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Faculty Roles in Preparing, Maintaining, and Evaluating Preceptorships in Pre-Licensure Baccalaureate Nursing Education

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Background

Since nursing is a practice-based profession, preparation of nurses requires teaching and learning experiences in clinical settings such as hospitals, clinics, and other healthcare settings. Students need hands-on learning opportunities to practice clinical skills and delivering care to patients. Providing these real-life clinical learning experiences ensures that students develop the crucial skills needed to deliver safe care. It is during these clinical learning experiences that students integrate cognitive and theoretical learning with psychomotor and affective skills to develop skilled nursing practice.

Traditionally nursing education has implemented clinical learning experiences that rely on nursing faculty who accompany a group of students in a clinical setting. The faculty member guides and oversees student care provided to patients. Even though faculty direct a small group of students in these settings, the amount of time faculty are available for direct one-to-one instruction with each student is limited. This limited instruction, as well as increasingly complex patient care, challenges students and faculty and can present many safety and quality concerns. Additionally, this educational approach is costly for higher education. An alternative educational approach that nurse educators are using for clinical teaching involves the preceptor teaching model, or preceptorships. Preceptorships involve experienced nurses providing individualized guidance to nursing students' clinical learning in healthcare settings (Oermann, Shellenbarger, & Gaberson, 2018). Nursing staff serve as preceptors for students, providing direct clinical educational experiences and offering mentored learning opportunities that help ensure the development of safe practice skills. These intense but time-limited relationships provide immersive opportunities for students to learn directly from bedside care providers to develop essential clinical competence and clinical reasoning skills. Through role modeling, nurses serving as preceptors help to bridge the theory-practice gap (Farooq, Parpio, & Ali, 2015; Madhavanpraphakaran, Shukri, & Balachandran, 2013; McClure & Black, 2013; Trede, Sutton, & Bernoth, 2016; Ward & McComb, 2017). Though nursing faculty may not be always present at the clinical facility, they must still ensure the overall quality of the preceptorship experience, achievement of student learning outcomes, and provide a link between the practice and education setting.

Little research literature is available to guide the preceptorship experience. Much of the literature related to the preceptorship experience has focused on preceptor roles and their preparation, perceptions about the experiences, and challenges faced by preceptors when supporting nursing students (Farooq et al., 2015; Madhavanpraphakaran et al., 2013; McClure & Black, 2013; O'Brien et al., 2014; Omer, Suliman, & Moola, 2016; Trede et al., 2016; Ward & McComb,

2017). Ultimately, the primary role of a preceptor is that of a safe practitioner (Trede et al., 2016). Whereas the faculty role is facilitating an appropriate learning experience for the student. With the increasing use of preceptorships to facilitate clinical learning experiences, nurse educators need to understand the roles they must fulfill in this educational model. Available literature does not often provide insight into the faculty roles when students are engaged in clinical learning experiences guided by a nursing preceptor. Unique faculty roles may exist in these preceptorships. Thus, the purpose of this study was to describe the roles of clinical nursing faculty when implementing preceptorships.

Methods

A descriptive qualitative study was conducted to describe clinical faculty roles when implementing preceptorships in pre-licensure baccalaureate nursing education. Institutional Review Board (IRB) approval was obtained before data collection commenced. Semi-structured interviews were performed to gain insight as to faculty perceptions regarding their roles during preceptorships. Interviews lasted 15 to 56 minutes and were audio-recorded. Audio-recordings were transcribed verbatim by a member of the research team. Interview data were analyzed line-by-line and coded for themes and subthemes (faculty roles) using the NVivo software program. Strategies used to establish trustworthiness included: data immersion, peer-debriefing, thick descriptions, and maintenance of a detailed study protocol and database. These approaches align with methods used to establish credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985; Polit & Beck, 2017).

Nine faculty completed the semi-structured interview. It was determined data saturation had been reached after nine interviews when no new insights were offered by informants. Informants taught in multiple universities in the eastern United States. Most were female (77.8%) with two informants being male (22.2%). Ages ranged from 27 to 58 and educators had been teaching as nursing faculty from three to 20 years. Although some informants identified that they are currently pursuing doctoral study, most had completed master's degrees (66.7%) with three (33.3%) having completed doctoral degrees. Informants primarily self-identified as Caucasian/White (88.9%) and one self-identified as Black (11.1%). All informants taught in a variety of undergraduate and graduate courses and many had taught in other colleges, universities, and/or in hospital settings.

Results

The empirically-found themes and subthemes reveal that faculty have various roles in preparing, maintaining, and evaluating preceptorships in pre-licensure baccalaureate nursing education. In preparing for preceptorships, faculty identified that they must: a) clarify student, preceptor, and faculty roles and expectations for the experience, b) identify and communicate placements and preceptors to students, and c) verify facility requirements, such as background checks and/or trainings, are complete. In maintaining preceptorship experiences, faculty reported they need to: a) be accessible, approachable, and communicative, acting as ambassadors for their schools, b) deal with adverse events and student issues by being important liaisons for their schools and the clinical facilities, c) facilitate student seminars, d) informally mentor students, and e) perform purposeful check-ins with students and their preceptors, ensuring students are moving towards completion of course objectives. Some faculty also identified the potential need to identify a new preceptor if issues, such as scheduling and/or personality issues, arose. Faculty verbalized that they evaluated students and the course throughout and after course completion through a variety of ways including preceptor evaluations and written assignments. Many faculty discussed the difficulty in obtaining data to accurately evaluate student performance when they were not often

physically present with the student. Also, it seems preceptorships are typically employed in final clinical courses, such as internships and/or practicums, in pre-licensure baccalaureate programs. As such, many faculty saw an additional role of theirs as a facilitator of the transition from student to professional nurse.

Though preceptorships varied greatly in their structure and requirements, themes were found across faculty sources. For example, preceptorship experiences required as few as 48 hours and as many as 224 hours. As another example, faculty were responsible for supervising a range of eight to 26 students in preceptorship experiences. Roles were carried out in a variety of ways by each faculty informant, depending on personal and institutional factors. Many faculty also vocalized that although they saw the value in preceptorships, they were concerned with the quality of preparations, maintenance, and evaluations occurring within the experiences.

Discussion

Preceptorships offer an attractive alternative clinical teaching model for pre-licensure baccalaureate nursing education. These valuable clinical learning experiences may help students easily transition into practice settings upon graduation. When properly planned and implemented, they enable students to engage in immersive clinical learning supervised by experienced clinical role models. Yet, prior to this study little was known about the faculty role in these courses.

Clinical faculty have difficult roles when preparing, maintaining, and evaluating preceptorships. The themes emerging from this study suggest that although faculty may not always be physically present at the clinical site, they still engage in various activities that help to facilitate student learning and success. As part of the planning process faculty must work closely with students, clinical agencies, and preceptors to ensure that all are adequately prepared for the experience. This requires coordination, communication, and collaboration by the faculty member. Once students are engaged in the preceptorship experience, the faculty member must continue to communicate with all parties and offer educational guidance in the form of debriefing seminars, mentoring, and diligent oversight of the experience to ensure a meaningful experience. Though study faculty implemented roles differently depending on personal, program, and institutional factors, all reported challenges with preceptorships. The study findings offer useful orientation guidance that can help guide new faculty teaching these courses and help to address the possible challenges. Support, including faculty development and mentorship, is needed for faculty before, during, and after implementation of preceptorships.

Although preceptorships as a clinical teaching model hold promise within pre-licensure baccalaureate nursing education, they are not without challenge to nursing faculty. This study provided insight as to the complexity and difficulties nursing faculty face when implementing preceptorships. Clarity in roles, expectations, and adequate supports of clinical nursing faculty in preceptorships are vital to this clinical teaching model's success.

Title:

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Keywords:

Clinical teaching models, Pre-licensure nursing education and Preceptorships

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Abstract Summary:

The presentation discusses the faculty roles in preceptor teaching models, or preceptorships, in pre-licensure baccalaureate nursing education. Findings from nine interviews revealed the different ways faculty prepare, maintain, and evaluate preceptorships.

Content Outline:

Background

1. Nursing is a practice-based profession that offers teaching and learning experiences in a variety of clinical settings
2. Traditional clinical learning model involves nursing faculty who accompany a group of students
3. Alternative clinical learning model is preceptor teaching model or preceptorships
4. Literature Review
 1. Little literature is available to guide preceptorships
 2. Most literature is focused on preceptor roles, preparation, and challenges when supporting nursing students; there is acknowledgment in the literature that the preceptor is primarily responsible for patient care instead of being responsible for student learning
 3. Faculty ultimately responsible for student experiences and learning but research related to their role is limited
 4. Need to understand faculty role in preceptorships

Methods

1. Design, descriptive qualitative study
2. Purpose, describe the role of clinical faculty when implementing preceptorships in pre-licensure baccalaureate nursing education
3. Setting, multiple universities in the eastern United States
4. Ethical considerations
 1. Institutional Review Board (IRB) approval obtained before data collection commenced
5. Informants, nine faculty
6. Data collection, semi-structured interviews
 1. Semi-structured interviews were audio-recorded with informants' permission, conducted using a script
7. Methods to ensure quality and rigor: data immersion; peer debriefing; thick descriptions; detailed study protocol and database
8. Data analysis techniques
 1. Steps: (1) transcribed verbatim into electronic documents; (2) read through completely; (3) line-by-line analysis; (4) coded using NVivo software program into themes and subthemes

Results

1. Themes and subthemes discovered across informants (faculty roles)
 1. Preparation: clarify roles and expectations; identify and communicate placements and preceptors; verify facility requirements are complete
 2. Maintenance: be accessible, approachable, and communicative; deal with adverse events and student issues; facilitate student seminars; identify a new preceptor; informal mentoring; purposeful 'checking in'
 3. Evaluation: student; course
 4. Facilitate the transition from student to professional nurse

Discussion

1. Preceptorships offer an alternate clinical teaching model with many potential benefits over traditional clinical teaching models
2. Not much insight as to faculty role during preceptorships, this study aimed to help fill that gap
3. Faculty have complex roles in preparing, maintaining, and evaluating preceptorships
4. Need support, orientation, and guidance in this unique clinical teaching model

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