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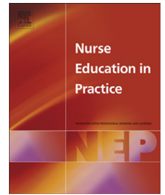

Learning and teaching in clinical practice

Nursing preceptors' experiences of two clinical education models

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A B S T R A C T

Preceptors play an important role in the process of developing students' knowledge and skills. There is an ongoing search for the best learning and teaching models in clinical education. Little is known about preceptors' perspectives on different models. The aim of the study was to describe nursing preceptors' experiences of two clinical models of clinical education: peer learning and traditional supervision. A descriptive design and qualitative approach was used. Eighteen preceptors from surgical and medical departments at two hospitals were interviewed, ten representing peer learning (student work in pairs) and eight traditional supervision (one student follows a nurse during a shift). The findings showed that preceptors using peer learning created room for students to assume responsibility for their own learning, challenged students' knowledge by refraining from stepping in and encouraged critical thinking. Using traditional supervision, the preceptors' individual ambitions influenced the preceptorship and their own knowledge was empathized as being important to impart. They demonstrated, observed and gradually relinquished responsibility to the students. The choice of clinical education model is important. Peer learning seemed to create learning environments that integrate clinical and academic skills. Investigation of pedagogical models in clinical education should be of major concern to managers and preceptors.

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Introduction

Clinical practice is a complex and pivotal part of nursing education. Registered nurses (RNs) who act as preceptors are expected to facilitate nursing students' education so that theoretical knowledge can be linked to practical skills (Ehrenberg and Häggblom, 2007; Carlson, 2012). The clinical learning environment influences integration of theory and practice (Ehrenberg and Häggblom, 2007). Budget restraints and fewer clinical placements in clinical settings may lead to discussions about new pedagogical models for learning and teaching (Carlson, 2012). Thus, there is an ongoing search for the best learning and teaching models in clinical education. The present study reports findings from a project investigating preceptors' experiences of two different clinical education models: peer learning and traditional supervision.

Background

Peer learning is a pedagogical model based on the idea that learning involves social cognition and that experience, understanding and knowledge-building are shaped in interactions between humans. Thus, peer learning derives from theories of social learning and constructivism and from theorists such as Bandura, Piaget and Dewey (Topping, 1996, 2005; Falchikov, 2001; Secomb, 2008). Peer learning differs from traditional education in that students learn with, and from, each other without immediate intervention by a teacher or a supervisor (Topping, 2005). It is defined as the acquisition of knowledge and skills through a process of active two-way reciprocal learning between peers (Boud et al., 2001). Central to the learning process is student activity, and peer learning promotes a holistic view of learning (Boud and Falchikov, 2006). In a systematic review of use of this pedagogical model in clinical education (including twelve empirical studies), primarily positive outcomes were found, and it was suggested that peer learning has the potential to increase students' confidence in clinical practice (Secomb, 2008). Similar findings were reported in a recent review by Stone et al. (2013), who concluded that the learning strategies in

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peer learning increase students' confidence and competence and decrease their anxiety. Other studies of peer learning have also reported findings pointing in the same direction (Chojecki et al., 2010; Christiansen et al., 2011).

Carlson (2012) described how peer learning in clinical education allows students to work in pairs during structured nursing activities. Students are encouraged to engage in critical thinking, problem-solving and collaboration. The preceptors support and give feed-back to the students, but do not – in contrast to more traditional supervision models – play an active role during the nursing activities. Traditional clinical nursing education is a teaching model in which one student is placed in a hospital department and follows an RN/preceptor during a shift. The preceptor is familiar with the routines and the culture, and his/her role is to instruct and demonstrate (Hellström-Hyson et al., 2012). Preceptors working in traditional clinical education models have requested more time for students, proper training in precepting practice and pedagogical tools (Ehrenberg and Häggblom, 2007; Carlsson et al., 2010).

The content of nursing education and the academic level at which it takes place have changed in Sweden and in other European countries (Ehrenberg and Häggblom, 2007). In Sweden, nursing education involves a 3-year Bachelor's program (180 credits) leading to a Bachelor of Science in Nursing degree. Clinical education is an essential part of the 3-year program. Established higher academic education goals (SFS, 1992:1434; SFS, 1993:100) have to be met in the clinical as well as theoretical parts of the program. The goals include students' ability to make critical and independent judgments as well as to formulate and solve problems. Preceptors play a critical role in the process of developing students' knowledge and skills with a view to achieving higher education goals.

Preceptors' important and complex role in clinical nursing education has previously been highlighted. In Sweden, RNs' dual function of patient care and simultaneous student supervision responsibilities has been described as stressful (Carlsson et al., 2010; Danielsson et al., 2009). A review by Omansky (2010), including 20 studies published during the period 1999–2009, showed that the preceptor role is ambiguous and entails a heavy work load. A study describing nursing education in 20 Western European countries showed that preceptors in clinical education often had a limited academic background, that the cooperation between higher education and clinical placements was insufficient, and that little time was dedicated to supervision (Spizter and Perrenoud, 2006). Structural conditions are important and can lead to improved preceptor performance (Mårtensson et al., 2012). In a recent study, Mårtensson et al. (2012) found that feedback from and recognition by managers, being able to plan and prepare the clinical education period, and having specific preceptor training explained 31% of the preceptors' overall view on their performance as preceptors. However, these structural conditions and professional experiences could not explain preceptors' use of reflection and support the students' critical thinking (Mårtensson et al., 2012).

Precepting nursing students requires professional and pedagogical accountability (Luhanga et al., 2008), a supportive learning environment and suitable clinical education models. One study in which students described their experiences of two clinical education models, peer learning versus the traditional model (Hellström-Hyson et al., 2012), reported that peer learning gave students opportunities to assume responsibility, helped them find their professional role, and increased their cooperation skills and confidence. In contrast, when students practiced on a department using the traditional model, they described themselves as onlookers and had difficulties assuming their responsibilities. They did not always feel free to take their own nursing care initiatives, cared for many patients simultaneously and thereby felt they had lost control. However, the students felt confident because the preceptor was always present.

To the best of our knowledge, no previous study has reported on preceptors' experiences within the context of these two different clinical education models: peer learning and the traditional model. It is important to note that both preceptor and student experiences of different clinical education models warrant investigation. Therefore, the aim of the present study was to describe nursing preceptors' experiences of their role as preceptors in two different clinical education models: peer learning and traditional supervision.

Methods

Design

A descriptive design with a qualitative approach was used (Polit and Beck, 2012).

Setting

The study was carried out in surgical and medical departments at two of three public hospitals, in one county council including 276,000 inhabitants in central Sweden. The hospitals were both full-service facilities, had together about 400 patient beds and were run by one management office. During each semester, nursing students from one university are placed in these hospitals for their clinical education periods. The two hospitals used two different clinical education models. In one of the hospitals where a peer learning model has existed since 2006, students work in pairs and these pairs have joint responsibility for a group of four patients. The nurse who is primarily responsible for these patients' care acts as a preceptor for a pair of nursing students (Hellström-Hyson et al., 2012). In the other hospital where the traditional model is used, one preceptor supervises one nursing student at a time. The terms preceptor, supervisor and mentor are often used synonymously (Yonge et al., 2007). In the present study, the term preceptor was chosen to refer to the RN responsible for precepting, that is, teaching, reflection, feedback and evaluation during clinical education (Yonge et al., 2007). The term nursing student refers to a student enrolled in term two or six of the Bachelor's nursing program at a university in central Sweden.

Sampling

A purposive sample of 20 RNs was asked to participate, the strategy being to select individuals who are knowledgeable in the area of concern and who will therefore provide the richest data (Polit and Beck, 2012). Purposive sampling was also chosen because it allows researchers to ensure variation in the interview data (Patton, 2002). Ten of the RNs worked on the departments that used the peer learning model and ten RNs worked on departments using the traditional model. The inclusion criterion was having worked on the department for at least one year. One nurse declined participation and one interview failed due to technical problems, and for this reason 18 preceptors' interviews were included in the analysis. All participants were women, ten from the hospital using peer learning and eight from the hospital using traditional supervision.

Preceptors representing peer learning ranged in age from 25 to 65 years, had worked as RNs between 1 and 29 years and as a preceptor between 1 and 25 years. Seven had taken university courses in emergency medicine, pain, nutrition or nursing care documentation. None of them had taken a course in clinical supervision. Preceptors representing traditional supervision ranged

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