The process of developing a framework to guide rural nurse preceptors in the evaluation of student performance

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A B S T R A C T

Increasingly, rural preceptorships are sought out for their rich learning opportunities and as an alternative to often over-subscribed urban placements. While rural preceptors view teaching students as a gratifying experience, student evaluation remains an ongoing challenge. Frequently, rural preceptors often lack access to preceptor preparation, faculty support, and other forms of professional development, particularly those learning experiences that are specific to the unique rural setting and nursing culture. In this article, the authors describe Phase Two of a four-phase study which sought to develop and validate, in collaboration with rural nurse preceptors, a framework for conducting student evaluations. Following a grounded theory phase of the study in which the experience of preceptors and students in rural placements were explored, the researchers, project staff, and three rural nurse preceptors met during two working sessions to collate the study results, the nursing education literature, and the preceptors' own experiences to develop a framework for the evaluation process during a rural preceptorship. This framework, using a Who, What, Where, When, Why, and How approach, supported a broader perspective of evaluation of student performance, and provided preceptors with useful strategies for making evaluation an effective component of student learning.

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Preceptorship, the one-to-one pairing of a student nurse with a Registered Nurse for a time-limited clinical experience, is now a widely used model of teaching and learning in nursing education. Preceptorship is designed to facilitate the transition from student to graduate nurse and thus, students rely heavily on their preceptors for constructive feedback during this process (Clynes and Raftery, 2008). Faculties, too, rely on preceptors to provide accurate assessment of students' clinical competence in order to ensure that graduates are safe, competent practitioners (Dibert and Goldenberg, 1995). In this article, the term student evaluation will be used to describe "both the process of systematic collection and interpretation of data gathered from multiple sources about clinical competence and the product or outcome of that process—the decision about whether the student has passed the course" (Oermann et al., 2009, p. 353).

To facilitate the evaluation process, a preceptor must be provided with a framework for evaluation as well as appropriate tools (Qualters, 1999). Common tools used in preceptorship involve both formative and summative evaluation. Formative evaluation, also known as feedback, is known to boost a student's confidence,

and increase their motivation and self-esteem (Clynes and Rafferty, 2008). Summative evaluation, or grading, is a responsibility often shared by preceptors and faculty members, and one in which preceptors require a great deal of support (Dolan, 2003; Walsh et al., 2008; Yonge et al., 1997). The discrepancy between the evaluative role that preceptors are required to fulfill and the preparation and tools they are provided in order to fulfill that role, continue to be a major challenge for preceptors (Dolan, 2003; Ferguson and Calder, 1993; McCarthy and Murphy, 2008; Seldomridge and Walsh, 2006; Yonge et al., 1997).

Rural clinical placements are increasingly recognized as rich learning settings for students owing to the nature of generalist practice, the breadth of learning opportunities, and the leadership skills required (Schoenfelder and Valde, 2009; Sedgwick and Yonge, 2008). Due to long distances from urban centers and a relatively small number of students dispersed over a wide geographical area, preceptors have much less access to faculty support, preceptor preparation programs, networking opportunities, and other teaching-learning professional development. When these opportunities are accessed, the content of the professional development is seldom rural-specific. If nursing faculties are to continue to explore rural preceptorships as desirable teaching-learning opportunities, it is critical that rural nurse preceptors be afforded

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access to rural-specific preceptorship support, particularly for key challenges such as performance evaluation.

Thus, the research questions for this study were: "What is the most effective model for rural preceptors to use when evaluating nursing students?" The sub-questions are: "How do rural preceptors evaluate nursing students?", "What are students' perceptions of preceptor evaluation?"; "What model of evaluation is best for rural preceptors?", and "How effectively does the model guide evaluation in practice?"

Phases of the study

The overarching question, "What is the most effective model for rural preceptors to use when evaluation nursing students?" guided a four-phase study, funded by the Social Sciences and Humanities Research Council of Canada (SSHRC). Due to the lack of research in the area of preceptorship and evaluation, grounded theory was employed during Phase One to develop a middle-range theory that could be empirically tested (Glaser, 1978, p.14). The core variables that resulted from this phase were: the importance of feedback for students, and the challenge of evaluation for preceptors. In Phase Two, the researchers aimed to develop a preceptor evaluation framework based on the grounded theory previously developed (Yonge et al., 2006). The study findings were then integrated with evaluation theory and the nursing education literature on clinical practice and performance evaluation to develop the framework. Phase Three encompassed the framework testing phase. Subsequently, the framework was piloted with a small group of rural preceptors in a workshop format. Following revision, the workshop was offered to 12 rural preceptors at seven sites in western Canada. Once the framework had been used in a preceptorship experience, telephone interviews were conducted with preceptors to validate the framework- Phase Four. This article will focus on Phase Two, the process of developing the framework.

The study was granted approval by the University Research Ethics Board and by the Health Region in which the rural facility was situated with access granted by the hospital administrator. Written informed consent was obtained from all participants at the outset of the working session.

Background/Literature

The potential for rural preceptorship as a vehicle for recruitment of nurses to rural areas has been established and realized thus motivating both faculty and practitioners to undertake rural preceptorships (Sedgwick and Yonge, 2008; Shannon et al., 2006). Despite initiatives such as the Rural Clinical Nursing Leadership Practicum, however, (Schoenfelder and Valde, 2009) and a study conducted in south Australia which evaluated the motivation and experiences of rural health professional preceptors (Shannon et al., 2006), the issue of evaluation during rural nursing preceptorship has not yet been explored. One study surveyed the needs of rural General Practitioner preceptors of medical students and developed a series of workshops (Rural POPPIES) based on their responses (Baker and Walker, 2003). Workshop content placed specific emphasis on the preceptor's role in student assessment and evaluation, and included strategies to deal with poor student performance, personality clashes between preceptors and students, and inappropriate expectations and non-attendance (Baker and Walker, 2003).

Evaluation Frameworks in Nursing Education

In Sweden, a clinical preceptor model was developed that clearly outlines the roles with regard to evaluation for five different stakeholders (student, Personal Preceptor, Head Preceptor, Link Teacher and Clinical Teacher) during preceptorship (Hallin and Danielson, 2009). Following the distribution of worksheets for feedback and formal evaluation and the delivery of workshops and collaborative opportunities for preceptors with the university, preceptors reported a statistically significant increase in feelings of preparedness for their role and perceived levels of support (Hallin and Danielson, 2009). Understandably, preceptors articulated the need for feedback on their role as preceptors (Hallin and Danielson, 2009).

Recognizing the difficulties many nurses face in relation to continuing education, Riley-Doucet (2008) developed a Preceptor Orientation Self-learning Education (POSE) module that was based on principles of flexible delivery. The goals of this module were to enhance preceptor's confidence in their roles and to increase faculty member's confidence in the preceptor's ability to consistently evaluate students (Riley-Doucet, 2008). Additionally, the POSE module became the vehicle for supportive faculty–preceptor interaction (Riley-Doucet, 2008).

The formal evaluation tool is an entity with which preceptors consistently struggle due to vaguely worded competencies, academic language and a lack of familiarity with working with evaluation tools (Seldomridge and Walsh, 2006; Yonge et al., 1997). Walsh et al. (2008) sought to develop an evaluation tool that would provide accurate assessment of student performance while targeting indicators of importance to preceptors. They developed a tool that used clinical behaviours that preceptors routinely perform in their day-to-day care as indicators for assigning ratings to clinical competencies (e.g. accountability, attitude, judgment, communication) (Walsh et al., 2008). The authors suggest that a face-to-face evaluation workshop would be an ideal way to prepare preceptors for evaluation and to ultimately ensure accuracy and consistency among student evaluations.

The relationship between preceptor and preceptee is of utmost importance in determining the success of the preceptorship in terms of student learning (Vallant and Neville, 2006), recruitment, and satisfaction of all stakeholders. However, its role in the evaluation process has been viewed from different perspectives. In a preceptorship model designed by Blum (2009) preceptors were encouraged to develop a personal relationship with students over the course of preceptorship and pairs were matched based on personalities and learning styles. Although final grading remained the responsibility of the faculty, greater involvement of preceptors in evaluation was a way of honouring their contributions to the student's education and socialization (Blum, 2009). Conversely, Walsh et al. (2008) hypothesize that the preceptor–preceptee relationships gets in the way of objective evaluation and suggest that future developments surrounding formal evaluation include a depersonalization of the evaluation process with the face-to-face summative evaluation delivered by faculty members instead of by preceptors.

Evaluation frameworks in other disciplines

Kemper et al., (2004) described a three-part process of student evaluation: 1) the process (demonstration of professionalism and a commitment to learning); 2) the impact (growth of knowledge and competency); and 3) the outcome (achievement of professional goals). Before the evaluation process can begin, however, it is essential that learning objectives be first set out (Kemper et al., 2004; Glover, 2000; LeBaron and Jernick, 2000). LeBaron and Jernick (2000) suggest framing the evaluation process around the question: What would you like to say about this student at the end of the rotation?

In summary, despite the recognition that evaluation is a challenging process for preceptors, very little has been written on the use of frameworks for evaluation during the nursing preceptorship