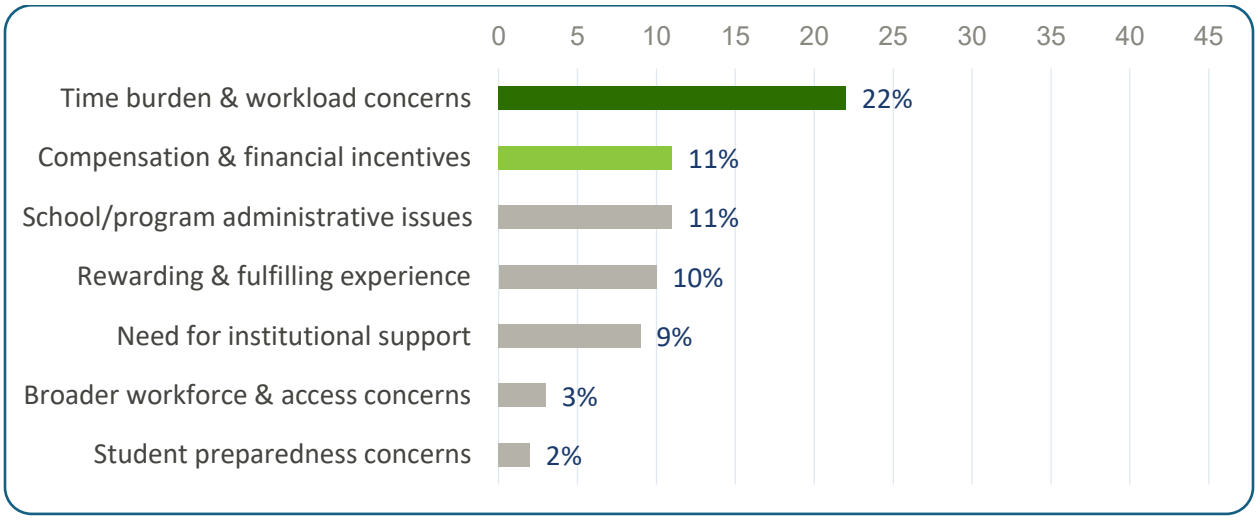
Figure 10. Most important change clinical sites could make to better support preceptors



Note: *N=373 eligible APRN preceptors*

In their open-ended additional comments, eligible APRN preceptors most frequently raised time burden and workload concerns (22%), reinforcing findings from the barrier data that precepting is experienced as an added strain on already demanding schedules. Compensation and financial incentives (11%) and school and program administrative issues (11%) were equally prominent, with several respondents noting frustration with paperwork, inconsistent school requirements, and a lack of systemic support.

Figure 11. Additional thoughts on precepting APRN students



Student Placement & Institutional Support

A recurring concern among eligible APRN preceptors was the absence of organized, school-led student placement systems. Many respondents expressed frustration that students are expected to independently identify and secure their own clinical placements, a burden they felt should rest with academic programs. At the institutional level, preceptors described feeling unsupported by

their employers, with little acknowledgment of the time and effort precepting requires. Several noted that without buy-in from clinical leadership, including scheduling relief, formal policies, or recognition of precepting as a professional expectation, their ability to take on students remains limited regardless of personal willingness. Taken together, these responses point to a structural gap between the demand for preceptors and the systems in place to support them.

I actually wish clinical placement offices at schools did their job and did not make students do that work themselves. Schools have no business enrolling students for whom they have no reasonable plan for placement.

- APRN, Female, 51

Commitment to the Profession

It is such a joy to contribute to shaping the future of healthcare. It is a long-term investment which, when done thoughtfully, has the potential to reap many returns -- not just revenue.

-APRN, Female 38

Despite widespread concerns about workload and institutional support, a meaningful subset of eligible APRN preceptors expressed deep personal commitment to precepting as a professional responsibility. Many framed their participation not as an obligation but as a form of giving back to a profession that shaped them, and several drew explicit connections between the quality of today's preceptors and the future of APRN practice and patient care. These responses reflect a motivated core of preceptors who find the work rewarding and see it as central to the health of the profession, a foundation that, if better supported institutionally, could be leveraged to grow and sustain the preceptor pipeline.

It is both a responsibility and a privilege as an APRN to give back to the community. Providing preceptorship is one of the most meaningful ways to support future providers while strengthening the health of our community.

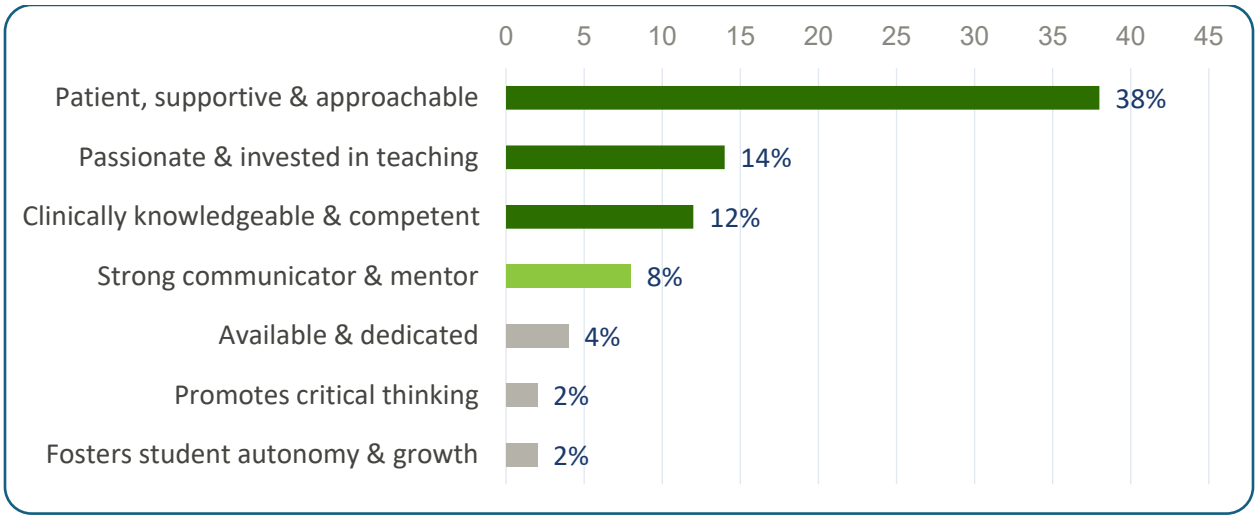
- APRN, Female 53

What Makes a Good Preceptor

Someone who teaches through experiential learning and support, allows and encourages growth, and empowers students to gain independence, confidence, and joy in practice.

- APRN, Female, 41

Figure 12. What makes a good preceptor?



When asked to describe the qualities of an effective preceptor, eligible APRN preceptors consistently emphasized character and relational skill alongside clinical expertise. The most cited qualities included patience, approachability, and a genuine investment in student learning, reflecting the view that precepting is fundamentally a teaching relationship, not simply a supervisory one. Respondents also emphasized the importance of helping students develop clinical reasoning rather than simply modeling procedures, describing effective preceptors as those who think out loud, explain the "why" behind decisions, and create safe environments for students to practice independently. These responses suggest that good precepting is viewed as one that requires both clinical depth and a deliberate orientation toward mentorship and growth.

A good preceptor thinks out loud during assessments, explains diagnostic reasoning, and shares why they chose a medication. Students don't just need to watch -- they need to understand the thinking process behind decisions.

- APRN, Female, 39

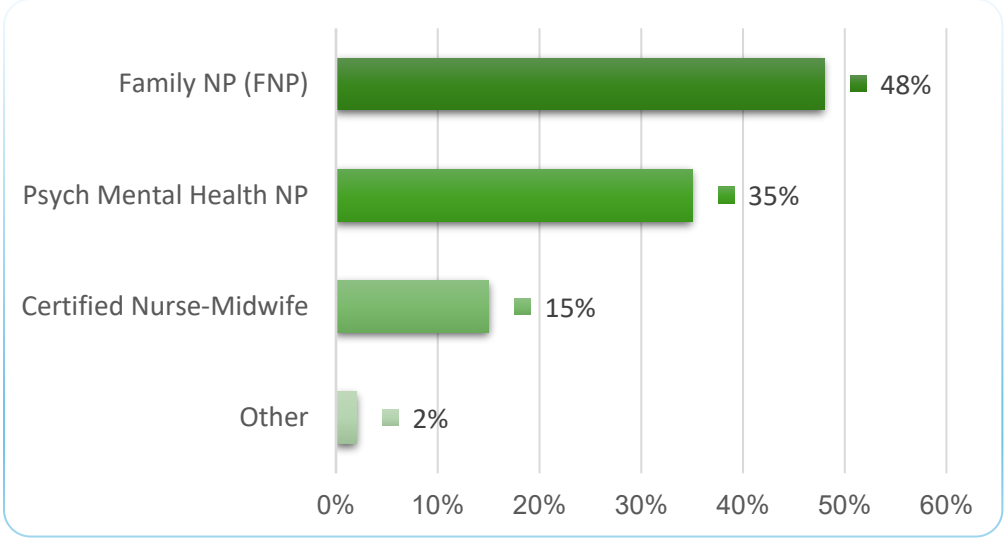
APRN Student Profiles & Experiences

Academic Context & Profile

Specialty Focus

Like APRN/NPs, APRN students primarily specialize in Family NP (48%). Many APRN students (35%) specialize in Psychiatric Mental Health NP (PMHNP) or Certified Nurse-Midwife (15%).

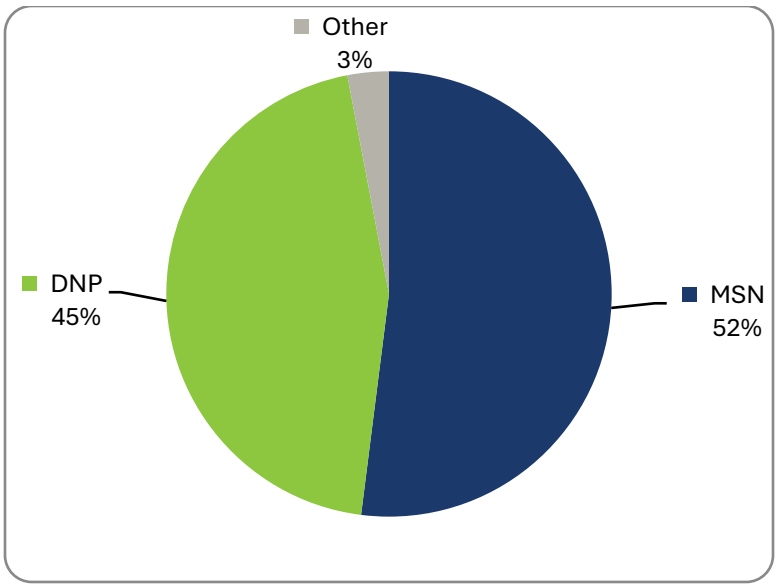
Figure 11. APRN student specialty focus



Degree Level

Half (52%) are currently pursuing a Master of Nursing (MSN) degree and another almost half (45%) are pursuing a Doctor of Nursing Practice (DNP) degree. Most DNP students are in a Family Nurse Practitioner (FNP) program (11/31 DNP students), Psychiatric Mental Health (PMHNP) program (9/31 DNP students), or Certified Nurse-Midwifery (9/31 DNP students).

Figure 12. Degree program of APRN student respondents



Program Delivery

Most students are enrolled in hybrid programs (46%) where both online and in-person modes are used to deliver coursework. One in three (34%) are in online only programs and about one in five (20%) attend an in-person only program. Compared with Doherty and colleagues[5], a larger share of students in this survey reported being enrolled in fully online programs (34% vs. 22%) and fully in-person programs (20% vs. 13%).

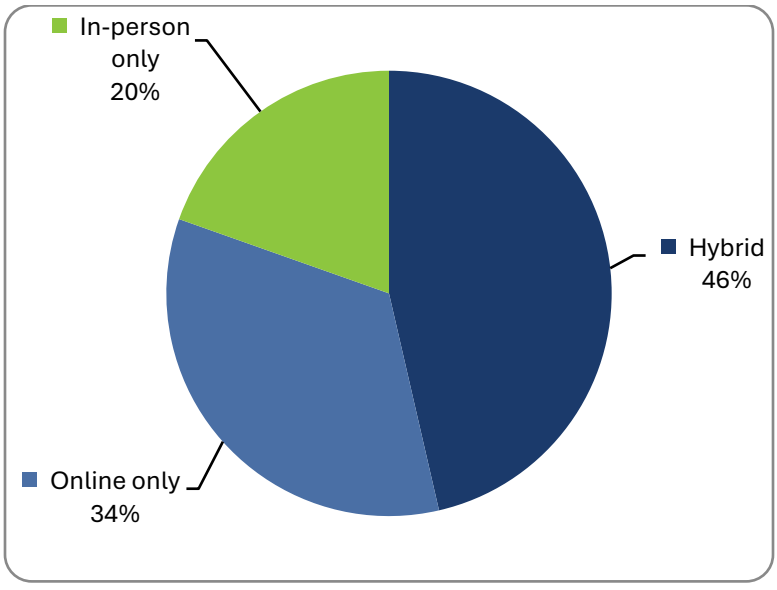


Figure 13. Program delivery format among APRN student respondents

[5] Doherty, Cassie L., Beatrice A. Amicucci, George C. Pol-Rodriguez, and K. M. Shaver. 2020. "Barriers to Nurse Practitioner Preceptorship." *Journal of the American Association of Nurse Practitioners* 32(8):551–57.

Employment Status

Half of students (55%) are currently employed full-time, another 29% part-time, and about 10% are not currently employed.

About one third (33%) of APRN students who are employed work in an inpatient hospital setting. It is the most common primary place of employment for respondents. About one in eight respondents work in a hospital-owned clinic or system. About one quarter of the students (26%) reported that they are employed in a setting other than an academic medical center, a community health clinic/FQHC, a hospital-owned clinic/system, an inpatient hospital setting, or a private practice reflecting the diversity of nursing positions.

Program Delivery - Hybrid, Online, and In-person

Table 5. Clinical Placement Support by Program Type

	In-person (n=13)	Online (n=23)	Hybrid (n=31)
PLACEMENT COORDINATOR			
APRN Program has a designated Clinical Placement Coordinator to assist students	85%	78%	81%
PRECEPTOR MATCHING (SELECT ALL THAT APPLY)			
Direct assignment (school matches automatically)	92%	4%	36%
Student-led search (student finds own preceptor/site)	8%	91%	52%

Bidding/preference system	23%	4%	19%
Cold calling/networking	0%	48%	19%
LEVEL OF PLACEMENT SUPPORT			
Full support (school handles everything)	85%	0%	32%
Moderate support (school provides leads; student outreaches)	8%	39%	29%
Minimal support (school provides contract template only)	0%	35%	23%
No support from program	0%	22%	10%

Green = strongest support; red = absence of support; — = not applicable or not reported.

Given small sample sizes among subgroups, please interpret differences in percentages with caution.

There are key differences in placement support among students in in-person, online, and hybrid settings. Although most students across all three program types have access to a designated Clinical Placement Coordinator, the specific nature of placement support differs considerably. Students in in-person programs most commonly report (92%) being matched through direct assignment, where the school automatically matches them with a preceptor and site. This occurs with just 4% of online students and 36% of hybrid students. Online learners most often conduct a student-led search, independently identifying their own preceptor and site before submitting the information to the school for approval. About one in five hybrid students report using a bidding or preference system, where students submit a list of preferred sites and the school attempts to match them, or independently cold calling and networking to secure a placement.

Placement Coordination & Matching

The majority (85%) of in-person students report receiving full support with placement where the school handles all aspects of securing the site and preceptor, and all (100%) of in-person students report receiving at least some help with placement (full, moderate, or minimal support).

No online students (0%) report receiving full support where the school handles all aspects of securing the site and preceptor. Most online students report receiving moderate (39%) or minimal (35%) support. Moderate support includes the school providing a list of leads, but the student must do the outreach. Minimal support includes the school providing a contract template, but the student is entirely responsible for finding a site. One in five (22%) online students report

receiving no help from their program during placement and one in ten hybrid students report the same.

There are clear discrepancies in the matching process for in-person and online students highlighting the hidden labor online students perform to be matched with a preceptor/site. In-person students are nearly all matched with a preceptor through direct assignment (92%), where the school matches them with a preceptor automatically. In contrast, nearly all online students (91%) are matched with a preceptor by student-led search, where students must find their own preceptor/site and submit the information to the school for approval or are matched through cold calling/networking (48%), where the students rely on their professional network to find a willing provider.

About one in five in-person students (23%) and one in five hybrid students (19%) report using a bidding/preference system, where the students provide a list of preferred sites and the school attempts to match them. Just 4% of online students report using a bidding/preference system.

Ranked Barriers to Clinical Placements

Barriers to clinical placements differ substantially by program type. In this sample, in-person and online students reported notable different patterns of challenges.

In-person students report their top three barriers are:

1. **Travel/Distance**: Having to travel long distances or relocate for a placement.
2. **Work/Life Balance**: Difficulty balancing clinical hours with my current job.
3. **Administrative Delays**: Slow school paperwork, background checks, or onboarding.

In-person students cite lack of program support and finding a preceptor as their least challenging barriers.

Conversely, online students cite their top three barriers are:

1. **Finding a Preceptor**: Difficulty locating providers willing or able to teach
2. **Lack of Program Support**: My school does not provide enough help in finding sites.
3. **Competition**: Competing with students from other schools for the same sites.

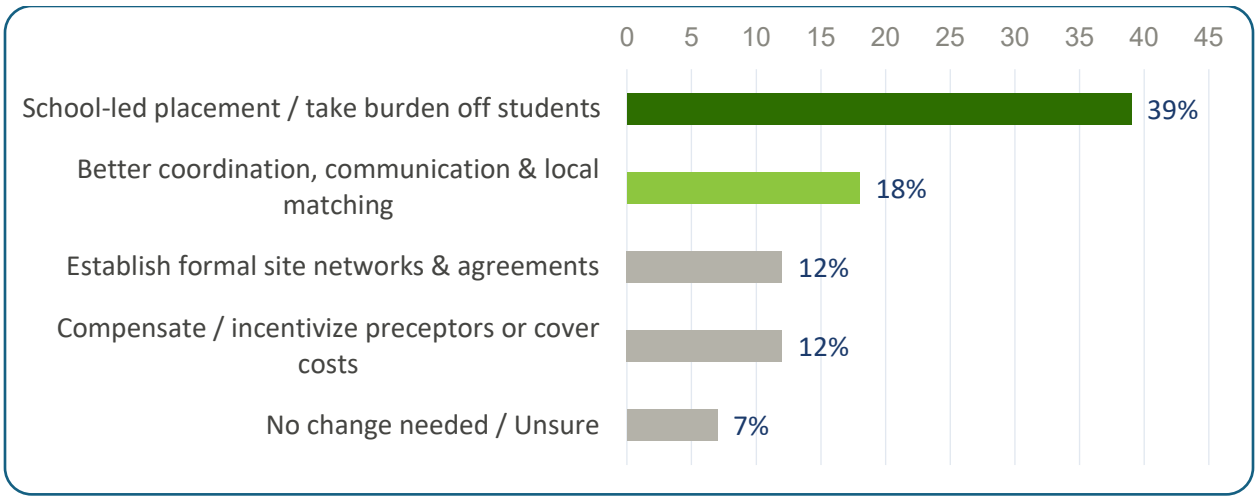
Online students cite work/life balance, a top challenge for in-person students as one of their least challenging barriers. Employment status also shapes which barriers students find most significant. Regardless of employment status, finding a preceptor and competition with other students for available sites consistently ranked among the top barriers for all groups. However, full-time employed students were distinct in citing travel and distance as a top barrier, ranking it

second among their reported challenges, a finding not reflected among part-time or non-working students, for whom logistical constraints of this nature were considerably less prominent.

Other Thoughts: Open Ended Responses from APRN Students

> *Securing these placements are honestly harder than some of the classes themselves.*
> *— APRN Student*

Figure 14. Most important change schools/programs could make



Note: *N=57 APRN Students*

The most dominant theme from APRN students (39%) is that schools should take responsibility for securing clinical placements rather than placing that burden on students. Many described the process of finding a preceptor as more stressful than the academic curriculum itself, often occurring while simultaneously managing work and family obligations.

Schools should do the work to find willing preceptors and match students with them, rather than making students find preceptors while they are trying to focus on schooling, work, and family.

— APRN Student

Securing these placements are honestly harder than some of the classes themselves.

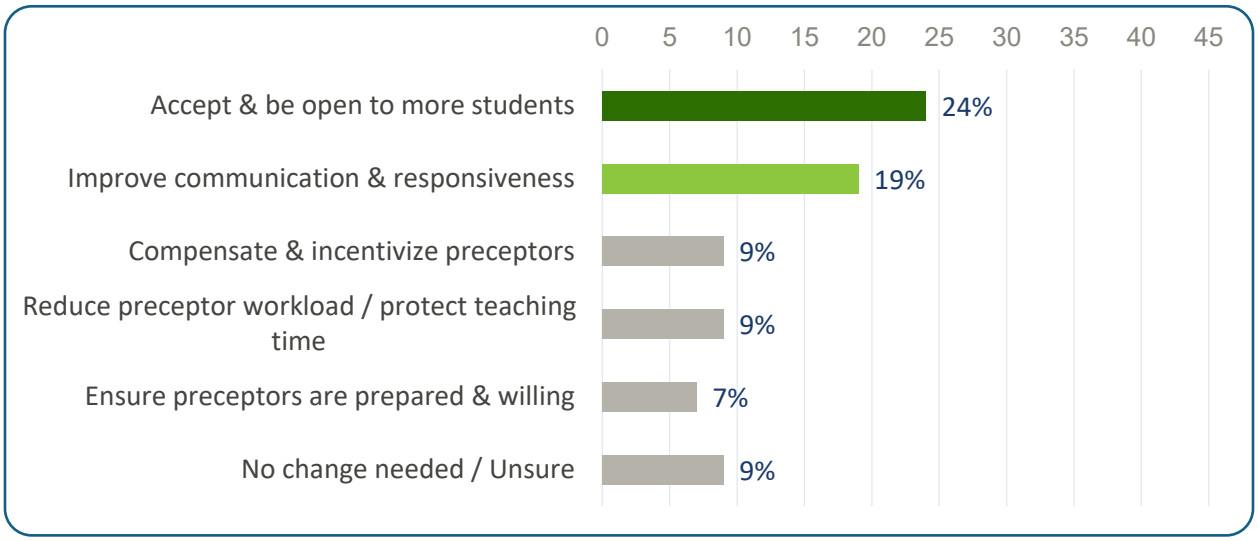
— APRN Student

Better coordination and local matching (18%) was the second most common ask, with students emphasizing the importance of placements near where they live, particularly for those balancing employment. Establishing formal site networks and agreements (12%) and compensating or incentivizing preceptors (12%) were equally prominent, pointing to a systemic issue: without structured relationships and financial recognition, the pool of available sites remains narrow and unreliable.

Most NP programs should have their own clinical placement coordinator to lessen the burden of students who are already working hard to pay for college and continue to support their family.

— APRN Student

Figure 15. Most important clinical sites could make



Note: *N=54 APRN Students*

Students most frequently called on clinical sites to simply accept and be open to more students (24%), reflecting a sense that the barrier is not always process or communication but willingness. Improved communication and responsiveness (19%) followed closely, with students describing frustration at unanswered emails and opaque application processes.

Prompt communication. If the answer is no, that is okay, but it helps to be told more quickly so you can move on to another location.

— APRN Student

Having a point of contact that is responsible for monitoring their inbox and returning calls or emails to inquiries.

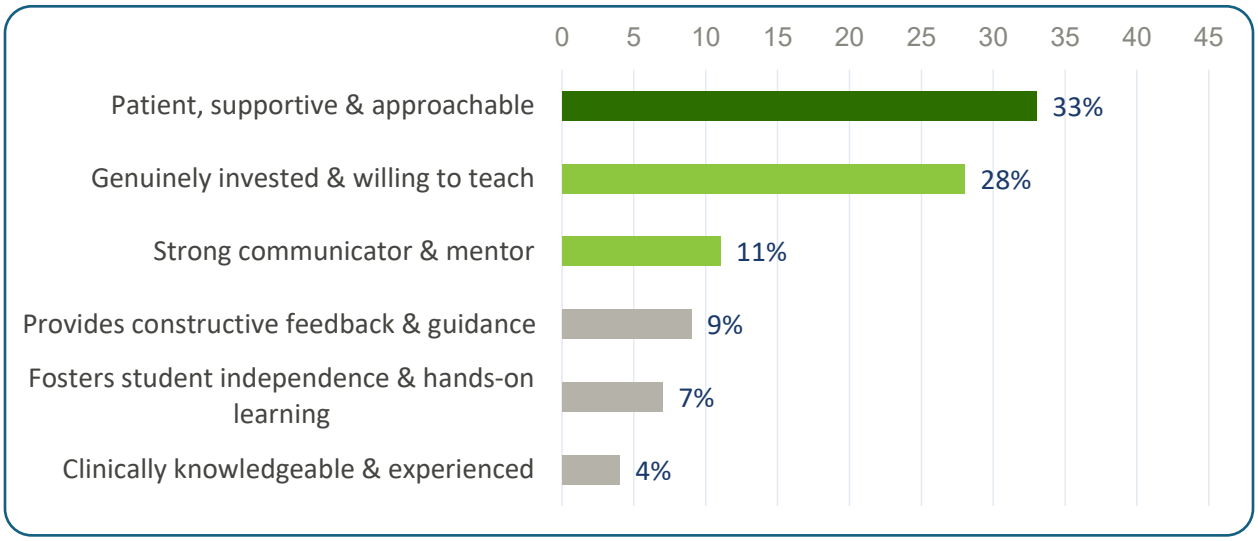
— APRN Student

Compensation and incentivizing preceptors (9%) and reducing preceptor workload (9%) were also raised, underscoring that students are aware of the structural pressures their preceptors face. A notable concern was the emergence of fees charged by some preceptors directly to students.

Some preceptors are charging as high as $3,000 per rotation. If you have 4 rotations, that's $12,000 extra we have to pay.

— APRN Student

Figure 16. What makes a good preceptor?



Note: *N=54 APRN students*

Student responses closely mirrored those of eligible APRN preceptors, with patience, support, and approachability (33%) and genuine investment in teaching (28%) as the top qualities. Students emphasized that a preceptor who chose to teach rather than being assigned or pressured made a meaningful difference in the quality of the learning environment.

The one who precepts out of love of doing it rather than being motivated by money. A good preceptor understands the student's struggles and supports them fully.

— APRN Student

Someone who is willing to teach the 'why' behind things, a patient person, someone who also loves learning.

— APRN Student

One who encourages gradual increases in responsibility and uses failure as a tool for learning rather than scrutiny.

— APRN Student

Study Limitations & Future Research

This survey represents an important first step in understanding the landscape of APRN clinical placements in Washington State. However, due to a tight data collection and reporting timeline, some groups remain underrepresented in the findings, and the following areas should be prioritized in future work.

Expand and deepen the student sample. With only 69 student respondents[6], the student findings in this report, while directionally informative, should be interpreted with caution. The disparities identified between in-person, online, and hybrid students are compelling, but a larger, more representative student sample is needed to draw definitive conclusions. A targeted follow-up survey administered directly through NP programs would allow for greater confidence in the findings and more granular analysis by program type, specialty, geographic location, and year in program. Understanding how placement experiences affect academic persistence, geographic distribution of the future APRN workforce, and licensure outcomes is an important avenue for future research.

Engage other healthcare provider groups in future data collection. This survey captured responses from a small number of non-APRN eligible preceptors, including Physician Assistants and Physicians, Due to the small sample size and diversity of roles represented, these responses have been included in the appendix rather than the main analysis. However, these provider groups represent an important and underexplored segment of the preceptor workforce. Future data collection efforts should intentionally recruit from these groups to better understand how precepting experiences, barriers, and motivations differ across provider types and to identify opportunities for expanding the pool of eligible preceptors beyond NPs.

Examine the preceptor recruitment and retention pipeline longitudinally. This survey captured a cross-sectional snapshot of preceptor attitudes and barriers. A longitudinal approach, tracking the same cohort of eligible preceptors over time, would help identify which interventions are most effective at retaining active preceptors and converting willing but inactive providers into the preceptor pipeline.

Investigate the financial and structural impact of preceptor-for-pay arrangements. Student data surfaced a potential concerning trend: some preceptors may be charging students directly for rotations, with fees reported as high as $3,000 per rotation. This practice raises equity and potentially legal concerns and warrants further investigation into its prevalence, impact on student access, and potential regulatory response.

[6]Students had to be enrolled in an APRN program in WA state to continue the survey.

Recommendations & Next Steps

The findings from this survey paint a consistent picture: the infrastructure supporting APRN clinical placements in Washington State is under significant strain. While the willingness to precept exists among eligible APRN preceptors, and while students are committed to completing their training, both groups are operating within systems that lack the structure, coordination, and financial support necessary to make precepting sustainable at scale.

For Academic Programs & Schools of Nursing

Take ownership of student placement. The single most important change identified by both eligible preceptors and APRN students is that schools must take responsibility for securing clinical placements rather than delegating this burden to students. Students who must independently cold-call providers, manage affiliation agreements, and compete with peers from other programs for limited sites are being asked to perform a function that belongs to the institution. Schools should designate dedicated clinical placement coordinators, establish formal affiliation agreements with local sites and providers, and develop searchable databases of preceptors who have previously worked with the program and are open to doing so again.

Formalize compensation and recognition for preceptors. Financial compensation or credit was the most frequently requested change from both preceptors (22%) and students in the context of what schools could do differently. Academic programs, many of which generate substantial tuition revenue from clinical programs, should consider implementing formal stipend structures, provide access to institutional resources such as library databases and continuing education credits, and explore adjunct or faculty affiliate status for active preceptors.

Raise and standardize student preparation expectations. Preceptors across the open-ended data consistently raised concerns about students arriving underprepared, with inconsistent skill levels and unclear learning objectives. Schools should ensure students arrive at clinical rotations with a baseline competency in patient assessment, documentation, and clinical reasoning, and provide preceptors with clear, semester-specific learning objectives at the outset of each rotation.

For Clinical Sites

Formally recognize precepting as a professional expectation. Only 4% of eligible APRN preceptors reported clearly defined compensation or time relief for precepting, while 73% reported receiving nothing at all. Clinical institutions should formally incorporate precepting into job descriptions, offer protected time or reduced patient loads on precepting days, and ensure that productivity-based compensation structures do not financially penalize providers who choose to take students.

Designate a student contact and streamline onboarding. Students and preceptors alike raised communication and responsiveness as a top concern. Clinical sites should identify a dedicated point of contact for student inquiries, publish clear and publicly accessible guidelines for rotation requests, and reduce onboarding delays by standardizing credentialing and access processes for students.

Cultivate a culture that welcomes students. Sites that signal openness to students through formal policies, preceptor recognition, and institutional messaging attract more preceptors over time. Site leadership should actively communicate the value of precepting to staff and explore supplemental incentives such as reduced caseloads or peer recognition programs for providers who take on students

Considerations for Statewide Policy

Develop and fund a statewide preceptor incentive program. The data strongly support the case for a structured, state-level financial incentive for APRN preceptors. Given that protected time and compensation were the top requests from preceptors, targeted grant funding or tax credit mechanisms directed at preceptors or their employing institutions could significantly expand the preceptor pipeline.

Establish accountability standards for program-level placement support. The disparities between in-person and online students in this survey are stark and consequential. No online student in this sample reported receiving full placement support from their program, and 22% received none at all. State regulators and accrediting bodies should consider requiring programs to demonstrate minimum standards for student placement support as a condition of program approval, with particular scrutiny applied to fully online programs.

Standardize and enforce existing placement obligations. Several student respondents noted the existence of national guidelines requiring schools to take responsibility for securing preceptors but described widespread non-compliance due to lack of enforcement. WCN and DOH should work with accreditation bodies and state nursing program oversight entities to clarify and enforce these obligations.

Dissemination and Communication Plan

Although data collection and reporting for this project has concluded, ensuring that findings reach the right audiences is essential to translating this research into meaningful change for Washington State's APRN clinical placement landscape. Over the next three months, WCN will lead a multifaceted dissemination effort spanning statewide convenings, manuscript development, and presentations.

As an immediate next step, the recommendations in this report will be reviewed with the project's steering committee in April for further discussion and refinement. WCN, with the support of Bridgestone Consulting, will then convene a statewide roundtable bringing together Deans and executives from all five Washington State nursing schools offering APRN programs: the University of Washington, Seattle University, Pacific Lutheran University, Gonzaga University, and Washington State University. Participants will review the study's findings and develop actionable recommendations organized around five focus areas: a centralized placement system, state-sponsored preceptor incentives, infrastructure support and grant opportunities, preceptor preparedness, and statewide collaboration. A white paper summarizing the roundtable's outcomes and recommendations will be drafted and broadly disseminated through professional association newsletters and listservs at both the state and national levels.

In parallel, WCN will collaborate with Bridgestone Consulting and Survey Information Analytics to prepare this study for submission to a peer-reviewed journal, contributing to the broader evidence base on APRN clinical placement and nursing workforce development. Beyond written dissemination, WCN plans to present this research at national conferences to share lessons learned and position Washington State's work as a potential model for other states grappling with similar challenges. An abstract has already been submitted and accepted for presentation at the National Forum of State Nursing Workforce Centers annual conference in Minneapolis in June 2026. WCN will continue to seek out additional presentation opportunities as they arise.

By the end of June 2026, the project contract between WCN and the Washington State Board of Nursing (WABON) will conclude. By that time, WCN will have submitted all findings, analyses, and recommendations to WABON in full. WABON is encouraged to build on this foundation by continuing and expanding collaboration with academic institutions, clinical sites, and policymakers to address the barriers and facilitators to APRN clinical placement identified through this project, using the data and recommendations provided here as a springboard for sustained action.

APPENDIX: Other Eligible Healthcare Preceptors

Table A 1

Please select the option(s) that best describes your current licensure and/or practice.		
	Frequency	Percent
Physician Assistant/Associate	6	15%
Physician (MD/DO)	8	20%
Other licensed clinician legally eligible to precept APRN students in WA State (please specify)	27	66%
Total Respondents	41	100%

Table A 2

Primary License/Role: (Please select all that apply):		
	Frequency	Percent
Women's Health NP (WHNP)	2	5%
Certified Registered Nurse Anesthetist (CRNA)	10	24%
Certified Nurse-Midwife (CNM)	13	32%
Clinical Nurse Specialist (CNS)	2	5%
Other (please specify)	16	39%
Total Respondents	41	100%
Other: Broad Spectrum Family Medicine and Obstetrics, Family Medicine MD, Family Physician, UC doc supervising ARNP residents, MD, NP students for their capstone project only, not clinical, PA, PA-C, Physician, Physician assistant, Policy, Primary care		

Table A 3

Total Years of Experience as a Licensed Clinician in Washington State:		
1-5 years	11	27%
6-10 years	9	22%
11-15 years	4	10%
16-20 years	4	10%
21-25 years	4	10%
26-30 years	2	5%
31-35 years	2	5%
41-50 years	3	7%
No Response	2	5%
Total Respondents	41	100%
Average 15 years		

Table A 4

What is your employment status?		
	Frequency	Percent
Full-time	23	56%
Part-time	6	15%
Per Diem/Contract	3	7%
Self-Employed/ Practice Owner	3	7%
Other (please specify)	4	10%
No Response	2	5%
Total Respondents	41	100%
Other: contract with group, self-employed, not in clinical practice anymore		

Table A 5

Current Primary Practice Setting: (Select One)		
	Frequency	Percent
Community Health Clinic/Federally Qualified Health Center (FQHC)	7	17%
Hospital-Owned Clinic/System	13	32%
Private Practice (NP/Physician-Owned)	2	5%
Academic Medical Center/University Clinic	2	5%
Inpatient Hospital Setting	6	15%
Other (please specify)	8	20%
No Response	3	7%
Total Respondents	41	100%
Other: FQHC and inpatient hospital and ER, HMO, Hospital as an RN, Optum, Policy, public health clinic, title x, Solo self-employed, X		

Table A 6

Have you *ever* precepted an Advanced Practice Registered Nurse (APRN) student in the State of Washington?		
Yes	15	63%
No	13	32%
No Response	2	5%
Total Respondents	41	100%

Table A 7

In the past year (12 months) have you precepted any APRN students?		
Yes	15	37%
No	11	27%
No Response	15	37%
Total Respondents	41	100%

Table A 8

Total Number of APRN students Precepted in WA during your clinical career: (Select One)		
1-5	10	24%
6-10	6	15%
11-20	3	7%
>20	7	17%
No Response	15	37%
Total Respondents	41	100%

Table A 9

How many different APRN schools/programs have you precepted for in WA during your clinical career?		
1	9	22%
2	6	15%
3	4	10%
4	2	5%
5	1	2%
6	1	2%
Unsure/Don't know	3	7%
No Response	15	37%
Total Respondents	41	100%

Table A 10

On average, when precepting, how many hours per week do you spend actively teaching or supervising when a student is on-site?		
1-5	1	2%
6-10	11	27%
11-20	8	20%
>20	6	15%
No Response	15	37%
Total Respondents	41	100%

Table A 11

Does your current employer provide dedicated time or financial credit (e.g., reduced patient load or RVU credit) for time spent precepting?		
	Frequency	Percent
Yes, clearly defined time/credit is provided	4	10%
Yes, but it is informal or inconsistent	1	2%
No, time spent precepting is expected to be done in addition to regular duties	28	68%
Unsure/I don't know.	3	7%
No Response	5	13%
Total Respondents	41	100%

Table A 12

Please elaborate on how much dedicated time or financial credit your employer provides for time spent precepting.		
	Frequency	Percent
30 min in am & pm on day of precepting. Financial credit is specific to state schools such as UW & WSU.	1	-
40 hours in a 3 month period can count towards a pay for performance bonus	1	-
about 30 - 60 min extra per day for precepting	1	-
extra 2 dollars an hour with student	1	-
One extra dollar per hour	1	-
No Response	36	88%
Total Respondents	41	100%

Table A 13

Please explain why you have never precepted an APRN student.
Have not had the opportunity.
Haven't been interested
I can not get compensated for precepting due to being a government employee
I did not practice in a teaching environment. I am a solo practitioner in an ASC.
I have a very low volume private practice in a very rural area of WA.
I have not had the opportunity yet, although i would be happy to
I worked in Oregon but had to have WA license since some calls could be to WA clients. Years of experience precepting
No students at our facility, d/t lack or support from surgeons
no time
Not currently working as a APRN
Requests are for VERY specific things (ONLY womens health, ONLY pediatrics), and that is just not how my practice works. I could give someone a great experience if they could do it all at once, not piecemeal, since my schedule is VERY erratic! We see everyone -- newborns, peds, geriatrics, womens health etc etc in any given day.

Table A 14

Does the specific patient population you serve impact your decision to accept or decline a student for preceptorship?		
Yes	5	12%
No	33	81%
No Response	3	7%
Total Respondents	41	100%

Table A 15

Please explain how your patient population influences your decision to precept.
Chronically short-staffed, difficult to precept effectively when schedule is tight
complex and time consuming
I mainly practice addiction medicine. I think it is important for ARNPs to have exposure to this patient population and understand the basics of addiction medicine in primary care. So I welcome ARNP residents/students. I do struggle some with the balance of having them independently see patients vs shadowing since many of the new patients I see are unstable and I need to set the tone with them from the very beginning: welcoming, nonstigmatizing, etc. For established patients I am a bit more willing to have ARNPs see them independently and then precept.
I priorice patient safety and comfort, cultural congruence and student experience/future plans.
My specialties are neuroscience, critical care, medical-surgical adult

Table A 16

Please rank the following in order of importance (1-Most important) in your decision to precept APRN students (or your interest in precepting, if you have not done so).									
	Score: 1	Score: 2	Score: 3	Score: 4	Score: 5	Score: 6	Score: 7	Score: 8	Total
Professional Obligation/Giving Back to the profession.	44%	28%	9%	13%	0%	3%	3%	0%	100%
Personal Enjoyment of Teaching/Mentoring.	0%	9%	9%	25%	25%	16%	9%	6%	100%
Enhancing your credentials as a clinical teacher/faculty.	3%	9%	3%	9%	19%	16%	25%	16%	100%
Protected time (reduced patient load) for teaching.	6%	3%	6%	0%	13%	6%	25%	41%	100%
Financial compensation directly to you (e.g., bonus, stipend).	3%	0%	6%	3%	13%	38%	16%	22%	100%
Non-financial compensation (e.g., CME credits, library access).	3%	0%	6%	3%	13%	38%	16%	22%	100%
Recruitment potential (finding future employees).	6%	6%	16%	16%	19%	13%	19%	6%	100%
Supportive coworkers/clinic environment for the preceptor role.	0%	13%	28%	31%	13%	9%	0%	8%	100%
Missing: 9 respondents not included in above table calculations									

Table A 17

Please indicate the extent to which you agree or disagree with the following statements regarding the preceptor role within your current job.								
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	NA	No Response	Total
My current employer/practice values the time I spend precepting.	7%	5%	22%	32%	7%	10%	17%	100%
The time I dedicate to precepting is adequately accounted for in my work schedule (e.g., protected time)	20%	24%	17%	10%	2%	10%	17%	100%
I view precepting as an essential part of my professional responsibilities, not an add-on.	7%	5%	12%	27%	24%	7%	17%	100%
I feel that my clinical practice benefits from the student's presence (e.g., new ideas, help with tasks).	2%	2%	15%	37%	17%	7%	20%	100%
My clinical site has sufficient space and resources (e.g., exam rooms, computers) to accommodate a student.	5%	10%	17%	34%	7%	10%	17%	100%
I am well-prepared (trained and informed) for the clinical preceptor role.	0%	2%	15%	32%	24%	10%	17%	100%
I was taught the professional obligation and importance of becoming a preceptor during my own NP training.	2%	5%	12%	20%	24%	20%	17%	100%
Missing: 7 respondents not included in above table calculations								

Table A 18

Please rate the extent to which you agree that the following factors act as a barrier to your ability to precept APRN students.								
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	NA	No Response	Total
My personal productivity or workload is negatively impacted (e.g., seeing fewer patients).	5%	20%	10%	24%	10%	7%	24%	100%
I have a lack of time to dedicate to high-quality teaching and supervision.	5%	15%	17%	22%	10%	7%	24%	100%
There is inadequate IT or EHR access provided for the student.	12%	20%	20%	7%	5%	12%	24%	100%
There is a lack of adequate physical space (exam rooms/desks) to precept.	12%	29%	7%	12%	5%	10%	24%	100%
Institutional/clinic policies limit the number of students I can take.	15%	20%	17%	7%	7%	10%	24%	100%
The administrative complexity of school paperwork is overwhelming.	10%	32%	17%	5%	5%	2%	29%	100%
Expectations are unclear and inconsistent across different NP programs.	5%	24%	5%	12%	12%	17%	24%	100%
There is a lack of collaboration or high competition between NP programs.	5%	15%	12%	15%	10%	20%	24%	100%
Students often arrive with inadequate preparation or clinical skill levels.	0%	15%	22%	15%	15%	10%	24%	100%
I feel a lack of defined preceptor roles or support from my clinical site.	12%	24%	12%	10%	7%	10%	24%	100%
I feel I lack adequate personal preparation or training as a preceptor.	20%	34%	2%	10%	5%	5%	24%	100%
I am concerned about potential legal liability related to precepting students.	15%	24%	17%	7%	5%	7%	24%	100%

Table A 19

What is the single most important change that clinical sites could make to better support you as a preceptor (or encourage you to become one)?
Allow a little extra time in the schedule for precepting
Allow independent practice as a CRNA
Allow it
allow time to work with students
Better access and student accountability to their instructors. I like when the university instructors come to the clinical site (ideally 2x/semester) - the beginning and again the end having a chance to observe and contribute to the training.
block time
Block time, not take payment for students away from the preceptor.
Compensate for teaching
Decreased schedule
Dedicated time
Define liability coverage for the learner.
Ease of paperwork submission, streamlined process to get EMR access.
Extra pay and/or compensation. More time to precept
housing for preceptor
I think my clinical site does a good job of this
Incentives to teaching
just offer to schools for students
Less paperwork, decreased responsibilities when precepting to allow for more teaching
let me be compensated
N/a
N/A
Na
Promote NP, CNMs more
Protected teaching time.
Provide adequate time in the schedule to support teaching.
Recognize that I am an advanced practice RN, not only with a PhD but a MSN completed in a CNS Track
Sharing 1 students with several preceptors
Time, monies, adequate staffing overall
Unknown
Unsure
You have to be flexible with clinical placements. Reality is not of one specialty at a time, we have to do them all at once.

No Response	10	10%
Total Respondents	41	100%

Table A 20

What is the single most important change that schools/programs could make to better support you as a preceptor (or encourage you to become one)?
a standard way of requesting placements
Allow for longer clinical day. Student works the shift of the preceptor
Allowing student more time with me as the preceptor.
Be physically present at clinical sites
Better financial compensation (day to day job is significantly harder when precepting), less paperwork
Better prepare their students for the clinical role. I have been a preceptor for decades and the students, over the years, seem less and less prepared for the clinical role. The are unsure of themselves but don't accept their limitations. More and more students go from the bsn program straight into the midwifery program, without any nursing experience. As preceptor, we end up teaching them everything, including basic nursing skills. It is exhausting and frustrating!
Better training in math, frequently I have students that cant do epi w/LA calcs or Henderson Hasselbalch calcs
Better understanding of students prior experience or preparation
clear expectations.
clear guidelines and goals for student
Clear instructions and reduced paperwork to becoming a preceptor
compensate me
Compensation
Compensation as it doesnt come from the employer and it is such a burden to add a student
Coordinate among one another to have synchronized schedules
Financial incentives & well-prepared students. FNU is a great example of a program that prepares students for clinical rotations.
give credit for low volume, thorough case study, more complex analysis and continuity of care
I think giving students a primer before the rotation would help. Or collaborating with me on developing a primer.
Pay the preceptor or find a way to incentivize them with blocked time, tax credits, etc.
Prepare students better on looking for appropriate resources
Prioritizing education.
Promote Rural areas
Provide feedback on my effectiveness as a preceptor
Reinstate Clinical Nurse Specialist Programs in WA State

Require a minimum number of years practicing as an RN. Bottom line. I have precepted many students over the years and find that students today in general are not as ready to be ARNPs as they used to be. There is a discrepancy in preparedness across programs, experience levels and training. Not always does experience as an RN translate to improving the quality of the ARNP, but I do think that it helps.		
Send better prepared students. About 25% do not se to want to be there or highly motivated		
Stop churning out so many NPs, they are diluting the training opportunities and producing less prepared graduates		
Training or orientation to program expectations		
Unsure of how to answer, I have not precepted an NP student prior.		
Work with the hospital systems to allow preceptors the time they need to grow our new NP's.		
You have to be flexible with clinical placements. Reality is not of one specialty at a time, we have to do them all at once.		
No Response	10	10%
Total Respondents	41	100%

Table A 21

In your perspective, what is a good preceptor?
A competent provider that loves to teach and encourages critical thinking.
A good listener, someone is calm, someone that likes to teach, someone who is respected for their knowledge
A professional that provides a positive learning environment. Someone who is a good communicator & enjoys teaching.
A strong preceptor takes the time to teach thoughtfully and thoroughly, ensuring learners understand clinical concepts while feeling supported throughout the process. They maintain a high level of organization and continue to manage their own clinical workload effectively, demonstrating strong timeâ€‘management skills. They communicate consistently and clearly, offering constructive feedback and creating an open, approachable environment where learners feel comfortable asking questions. This balance of guidance, professionalism, and communication makes them an exceptional role model in clinical practice.
allows student to learn without hovering.
An individual with a broad clinical background. Must stay abreast of current literature and standards of care. Willing to allow students to employee their plan of care as long as it is safe. Good interpersonal skills.

balanced between holding students accountable and freely offering opportunity for gaining experience/knowledge. Teaching the value of reflection on practice for habit of growth and transparency		
Challenging but not confrontational		
Gives honest and useful feedback		
Good teacher and following current evidence		
kind, clear, fun		
Knowledgeable, Patient, Wants to Teach, Leads by Example		
Lead by example		
Not enough room to respond to this question		
One who helps impart knowledge and provides guidance to a student in his/her career		
One who is direct but kind in their communication with a high standard commiserate with a student's abilities.		
Patient detailed oriented knowledgeable		
Prepares the student to be a good clinican and where to find evidence based answers		
Some one who allows the learner to make their own mistakes safely		
Someone that can critique without being demeaning.		
Someone who balances the needs of the student with the needs of the pts and the site staff. Someone who encourages the student but also makes them aware of the realities of the clinical practice. Someone who takes the time to really listen to the student and review how they are doing after every day.		
Someone who can adapt t the needs of their student, encourage independent learning, allow for appropriate responsibility, provider the experience needed.		
Someone who can teach with clear information and give non-threatening feedback		
someone who has a clear plan and expectation for a rotation and		
Someone who is also willing to learn		
Someone who takes the time to teach		
someone who teaches, asks the student questions, allows for some independent interaction with patients, gives tips for them seeing future patients.		
Someone who WANTS to teach and ENJOYS teaching		
someone who works with individual needs of each student		
who can give constructive feedback, empathy, patience		
willing to teach. loves what they do. attention to detail		
No Response	10	10%
Total Respondents	41	100%

Table A 22

Please share any additional thoughts or experiences regarding precepting APRN students		
Admin gets in the way.		
I do work with NP students at least 1 yearly but again it is not for clinical work but for their evidence-based QI project		
I love doing it		
I precepted FNP in the past and would enjoy precept women's health candidate who would be more enthusiastic about womens health		
I still like being a preceptor, but I don't like feeling as tho I am fully responsible for the student's learning. Universities should make sure their students are prepared for their clinical experience before it starts.		
Keep up the good work. Having data makes a big difference when changes are being made.		
Multicare takes countless to complicate the precepting process. Their administrative and financial decision making complicate this process with every learner		
Occasionally see less of a "go getter" attitude, not being excited and hungry to be there.		
Poorly prepared and unwilling students make precepting less rewarding and dangerous		
the amount of programs that make their students find placements is a turn off		
The amount of training given is insufficient to allow a new graduate to safely practice independently.		
No Response	30	73%
Total Respondents	41	100%

Table A 23

Geographic Location of primary practice:		
	Frequency	Percent
Urban	17	42%
Suburban	6	15%
Rural	11	27%
No Response	7	17%
Total Respondents	41	100%

Table A 24

Primary practice county in WA State:		
	Frequency	Percent
Benton County	2	5%
Clallam County	1	2%
Clark County	3	7%
Grays Harbor County	1	2%
King County	8	20%
Klickitat County	1	2%
Lincoln County	1	2%
Mason County	1	2%
Okanogan County	3	7%
Snohomish County	1	2%
Spokane County	6	15%
Thurston County	3	7%
Whatcom County	1	2%
Yakima County	2	5%
No Response	7	17%
Total Respondents	41	100%