

Moving to an all graduate profession: preparing preceptors for their role

Margaret McCarty and Agnes Higgins

The world of Irish Nurse education has changed significantly over the last number of years, moving from certificate to diplomat status, from hospital-based training to integration within the higher education sector. The Irish Government has now committed £223,470,000 for the implementation of a four year pre-registration nursing degree programme. Consequently, from 2002 onwards all Irish pre-registration nurse education will be at graduate level. In recognition of the importance of student learning during practice placement the Nursing Education Forum (2000) recommended that nursing students be supported by a named preceptor. This recommendation has significant resource implications in terms of current staff demands, staff preparation and ongoing support for the preceptor role. This paper will focus on a review of the literature on student support mechanisms during practice placements with particular emphasis on the concept of preceptor and preceptorship.

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Margaret McCarty

RGN, RM, BNS, MEd.,
Assistant Director/
Lecturer, School of
Nursing and
Midwifery Studies,
Trinity College,
Dublin, Ireland.
Tel.: +353-1-608-
2695;
Fax: +353-1-473-
2984; E-mail:
mccartmp@tcd.ie

Agnes Higgins RPN,
RGN, BNS, MSc,
Lecturer, School of
Nursing and
Midwifery Studies,
Trinity College,
Dublin, Ireland.
Tel.: +353-1-608-
3703;
Fax: +353-1-473-
2984; E-mail:
ahiggins@tcd.ie

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Introduction

The first third level programme in Irish nursing education and training commenced in 1994 marking the 'beginning of a radical change in the system of nurse education and training...' within the Irish context (Department of Health 1984, p. 6). By 1997 all pre-registration nursing education was firmly linked to the higher education sector at diploma level (Simons et al. 1998). Subsequent to such development the Commission on Nursing recommended that from 2002 onwards all pre-registration nurse education (general, psychiatry, mental handicap) should be integrated within third level education with the point of entry to the nursing register being at graduate level. It is anticipated that degree level education will provide the theoretical foundation, which will enhance clinical skill development to meet future health care needs (Government of Ireland 1998). Indeed the

integration of nursing education into the higher education sector is very much in keeping with international developments (Tyrrell 1998). Cognizant of the need to ensure the necessary support to facilitate the learning of nursing in the practice environment the Nursing Education Forum Report (2000) recommended 'that each student nurse whilst on clinical placement should be assigned a named preceptor who is a registered nurse' (p. 69). The aim of the paper is to explore the literature on student support during practice placement with particular emphasis on the preparation of preceptors.

Learning in the practice environment

Nursing is a practice discipline (Craddock 1993) with an appreciable amount of nursing theory originating in practice (Phillips et al. 1996a,b). Learning the art and science of

nursing is a complex, intricate process demanding competence that is highly cognitive and firmly rooted in practice (Taylor & Dean Care 1999). It is through practice that the student integrates the affective, psychomotor and cognitive domains (Spouse 1998), acquires the values that underpin nursing (Dotan et al. 1986) and discovers the artistic aspect of nursing knowledge (Davies 1993). Clinical learning experience promotes intrinsic motivation (Taylor & Dean Care 1999), fosters personal growth (Severinsson 1998) and facilitates the clarification and integration of knowledge (Simons et al. 1998; Spouse 1998). Participation in patient care allows the student nurse develop the ability to critically analyse and solve clinical problems which are fundamental characteristics of graduate nursing education (Nursing Education Forum 2000; Mahara 1998; Nolan 1998; Glen 1995).

Undoubtedly, practitioners are central to nursing education, as one of the features of learning in a clinical context is the presence of experienced skilled practitioners to guide student nurses through the complexities of practice (Andrews & Wallis 1999). The underlying premise is that students will learn by working alongside experienced, competent practitioners (Benner 1984). However, practice-based learning is not without problems especially in relation to student nurse supervision and assessment (Savage 1999; Fretwell 1983; Orton 1981). As the Irish nursing profession prepares for further educational change and an all graduate profession the need to support student nurses during practice placement demands serious consideration.

Models of support for students in the practice environment

Throughout the literature there is a triad of terms used to describe clinical education and support systems offered to nurses. Terms such as mentor, preceptor and supervisor are frequently used interchangeably, with little consensus of opinion as to how they differ from one to another (Morton-Cooper & Palmer 2000). Deane and Campbell (1985) make a comparison between the role of mentor and the role of preceptor. They suggest that mentors take a specific, personal interest in helping an

individual pursue career development. The mentor and mentee maintain close contact, without the need to work in close proximity. In contrast preceptors and preceptees work closely together for a specified period. Specific outcomes must be achieved and the preceptor relationship involves an element of formal assessment. Burnard (1990) also makes a distinction between the role of mentor and that of preceptor. The preceptor is more clinically active and more of a role model, having greater involvement in the teaching and learning aspect of the relationship. On the other hand the mentor while interested in these things, seeks a closer more personal relationship. The main and most important difference between mentorship and preceptorship appears to be that the preceptor's core function is to act as a role model with teaching and learning being the focus, whilst the mentor is concerned with a broader supportive life long relationship (MacCormick 1995). It could be argued that both the concept of mentor and preceptor can be viewed on a continuum with role modelling/preceptorship at one end and mentoring as described by Darling (1984) and May et al. (1982) at the other end. In reality it appears that in the United Kingdom mentorship in nurse education has emerged more like preceptorship, with the role being defined according to local and individual understanding (Watson 1999). Students are placed with mentors for short periods of time, as opposed to the original ideal of long-term relationships. The literature would suggest that the term mentor is consistently used in a generic way and incorporates elements of preceptorship and supervision (Andrews & Wallis 1999).

Defining preceptorship

Bain (1996) and Shamian and Inhaber (1985) suggest that the concept of preceptorship is widely accepted as a means of helping newly qualified nurses or new nurse employees in their transition to the work environment. Shamian and Inhaber (1985) identify the following functions for the preceptor: to orientate and socialise newly appointed nurses into the philosophy of an organisation or unit, integrate them into the team, act as role model

and evaluate their progress. In this context, the preceptor's emphasis is on supporting and socialising nurses in a specific clinical area regardless of the nurse's previous experience and is similar to an orientation programme. Other writers suggest that preceptorship evolved in response to the reality shock and disillusionment experienced by new graduates entering the profession (Kramer 1974; Bowles 1995). As a result preceptorship became synonymous with a process of pairing new graduates with an experienced nurse to facilitate role transition to that of a staff nurse. In the current climate of staff shortage preceptorship programmes are being viewed as an important factor in the recruitment and retention of new staff (Dublin Academic Teaching Hospitals 2001; Olson et al. 2001; Hill & Lowenstein 1992). Some would maintain that a formal period of preceptorship increases awareness of professional accountability and helps to develop a sense of trust and collegiality in the workplace (Morton-Cooper & Palmer 2000). Although the concept was initially developed for registered nurses it is now a well recognised term within the literature as a clinical support mechanism for student nurses during practice placement (Morton-Cooper & Palmer 2000; Nursing Education Forum 2000; Quinn 1995; Ouellet 1993; Peirce 1991). Chickerella and Lutz (1981) defines preceptorship as 'an individual teaching/learning method in which each student is assigned to a particular preceptor... so that she can experience day to day practice with a role model and resource person' (p. 107). Preceptorship was later defined as 'an experienced nurse, midwife or health visitor within a practice placement who acts as a role model and resource for a student who is attached to him/her for a specific time span or experience' (Quinn 1995, p. 189).

The role and responsibility of the preceptor

A range of activities can be attributed to the role of preceptor. Role modelling and sharing of clinical expertise has been identified as a major feature of the preceptor-preceptee relationship (Cerinus & Ferguson 1994). In addition, the preceptor is responsible for

orientating and socialising the student (Burke 1994), identifying learning needs and planning the learning experiences with the student (Spouse 1996). Other writers suggest that the preceptor has a teaching, supervisory, assessment function together with responsibility for providing continuous ongoing feedback to students (McGregor 1999; Cohen & Musgrave 1998). Communication with faculty regarding student progress, and contributing to the evaluation of the education programme is considered an essential aspect of the role (DeLong & Bechtel 1999). In the Irish context, the position of clinical placement co-ordinator already exists. Clinical placement co-ordinators have a specific remit to support student nurses and to co-ordinate their clinical placements (Department of Health 1997). To prevent role confusion, and maximise resources it is imperative that the role and the responsibility of the preceptor is developed, enhanced and integrated within the current support structures that exist for nursing students.

Staff preparation for the preceptor role

The need to prepare practice-based staff to facilitate the creation and maintenance of a positive clinical learning environment is unquestionable (Phillips et al. 1996a,b; Eraut et al. 1995). Simply assigning students to named practitioners in no guarantee that the quality of an educational placement will improve (Higgins 2000). Neither can one assume that the practitioner's clinical competence will equip the registered nurse with the necessary skills to assume the preceptor role. There is little doubt that preparation is essential to the successful implementation of the preceptor role. A review of the literature indicates that the preparation of preceptors in the United Kingdom tends to vary from half-day workshop to nine-week courses (McCarthy 2000; Higgins 2000; Wilson-Barnett et al. 1995). Some would question if a nine-week period is sufficient time to adequately prepare staff for their teaching and support function (MacCormick 1995). Indeed research indicates that many clinical staff felt unprepared for their role as mentor and/or

preceptor (Watson 1999; Phillips et al. 1996a,b; Wilson-Barnett et al. 1995).

When planning preceptorship programmes the literature suggests that consideration might be given to some of the following areas; the principles of adult education, facilitation skills, experiential learning and reflective practice (Morton-Cooper & Palmer 2000; Atkins & Williams 1995). Whilst de Bois (1991) suggest the inclusion of teaching and learning strategies, communication skills, conflict resolution, assessment of individual learning needs and evaluation of students performance. It is the writers' view that the teaching strategies must be clearly focused on teaching in a practice setting as distinct from the principles of teaching and learning employed in a formal classroom setting or skills laboratory. The importance of role modelling, direct observation of practice and debriefing interviews as learning strategies needs to be emphasised (Twinn & Davies 1996). The use of higher order questioning as a teaching strategy is linked to the development of critical thinking skills (Oermann 1997; Quinn 1995). However research by Phillips and Duke's (2001) on the questioning skills of clinical teachers and preceptors suggest that they primarily use lower order questions, thus it would appear imperative that the skill of questioning needs to be an essential component of any programme. Ohrling and Hallberg (2001) identify the importance of spending time discussing the values of the curriculum with the preceptors to ensure an integrated approach to education. From Cahill's (1996) study it would appear that one has also to recognise the negative impact of culture on the satisfactory functioning of preceptorship programmes. A culture of dominance and hierarchy undermines student's confidence and inhibits effective learning during practice placements.

Staff members frequently appear anxious about student assessment and often lack confidence in providing feedback especially if the feedback relates to poor performance (Higgins 1997; Cahill 1996). It is anticipated that in the Irish context assessment will be embraced within the preceptor role. Consequently, programmes must highlight issues such as feedback and information on

how to help the weaker student. With the move to an all-graduate profession, preceptors need direction on the level of competence expected from graduate students as distinct from diplomats. As nursing students will be fully integrated into the third level education sector preceptors need to be familiar with the assessment and appeal process of the particular higher institution (McGregor 1999).

Confusion over the interpretation of the term supernumerary status continues to exist (Simons et al. 1998). Indeed MacCormick (1995) makes the point that since student nurses acquired supernumerary status, clinical staff may not feel the same urgency to ensure that the student nurse is able to deliver adequate clinical care. Given this concern the writers suggest that time be spent with preceptors exploring the meaning of supernumerary status and its implications for student learning. Education about the role and function of a preceptor needs to include administrators and senior nursing managers. Managerial support is necessary especially if the programme is to continue and develop in times of staff shortage and change (Watson 1999).

Benefits of preceptorship

The empirical evidence addressing the benefits of preceptorship remains contradictory and inconsistent (Bain 1996). Positive outcomes include support for the student, socialisation and orientation into a new environment; increased awareness of professional accountability, a sense of trust and collegiality in the workplace may also be generated (Morton-Cooper & Palmer 2000). It would appear that student nurses who have an identified mentor/preceptor report increased confidence, more effective feedback on performance and decreased stress levels. Decision-making, problem solving, technical and clinical skills are also enhanced. Studies also suggest that students are more likely to identify weaknesses, seek assistance and engage in reflective exchanges on practice (Higgins 1997; Phillips et al. 1996a,b; Spouse 1996; Wright 1990). However it is difficult to make useful comparisons between these studies as the definition and roles of the mentor/preceptor vary from one study to

another (McCarthy 2000; Higgins 1997). In addition, the populations studied tend to involve either registered nursing staff or student nurses at different stages of training.

Research by Dibert and Goldenberg (1995) using a sample of 59 nurse preceptors investigated the relationship between preceptor's perception of benefits, rewards, support and commitment to the role. Findings from this study suggest that preceptors are more likely to be committed to the role if they perceive that benefits, rewards and support exist. The most frequently cited benefits from the preceptors' perspective are opportunities to teach and influence practice, increase personal knowledge, (Bizek & Oermann 1990) and increased job satisfaction (Shogan et al. 1985). A sense of personal satisfaction from facilitating the development of another person together with the desire to share knowledge and enhance learning and professional practice have also been reported (Olson et al. 2001; Atkins & Williams 1995; Wright 1990). Least important reasons for adopting the preceptor role appear to be the opportunity to improve ones chances for promotion, influence change and improve ones organisational skills (Usher et al. 1999; Dibert & Goldenberg 1995).

There is an increased possibility of burnout if clinical staff continuously take on the preceptor role without adequate support and reward (Morton-Cooper & Palmer 2000; Dibert & Goldenberg 1995). Some writers have identified luncheons, journal subscriptions, the opportunity to attend conferences, invitations to participate in academic symposia, tuition wavers, and letters of commendation as rewards for the adopting the role (Delong & Bechtel 1999; Dibert & Goldenberg 1995). However, there is little or no evidence as how these rewards were implemented or indeed the effectiveness of such rewards in the recruitment and retention of preceptors.

Difficulties encountered by staff

Preceptoring undergraduate nursing students are both complex and demanding. Management of the conflicting roles and responsibilities is the primary difficulty encountered by staff in fulfilling the preceptor role (Atkins & Williams 1995). Competing

demands from patients, colleagues and students, lack of time to discuss patient care issues with students are just some of the factors that have been identified as a source of pressure (Ohrling & Hallberg 2001; Apsbach 1989a, 1989b; Atkins & Williams 1995). Lack of support and commitment from nursing administrators and faculty staff also exacerbate the problems experienced by preceptors (Dibert & Goldenberg 1995; Usher et al. 1999). Formal systems of allocation are susceptible to disruption due to sickness; night duty and annual leave (Watson 1999) resulting in the student being without a preceptor unless appropriate structures are put in place. Getting to know students during short practice placements and facilitating student observation of sensitive and difficult encounters with patients pose many difficulties for the preceptor role (Atkins & Williams 1995). It is interesting to note that registered nurses who perceived preceptorship as an integral part of the professional role and who practice autonomously experience less stress and pressure. (Atkins & Williams 1995).

Support for preceptors

Preceptors need to be well supported by their organisation if they are to achieve the desired outcomes (O'Malley & Cunliffe 2000). Support and education for the role must continue beyond the initial preparation and include ongoing workshops and training days (Phillips et al. 1996a,b). Opportunities must be created and formalised to enable preceptors meet with other preceptors and senior clinical nurse managers to share experiences and concerns (Usher et al. 1999; Atkins & Williams 1995; Alcock et al. 1988). In addition, preceptors also require ongoing feedback and support from link lecturers and lecturer practitioners in terms of frequent visits during student practice placement and support and guidance in area such as assessment (Duffy et al. 2000; McGregor 1999). Delong and Bechtel (1999) stress the importance of academic staff being continually visible to preceptors, respecting and valuing their opinion by involving them in the development of educational programmes. There is no doubt that both formal and informal support are essential to the successful

implementation of an effective preceptorship system.

Conclusion

The quality of learning in the practice environment is central to the process of professional development from novice to competent practitioner. Preceptorship programmes are one means of enhancing the learning environment in practice. However to ensure that the concept of preceptorship develops, survives and grows in the current climate of staff shortages and competing demands a partnership approach based on shared ownership, commitment and responsibility is necessary. Without dialogue among the various stakeholders the realities of practice may be ignored and resolution to problems will be difficult. Although implementing and supporting preceptorship programmes is a major challenge in terms of time, resources, and energy, it is imperative that as we embark on a new journey to prepare an all-graduate profession, that the quality of education and support mechanisms for nursing students during practice placement is not found wanting.

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