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ORIENTATION

- Problem statement
- Role of the preceptor
- Methodology
- Findings
- Conclusion





PROBLEM STATEMENT

Udlis (2008) concluded that the empirical literature does not support the use of preceptorship to promote critical thinking or clinical competence





PROBLEM STATEMENT

May be due to a different focus

- US transition from student to registered nurse (Covelly, 2012; Muir et al. 2013) Focus being on socialization and orientation and not development of critical thinking and clinical reasoning
- Work <u>+</u> 1000h during training v/s 3500 h in SA
- SA & Jordan support students in becoming competent





PROBLEM STATEMENT

May be due to not being trained or trained inappropriately

- Only 4 of 20 universities in SA reported that they have a training programme for preceptors – response rate unknown
- Student preparation, history, learning styles, generational learning, group dynamics, student needs ...





ROLE OF THE PRECEPTOR

Support newly qualified nurse to adapt and socialize in new role?

OR

Support student to become competent?





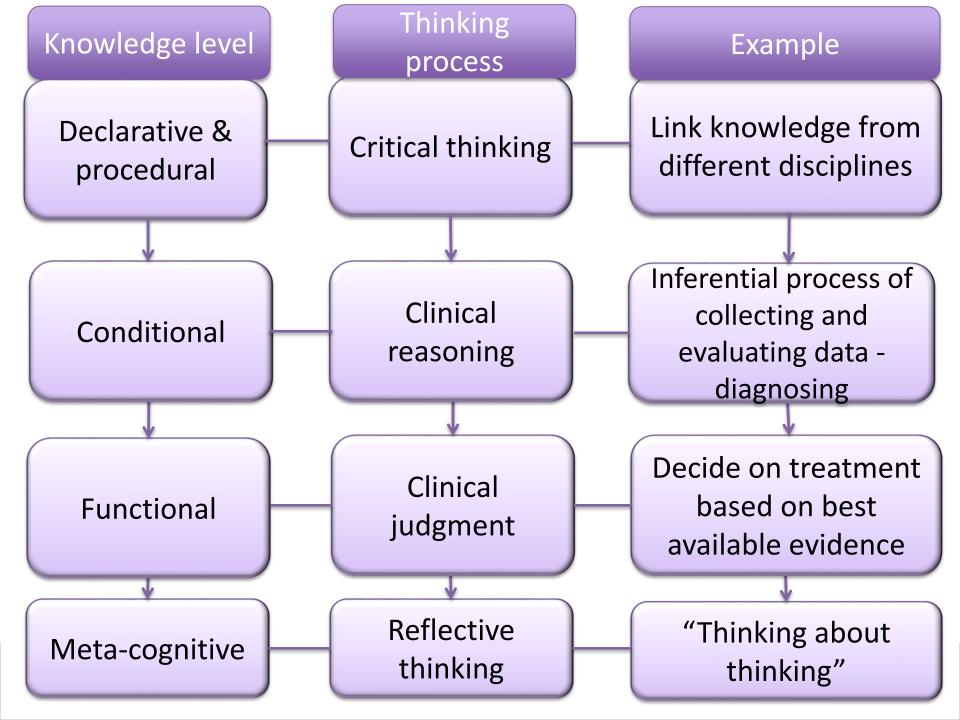


COMPETENCE

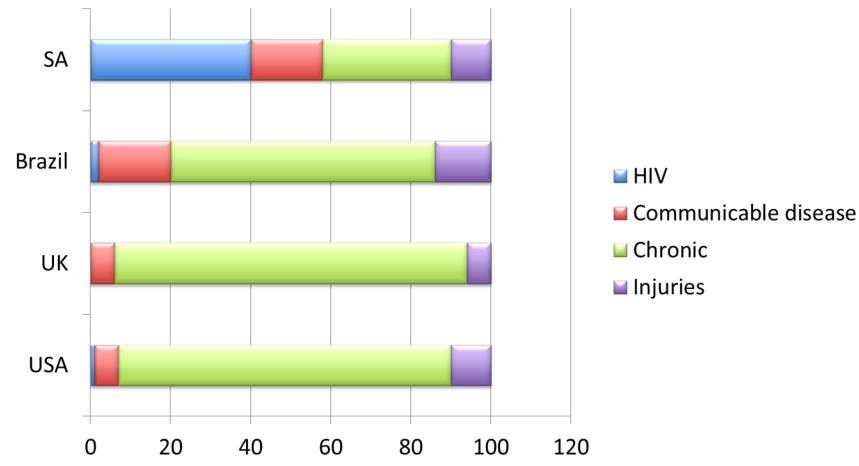
"competence in nursing is based on the ability to integrate knowledge from all disciplines in order to identify the problem, understand the related theory to the problem, the response, treatment and care of the patient as well as then applying all of this integrated knowledge in a practical event or situation in a real life setting or simulation" (Nursing Education Stakeholders, 2010:50)







ESTIMATED DISABILITY-ADJUSTED LIFE-YEARS







METHODOLOGY: Consensus seeking





SAMPLING

Population: 12 400 nurse educators

Sampling:

- Non-probability sampling
- Convenience sampling at Fundisa meeting and ANEC 2013
- Representation from all universities and all levels of NEI's
- 150 nurse educators participated





Prerequisite	Supporting authors	
A preceptor should:		
1. Be a	(Burns, Beauchesne, Ryan-Krause, & Sawin,	
competent/	2000; Dube & Jooste, 2006; Giallonardo,	
expert	Wong, & Iwasiw, 2010; Huybrecht, Loeckx,	
practitioner	Quaeyhaegens, De Tobel, & Mistiaen, 2011;	
	James & Chapman, 2010; Zilembo &	
	Monterosso, 2008)	
2. be a good	(Clynes & Raftery, 2008; Huybrecht et al.,	
communicator/	2011; James & Chapman, 2010; Omansky,	
listener	2010; Ortman et al., 2010)	





Prerequisite	Supporting authors	
A preceptor should:		
3. respect	(James & Chapman, 2010; Myrick & Yonge,	
students	2002; Smedley & Penny, 2009)	
4. be a caring and	(Haggerty, Holloway, & Wilson, 2012; Zilembo &	
compassionate	Monterosso, 2008)	
person		
5. be a role-model	(Omer, Suliman, Thomas, & Joseph, 2013;	
(professional &	Zilembo & Monterosso, 2008)	
ethical)		



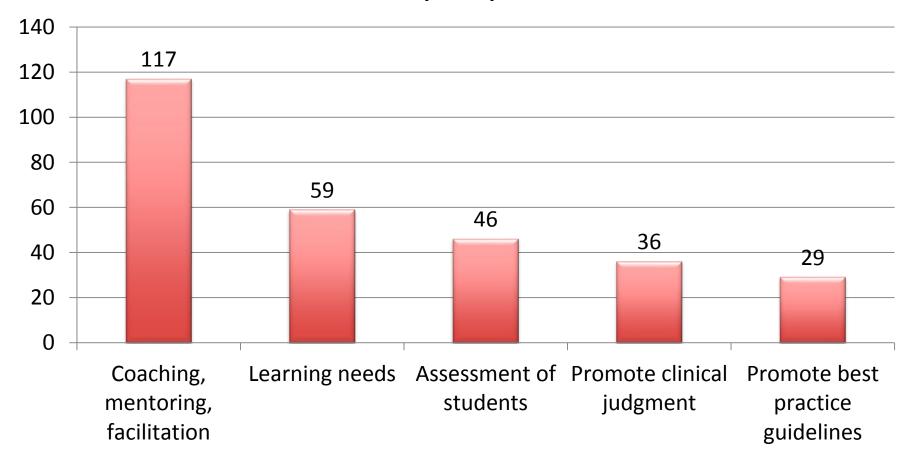


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Average of responses generated by Fundisa (n22) and ANEC (n100)







EXIT LEVEL OUTCOMES

- Facilitate higher order thinking processes through a variety of techniques in order to support the student in making sound clinical judgments and developing metacognitive knowledge
- 2. Conduct valid and reliable assessment of student performance
- 3. Support students in incorporating best available evidence into the care plan of a patient.





1. Facilitate higher order thinking processes through a variety of techniques in order to support the student in making sound clinical judgments and developing metacognitive knowledge

The facilitator will be able to:

- Use a variety of techniques to facilitate the process of higher order thinking during clinical accompaniment
- Provide system, tangible, cognitive and emotional support to students in the clinical setting
- Guide students in meta-cognition through reflective practices



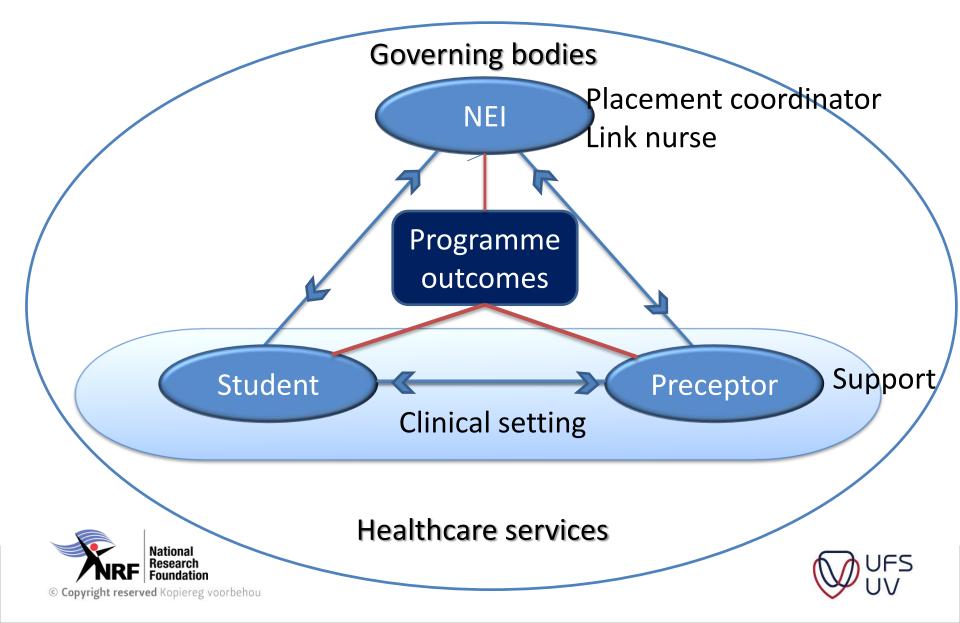
TANGIBLE SUPPORT

- Orientation
- Demonstration
- Coaching
- Role modeling
- Think aloud
- Talking through





SYSTEMS SUPPORT



COGNITIVE SUPPORT



- 1. Briefing
- 2. Cueing
- 3. 5MPT
- 4. Questioning
- 5. Case presentations
- 6. Feedback
- 7. Reflection / debriefing





EMOTIONAL SUPPORT

- De-briefing
- Reflection
- Trust relationship
- Non-verbal / verbal encouragement







2. Conduct valid and reliable assessment of student performance

The preceptor will be able to:

- Apply the principles of validity and reliability during assessment of the student in clinical practice
- Ensure that the integrated assessment is constructively aligned with the intended learning outcomes and teaching activities
- Give constructive feedback that turns assessment into learning opportunities





3. Support students in incorporating best available evidence into the care plan of a patient

The preceptor will be able to:

- support students in finding applicable best practice guidelines;
- appraise research articles by using standardised appraisal tools; and
- support students in incorporating best available evidence into the care plan of a patient.





CONCLUSION

A preceptor is a compassionate nurse expert who develops a one-to-one time-limited relationship with a novice in a clinical setting, provides support, facilitates thinking processes, and assesses competence in order to promote meta-cognition and care that is based on best available evidence.







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