



Evaluating the preceptor role for pre-registration nursing and midwifery student clinical education ☆☆☆

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ARTICLE INFO

Article history:

Accepted 22 March 2013

Keywords:

Nurses/midwives/nursing
Preceptors
Clinical supervision
Teaching and learning
Clinical practice

SUMMARY

Aim: The aim of this research is to evaluate the perceptions of the Registered Nurse (RN), Registered Midwife (RM) and Enrolled Nurse (EN) about their experience of precepting an undergraduate student within a large Local Health District in New South Wales (NSW) Australia.

Background: In the current Health Workforce Australia (HWA) literature, the term 'Clinical Supervisor' has subsumed the role of mentor, preceptor, buddy and facilitator of clinical practice. Preceptor in this paper describes the supervisory, facilitating and teaching role of the registered nurse in the clinical practice undergraduate nursing and midwifery educational pairing.

Design: A quantitative cross sectional design was used and data collected using the Clinical Preceptor Experience Evaluation Tool (CPEET), a previously validated and reliable survey tool.

Method: Nurses and Midwives across nine acute care facilities that preceptor undergraduate students were invited to complete the survey between March and May 2012.

Results: There were 337 survey respondents across nine acute hospitals included in this study (22.5% response rate). Differences were observed between preceptors who had training in precepting in three of the subscales. Differences were observed in all four subscales between those preceptors with access to university facilitators in their location and those without immediate access.

Conclusion: The majority of preceptors score highly on all subscales indicating they are generally satisfied with the role of precepting. Significant differences on several items suggest that some aspects of the role are more challenging and less satisfying than others.

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Introduction

During clinical placement, students convert theory into practice, master the skills that define their particular profession, refine their scope of practice and gain a sense of the social and professional culture of their chosen profession (Health Workforce Australia, 2010, 2011; Health Education and Training Institute, 2012). The Health Workforce Australia's (HWA) (2010) recent review of clinical

supervision identifies a number of attributes common to the concept of clinical supervision which include, mentoring, precepting, buddy-ing, and accessibility to facilitators, practice educators, and clinical educators.

The HWA (2010) Clinical Supervision Support Project discussion paper brings together a comprehensive review of the literature surrounding the attributes of clinical supervision in the context of the functions of clinical supervisors in their relationship with undergraduate health students. This review process has provided some clarity around the importance of effective clinical supervision of undergraduate health students in Australia, and the educational and clinical expectations required during the pairing of a student and a clinical supervisor.

With specific reference to nursing and midwifery education and training, the preceptor–preceptee relationship is an integral part of the overarching clinical supervisor relationship, where the clinical supervisor provides a direct oversight of the undergraduate student

☆ "No conflict of interest has been declared by the author(s)."

☆☆ Funding: This Research was funded by a University of Newcastle, NSW, Australia, Teaching and Learning Project Grant.

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clinical experience (Health Workforce Australia, 2010). It is the preceptor who directly interacts (1:1) with the student at the bedside, or in the clinical facility.

Hunter New England Local Health District (HNELHD)

The Hunter New England Local Health District (HNELHD) provides care for approximately 840,000 people and covers a geographical area of over 130,000 km. The local health district is divided into eight geographical clusters and employs over 15,000 staff. The HNELHD provides health services to 11.3% of the New South Wales (NSW) population and to 20% of the state's Aboriginal population (NSW Department of Aboriginal Affairs, 2007; HNELHD, 2012). The HNELHD spans 25 local council areas and 32 local government areas.

In 2009 (last figures available) nurses across regions in Australia ranged from 997 full-time equivalent nurses per 100,000 head of population in major cities to 1240 in very remote areas. Nurses are also an ageing population with the average age of registered nurses being 50–54 years, as well as being made up of over 80% females (Australian Institute of Health and Welfare, 2012). The number of registered nurses in NSW is currently 64,420 with nearly 14,000 enrolled nurses registered in June 2012. Midwives, in turn, are also ageing (mostly 51–55 years of age) with 12,646 midwives who are also registered as nurses and 370 as midwives only (Nurses and Midwives Board, NMBA, 2012). In relation to research that involves Nurse (includes Enrolled Nurse) and Midwife opinion in HNELHD there has been no previous representative data collected around the preceptor/student clinical placement pairing.

HNELHD provides clinical placement opportunities for undergraduate nurses and midwives from 8 tertiary institutions. The Bachelor of Midwifery programme was introduced locally in 2011 and over the past several years there have been large increases in undergraduate nursing intakes at a local university. In 2012 there were over 2500 nursing and midwifery student placements requested in the Tertiary Referral Hospital within the Local Health District (LHD). Numbers across the entire LHD were not available.

Literature Review

The educational context in clinical settings for undergraduate nursing and midwifery students is multifactorial, varied and complex. A wide range of factors, including variable staffing levels; ageing workforce issues; patient acuity, scope of practice, educational qualifications of the existing and developing workforce; staffing tiers on the wards, patient workload ratios; and case mix, can all affect the preceptor student interpersonal dynamic (Myrick et al., 2010; Roberts, 2009; Queensland Health, 2001; Ainsley and Chapman, 2009; Cope et al., 2000; Levett-Jones and Lathlean, 2008; Smedley, 2008).

Hallin and Danielson (2008) explored preceptor experiences before and after the introduction of a preceptorship model and found that even after the introduction of the model, preceptors experienced difficulty in balancing patient care with preceptoring of a student (Yonge et al., 2002). Flanagan and Clarke (2009) and Walker et al. (2008) highlight that the preceptor experiences increased stress and workload, along with a reduction in the time spent with their patients, with little reward when precepting an undergraduate student. In Australia, throughout the process of interaction between the preceptor and the student, the preceptor is often providing feedback to both the student and academic staff from the institution where the student is enrolled.

Paton (2009) explains this relationship as a triad between student, preceptor and academic institution. A university facilitator usually provides debriefing with the students around clinical goals and monitors assessment requirements (Burns et al., 2006), however there are a range of models across health professions depending on distances from clinical facility to the enrolling university. The preceptor plays

an important role in retaining students in nursing (Ainsley and Chapman, 2009; Smedley, 2008) and in assisting learning, closing the theory practice gap and in the development of competencies (Levett-Jones and Lathlean, 2008; Freiburger, 2002). There has been a large volume of research conducted around the preceptor model (Myrick et al., 2010; Roberts, 2009; Queensland Health, 2001) with the major themes involved in preceptorship correlating with the new HWA (2010) definition for clinical supervision.

Key features are:

- Preceptor-ship serves to bridge the theory – clinical gap, learning occurs in the everyday work environment and it is tailored to the professional context and specific needs of the learner (Williams, 2010; Cope et al., 2000);
- Socialization into nursing and health professions and in particular the work culture and community of practice is facilitated by preceptors stewarding the developing professional into their role in clinical practice (Myrick et al., 2010; Roberts, 2009; Queensland Health, 2001; Cope et al., 2000);
- Preceptors foster the growth of practical wisdom – that is, the interactive often quasi-educational relationship encourages the ongoing interpretive process of applying principals, evaluating actions, and synthesizing this into workplace activity (Myrick et al., 2010; Cope et al., 2000); and
- Preceptorship involves a supportive teaching and learning relationship to promote the transition from a student into an authorised registered health professional (Queensland Health, 2001).

Aim

The aim of this research was to evaluate HNELHD preceptor perceptions of their preceptor clinical teaching, and learning support role, with undergraduate nursing and midwifery students.

Method

Data Collection and Recruitment

A descriptive cross-sectional, multisite survey was used to evaluate preceptor opinions in relation to their roles, challenges, experience and satisfaction in supporting undergraduate pre-registration nursing and midwifery students during clinical placement. Participants included Registered Nurses (RNs), Registered Midwives and Enrolled Nurses (ENs). The study was conducted in nine public acute care hospitals in the HNELHD in rural, regional and metropolitan NSW. The sample was recruited between March and May 2012. Ethics approval was obtained from the Hunter New England Human Research Ethics Committee (HNEHREC) as a Low Negligible Risk study in February 2012.

The Clinical Preceptor Experience Evaluation Tool (CPEET) was administered to participants to gain insight into their opinions as to the preceptor experience in the workplace. The CPEET has been utilised in a number of evaluative studies and has established cross cultural validity and reliability (O'Brien and Bremmer, 2008; Lee Xin Yu, 2011).

The four subscales of CPEET measure opinion in relation to the preceptor:

Role – relationship between the student and the preceptor, role modelling, participating together in patient care, facilitation of critical reflection and being available to teach the student about case studies and care plans and items about the function and impact of the preceptor role.

Satisfaction – finding the time to teach and support the student in clinical practice, being motivated to do so and managing ones time to take on the challenge.

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