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Scholarly Project:

Enhancing experiential learning at the bedside: Proper preceptor preparation.

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Purpose and Objectives

The human race population is ever increasing; people are living longer and have more complex needs requiring more extensive nursing care. The nursing workforce must be prepared to meet the complex needs of patients including the advancing technologies required to care for those patients. Unfortunately, there is a shortage of nursing faculty to meet the demands of increasing enrollments in schools of nursing (Institute of Medicine [IOM], 2010). Nursing faculty cannot be continuously at the bedside with every student nurse in the clinical setting. With a nursing faculty shortage, particularly in the clinical setting, the nursing student is at risk for having a less meaningful learning experience because time with faculty must be shared with multiple other students. In order for nursing students to thrive in the clinical learning environment, they need a clinically competent role model at the bedside (Carlson, Wann-Hansson, & Pilhammer, 2010; Byrd, Hood, & Youtsey, 1997).

Faculty rely on Registered Nurse (RN) preceptors to complement their role in educating nursing students. Therefore it is important that the RN preceptors are prepared for the preceptor role. An exemplary prepared RN preceptor teaching a nursing student can have a positive influence on this situation. The nurse preceptor who has the ability to better guide and direct learning activities to align with student learning outcomes would benefit the nursing student's clinical competence and help bridge the theory to practice gap.

There is not one repository that can be searched to identify hospitals or nursing programs that offer some type of preceptor preparation handbook or module. A brief Google search looking at the top 100 hits for *nursing programs with a preceptor preparation handbook* identified approximately ten programs in the United States that report having programs with preceptor preparation. A systematic website review of every US and Canadian Board of Nursing

and nursing accreditation body concluded that “preceptors are widely used in pre-licensure RN education, but there are no standardized guidelines for qualifications, roles and responsibilities, or best practices” (Lewallen, DeBrew, & Stump, 2014, p. 389). More than 65% of US state boards of nursing mention specific qualifications for preceptors, yet less than 10% have specific orientation requirements (Lewallen et al. 2014).

This Scholarly Project reflects an in depth exploration of the RN preceptor role in the clinical setting and how it can enhance experiential learning at the bedside. The results and recommendations from peer-reviewed literature, standards informing nursing practice, and expert opinion will guide the development of an educational program for preceptor preparation and will be reflected in a preceptor preparation handbook accompanied by a series of on-line learning modules for RN preceptors. The preceptor handbook will present the mission and vision of the academic institution and nursing program. It will also provide a description of student learning outcomes at each level in the program, and offer insight into what is being taught in the classroom. The modules will address topics such as: quality and safety in nursing, clinical reasoning, ethics, and inclusivity. They will also cover effective communication, adult learning strategies, leadership skills, and the best way to facilitate these skills in nursing students and evaluate their progress (see appendix A for a sample Table of Contents for a preceptor handbook). Maintaining the integrity of nursing curriculum at the bedside can be a challenge for nursing faculty. Finding properly prepared preceptors adds to this challenge. This project aims to improve the efficacy of the RN preceptor role in teaching at the bedside to facilitate student achievement of course learning outcomes. Nursing students that participate in precepted clinical experiences have shown improvement in nursing performance, clinical competence, critical thinking, and NCLEX pass rates (Udlis, 2008). Nursing students that have exemplary

experiential learning encounters will be better prepared to begin their nursing career and will help ameliorate the wellbeing of the healthcare system. Following the implementation of a preceptor preparation program, the learner will be able to:

1. Describe questioning techniques that can enhance clinical reasoning skills in the student nurse.
2. Utilize appropriate methods of communication with nursing leadership, nursing students, and clinical faculty.
3. Demonstrate practices that are evidence-based and congruent with the American Nurses Association's (ANA's) Code of Ethics and the QSEN competencies.

Background and Definitions

In Minnesota pre-licensure nursing programs, students are required to complete clinical education in order to graduate. "The curriculum must provide diverse learning activities, including learning activities in the clinical settings, that are consistent with program outcomes" (Minnesota Board of Nursing, 2011). The majority of clinical education for nursing students takes place in acute care settings (Institute of Medicine, 2011). Some strategies to get experiential learning at the bedside include: traditional clinical models, preceptorship models, and dedicated education units (DEU's).

In the *traditional clinical model* a group of around six to eight nursing students are all on the unit under the supervision of one nursing faculty person (Krampe, L'Ecuyer, & Palmer, 2013). In traditional clinicals the students are in a group on a unit for fewer hours than a preceptorship or DEU model. Students attending one Midwestern University are required to participate 45 clinical hours in an acute care setting over the course of 6 weeks (St. Catherine University, 2015). The nursing students are partnered with any available nurse working that day.

The nursing students may not work alongside the same nurse more than once. Little consideration is made regarding nurse qualifications, characteristics, patient load, or willingness to guide learning at the bedside.

In contrast to the traditional clinical model is the *preceptorship model*. The preceptorship model is widely used in nursing education. In two US studies and one Canadian study of accredited baccalaureate nursing programs, the use of preceptorships were addressed (Altmann, 2006). In all of the studies, more than 70% of the respondents reported the use of preceptorship type experiences (Altmann, 2006). The definition of *preceptorship* subscribed to by Earle-Foley, Myrick, Luhanga, & Yonge (2012), Bott, Mohide, & Lawlor (2011), and Myrick & Barrett (1992) comes from Chickerella and Lutz (1981) who describe it as “an individualized teaching/learning method [in which] each student is assigned to a particular preceptor...so he or she can experience day-to-day practice with a role model and resource person within the clinical setting” (p. 107). The American Academy of Colleges of Nursing’s (AACN’s) (2008) *Essentials of Baccalaureate Education for Professional Nursing Practice* describes an *immersion experience* with the same characteristics as a preceptorship experience and the terms can be interchangeable in this paper. Typically a preceptorship experience involves multiple clinical shifts for the nursing student on a unit with one preceptor over the course of a semester. In most baccalaureate programs this clinical occurs during the final semester of the nursing coursework. The number of clinical hours can range on average from 84 hours (Anderson, 1991), to 120 hours (Dr. Susan Forneris, personal communication, May 14, 2015). The nursing faculty may visit the unit periodically during the preceptorship, but is not continually on the floor like in the traditional clinical model. The nurse preceptor oversees the nursing student performing nursing

cares and following the nursing process: assessment, diagnosis, outcomes identification, planning, implementation, and evaluation (Association, 2010).

The most recent addition to experiential learning at the bedside is the dedicated education unit (DEU). McVey, Vessey, Kenner, & Pressler (2014) describe a DEU as an academic-service partnership in which an academic institution has a strategic relationship with a healthcare institution so that both may benefit in the areas of practice, education, and research. Nursing faculty and healthcare institution nursing staff guide each other and collaborate to provide patient care and experiential learning for nursing students, and collaborate with nursing faculty. DEU's differ from traditional clinical models and preceptorship models. A DEU is utilized primarily by one nursing program or consortium. The unit becomes an extension of the nursing program. Each nursing student works with one, or maybe two preceptors throughout the entire clinical rotation. This model is implemented throughout the entire clinical progression of the nursing program (Krampe, L'Ecuyer, Palmer, 2013). A DEU usually has at least six students on the unit at a time, which is similar to the traditional clinical model (McVey et al., 2014). Similar to the preceptorship model the nursing faculty is not constantly on site. However, in a DEU, there are clinical and academic liaison nurses who work on the unit and are familiar with the academic setting and curriculum (McVey et al., 2014). In addition, the staff nurses are selected by management and participate in extensive training (by nursing faculty) to the role of preceptor as and other adjunct roles (Krampe et al., 2013). There are other differences from traditional or preceptorship models. There is a special pay rate separate from the regular RN pay rate for some of the adjunct roles. The DEU originated in Australia in 1997 out of concern for RN staffing shortages and has since been developed in Canada and the United States. The DEU offers a way for fewer nursing faculty to oversee a greater number of students with the help of expertly

trained nurses working in collaboration with the academic institution. Krampe (2013) reported that while DEU's provide extensive training for the role of the preceptor on the unit, this training is not well documented in the literature.

All of these experiential learning strategies involve the utilization of RN preceptors to work with student nurses. The RN preceptor role exists in nursing programs around the world. The Canadian perspectives of PhD nursing professors Myrick & Yonge (2001) define a nurse preceptor as a tutor who teaches a student nurse skills in the clinical setting for various lengths of time; and they assert the term *preceptor* is not interchangeable with *mentor* or *apprentice*. The roles of *mentor* and *apprentice* are very different roles from preceptor and preceptee and not discussed in this paper. Swedish nurse educators, Carlson, Wann-Hansson, & Pilhammer (2009) subscribe to the idea that the RN preceptor facilitates an individualized pedagogy that connects theoretical knowledge to clinical practice. In the United States (US) and Australia, definitions are congruent to Canada and Sweden, with the addition that the RN preceptor must be a competent and experienced role model (Warren & Denham, 2010; Usher, Nolan, Owens, & Tollefson 1999; Byrd, 1997). Minimal differences exist in definitions of preceptor around the world, but what they all have in common, is that a preceptor works individually with one student teaching nursing skills for a specified amount of time with the goal of the student gaining clinical competence. For the purposes of this project, the term preceptor will refer to an RN working individually with one nursing student in the clinical setting for a specified period of time.

Design of Scholar Project

A private Lutheran college in rural Minnesota is interested in enhancing experiential learning of their nursing students. To date this institution does not offer any type of preceptor handbook or learning modules to help prepare the RN's who will be working with students in

traditional clinical experiences or preceptorship experiences. This scholarly project will address this gap by developing resources to provide this educational opportunity to the nursing staff, to enhance their preceptor skills. The faculty want to provide free learning modules with accompanying tests, as well as a preceptor handbook to assist in preparation and continued guidance. These resources will be accompanied by learning outcomes to assist in meeting ongoing continuing education requirements for the RN license.

Literature Review

A literature search was conducted using the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Education Resources Information Center (ERIC), and Medline. Search terms included: *preceptorship in nursing, precepting nursing students, preceptor training, preceptors in nursing, preceptor selection AND orientation; preceptor AND training AND nursing AND student*. Major headings include: *students, nursing AND preceptors; students, nursing AND clinical setting*. Further articles were hand picked. Inclusion criteria for this search required that the article be written in English, from a scholarly, peer-reviewed source and published in the last 10 years with the exception of seminal work. The utilization of preceptors in the clinical setting is well documented in the literature, yet the term *preceptor* is not considered a major subject heading. The term *preceptorship* is considered a major subject heading and has gained more attention in research when it comes to providing superior experiences for nursing students at the bedside. Several themes have emerged during this literature search in support of the most effective preceptors. The literature review will be discussed relative to these themes.

Preceptor Selection

Attributes of an outstanding preceptor include: clinical competence, effective communication skills, trustworthy, respectful, professional, and a good role model (Eller, Lev, & Feurer, 2014; Carlson et al. 2009; Byrd, Hood, & Youtsey, 1997; Oermann, 1996; Myrick & Barrett 1992; Andersen, 1991). These exceptional characteristics have been desired traits of preceptors for decades, and for nurses in general. In the United States, according to Gallup polls, nursing has been rated as a profession at or near the top of the list in ethics and honesty every year since 1999 when it was added to the list of professions (Riffkin, 2014). Nursing faculty select preceptors who exhibit these behaviors to be partnered with their students. In two US studies and one Canadian study of accredited baccalaureate nursing programs, preceptor selection criteria was addressed (Altmann, 2006). Myrick & Barret's 1992 Canadian study showed that 45% of nursing programs have specific selection criteria to choose preceptors. Altmann's US study in 2000 that replicated Myrick & Barrett's work reported more than 90% of the nursing programs in the study had specific preceptor selection criteria (Altmann, 2006). One of the most notable preceptor selection criteria found in both studies is the requirement that the preceptor "have a baccalaureate degree in nursing" (Altmann, 2006, p. 10). In the 1992 study 40% of programs required the preceptor to have a baccalaureate degree in nursing. In the 2000 study 79% of nursing programs required the preceptor to have a baccalaureate degree (Altmann, 2006). In 1982 the Canadian Nurses' Association (CNA) endorsed a declaration that by the year 2000, the baccalaureate degree be accepted as the minimum required preparation for entering the nursing profession (Myrick & Barrett, 1992). A decade later, the Institute of Medicine's (IOM's) 2010 Future of Nursing Report's recommendation to "increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020" (Institute of Medicine, 2011, p. 12) as one

way to help ensure that criteria will be met. Having more baccalaureate prepared nurses will increase the number of baccalaureate prepared preceptors.

Critical Thinking

Nursing students will develop better clinical reasoning skills when they are in a setting favorable to learning; one in which they feel safe and accepted as part of a team (Myrick & Yonge, 2001). In a trusting environment the student will be more likely to open up and ask questions. Myrick & Yonge (2002) impart that inquiry is at the core of learning. The preceptor must ask questions of the student and those questions must be at a higher level to elicit critical thinking. Bloom's *Taxonomy of Educational Objectives* is widely used classification tool in nursing education as a hierarchical knowledge platform. The classifications go in order from simple (knowledge and comprehension) to more complex learning (application, analysis, synthesis, and evaluation) (Bloom, 1969). Preceptors can ask simple recall questions of students as well as problem solving and clinical reasoning questions. Higher-level questioning will elicit critical thinking because the student will have to go beyond recall adding experience and context to develop a thoughtful response. Divergent questions are open ended and more thought provoking than convergent questions that rely on more concrete answers (Myrick & Yonge, 2002). Forneris & Peden-McAlpine (2009) concluded that preceptor preparation should include effective questioning strategies that are contextual in order to prompt challenging dialogue and critical reflection. Asking a yes or no question does not give much invitation for contemplation. Asking a question that is open-ended leaves room for contemplation, especially if the question pertains to a specific situation experienced by the nursing student. Encouraging the student to think out loud and talk through rationale can be even more beneficial to stimulate clinical reasoning.

Challenges in the Preceptor Role

The most common challenges in the preceptor role include: increased workload, time management, stress management, and preceptor-student conflict (Foley, Myrick, & Yonge, 2013; Kalischuk, Vandenberg, & Awosoga, 2013; Omansky, 2010; Yonge, Krahn, Trogan, Reid, & Haase 2002; Lewis, 1990). Managing a full patient assignment and a nursing student creates more work for the preceptor having to teach, observe, ask and answer questions of the student while providing safe, complete nursing care. Preceptors find it difficult to get all their work completed and still have time to explain processes and procedures to the nursing students (Kalischuk et al., 2013). This extra work is time consuming and can cause stress to the preceptor. It can be even more stressful when the student lacks motivation and interest in the experience. Preceptors find it challenging to work with unmotivated nursing students because they do not know how to interact and respond to these students (Kalischuk et al. 2013). The preceptor must be experienced and organized in time management enough to provide patient care and give proper attention to teaching a nursing student during the course of a shift.

Preceptor-student conflict can be precipitated by stress or other imbalances between the preceptor and student. Intergenerational differences can cause preceptor-student conflict. Taking an example from Foley et al. (2013): if the preceptor is from the Baby Boomer Generation and the student is considered a Millennial, conflicts can emerge related to the older generation having disdain for the younger generation. The Baby Boomer preceptors express that the nursing students come to clinical nervous and unprepared, and then go on to treat the students like they do not know anything. This plays into the theory of nurses eating their young. In contrast, the Millennial student may think the Baby Boomer preceptor is outdated and lacks finesse with technology. These stereotypes can be a barrier to teaching and learning. Foley et al.

(2013) suggest that preceptors be educated about current nursing curriculum, intolerance for vertical violence, and the importance of treating one another with dignity and respect. Preceptors will always face challenges in their role. Preceptors could benefit from self-reflection, utilizing appropriate communication skills, understanding experiential learning, and how to harness these tools in the RN preceptor role. Preceptors could also benefit from knowing strategies to handle difficult students.

Incentives

Hyrkäs and Shoemaker (2007) found that preceptors were more committed to their role when they perceived there were benefits and rewards. These findings are not unique to the United States. Both Australian and Canadian studies have had similar conclusions (Hyrkäs & Shoemaker, 2007). The desire for recognition of hard work is not a new concept. Everyone likes to be praised for a job well done. Usher et al. (1999) and Kalischuk (2013) found that the majority of preceptors preferred nonmaterial rewards. High on the list were: professional development of the preceptor role, comprehensive orientation to the role, support from nursing faculty and nurse managers, reduced patient assignments while working with students, and a certificate of recognition (Kalischuk, 2013). To make worthwhile the stress put upon preceptors the literature offers suggestions of incentives that include acknowledging preceptor expertise to inspire and compensate RN's to perform in the preceptor role.

Registered nurses need support in the preceptor role. RN preceptors, nursing students, nursing faculty, nurse managers, and staff development educators are all stakeholders involved with experiential learning at the bedside, and direct patient care. People in leadership positions that can provide support include: nursing faculty, nurse managers, and staff development educators (Madhavanprahakaran, Shukri, & Balachandran, 2014; Haugan, Sørensen, &

Hanssen, 2012; Speers, Strzyzewski, & Ziolkowski, 2004; Letizia & Jennrich, 1998).

Madhavanpraphakaran et al. (2014) suggest nurse managers attempt to reduce the workload of preceptors, providing appropriate resources and education for preceptors, and to publicly recognize preceptors for their exemplary work. Haugan et al. (2012) suggests the use of discussion forums with nursing students, preceptors, and clinical faculty to help critically reflect on the bedside experiences. This reinforces Forneris & Peden-McAlpine (2009) recommendation of engaging student nurses in active learning strategies. A preceptor-preparation learning module could 1) facilitate orientation to and development of the preceptor role, 2) provide continuing education; 3) provide a certificate of recognition; and 4) be a catalyst to encourage enhanced relationships between key stakeholders. The patient is the vulnerable recipient of the actions from stakeholders. In order to provide safe and complete care for the patient, and provide a beneficial learning experience for nursing students, successful collaboration among the stakeholders is imperative. Preceptors who feel supported and respected by their nurse manager, staff development educator, and clinical faculty, are bound to perform better and be more committed to their job.

Unsafe Nursing Practice

There is literature that describes methods for preceptors to manage unsafe practices performed by nursing students (Earle-Foley et al., 2012; Luhanga, Yonge, & Myrick 2008a; Luhanga, Yonge, & Myrick 2008b). Behaviors that are hallmarks of unsafe practice include, but are not limited to: the inadequate demonstration of knowledge and skills relating to patient care, unprofessional attitudes and behaviors in the clinical setting, and insufficient communication skills (Luhanga et al., 2008a). Preceptors may be able to identify these behaviors, but are often reluctant to confront them due to their lack of experience, lack of time, and feelings of guilt or

shame (Earle-Foley et al., 2012; Luhanga et al., 2008a). This is why it important to have open lines of communication with the student and the nursing faculty. Respectful dialogue upholds the ethical virtue of human dignity. Methods to manage unsafe practices include education ethics and accountability for both the preceptor and the student (Earle-Foley et al. 2012; Epstein & Carlin, 2012; Luhanga, Myrick, & Yonge, 2010). Not only does the literature talk about unsafe student practices, but also unsafe preceptor practices observed by students (Epstien & Carlin, 2012). During the course of precepting a nursing student, the RN preceptor must be able to identify and confront/manage behaviors that represent unsafe practices in nursing. ANA's Code of Ethics for Nurses with Interpretive Statements (2015) demands that nurses "be alert to and must take appropriate action in all instances of incompetent, unethical, illegal, or impaired practice or actions that place the rights or best interests of the patient in jeopardy" (Association, 2015, p. 12). In order to identify unsafe nursing practices, the preceptor must be well versed in safe, evidence-based practice, and have a good moral compass.

Preceptor Preparation

Nursing students in traditional clinical models may encounter preceptors in an acute care clinical rotation as early as their first year after admission to the nursing major having successfully completed prerequisite coursework. Searching the well-known databases for nursing research, there was no literature found pertaining to any type of preceptor preparation or orientation for the nurses working with students in the traditional clinical model. Udliis (2008) points out in her integrative review that in the areas of critical thinking, clinical competence, and NCLEX pass rates, the preceptorship model was not significantly superior to the traditional clinical model. In contrast, Krampe et al. (2013) share findings from Burke & Craig (2011) that inadequate preceptor preparation contributes to the inadequacy of the traditional clinical model

and can contribute to the failure to meet learning outcomes, dissatisfaction, and students being ill equipped for entry into practice. If the nurse preceptor is not prepared to oversee a student, it will be less beneficial for the clinical experience. Preceptor preparation is more common in the preceptorship type of experience or the DEU model, where the student will be partnered with one preceptor for a set number of hours over an extended period of time, often multiple shifts over several weeks. For example, the DEU model used by St. Louis University School of nursing has developed a preceptor orientation course. It was originally a 6-hour face-to-face course. However, there was negative feedback to the having the in-person training because it was inefficient to have multiple sessions, yet difficult for all to attend one specific session. Therefore, a series of on-line modules were created for viewing at the convenience of the preceptor (Krampe, 2013). At the University of Texas at Tyler's baccalaureate nursing program, a packet was created for RN preceptors. This packet included the school of nursing's philosophy, preceptor responsibilities, course objectives, an evaluation form, and other items (Smedley, 2008). This packet accompanied in-services for selected RN preceptors on their hospital unit. The in-services covered "forces driving nursing education and healthcare; teaching principles; learning styles; roles of students, preceptors, and faculty; anticipated advantages and disadvantages of preceptored experiences; and examples of student-preceptor interactions (Smedley, 2008, p.519). In Myrick & Barrett's (1992) Canadian study, 65% of respondents claimed to utilize an orientation program for preceptors. In those nursing programs that offered orientation, 70% reported that school faculty provided the orientation. Only 50% of respondents reported orientation content including clinical teaching strategies. Less than 50% of respondents reported content on communication strategies, principles of adult learning, baccalaureate

program objectives, or conflict management (Myrick & Barrett, 1992). The study did not report what influence the orientation had on preceptors or preceptees.

In contrast, Kaviani & Stillwell (2000) performed a study in New Zealand examining perceptions of the preceptor role, and factors that influenced performance of preceptors. Providing a formal preceptor orientation had a positive impact on teaching learning opportunities for the students as well as enhanced personal and professional development of the preceptors. Altmann's (2006) US study reported that even though respondents said they have preceptor orientation, only 61.1% of responses suggested that was true. The literature review presented in Altmann (2006) indicated that even though preceptor orientation programs exist, the content is lacking in communication, concepts of adult learning, teaching strategies, conflict management, and evaluation. In Altmann's (2006) US study, the inquiry regarding preceptor orientation addressed what topics were included in the content of the orientation. Less than 50% of respondents reporting the use of orientation for preceptors include content surrounding clinical teaching strategies, the role of the preceptor, role of the faculty, identifying and managing unsafe students, among other things.

Key Points in the Literature

1. Exemplary RN preceptors have specific desired characteristics and qualifications, yet there are no national standards demanding these skills.
2. Nursing students develop better clinical reasoning skills when they are in a setting favorable to learning.
3. RN preceptors face challenges in their role.
4. RN preceptors need and want preparation for their role.

Gaps in the literature

1. There is a gap in the literature surrounding the NCLEX pass rates of nursing students in relation to the preparation of the nurse preceptors.
2. There is a gap in the literature surrounding the preparation of preceptors in relation to meeting the needs of students at different levels in the nursing program from an experiential learning standpoint.
3. There is a gap in the literature surrounding the use of handbooks for preceptors, particularly in the traditional clinical model setting.

Standards Informing Scholarly Project

Nurse educators have an obligation to facilitate learning and promote a positive learning environment in the clinical setting (National League for Nursing, 2012). Choosing preceptors is part of that obligation. When leading a group of nursing students in a traditional clinical rotation, the choice of preceptors are limited to the RN's scheduled on the unit for the shift in which the students are there. The RN's may not even be aware students are there until shift report is complete. There may be more students than nurses on the floor. Providing all clinical agency RN's with a handbook and/or learning module to help them understand the role of a preceptor to nursing students in the clinical setting can help improve the experience between student nurse and RN preceptor. Being a nurse means being committed to The ANA's *Code of Ethics for Nurses with Interpretive Statements*. This commitment includes maintaining professional competence while functioning in the role of direct care provider and educator, and having respectful interactions with all individuals in the clinical setting (Association, 2015). State boards of nursing demand professional competence as well. The majority of United States boards of nursing have specific continuing education requirements to remain competent. Taking

part in a preceptor preparation learning module could help maintain professional competence and provides an opportunity for continuing education credit

Along with the professional code of ethics for nurses, the ANA's *Nursing scope and standards of practice, 2nd Ed.* is one of the foundational documents of professional nursing (Association, 2010). Standard 8: Education addresses ways the RN maintains "knowledge and competence that reflects nursing practice" by contributing to "a work environment conducive to the education of healthcare professionals" (Association, 2010, p. 49). Being a preceptor for nursing students helps fulfill that contribution.

The Quality and Safety Education for Nurses (QSEN) competencies are becoming widely used in undergraduate nursing curriculum. These nursing competencies (patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics) were adapted from the IOM's recommended competencies for nurses. QSEN provides a definition for each competency as well as statements of knowledge, skills, and attitudes (KSA's) supporting the definitions that demonstrate the demeanor and actions of a competent and respected nurse (Cronenwett et al., 2007). Nurses who completed their nursing degree prior to the inception of the QSEN competencies in 2007 may not be familiar with the definitions and statements, thereby missing opportunities for teaching how these competencies are applied in the clinical setting. QSEN strives for nurses to "continuously improve the quality and safety in the health care systems in which they work" (Cronenwett et al., 2007, p. 1). The preceptor preparation module would include the QSEN competencies for pre-licensure nursing.

The standards found in AACN's (2008) *The Essentials of Baccalaureate Education for Professional Nursing Practice* are relevant to all pre-licensure and RN completion programs. There are specific recommendations pertaining to clinical experiences in baccalaureate

programs. It is the responsibility of the nursing program to find clinical placements for nursing students that are safe and supportive, and where there are experienced nursing role models to prepare the students to work in an increasingly complex healthcare system (AACN, 2008). The Baccalaureate essentials support the use of preceptorship type experiences because there is a longer opportunity to hone the clinical reasoning skills and pull previous learning into current experiences (AACN, 2008). The RN preceptor who can integrate key points from the Baccalaureate Essentials document into the learning experience will be a better role model to the nursing student.

Theories Supporting Scholarly Project

Benner's Novice to Expert

Benner's *Novice to Expert Theory* is supported by *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) when it describes the importance of differentiating between early learning experiences (novice) and more complex clinical opportunities (expert) as students move to a higher level in their program of study. Patricia Benner's novice to expert theory is based on Dreyfus' model which proposes that in cultivating a skill, the student passes through five phases of proficiency: novice, advanced beginner, competent, proficient, and expert (Benner, 1984). Using these five phases it is possible to discern performance capabilities and learning needs at each level for the student and the preceptor (Benner, 1984). A preceptor that is familiar with Benner's work can identify what phase he or she is currently practicing. After the first encounter with a nursing student, that preceptor will be able to identify what phase the student is in and tailor the learning experience at the appropriate level with movement toward the next higher level, or phase. The student may be able to provide additional insight to his or her place on the continuum as well during the first

encounter with the preceptor. The novice relies on theory and classroom learning as a knowledge base, is task oriented, and starts out practicing in the observer role. In contrast, the expert can add past experiences to their knowledge base, can see things as a whole, prioritizing tasks in order of importance, and is in an active participant role (Benner, 1984). Novice nursing students come into the clinical setting with no experience and rely on the preceptor for guidance. The preceptor can give the student nurse clinical expertise and hands on experience helping the student move into the next level of advanced beginner.

Kolb's Experiential Learning Theory

Experiential learning theory provides a “holistic integrative perspective on learning that combines experience, perception, cognition, and behavior” (Kolb, 1984, p. 21). A simulation setting or case study is presented in the same manner to every nursing student, and can be beneficial in the learning process. However, clinical based learning provides a greater variety of patients, cultures, preceptors, and situations from which nursing students can gather knowledge, each time building on previous comprehension and application. “Knowledge is continuously derived from and tested out in the experiences of the learner” (Kolb, 1984, p. 27). “Concepts are derived from and continuously modified by experience” (Kolb, 1984, p. 26). In the clinical setting of nursing, every patient situation is unique. A nursing student will experience something different with every patient interaction, thus creating a more experienced knowledge base from which to draw conclusion and improve outcomes.

Return on Investment

The preceptor preparation program is being designed by a graduate student and presented to an academic institution to use in the clinical setting. There is no fee for the academic institution or the clinical facility to purchase the program. Costs that may be accrued in relation

to creation and maintenance of this program include: any technology fees, hours spent by nurses to complete the program and future maintenance by faculty and staff as the program modules are updated. The RN's can count the education hours toward continuing education in compliance with the state board of nursing. Benefits of using the preceptor preparation program include: high quality preceptors, enhanced experiential learning for nursing students leading to new graduates that are higher level thinkers and can have a smoother transition into the RN role in the acute care setting. Job satisfaction for nurses has been positively linked to retention (Omansky, 2010). New graduate nurses who have a smooth transition are likely to be more satisfied, hence a potential for increased retention.

Implementation Plan and Evaluation for Project

Once the preceptor preparation program is implemented a Plan-Do-Study-Act (PDSA) cycle will be used to evaluate its effectiveness. This cycle is “a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process” (Deming, 2014). Evaluation of the implementation of this project would also be necessary once there is enough data available to assess outcomes. Evaluating how well students meet course and program specific clinical learning outcomes before and after the implementation of preceptor preparation would provide valuable data to show effectiveness of preceptor preparation. NCLEX pass rates from before and after the program implementation can be compared, as well as satisfaction surveys of preceptors and students. Through the PSDA cycle the process can then begin again as an iterative process that provides continuous quality improvement.

Conclusion

The future of nursing depends on a competent workforce that can navigate intricate and diverse healthcare needs. Experiential learning is essential for nursing students. The RN

preceptor plays a key role to facilitate learning for the nursing student in the clinical setting. RN preceptors would like better orientation into this role. Present practices in preceptor preparation should be continually evaluated and updated to meet the needs of the nursing student. Further investigation into nursing programs that offer some type of preceptor preparation is warranted to see if their graduate nurses are better prepared to enter the work force.

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Appendix A

Preceptor Handbook

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