

A Critical Analysis of the Use of Preceptorship as a Clinical Teaching Methodology

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Abstract:- A preceptorship is a time-limited, one-to-one relationship formed between a student and an expert nurse who is employed to a clinical agency. The reemergence of this model of clinical teaching occurred after the clinical education was deemed insufficient by students and faculty in the then faculty-supervised model of clinical teaching. The preceptorship model has been widely used as a means by which student nurses and newly qualified nurses acquire the knowledge, skill, attitude and affective behaviour inherent to nursing. There is no consensus on the effectiveness of the preceptorship model however, it holds several strengths which may enhance the clinical teaching/learning experience. These include the promotion of role socialization and professional development, the provision of students with a positive professional role model, facilitating engagement of all students in clinical learning, and the availability of an economical alternative to the traditional faculty supervised clinical practicum. While preceptorship provides all the strengths listed there are also limitations which include the student's learning outcomes being negatively affected by poor preceptor-preceptee relationship and a disconnect between clinical practice and theoretical knowledge. If nurse educators are to confidently use this model of clinical teaching, its effectiveness should be established through rigorous research-oriented processes.

Keywords:- Preceptorship, Clinical Learning.

I. INTRODUCTION

Over 120 years ago, Florence Nightingale pronounced that a student nurse's first year of training should occur in the clinical setting where they could provide patient care under the supervision of practicing nurses who were "trained to train" (Udlis, 2008, p. 20; Sedgwick & Harris, 2012). This provided the historical underpinnings of the contemporary model of clinical teaching known as preceptorship. A preceptorship is a time-limited, one-to-one relationship formed between a student and an expert nurse who is employed to a clinical agency (Gaberson & Oermann, 2010). The model is an individualized approach to clinical teaching/learning in which the nursing faculty member assigns the preceptee to a preceptor at the beginning of the clinical practicum to experience the day-to-day rigors associated with the professional role. For the duration of the clinical practicum, the student is scheduled on the same shift as the preceptor and they work collaboratively to meet the student's learning needs (Myrick & Yonge, 2005). The intended aims of this pairing are to: enhance the preceptee's critical thinking skills; increase the

preceptee's clinical competence by providing on-demand, individualized instruction and supervision; provide opportunities for professional socialization; provide the preceptee with a positive role model; assist the preceptee with transitioning from student to professional nurse (Myrick & Yonge, 2005; Udlis, 2008; Gaberson & Oermann, 2010; Sedgwick & Harris, 2012). This relationship is overseen by the nursing faculty member who provides support for both the preceptor and preceptee. The relationship is formally terminated upon the students' completion of the practicum (Udlis, 2008).

This author found no literature which chronicles the use of preceptorship in Jamaica or the Caribbean, therefore what follows is the historical development which occurred in North America. Following Nightingale's pronouncements, there was a shift in nursing education and training from hospital-based to university-based programmes. There was a concomitant shifting of responsibility for clinical teaching as well; it became the responsibility of the nursing faculty. This gave rise to a faculty-supervised model of clinical teaching in which 6-8 students were supervised by a nursing faculty member. While this method was thought to be beneficial in some respects, students and nursing faculty and the nursing profession deemed the students' clinical education as insufficient. As a result, the 1960's and 1970's saw the reemergence of the preceptorship model in the training of nurse practitioners and undergraduate student nurses (Myrick & Yonge, 2005; Udlis, 2008; Sedgwick & Harris, 2012). Since then several studies have been conducted to determine the model's efficacy, however, there remains no consensus.

II. SUMMARY OF RESEARCH

The preceptor model has been studied in respect to the effect it has on students' clinical competence. Kim (2007) sought to explore the perceptions of 102 senior baccalaureate nursing students about how their clinical preceptorship affected their clinical competence and ability to use the nursing process. Generally, 90% of perceived an overall increase in their competence level as a result of being preceptored while 10% perceived no increase in competence. Conversely, other researchers found no evidence to support the claim that a preceptored clinical practicum increased the clinical competence among public health nursing students (Brehaut, Turik & Wade, 1998). When the students' ability to use the nursing process was assessed, 95% rated themselves as competent to very competent as a result of being preceptored. Noteworthy is the finding that all the students rated themselves as competent to very competent in the evaluation of patient

care. Several studies have also reported that students who participated in a preceptored clinical practicum perceived an increase in their ability to evaluate patient care Clayton, Broome & Ellis, 1989; Veigen, 1989 in Udalis, 2008; Scales, Alverson & Harder, 1993).

The preceptorship model has also been widely used as a means by which student nurses and newly qualified nurses acquire the knowledge, skill, attitude and affective behaviour (role socialization) inherent to nursing. Marks-Maran et al. (2013) used a mixed methods approach to determine the impact of a preceptorship programme on 44 newly qualified British nurses. Their results indicated that the participants credited the preceptorship with an increase in their confidence and communication skills while assisting them in transitioning from student to professional nurse. In senior student nurses the preceptor model was used successfully to enhance their performance in areas such as teaching and collaboration, planning and evaluation, leadership, and interpersonal relations (Vigen, 1987 in Udalis, 2008; Clayton, Broome & Ellis 1989; Scales, Alverson & Harder, 1993; Jones, 2000). These findings are in contrast to those obtained by other researchers in which faculty members perceived an improvement in student nurses' nursing performance while the students did not (Jariath, Costello, Wallace and Rudy, 1991). Additionally, Yonge and Trojan (1992) reported that students taught using the preceptor model had lower postclinical scores when their attainment of professional skills attitudes and behaviours were measured. Noteworthy is the finding by Marks-Maran et al. (2013) that 76% of the participants reported that the preceptorship programme aided them in developing high standards of practice and others reported an increase in their use of evidence-based practice. The findings also indicated that the participants' experienced an increase in their clinical skills specifically as it related to more complex nursing interventions. Participants also reported personal development attributed to the preceptorship specifically as it relates to their ability to manage stress and anxiety.

The preceptor model has been used to develop student nurses' critical thinking skills; however, the evidence of its effectiveness remains inconclusive. Additionally, much of the research has focused on the factors or preceptor qualities which will enhance the preceptee's critical thinking abilities (Myrick & Yonge, 2001; Myrick, 2002; Myrick & Yonge, 2004). Factors such as acceptance of and respect for the preceptee, the preceptor's ability to guide and prioritize actions acted as facilitators of the preceptee's critical thinking ability. Although to a lesser extent, the preceptees' critical thinking was triggered when the preceptors questioned their knowledge, decision making and action (Myrick, 2002; Myrick & Yonge, 2004). As it relates to actual changes in the preceptee's critical thinking ability, Kaddoura (2013) concluded that all 16 newly graduated nurses experienced an increase in their critical thinking abilities as reported by them. Conversely, Walker et al. (2013) and Petersen (2000, in Udalis, 2008) found that the preceptor model did not cause an increase in student nurses' critical thinking abilities. Noteworthy is the fact

that Peterson used a quasi-experimental pretest-posttest design in which responses to a valid and reliable questionnaire (Watson-Glaser Critical Thinking Appraisal Scale) were used as an objective measure of critical thinking skills while Kaddoura (2013) relied upon the students' self-report of changes in critical thinking ability.

The preceptorship model is built upon the premise that the one-to-one relationship between the preceptor and preceptee creates an environment in which the preceptee is supported in their clinical practice (Gaberson & Oermann, 2010). Here too, research provides no conclusive evidence to support or refute this view. Sedgwick and Yonge (2010) revealed that that the student nurses in a preceptored clinical experience at a rural hospital felt that the one-to-one relationship supported their skill development. Conversely, 159 Australian student nurses sampled by Walker et al. (2013) indicated that they did not find the one-to-one supervision supportive when compared to group models of clinical teaching. Similarly, Croxon and Maginnis (2009) reported that the students felt supported when they were supervised in groups as they received support not only from the facilitator but from their peers as well.

Given the fact that no research was retrieved from Jamaica or the Caribbean and the dichotomous state of the literature it would be remiss to conclude that the model would be an effective clinical teaching model in our setting. Despite this, the model holds several strengths which may enhance the clinical teaching/learning experience.

III. STRENGTHS OF THE PRECEPTOR MODEL

The strength repeatedly cited in the literature is the view that the preceptored model promotes role socialization (Gaberson & Oermann, 2010; Barker & Pittman, 2010; Marks-Maran, 2013). The student has the opportunity to work closely with an expert while experiencing the daily rigors of the professional role. They are afforded the opportunity to hone their nursing skills and learn new ones in an environment where they are under the constant supervision of a knowledgeable and skilled practitioner. This facilitates their skill acquisition and mastery, boosts self-confidence and should result in a smoother transition from student to professional nurse (Kim, 2007).

The preceptor model provides students with a positive professional role model (Marks-Maran et al., 2013). This strength is especially significant as professional behaviours such as effective interpersonal skills and professional deportment can be modelled. This facilitates the overall continued development of the profession and fosters public respect for and confidence in the profession.

A preceptorship facilitates engagement of all students in clinical learning (Croxon & Maginnis, 2009). Whereas in group facilitation models, introverted students may be overshadowed by more outspoken ones, the one-to-one relationship eliminates this. Each student is engaged in active learning under the guidance of their preceptor.

The preceptorship model is an economical alternative to the traditional faculty supervised clinical practicum (Udhis, 2008; Sedwick and Harris, 2012). The preceptor model enables a larger faculty-student ratio thereby decreasing the educational institution expenditure on faculty remuneration. For example, one or two faculty members could oversee a preceptored clinical practicum for a cohort of 100 students. This saving can potentially be passed down to the students, which could result in a decrease in the cost of their education.

A preceptorship experience has the potential to have a positive impact on the student's acquisition of the knowledge, skills, attitudes and affective behaviours unique to nursing. That is, at the end of a preceptored clinical practicum, research suggests that the student should be better able to conduct patient teaching, collaborate with nursing and other healthcare professionals in meeting their patients' needs, and plan and evaluate patient care (Clayton, Broome & Ellis, 1989; Scales, Alverson & Harder, 1993). The availability of a positive professional role model is also advantageous in the student's professional development in their new role as professional nurses (Marks-Maran et al., 2013). Despite these strengths, there are limitations which educators must be cognisant of as they have the potential to negatively affect students' learning.

IV. LIMITATIONS OF THE PRECEPTOR MODEL

The preceptor may have limited or no time to attend to the preceptee's learning needs, leaving them disengaged. This is as a result of today's healthcare setting being characterized by staff shortages coupled with increased workloads and increased patient acuity which increases the demand on the preceptor's time (Sedgwick and Harris, 2012). Also, the additional responsibility of precepting may lead to preceptor fatigue. Unfortunately too, the time the preceptor and preceptee spend together is dependent upon the clinical hour requirements instead of by the student learning needs.

The preceptor model may limit the nurse's productivity. Research indicated that physicians who were preceptors saw less patients and spent more time at work compared to their counterparts (Barker & Pittman, 2010). This possibility may not be welcomed by the healthcare agency which may be concerned with productivity (and profitability by extension) rather than student learning.

Poor interpersonal relationships between the preceptor and preceptee can negatively impact the student's learning outcomes and ability to think critically (Bryan, Weaver, Anderson-Johnson & Lindo, 2013). Since preceptors and preceptees are paired by the nurse educator, the possibility exists that conflict may occur as a result of factors such as differing values and beliefs.

Lack of preceptor preparation, especially as it relates to clinical teaching skills, has been cited repeatedly as a limitation of the model (Gaberson & Oermann, 2010, Sedgwick & Harris, 2012). Although preceptors might be

willing to share their knowledge and expertise with their preceptee, their inability to teach might cause them stress (Sedgwick & Harris, 2012). Consequently, they become unable to adequately guide their preceptee. This is even more detrimental when the student is not progressing well.

A disconnect between what is taught in the classroom and what the student observes may leave the student with the perception that what is taught cannot be practiced in the real world or it is simply unimportant (Billay and Myrick, 2008). For example, if the student was taught that hand washing is to be done between visits to patients, and this is not practiced by their preceptor, the student may leave with the impression that it is impractical, impossible or unnecessary to do so. Considering these strengths and limitations, the nursing faculty member should be aware of their and the preceptors' role in facilitation of student learning.

V. ROLE OF THE FACILITATOR

➤ *The Nursing Faculty*

When using the preceptorship model the nursing faculty member's role is to select and pair preceptors with students (Gaberson & Oermann, 2010). Following which, he/she maintains communication with the preceptor and serves as a liaison between the school of nursing and the clinical agency. Activities involved in this role include communicating student objectives and expected student competences based on their level of training and providing guidance for the selection of appropriate learning activities (Gaberson & Oermann, 2010). Additionally, they serve as a resource person for the student and preceptor by providing clarification, assisting in problem solving and supporting the preceptor's teaching/learning activities (Billay & Myrick, 2008). Finally, if conflict arises, interpersonal or other, they act as a mediator (Gaberson & Oermann, 2010).

➤ *The Preceptor*

The preceptor's chief role is to provide the student with clinical teaching and supervision. In doing so, Gaberson and Oermann (2010) suggest that the coaching process be used. That is, rather than taking over when the student errs, the preceptor should allow the student to perform patient care activities while standing nearby offering verbal cues when needed and verbal support. Only at the point of imminent danger should the preceptor take over. In acting as the student's coach the preceptor serves as their resource person. Additionally, the preceptor models positive professional behaviours. Such behaviours include maintaining high standard of practice, demonstrating effective interpersonal skills, demonstrating accountability for actions taken, making sound clinical decisions (Billay & Myrick, 2008; Gaberson & Oermann, 2010). Myrick (2002) suggests that an additional role is to stimulate the student to think critically. This, she contends, can be done by questioning the student actions and decisions. Last, the preceptor in conjunction with the nursing faculty member monitors the student's progress towards meeting personal and institutional educational

objectives and participates in the student's final evaluation (Oermann and Gaberson, 2010).

VI. CONCLUSION AND RECOMMENDATIONS

In evaluating the effectiveness of using the preceptor model the educator could conduct research into student perception of its effectiveness in their clinical learning. An additional aim could be to determine the model's effect on critical areas such as clinical decision making, clinical competence and critical thinking. Several scholars have attempted to answer these questions with research but have been unsuccessful in arriving at a consensus (Brehaut, Turik & Wade, 1998; Kim, 2007; Marks-Maran et al., 2013). This study would be of added benefit as no published study generating from Jamaica or the Caribbean was retrieved. Data from course evaluation exercises could provide additional data needed to answer these questions (Billings & Halstead, 2005).

The educator could also use a pretest-posttest method of determining the effectiveness of the model (Billings & Halstead, 2005). A baseline assessment would be conducted at the beginning of the practicum then repeated on completion. The results from both assessments would be compared to provide an indication of the model's effectiveness. For example: at the beginning of the practicum the preceptor would assess the student's ability to conduct patient teaching. On completion of the practicum, the preceptor and nursing faculty member would re-evaluate the student using the same assessment criteria. Additionally, the educator could undertake a comparison of the students' performance during a preceptored clinical practicum and one in which an alternate model of clinical teaching was used. This data could be used in addition to qualitative data from student-staff liaison to determine the model's effectiveness.

Focus group discussion in the form of a student-staff liaison could provide meaningful qualitative data about the effectiveness of the model (Billings & Halstead, 2005). These discussions are an effective tool when conducting summative evaluations as they tend to generate robust discussions. An important function of these discussions is that they usually hold the answer about why the model was or was not an effective clinical teaching model.

The educator could use formative evaluation strategies in order to evaluate the effectiveness of this model. In doing so, the educator could liaise with preceptors with the aim of determining the students' progress towards meeting the course's objectives. Subjective measures such as the preceptors' perceptions of changes in the students' cognitive, affective and psychomotor skills could be used. Additionally, on each occasion the student performs a nursing skill, the preceptors could be asked to evaluate them using a checklist. This could be used as an objective measure of their progress while being preceptored, giving an indication as to the model's effectiveness.

REFERENCES

- [1]. Barker, E., & Pittman, O. (2010). Becoming a super preceptor: a practical guide to preceptorship in today's clinical climate. *Journal of the American Academy of Nurse Practitioners*, 23(3), 144-149. doi:10.1111/j.1745-7599.2009.00487.x.
- [2]. Billay, D., & Myrick, F. (2008). Preceptorship: an integrative review of the literature. *Nurse Education in Practice*, 4(8), 258-266. Billay & Myrick, 2008
- [3]. Billings, D., & Halstead, J. (2005). *Teaching in nursing: A guide for faculty* (2nd ed.). St. Louis, MO: Elsevier Saunders.
- [4]. Brehaut, C.J., Turik, L.J., & Wade, K.E. (1998). A pilot study to compare the effectiveness of preceptored and nonpreceptored models of clinical education in promoting baccalaureate students' competence in public health nursing. *Journal of Nursing Education*, 37, 376- 380.
- [5]. Bryan, V., Weaver, S., Anderson-Johnson, P., & Lindo, J. (2013). The effect of interpersonal relationships between nursing students and lecturers on learning outcomes at a Jamaican nursing school. *Caribbean Journal of Nursing* 41-48, 1(1), 41-48. Retrieved from <http://ojs.mona.uwi.edu/index.php/cjn/article/viewFile/3690/3218>.
- [6]. Clayton, G., Broome, M., & Ellis, L. (1989). Relationship between a preceptorship experience and role socialization of graduate nurses. *Journal of Nursing Education*, 28, 72-75.
- [7]. Croxon, L., & Maginnis, C. (2009). Evaluation of clinical teaching models for nursing practice. *Nurse Education in Practice*, 9(4), 236-243. doi:<http://dx.doi.org/10.1016/j.nepr.2008.06.004>.
- [8]. Gaberson, K., & Oermann, M. (2010). *Clinical Teaching Strategies in Nursing* (3rd ed.). New York, NY: Springer Publishing Company.
- [9]. Jairath, N., Costello, J., Wallace, P., & Rudy, L. (1991). The effect of preceptorship upon diploma program nursing students' transition to the professional nursing role. *Journal of Nursing Education*, 30, 251-255.
- [10]. Jones, A.M.I. (2000). *Students' perceptions of the preceptorship clinical experience*. Unpublished doctoral dissertation, Rush University, Chicago, Illinois.
- [11]. Kaddoura, M. (2013). The effect of preceptor behavior on the critical thinking skills of new graduate nurses in the intensive care unit. *Journal of Continuing Education in Nursing*, 44(11), 496-497. doi:10.3928/00220124-20130816-21.
- [12]. Kim, K. (2007). Clinical competence among senior nursing students after their preceptorship experiences. *Journal of Professional Nursing*, 23(6), 369-375. doi:<http://dx.doi.org/10.1016/j.profnurs.2007.01.019>
- [13]. Marks-Maran, D., Ooms, A., Tapping, J., Muir, J., Phillips, S., & Burke, L. (2013). A preceptorship programme for newly qualified nurses: a study of preceptees' perceptions. *Nurse Education*

- Today*, 33(11), 1428-1434.
doi:10.1016/j.nedt.2012.11.013.
- [14]. Myrick, F. (2002). Preceptorship and critical thinking in nursing education. *Journal of Nursing Education*, 41(4), 154-164.
- [15]. Myrick, F., & Yonge, O. (2001). Creating a climate for critical thinking in the preceptorship experience. *Nurse Education Today*, 21(6), 461-467.
- [16]. Myrick, F., & Yonge, O. (2004). Enhancing critical thinking in the preceptorship experience in nursing education. *Journal of Advanced Nursing*, 45(4), 371-380.
- [17]. Myrick, F., & Yonge, O. (2005). *Nursing Preceptorship: Connecting Practice and Education*. Philadelphia, PA: Lippincott Williams & Wilkins.
- [18]. Scales, F., Alverson, E., & Harder, D. (1993). The effect of a preceptorship on nursing performance. *Nursing Connections*, 6(2), 45-54.
- [19]. Sedgwick, M., & Harris, S. (2012). A critique of the undergraduate nursing preceptorship model. *Nursing Research and Practice*, 2012. doi:http://dx.doi.org/10.1155/2012/248356
- [20]. Udalis, K. (2008). Preceptorship in undergraduate nursing education: An integrative review. *Journal of Nursing Education*, 47(1), 20-29.
- [21]. Walker, S., Dwyer, T., Moxham, L., Broadbent, M., & Sander, T. (2013). Facilitator versus preceptor: Which offers the best support to undergraduate nursing students? *Nurse Education Today*, 35(5), 530-535. doi:10.1016/j.nedt.2011.12.005.
- [22]. Yonge, O., & Trojan, L. (1992). The nursing performance of preceptored and non-preceptored baccalaureate nursing students. *The Canadian Journal of Nursing Research*, 24(4), 61-75.