



Learning and teaching in clinical practice

The use of video conferencing to develop a community of practice for preceptors located in rural and non traditional placement settings: An evaluation study



Helen E. Zournazis^{a, b, *}, Annette H. Marlow^{b, 1}

^a Tasmanian Health Organisation – North, Australia

^b School of Nursing and Midwifery, University of Tasmania, Australia

ARTICLE INFO

Article history:

Accepted 10 November 2014

Keywords:

Preceptor
Video conferencing
Peer networking
Rural

ABSTRACT

Support for nursing students in rural and non-traditional health environments within Tasmania is predominately undertaken by preceptors. It is recognised that preceptors who work within these environments, require support in their role and opportunities to communicate with academic staff within universities. Multiple methods of information distribution support and networking opportunities provide preceptors with flexible options to keep them abreast of the student learning process.

This paper presents survey findings from preceptors in rural and non-traditional professional experience placement environments taken from a pilot project regarding the implementation of video conferencing forums for education and peer networking in Tasmania. The purpose of the evaluation was to establish whether video conferencing met the requirements of preceptors' understanding of learning and teaching requirements during students' professional experience placement.

The findings reveal preceptors' workload pressures and the need for organisational support were key barriers that prevented preceptor participation.

Crown Copyright © 2014 Published by Elsevier Ltd. All rights reserved.

Introduction

With changes in the health system and increased acuity of patients, preceptors² have to balance their existing patient care priorities with the learning and teaching requirements associated with supervision of students (Hautala et al., 2007; Health Workforce Australia, 2010). It is recognised that preceptors who work within rural and non-traditional health organisations, require peer support,

advice and guidance from education providers (Smedley and Penney, 2009; Health Workforce Australia, 2011; Siggins Miller, 2012) to ensure consistency of process related to student learning. Most preceptors who supervise nursing students within these environments in Tasmania have limited face-to-face access to preceptor support and networking opportunities. In a pilot study undertaken in 2008, it was recognised preceptors were constrained from attending preceptor education and networking sessions due their geographical distance (Zournazis, 2009).

A pilot video conferencing project was envisaged to provide a mechanism for information sharing, support and networking between staff from the School of Nursing and Midwifery (SNM), University of Tasmania (UTAS) and preceptors. The purpose of the pilot video conference and evaluation project was to assist in identifying whether this mode of information delivery, coupled with peer networking and information sharing enhanced the preceptors' understanding of their learning and teaching requirements, when supervising students in practice.

Technological advances offer additional opportunities for health professionals and preceptors in rural and remote communities to

* Corresponding author. 33 McKellar Road Newstead, Tasmania 7250, Australia. Tel.: +61 (0)439390581.

E-mail addresses: helen.zournazis@utas.edu.au (H.E. Zournazis), Annette.Marlow@utas.edu.au (A.H. Marlow).

¹ Mailing address: Locked Bag 1322 Launceston, Tasmania 7250, Australia. Tel.: +61 (0)363243455.

² For ease of reading the term preceptor/preceptorship will be used throughout this evaluation report to refer to clinical supervisors of students/learners. The term mentor is often used as a synonym to preceptor. However, it has a different meaning to preceptor and in instances where the meaning is different; the term 'mentor' will be used in relation to specific examples from the literature.

engage in client care and education (Rhoads et al., 2009; Schweickert and Rutledge, 2014). In recent times, video conferencing/telehealth technology³ has been used for service delivery by health professionals for client/patient care (Sevean et al., 2008; Cason, 2012; More, 2012). While this technology is valuable for professional education for those who live and work in rural and remote communities (Grady, 2011; Nguyen et al., 2011) and in non-traditional areas of practice, it must be noted that acceptance, engagement and interaction with the technology is essential to ensure success of program delivery (Mair et al., 2012; Brewster et al., 2013).

The evaluation of the pilot video conference project will enable the SNM to explore potential future developments in the use of video conferencing as an additional method in providing support, networking opportunities and information to preceptors and supervisors of learners in rural and non-traditional environments.

Background

The School of Nursing and Midwifery (SNM), University of Tasmania has developed a number of different approaches to engage preceptors with student learning requirements. This communication strategy includes Professional Experience Placement (PEP) web pages comprising a range of information about student requirements and educational tools relevant to their role.⁴ The SNM has also utilised teleconferencing communication with geographically isolated second year nursing students to provide additional support during their placement in these environments (Mather and Marlow, 2012; Mather and Cummings, 2014a).

Concurrent with the pilot video conference project, the SNM has piloted and evaluated two projects. Firstly, a pilot and evaluation of the clinical facilitator supervision support model of nursing students undergoing PEP within rural and non-traditional health organisations. Secondly, the implementation of a 'social software (Twitter) model to enhance the development of a community of practice for clinically based registered nurses (clinical facilitators) who facilitate learning for nursing students to support peer learning' (Mather et al., 2013). These strategies provide several flexible avenues for preceptors to be fully informed of student related information and education.

Literature review

Recent comprehensive literature reviews and consultation with health organisations and stakeholder groups across Australia have identified challenges to clinical supervision of student placements (Health Workforce Australia, 2010; Siggins Miller, 2012). The main challenge for student supervisors is the tension between balancing their already busy workload with additional pressures associated with student supervision (Hautala et al., 2007; Health Workforce Australia, 2010). This is a globally recognised issue with calls for health organisations and funding bodies to acknowledge supervision of learners as integral to the role and function of many healthcare professionals (Kenyon and Peckover, 2008). It is recognised that clinical supervisors require support and understanding of student learning to assist them in performing their role (Hyrkas and Shoemaker, 2007; Health Workforce Australia, 2010). Supervisors require core 'clinical skills and knowledge' in addition to

communication and interpersonal skills (Health Workforce Australia, 2010, p.15). There is also a need to understand adult learning principles, among other things, to enable students to have quality placements (Health Workforce Australia, 2010).

In practice, students of nursing are often supported by preceptors. Preceptorship is defined as 'an approach to teaching-learning in the practice or field setting that pairs students or novices with experienced practitioners and where it entails an assessment process (Myrick and Yonge, 2004, p.3). The literature highlights preceptors are pivotal to positive learning experiences of their learners (Baltimore, 2004; Myrick and Yonge, 2004; Warne, Johansson, Papastavrou, Tichelaar, Tomietto, Van den Bossche, Moreno, Saarikoski, 2010). In a recent study in northern Tasmania, it was identified that preceptors would benefit from support and preparation in their role to enable a consistent approach in quality student placements (Fitzgerald et al., 2011).

While there is a plethora of literature on preceptorship in general, (Heath, 2002; Baltimore, 2004; Flynn and Stack, 2006; Smith et al., 2012) there is a paucity of literature related to the professional development of preceptors in rural and non-traditional environments (Norwood, 2010; Jackman et al., 2012). There also remains a void in the literature on rural preceptors' support and education requirements (Jackman et al., 2012).

Nevertheless, some literature exists on the use of technology for student learning experiences (Rhoads et al., 2009; Grady, 2011; Nguyen et al., 2011; More, 2012; Mather and Cummings, 2014b). A recent study in America reported the use of 'video conferencing technology' as a strategy in addressing 'distance and resource barriers' for clinical education of students in rural placements without the need for educators to physically visit the facility (Grady, 2011, p.189). This technology was positively received by many students, which augmented their clinical practice (Grady, 2011). Nonetheless, the use of video conference technology as a strategy for education, support and network opportunities for rural preceptors has not been widely explored.

Support and educational requirements of rural preceptors

Many rural and non-traditional health organisations are either geographically dispersed or have limited resources. This creates 'professional isolation' as distance becomes a barrier for peer networking (Beatty cited in Smith et al., 2012, p.16). These challenges limit preceptors' capacity to access information on adult learning, support and networking prospects. A recent descriptive study undertaken on perceptions of mentoring and preceptoring indicated, among other things, isolation as an expressed area of concern (Smith et al., 2012).

It is recognised, like other adult learners, preceptors have a variety of learning styles and consequently their advancement in the role is benefited if they are offered flexible approaches to learning (Vos and Trewet, 2012). This is vital for preceptors to be effective in their role and remain contemporaneous in practice (Boyle et al., 2009), with 'a unique set of skills' to facilitate student learning (Vos and Trewet, 2012, p.1).

The literature indicates, preceptors learn from each other, benefit from networking (Nicholl and Tracey, 2007) and value collegial sharing and preceptorship training opportunities (Kalischuk et al., 2013). Preceptor networking opportunities provide a mechanism for preceptors to broaden their understanding of their role; remain contemporary with health care and clinical changes; and to collaborate with professionals from other disciplines (Grossman, 2007). In an early study related to preceptors in New South Wales (NSW), it was revealed that preceptors valued teleconferencing as an effective strategy for support and continuing education particularly in isolated regions (Hart, 1988).

³ The term telehealth is often used to describe the 'real time' communication transmitted by 'video and broadband technology' (Rhoads et al., 2009, p.586). The term video conferencing in this evaluation relates to the same technology as telehealth and this term will be used predominately throughout this evaluation, unless relevant literature relates to 'telehealth'.

⁴ PEP website: <http://www.utas.edu.au/nursing-midwifery/professional-experience-program>.

Download English Version:

<https://daneshyari.com/en/article/366790>

Download Persian Version:

<https://daneshyari.com/article/366790>

[Daneshyari.com](https://daneshyari.com)