ADVANCED PRACTICE REGISTERED NURSE STUDENTS AND PRECEPTOR INCIVILITY:
A NEEDS ASSESSMENT

_______________________________________
Doctor of Nursing Practice Project
Presented to the Faculty of Sinclair School of Nursing
Graduate Studies
University of Missouri

_______________________________________
In Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice
by
KILEY BLACK, MSN, APRN, CNP

_______________________________________
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MAY 2024
APRN Students and Preceptor Incivility: A Needs Assessment

The nursing profession has a long-standing problem of preceptor incivility toward nursing students, as evidenced by the common saying, that nurses “eat their young.” Uncivil behavior negatively affects the student’s education, clinical experience, and morale. A broad spectrum of minor to major violations exists, yet all are considered disrespectful and can have severe consequences for the victim. The initial aim of this paper was to examine the Advanced Practice Registered Nurse (APRN) students’ understanding and experience with preceptor incivility. However, current research primarily focuses on undergraduate nursing students rather than graduate students. This paper will review the history and prevalence of preceptor incivility experienced by nursing students, provide a critical review of relevant literature, and propose a quality improvement project to assess the prevalence and type of preceptor incivility in APRN students, which will be an administration of an online survey to APRN students starting in December 2023.

Background and Significance

APRN students have different clinical rotation requirements than that of undergraduate nursing students. Undergraduate students typically have their clinical rotations arranged by their academic institution. This is also the case for medical students and physician assistants (McInnis et al., 2021). In contrast, many APRN students have to arrange their own preceptors. In the world of fee-for-service healthcare reimbursement models and the COVID-19 pandemic, locating a preceptor has become quite challenging. Graduate nursing students often pay preceptors out of pocket. Pay-for-preceptor programs may offer several services, such as site agreements, preceptor credentialing, and placement. The cost could be upwards of $2000 as a set fee or pay-per-clinical hour, estimated to reach $15/hour (McInnis & Schlemmer, 2019). If an APRN student experiences incivility from their preceptor in the clinical rotation, he/she is often reluctant to report this to faculty for fear of losing the preceptor or other repercussions. Depending on the severity of the uncivil behavior, the APRN student may suffer through the
experience, resulting in physical and mental health issues. In extreme situations, the student may consider dropping out of the program. The following sections will review the definition of incivility, the history of incivility in nursing, and the prevalence of preceptor incivility, followed by a critical review of the literature.

**History of Nursing Incivility.** Historically, nursing incivility harkens back to the time of Florence Nightingale. Several biographers of Nightingale documented the ‘other side’ of her personality using descriptive words such as intimidating, domineering, and having a caustic communication style, in contrast to her public image as an “angel with the lamp” (Bostridge, 2008). More recently, Clark and colleagues (2015) sentinel work on nursing incivility looked at the academic environment between students and faculty. They created the continuum of incivility based on the behaviors and intentions of both parties. Their findings indicate that no matter what uncivil action is, nursing students stop asking questions, and when they stop asking questions, patient care and safety suffer (Clark et al., 2015).

**Definitions**

- **Incivility:** "one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them" (American Nurses Association, n.d., paragraph 2)
- **Preceptorship:** “a structured, supportive period of transition from learning to applying a complex skill (e.g., nursing) that requires a long and rigorous period of education. Preceptorship is similar to an apprenticeship and serves as a bridge during the transition from student nurse to practitioner” (The American Heritage® Medical Dictionary, 2007).
- **Advanced Practice Registered Nurse:** The designation APRN “can encompass many roles and indicates that a nurse has achieved a master’s degree and certification in some nursing domain. Four APRN roles are recognized: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP)” (AACN, 2020).

**Prevalence of Nursing Incivility.** Preceptor incivility is a significant concern within nursing education and clinical experiences. Several studies support this view. An overwhelming number of undergraduate nursing students reported some form of incivility during their clinical practicum (Budden et al., 2017; Ahn and Choi, 2019; Tecza et al., 2018). Tecza and colleagues (2018) conducted their research in the United States, and their findings support the idea that
preceptor incivility is common. A systematic review by Atashzadeh Shoorideh et al. (2021) looked at 60 studies to determine the global prevalence of incivility in nursing (prevalence 55.10% [95% CI:4.5, 62.06], verbal 61.63% [95% CI 6, 95, 70], physical 15.24% [95% CI:33.17, 70.31]).

Statement of Purpose

This quality improvement project intends to examine APRN students’ understanding and experience with preceptor incivility using a needs assessment survey. Utilizing a systematic process is critical to determine the extent of the problem, clarify the current situation, and identify possible solutions.

The purpose of this project is to a) determine the prevalence of preceptor incivility experienced by the APRN student, b) to examine and better understand preceptor incivility, including the type of incivility, setting, perpetrator of incivility, the impact on the student, and c) evaluate the need to address preceptor incivility for APRN students and recommendations.

Review of Literature

A literature search was performed to identify nursing students' experience with preceptor incivility. The following three electronic databases were selected for the past ten years: CINAHL, SCOPUS, and Google Scholar. Only studies in English were included in the search. No additional filters were included. MeSH terms had nursing student and incivility. General search terms included nursing preceptor incivility, nurse practitioner students, graduate nursing students, APRN students, and clinical setting. Pre-defined inclusion criteria were applied to titles and abstracts of studies identified from the literature search. In total, 741 articles were identified across the databases; ten were included in the final review. The PRISMA flow diagram (Appendix A) further details the study selection process. The review of the literature identified the following themes: measurement of preceptor incivility, types of preceptor incivility, bullying and power imbalance, effects of preceptor incivility on nursing students, and strategies to reduce preceptor incivility.
Measurement of Preceptor Incivility. Two measurement tools were assessed. Anthony et al. (2014) developed and validated uncivil behavior in clinical nursing education (UBCNE) tool to quantify the prevalence and type of preceptor incivility experienced by undergraduate nursing students. Consisting of 12 items, the UBCNE tool demonstrates good internal consistency with high α subscale results. This tool can assess incivility in the nursing teaching environment, identify areas where improvements can be made, and track progress over time (Appendix G).

The other tool, by Agee et al. (2017), looked at newly licensed nurses’ experience with workplace incivility. The Nursing Student Perception of Civil and Uncivil Behaviors (NSPCUB) tool, developed to evaluate perceptions of civil/uncivil behaviors by RNs, was determined to be highly reliable (Cα 0.917). It is included in the literature review because some of its findings apply to nursing students. For example, part of Tecza et al.’s (2018) work used the NSPCUB to determine the incidence of preceptor incivility and measure the effect of interventions to improve the preceptor-student relationship.

Types of Preceptor Incivility. Preceptor incivility can be viewed as a continuum, with research indicating that the most prevalent forms of incivility experienced by students are verbal aggression, gossiping, and exclusion. Additionally, incivility often takes the shape of verbal abuse, humiliation, and belittlement of the student, as observed in studies by Ahn and Choi (2019) and Tecza et al. (2018). A meta-analysis done by Atashzadeh Shoorideh (2021) found passive-aggressive behavior to be particularly destructive. Notably, none of the research findings suggested any instances of physical violence by preceptors toward the students. Most of these uncivil behaviors were purposeful and could be concealed or overt.

Bullying and Power Imbalance. Nursing students find themselves in a uniquely susceptible position when it comes to incivility, primarily because of the unequal power dynamic that exists between students and preceptors (Minton & Birks, 2019; Tecza et al., 2018). The research findings underscore the prevalence of bullying within the nursing student community,
often perpetuated by preceptors. Furthermore, students frequently experience a sense of powerlessness when confronted with incivility, given the significant authority wielded by preceptors in this educational relationship.

Two studies focused on the experiences of graduate nurses. Neiterman et al. (2022) conducted a qualitative study that delved into the power dynamics between midwifery students and their preceptors, involving 23 participants. This study revealed the power dynamic between these two groups is intricate, encompassing a range of perspectives regarding the student-preceptor relationship. Notably, the authors observed that the preceptor often exhibited a lack of respect and civility toward the student, which could result in communication challenges.

In another study, the doctoral dissertation by Chandler (2020) explored the experiences of Student Registered Nurse Anesthetists (SRNAs) and their perceptions of incivility within the clinical setting. Even among graduate nursing students, the prevalence of incivility remained commonplace. Chandler's research revealed that 100% of the subjects witnessed uncivil behavior and 40% personally experienced it. It is worth noting that preceptors might not always be fully aware of the power dynamics in clinical settings, potentially leading to unequal treatment of SRNA students.

**Effects of Preceptor Incivility.** Ample research has consistently demonstrated the profound adverse effects of preceptor incivility on students. Nursing students have expressed that incivility negatively influences their development into professional nurses. Budden et al. (2017) found that:

“The majority of students reported that the experience of being bullied/harassed made them feel anxious (71.5%) and depressed (53.6%). Almost a third of students (32.8%) indicated these experiences negatively affected the standard of care they provided to patients, with almost half (46.9%) reconsidering nursing as their intended career” (p. 127)
Participants in other studies conveyed a range of negative emotional responses, such as frustration, feelings of disrespect, decreased self-esteem, and diminished self-confidence (Del Prato, 2013; Ahn and Choi, 2019). Additionally, they experienced physical symptoms, including sleep disorders, nausea, headaches, and chest pain (Zhu et al., 2019). Olsen et al. (2020) revealed that preceptor incivility had adverse consequences for patient care, as nurses who experienced incivility were more likely to make mistakes and demonstrate decreased job performance.

**Strategies to Reduce Preceptor Incivility.** Several strategies can be implemented to reduce incivility in the undergraduate nurse clinical environment, particularly interventions to help reduce the power imbalance between preceptors and students (Budden et al., 2017; Minton & Birks, 2019; Neiterman et al., 2022; Tecza et al., 2018; Olsen et al., 2020). Interventions mentioned include fostering an environment of mutual respect, improving communication between students and preceptors, giving students more autonomy, training preceptors in effective mentoring, and peer support, and creating a disciplinary action policy that acts against those who engage in incivility.

**Summary**

This literature review aims to examine the present state of knowledge regarding the topic of incivility between APRN students and their preceptors. The findings of this analysis highlight the prevalence of incivility primarily in the undergraduate nurse clinical practicum environment, as there are limited studies addressing graduate nursing students. The etiology of uncivil behavior is thought to be rooted in the inherent power imbalance between student and preceptor (Minton & Birks, 2019; Tecza et al., 2018). The review highlighted various techniques that can be applied to reduce incivility in the nursing teaching environment, such as preceptor mentoring programs, offering reverse feedback sessions, and developing zero-tolerance formal policies. By targeting the power dynamic between the student and the preceptor, the hope is to decrease incivility toward nursing students and improve patient care outcomes.
Methods

The following sections will describe the methods used to fulfill the quality improvement project which will have a data collection to assess the prevalence and type of preceptor incivility behaviors experienced by APRN students. Project design, interventions, participants, sampling, barriers, measurements, risks, and benefits of the project, as well as ethical considerations of the project will be discussed.

Project Design. This quality improvement project will utilize a cross-sectional, descriptive survey design to address the aforementioned objectives specific to APRN students enrolled in an APRN program in Missouri. Self-reported data was determined to be the most efficient use of resources to understand the needs of the target population.

Intervention. This project will employ a modified version of the Uncivil Behavior in Clinical Nursing Education (UBCNE) tool, developed by Anthony et al. (2014), to measure the experiences of graduate nursing students with preceptor incivility in their clinical rotation environment. The survey comprises 20 questions adapted from the UBCNE, with permission granted by the authors of the original tool. In addition, demographic inquiries have been included, covering aspects like age, gender, and years of registered nursing (RN) experience. The survey incorporates questions related to preceptor demographics and clinical rotation settings where advanced practice registered nurse (APRN) students encountered uncivil behaviors, such as the site's location and the distance traveled for the clinical rotation. To safeguard respondent anonymity, the survey refrains from requesting identifiers such as subject name, nursing program name, or exact location. The final survey questions are in Appendix G.

Setting. Two primary sites will be a part of this QI project. The first is the University of Missouri Sinclair School of Nursing (SSON) in Columbia, MO. This site has an enrollment of 1,232 students, consisting of both pre-nursing and nursing students, with 361 of them pursuing advanced practice registered nurse (APRN) graduate studies. The second site is The University
of Missouri–St. Louis (UMSL). 520 pre-nursing and nursing students are enrolled at this site, 121 are APRN graduate students.

**Participants.** The project's target population consists of a purposive convenience sample comprising advanced practice registered nurse (APRN) students currently enrolled in the master's or Doctor of Nursing Practice programs at the two designated sites. Inclusion criteria include both full-time and part-time APRN students who have successfully completed a minimum of one semester of clinical rotations. Exclusion criteria pertain to full-time or part-time APRN students at SSON and UMSL who are currently enrolled but have not yet completed at least one semester of clinical rotations.

**Sampling.** For this survey, the project manager (PM) will send an invitation via the school's email system to all APRN students who meet the inclusion criteria to complete an online survey. The email will explain the purpose of the survey, the Institutional Review Board (IRB) approval, the contact information of the project manager, and a link to the Qualtrics survey. Using a confidence interval of 95%, a maximum margin of error of 5%, a population size of 482, along with a response distribution of 50%, a minimum of 215 survey responses will be needed (Raosoft, 2004). All responses will be used and if more than 215 survey responses are received, random sampling will be used to select from the pool. Simple random sampling will ensure an unbiased representation of the sample population.

**Measurement tools and data analysis.** To collect data on the target population, the PM plans to administer the online survey during December 2023, January 2024, and February 2024. Reminder emails will be sent every other week to encourage survey completion. It is worth noting that response rates for online surveys can vary, influenced by factors such as subject interest, survey design, survey communication, and assurances of privacy and confidentiality (Saleh and Bista, 2017).
The survey used for data collection is a modified version of the UBCNE tool. No incentive will be provided to the participants. All data will be initially entered into an Excel spreadsheet and subsequently transferred into a Statistical Package for Social Sciences (SPSS 27) database for demographic, primary, and secondary variable analysis. Furthermore, the PM will utilize 5% of the records to verify data accuracy.

A 5-item Likert-type rating scale, using the modified UBCNE tool, will be used to measure primary and secondary variables. Similar scales have been found to be reliable and valid measures of participation responses in the social sciences (Lee & Paek, 2014). To collect data, the project manager will obtain Qualtrics reports for the survey that meet the inclusion criteria during the project’s timeframe.

Descriptive statistics will be used to summarize demographic data. Nominal level data will be analyzed using the chi-square test of independence. Ordinal-level data will be analyzed using the Mann-Whitney rank sum test.

The main objectives of this project will be measured as follows:

- Descriptive statistics will be used to calculate the prevalence of preceptor incivility experienced by the APRN student.
- Descriptive statistics and appropriate parametric statistics will be used to examine preceptor incivility including types of behavior, setting, perpetrator of behavior, and impact on APRN students.

Measures of clinical significance such as effect size, odds ratio (OR), and a 95% confidence interval (CI) will also be calculated. Statistical significance will be defined as $p \leq 0.05$.

**Ethical Considerations.** Ethical considerations for this quality improvement project primarily revolve around safeguarding participant data and privacy, aligning with the guidelines outlined in the Family Educational Rights and Privacy Act (FERPA) federal law (United States Department of Education, 2021). Furthermore, before commencing the project, the necessary
IRB approval will be sought.

Measures to prevent any breach of confidentiality encompass maintaining participant anonymity and sharing research outcomes solely in an aggregate format. All collected information will be securely stored on a drive accessible exclusively by the PM. This project carries minimal to no risk for the participants involved. Given the intervention, there is minimal potential for harm to the participants.

**Budget.** The budget for this project includes statistical software for data analysis and access to Qualtrics XM software (see Appendix D). The total for the SPSS database is $100, covered by the project manager. Other expenses already covered are purchases of Microsoft Office suite and a laptop. In-kind support includes Qualtrics XM, of which the University of Missouri Sinclair School of Nursing already has an organizational subscription.

**Timeline.** The project timeline includes several key milestones. First is obtaining IRB approval for the project. This is followed by data collection, data entry, SPSS analysis, and subsequent results presentation (Appendix C). IRB approval will be secured by November 2023. Data collection and entry are slated for completion by March 2024. The final analysis is expected to be finished during the same month, with results being disseminated in April 2024.

**Barriers to Implementation.** Anticipated barriers include lack of participation from APRN students, inability to complete the survey due to technical issues, and incomplete surveys.
References


https://doi.org/10.1016/j.nedt.2019.03.002

https://doi.org/10.1016/j.midw.2022.103430

https://doi.org/10.3928/01484834-20200520-04


https://doi.org/10.1097/NNA.0000000000000684


Figure 1: The PRISMA Flow Diagram of the Review of the Literature: detailing the databases searched, abstracts screened, and full-text articles included

**Appendix A**

Records identified through database searching of CINAHL, SCOPUS, and Google Scholar (n = 741)

Records after duplicates removed (n = 368)

Titles and abstracts screened (n = 156)

Full-text articles assessed for eligibility: English language, published ≤ 10 years (n = 48)

Studies assessing incidence, perceptions and interventions related to nursing preceptor incivility (n=10)

Studies on measurement of nursing preceptor incivility (n=2)

Studies on experience and perceptions of nursing students’ and preceptor incivility (n = 5)

Studies on strategies/interventions to address and improve preceptor incivility (n = 3)

Records excluded for no discussion of preceptor incivility prevalence, no discussion of measurement of preceptor incivility, no discussion of strategies to address preceptor incivility, reliability, or validity (n = 212)

Records excluded for no discussion of incidence or interventions to improve outcomes (n = 164)
Appendix B

Readability screen print
Appendix C

Turnitin Score screen print

document 2-3.docx

<table>
<thead>
<tr>
<th>SIMILARITY INDEX</th>
<th>INTERNET SOURCES</th>
<th>PUBLICATIONS</th>
<th>STUDENT PAPERS</th>
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<td>12%</td>
<td>5%</td>
<td>2%</td>
<td>12%</td>
</tr>
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**PRIMARY SOURCES**

1. Submitted to University of Missouri, Columbia  
   Student Paper  9%

2. Submitted to University of Missouri, Kansas City  
   Student Paper  1%

3. Submitted to Grand Canyon University  
   Student Paper  1%

4. s3.amazonaws.com  
   Internet Source  1%

5. Submitted to Adtalem Global Education  
   Student Paper  <1%

6. Matthew Dutton, Mary Chiarella, Kate Curtis.  
   "The role of the wound care nurse: an integrative review", British Journal of Community Nursing, 2014  
   Publication  <1%

   Internet Source  <1%
Appendix D

Project Budget

<table>
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<tr>
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<th>Item Totals</th>
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<tbody>
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<td><strong>Budget Proposal for APRN Students and Preceptor Incivility: A Needs Assessment DNP Project</strong></td>
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<tr>
<td><strong>Expenses</strong></td>
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</tr>
<tr>
<td>Personnel-Related Expenses</td>
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</tr>
<tr>
<td>Project manager - ($80/hr for 80 hours)</td>
<td>in-kind</td>
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<tr>
<td>Sr. Academic Advisor ($40/hr x 4 hours)</td>
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<td><strong>Sub-total</strong></td>
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</tr>
<tr>
<td>Direct Expenses</td>
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</tr>
<tr>
<td>Software</td>
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</tr>
<tr>
<td>Qualtrics XM software</td>
<td>in-kind</td>
</tr>
<tr>
<td>SPSS software</td>
<td>$ 100.00</td>
</tr>
<tr>
<td>Microsoft Office software</td>
<td>PM in-kind</td>
</tr>
<tr>
<td>(Word, Excel, etc.)</td>
<td></td>
</tr>
<tr>
<td>Hardware</td>
<td></td>
</tr>
<tr>
<td>Laptop - HP Pavillon</td>
<td>PM in-kind</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>$ 100.00</td>
</tr>
<tr>
<td><strong>Total Costs for the QI Program</strong></td>
<td>$ 100.00</td>
</tr>
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</table>
Appendix E

Project Timeline

**November 2023** – Obtain IRB Approval through University of Missouri

**December 2023 – February 2024** – Gather data via Qualtrics survey, send reminder emails every other week to subjects

**March 2024** – Complete data collection. Enter data into Excel and transfer to SPSS. Conduct statistical analysis.

**April 2024** – Present findings to stakeholders at University of Missouri
Appendix F

D1 DNP Residential Project Committee Appointment Requests with signatures

The committee members have not changed

DNP Residential Project Committee Appointment Request

Student's Name:  
Kiley Black

Student's Number:  
14393314

Date Submitted:  
7/18/23

I request that the faculty members listed below be appointed to serve as my Residential Project committee.

Dr. Miriam Butler  
Name of Chair

Dr. Jan Sherman  
Member

Dr. Robin Harris  
Member

Signature of Student

Signature of Chair of Committee

Signature, Member

Signature, Member

Signature, Member

To be completed during the semester enrolled in:
N9080 Section 1 DNP Residency Project
Appendix G
Qualtrics Survey

Preceptor Incivility 2023-2024

Start of Block: Default Question Block

Q1 The American Nurses Association defines incivility as "one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them" (ANA, n.d., paragraph 2). While engaging in a precepted clinical experience for your APRN (CNS, FNP, PNP, PMHNP, Leader) have you experienced preceptor incivility in any clinical rotation? If never, please answer Q1 and exit the survey.

- Never (1)
- Rarely (2)
- Occasionally (3)
- Often (4)
- Very often (5)
Q2 What is your age?

- 21-24 (1)
- 25-30 (2)
- 31-34 (3)
- 35-40 (4)
- 41-45 (5)
- 45-50 (6)
- 51-54 (7)
- 55-60 (8)
- 61-64 (9)
- 65+ (10)
- I do not wish to answer (11)
Q3 Please choose a race/ethnicity that you consider yourself to be:

- White or Caucasian (1)
- Black or African American (2)
- American Indian or Alaska Native (3)
- Asian (4)
- Native Hawaiian or Other (5)
- Pacific Islander (7)
- Two or More Races (8)
- Prefer not to say (9)

Q4 How do you describe yourself?

- Male (1)
- Female (2)
- Non-binary/third gender (3)
- Prefer to self-describe (4) __________________________________________________
- Prefer not to say (5)
Q5 Please identify which degree you are currently enrolled in

- MSN (1)
- DNP (2)
- Postgraduate certificate (3)

Q6 Please identify which emphasis area you are enrolled in

- CNS (AGNP or Pediatric) (1)
- FNP (2)
- PNP (3)
- PMHNP (4)
- Leader (5)
- Nursing Education (8)
- Prefer not to answer (6)

Q24 What nursing school do you currently attend?

- University of Missouri - Columbia (Sinclair School of Nursing) (1)
- University of Missouri - St. Louis (2)
Q7 What is your current degree?

- ADN (5)
- BSN (1)
- MSN (2)
- DNP (4)
- Other (3)

Q8 Please indicate how many years of experience as a registered nurse you have

- less than 5 years of experience (1)
- 6 - 10 years of experience (2)
- more than 10 years of experience (3)
Q9 What is/was your preceptor designation?

- Advanced Practice Nurse (NP, CNS) (1)
- Nurse Leader (2)
- Physician Assistant (3)
- Physician (MD, DO) (4)
- LCSW, Therapist (5)
- Other (10) __________________________________________________

Q10 What is the approximate age of your preceptor?

- 21-24 (1)
- 25-30 (2)
- 31-34 (3)
- 35-40 (4)
- 41-45 (5)
- 45-50 (6)
- 51-54 (7)
- 55-60 (8)
- 61-64 (9)
- 65+ (10)
- Unsure/unknown (11)
Q11 Choose a race/ethnicity that you would use to identify your preceptor:

- [ ] White or Caucasian (1)
- [ ] Black or African American (2)
- [ ] American Indian or Alaska Native (3)
- [ ] Asian (4)
- [ ] Native Hawaiian or Other (5)
- [ ] Pacific Islander (7)
- [ ] Two or More Races (8)
- [ ] Prefer not to say (9)
- [ ] Unsure/unknown (10)

Q12 What is/was the gender of your preceptor?

- [ ] Male (1)
- [ ] Female (2)
- [ ] Non-binary/third gender (3)
- [ ] Prefer to self-describe (4) ________________________________
- [ ] Prefer not to say (5)
- [ ] Unsure/unknown (6)
Q13 What is/was your clinical site?

- Hospital (1)
- Long Term Acute Hospital (2)
- Critical Access Hospital (3)
- School (4)
- Federally Qualified Health Center (FQHC) (5)
- Local Public Health Agency (6)
- City or county health department (7)
- Long-term care facility/skilled nursing home (8)
- Assisted living facility (9)
- Short-term rehab facility (10)
- Outpatient facility (11)
- Telehealth/virtual platform (15)
- Dialysis clinic (12)
- Ambulatory Surgery Center (13)
- Other (14)
Q14 How far did you travel to your clinical site (one-way)?

- Virtual (1)
- 1-10 miles (2)
- 11-20 miles (3)
- 21-30 miles (4)
- > 30 miles (5)

Q15 Have you ever paid for a preceptor?

- Yes (1)
- No (2)

Q16 If yes, how much did you pay?

________________________________________________________________

Q17 Did the paid preceptor demonstrate uncivil behaviors?

- Yes (1)
- No (2)
- Not applicable (3)
Q18 During your clinical rotation(s), how often did you experience the following preceptor uncivil behaviors?

<table>
<thead>
<tr>
<th>Embarrassed you in front of others (1)</th>
<th>Never (1)</th>
<th>Rarely (2)</th>
<th>Occasionally (3)</th>
<th>Often (4)</th>
<th>Very Often (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rolled their eyes at you (2)</td>
<td></td>
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</tr>
<tr>
<td>Used an inappropriate tone when speaking with you (3)</td>
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<tr>
<td>Avoided giving you patient information or provided you with incomplete information (4)</td>
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</tr>
<tr>
<td>Avoided hearing your report/information on a patient (5)</td>
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<tr>
<td>Made snide remarks about students (6)</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Raised their voice when speaking to you (7)</td>
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<tr>
<td>Not including you in a patient care decision you should have been involved in (8)</td>
<td></td>
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</tr>
<tr>
<td>Told you that you were incompetent (9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused to help you (10)</td>
<td></td>
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</tbody>
</table>
Q19 Have you experienced more than one preceptor who has demonstrated preceptor incivility during the program?

- One preceptor (1)
- Two preceptors - same organization (2)
- Two preceptors - different organizations (3)
- Three or more preceptors (4)

Q20 Please add any information that you would like to share regarding the experience.

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End of Block: Default Question Block