

**DEVELOPMENT OF THE PRECEPTORSHIP COURSE HANDBOOK FOR
BACHELOR OF NURSING COLLABORATIVE PROGRAM**

by © Xu Wang

A report submitted to the School of Graduate Studies in partial fulfillment of
the requirements for the degree of

Master of Nursing

Faculty of Nursing

Memorial University of Newfoundland

December 2020

St. John's Newfoundland and Labrador

Abstract

Background: NURS 3523 Extended Practice III is the first preceptorship course in the Bachelor of Nursing (Collaborative) Program at Memorial University Faculty of Nursing (MUNFON), Centre for Nursing Studies (CNS), and Western Regional School of Nursing (WRSON). It is a critical component of the undergraduate clinical education. It can be an exceptionally stressful experience for both students and preceptors given the fact that it is the first preceptorship course and students enter this preceptorship course as early as the third year of a four-year program. To overcome these challenges, MUNFON has been conducting course assessments regularly. The most recent report of the 2018 preceptor survey results indicated that the course handbook needs to be reviewed and improved because it received the lowest satisfaction score.

Purpose: The goal of this practicum project was to develop a new course handbook. Ultimately, this quality improvement project seeks to provide better support to key stakeholders in this preceptorship course, including preceptors, students, and faculty members.

Methods: A literature review and environmental scan were conducted, and consultations were completed with preceptors and faculty members.

Results: Modifications have been made to the existing NURS 3523 handbook: (1) The structure of handbook has been adjusted to make it easier to access information pertinent to the course quickly; (2) Revisions to the roles and responsibilities of course participants include a preceptorship essential skills and knowledge checklist, clearly defined expectations on feedback and reflection, and new practices for establishing contacts and accessing the handbook.; (3) The section on the how-to's of preceptoring is enhanced with a clearly defined Adult Learning theoretical framework, many ways to foster positive interpersonal relationships between preceptors and students, the Five-Minute Preceptor Teaching Technique to promote critical thinking and independent problem-solving capacity, guidelines and examples on how to give feedback, strategies to address unsafe practices, and an emphasis on cultural competence and safety; (4) The appendix section has been greatly expanded to include forms, checklists and worksheets as supporting documents; and (5) Previously, this handbook was available in hardcopies or electronic copies distributed via emails. The environmental scan results suggested that it should be accessible on the university website too.

Conclusion: This project led to an updated handbook for an existing preceptorship course. Once approved, this new document will help meet the ongoing needs of students in developing their clinical skills, the faculty in providing support to both students and nurse preceptors, and the preceptors in fulfilling their role.

Key words: Preceptorship, nursing, preceptor, support, handbook.

Acknowledgements

First of all, I want to thank my supervisor Dr. Nicole Snow. She has been patiently supporting me and supporting this project since 2019. She is my role model when it comes to nursing research. She has reviewed every single word of my submissions, answered every question that I had and guided me through every step of this project. Moreover, she is my biggest cheerleader. I have gone through peaks and valleys in the last two years. But Dr. Snow has never lost faith in me. She restored my confidence when I was doubting myself. She kept me on track when I was losing focus. She has always been there for me including evenings, weekends and holidays. In other words, this project is not possible with Dr. Snow.

Secondly, I have received tremendous support from preceptors and faculty members at the Memorial University Faculty of Nursing. They participated in the consultation phase and described the features they wanted in the new course handbook. Moreover, I want to give special thanks to Prof. Mary Bursey, Prof. Krista King and Dr. Kathleen Stevens. They helped with reviewing my work and providing feedback for improvement.

Last but not least, I am forever grateful for my family. I have a household of four people, my mom Guoping, my husband Erron, my daughter Elizabeth and myself. I first started working on this project shortly after Elizabeth turned one; now she is almost three. I feel sorry that I have not spent as much time with her as I want because of full time work and part time study. However, I am comforted by the fact that Erron and Guoping are the most loving and responsible father and grandmother. Elizabeth is happy, thriving and flourishing under their care. I owe it to my family for many sacrifices they have made and the unwavering support they have provided. I dedicate this work to them.

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Introduction

The Bachelor of Nursing (BN) (Collaborative) Program is a collaboration amongst the Memorial University Faculty of Nursing (MUNFON), Centre for Nursing Studies (CNS) at St. John's, and Western Regional School of Nursing (WRSON) at Corner Brook. This program offers the preceptorship course (NURS 3523) as one of the final clinical courses to the third-year students of the four-year program and the last semester students of the fast-track program. According to the course outline and guidelines (2020), preceptorship is “a planned teaching/learning method in which each student is assigned to an experienced staff nurse” (p. 4). In this 6-week clinical course, the student experiences day-to-day clinical practice with the guidance of the expert as a role model and resource person. During this time, students become familiar with specific nursing units and gradually progress toward carrying a typical workload. By the end of this course, students are expected to have developed competencies related to the leadership and management roles of the nurses while continuing to become confident and competent in managing the typical patient load on the assigned unit (MUNFON, 2020).

The importance of the preceptorship course cannot be overestimated. According to the course outline and guidelines (MUNFON, 2020), “a challenging role transition occurs for students in preceptorship as they begin to assume the role of unit nurse” (p. 13). In other words, students will have their first taste of independence in this this clinical course. Meanwhile, a significant amount of professional growth and knowledge translation can occur. Students enter this course with theoretical knowledge of management process, leadership styles, and problem-solving strategies in their coordination of care for clients. By the end of this course, it is anticipated that students will have turned theoretical knowledge into actual practice by assuming unit responsibility with minimal guidance (MUNFON, 2020).

The BN (Collaborative) Program has developed strategies to support students and preceptors in this challenging transition, including providing them with preceptorship course materials as a general guidance. Current materials include a booklet of the course outline and guidelines for students and preceptors, a list of competencies taught in the Learning Resource Centers¹ at the three sites prior to this preceptorship course, a guide to aid the preceptor in assessing student clinical performance, a mid-term evaluation template, and a reflective critical analysis evaluation template. Course leaders also provide additional resources developed by other institutes to support preceptors. Good preceptorship course materials play an instrumental role in providing positive experiences for students and preceptors, thus helping them achieve course goals.

Currently, the Collaborative Program has identified the need to revise the preceptorship course materials for preceptors. Just like the best practice guidelines for nursing practice change, nursing education materials need timely updates based on the feedback from students and educators, as well as new research findings and legislative requirements. Over the years, different course leaders have completed some updates as they went through the teaching process. Now, the calling for a comprehensive overview and revision of the preceptor materials has been made as the MUN Faculty of Nursing undergoes major growth including the evolution of the School of Nursing to the Faculty of Nursing, the phasing out the Fast-Track bachelor degree program, and the introduction of a three-year Accelerated Option for the Baccalaureate Program.

The goal of this practicum project is to answer this call for a comprehensive review and revision for the preceptorship course materials. During the first stage of this practicum, a

¹ The Learning Resource Centres at the individual BN (Collaborative) Program sites provide a simulated practice setting for nursing students to learn and practice psychomotor skills in a safe environment.
<https://www.mun.ca/nursing/resources/>

research proposal was developed and approved by Dr. Nicole Snow, the faculty supervisor. During the second stage of this practicum, three major methods were used to determine the needed revision of preceptorship course materials. These included the completion of a literature review, an environmental scan, and consultations. During the third stage of this practicum, the preceptorship course handbook was completely revised and reviewed by selected faculty members. The final stage of this practicum project is information dissemination. This will be achieved with a final report submitted to the Faculty of Nursing and an oral presentation targeting nursing students and faculty members. Details of the above practicum steps will be presented in the rest of this report.

Objectives

The ultimate goal for this practicum is to create a document (preceptorship handbook) that supports preceptors in their roles during the NURS 3523 Preceptorship Course. The mentorship they provide to undergraduate nursing students is critical to the ongoing delivery of the BN Collaborative Program. High quality nursing education is necessary to produce a high quality workforce who will be responsible to provide excellence in health care. This goal was achieved by reviewing the Course Outlines and Guidelines for NURS 3523, conducting a literature review, an environmental scan, and consultations with key stakeholders, analyzing this data, and subsequently revising the preceptorship handbook.

In this practicum, I have achieved several objectives. Firstly, I have developed and demonstrated advanced nursing practice competencies, including education, research, leadership, consultation and collaboration competencies. Secondly, I am a front-line registered nurse and a visible minority immigrant located in western Canada. I appreciate this opportunity to bring my perspective into the research on clinical nursing education. Thirdly, I had the opportunity to present the practicum results to faculty members and students at MUNFON. It increased awareness of and interest in this topic within the Faculty of Nursing. Last but not least, I reached out to nurse preceptors for consultation. I hope that they see this project as an effort to answer their concerns about the preceptorship course handbook.

Overview of Methods

In this practicum report, I will describe the entire process of revising the preceptorship handbook as it unfolded. This involved: a review of the original support documents; information gathering via literature review, consultations, and an environmental scan; conduct preceptorship handbook revisions based on information and feedback obtained.

A comprehensive research process has been put in place in preparation of developing a new handbook for the preceptorship course. Three methods were used in this process: literature review, environmental scan, and consultations.

The first step is to conduct a comprehensive search for relevant literature and analyze the results. The purpose of literature review is to find out what previous research has been done in this field. These existing research findings acted to justify the importance of this project. They also shed light on what support material works and what does not work for the preceptorship course. Grey literature such as satisfaction survey results from students, preceptors, and faculty members, as well as regulatory body documents regarding their accreditation requirements for the program, were examined.

The second method was the completion of the environmental scan, which aimed at describing actual practices and documentation related to the preceptorship experiences. The results of environmental scan have been listed in the literature review section as they represent the grey literature for this project. I reviewed regulatory body regulations and standards that were developed to guide preceptorship. I also explored national accreditation requirements that contribute to nursing program quality assurance. Canadian nursing programs that were comparable to the BN Collaborative Program in size, location, and program offerings were contacted to discuss their experiences in providing preceptorship courses. I requested to view

their preceptorship course materials. I intended to find out what was and was not working in these other jurisdictions.

Consultations with key stakeholders in the preceptorship course included faculty members (e.g., clinical coordinators and instructors), preceptors, and students. This process started with in-depth telephone interviews with faculty members, including current and past preceptorship course leaders. I gained insight into the preceptorship course and identified areas for improvement from their perspectives. I also conducted online surveys with preceptors and students. The purpose of these online surveys was to discover the changes that preceptors and students want to see in the course materials. It was important for me to learn what aspects of the preceptorship handbook were working well in their application, what aspects were problematic, and what needed revisions. At the end of these online surveys, preceptors and students were invited to attend telephone interviews if they wished to have further discussion on this topic. I intended to learn additional information regarding the feedback from the students and preceptors, as well as having the opportunity to ask for any clarification I needed for the survey data.

All these preparations lead to the development of a new version of NURS 3523 preceptorship course outline and guidelines for students and preceptors. Continued consultations with nursing faculty must occur in order to navigate the necessary institutional and program approval requirements.

The results of this practicum project will be disseminated through written report and oral presentation. Completing a written report (such as this current document) is a standard practice and is required for all practicum projects at MUNFON. This report will be disseminated to the Nursing Faculty for review. This report will be supplemented with oral presentations with faculty members and other key stakeholders as needed. From there, based on feedback collected,

any further needed revisions can be completed before final approval is obtained and the handbook formally replaces the existing course materials.

Ethical Considerations

This quality improvement project was guided by the Ethics of Research Involving Human Participants policy (MUN, 2012) and followed the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans 2 (TCPS2) (Government of Canada, 2018). There were two major steps taken to ensure that this project protected the rights and welfare of participants. The first step was to verify whether this project required ethics review using the Health Research Ethics Authority Screening Tool for verification (see Appendix A). According to this screening tool, this project did not require ethics review because it is a quality improvement project. Compared to a research project, a quality improvement project has the following features: (1) many of the participants are likely to be among those who might potentially benefit from the result of the project as it proceeds; (2) this project is intended to define a best practice within the target organization; (3) this project would still be done at the target site, even if there were no opportunity to publish the results or if the results might not be applicable anywhere else? (4) this project focuses on a particular program, rather than a more general population; (5) this project is part of a continuous process of gathering and monitoring data within the BN Collaborative program (MUN, 2012). The second step was to determine whether this project required privacy compliancy review. I consulted the expert at the MUN Information Access and Privacy Protection Office (IAPP) and submitted the project proposal for review. I was informed that privacy compliancy review was not required.

Although formal reviews were not required, this project was done in a way to maximize the privacy of participants and the safety of data. I was the only person who had access to the identity information of preceptor participants who responded. Data were stored in my MUN email account, which is accessible only by me and is protected from personal device damage or loss. Any voice recordings collected on a password secured cellphone were transferred to the

email account as well. Data from the environmental scan did not involve human participants and was treated as grey literature.

Summary of the Literature Review

Methods of Literature Review

A comprehensive search was conducted for both peer-reviewed and grey literature from electronic databases including CINAHL, Nursing and Allied Health, and Cochrane Library, as well as the Google search engine. Moreover, reference lists of relevant studies were searched to identify studies missed during the initial database research. For electronic databases, the writer used search terms of “preceptor*”, “nurs*”, and “undergraduate”. When it comes to Google search engine, the writer used it mainly to search for grey literature. The search phrase of grey literature is “undergraduate nurse preceptor handbook Canada”.

An initial screening of titles and abstracts was conducted to determine if studies met the inclusion criteria and to facilitate the removal of duplicates. To be considered for inclusion in this literature review, studies must have some description of support for preceptors of undergraduate nursing students and full text copies should be available through the MUN library electronically. To be included in the literature summary table with critical appraisal, studies had to address pressing issues identified in preceptor survey reports completed by MUNFON, such as the desirable support, preceptor resource handbook, and student performance assessment and management (Cronin, 2019). I used critical appraisal methods appropriate for descriptive studies, qualitative studies, and literature reviews, including the Public Health Agency of Canada (PHAC) Critical Appraisal Tools for Descriptive Studies and Literature Review (PHAC, 2014), and the Evaluation Framework for Qualitative Study from the MUN course NURS 6250 (Moralejo, 2019). As for grey literature, I scanned through all pages of Google search results which showed the title and a brief introduction of relevant items. To be considered for inclusion in this literature review, grey literature needed to include preceptors as the target audience and

come from undergraduate nursing programs comparable to the one at MUN in terms of medium program size and a mix of rural and urban preceptorship settings.

Results of Literature Review

Search from the CINAHL database generated 253 results, while the search from the Nursing and Allied Health database generated 150 results using the same search terms. The Cochrane Library database provided only 4 trials. Results from both the CINAHL and the Nursing and Allied Health databases overlapped greatly. The Cochrane Library results were excluded because they were not directly relevant to the goal of this handbook. In the end, 68 articles were selected for full text reading, after removing duplicates, applying inclusion criteria, and searching for articles in reference lists. The majority of the selected studies were published after the year of 2000. Among these 68 articles, 18 articles were critically appraised and presented in the literature summary table. Among these 18 articles for critical appraisal, 8 were literature reviews, 7 were qualitative studies, 2 were descriptive studies, and one study used a mix of qualitative and quantitative methods. These articles were chosen because they provided direct information on the desirable revision to preceptor support materials (PSMs), especially the preceptor handbook, which was the final product of this project.

The Google search engine gave 14 pages and 639,000 results for grey literature. However, only 5 documents met the inclusion criteria for grey literature. There are 4 preceptorship handbooks from University of Manitoba (Schlan et al., 2008), University of Prince Edward Island (2018), University of Victoria (2019), and Dalhousie University (2016). There is also one document published by Canadian Nurses Association (CNA) as a general guidance for preceptorship (2004). These documents serve dual purposes of completing environmental scan

for what has been done by other nursing schools and inspiring revision to existing preceptor handbook of MUNFON.

Key Points of Literature Review

The literature review provided essential information for this project. As a whole, the literature gave justification as to why this project was needed. Two major themes of the benefits of preceptorship courses for students and the importance of support for preceptors were strongly evident. The literature review also provided recommendations as to how the preceptor support materials could be designed.

Benefits of Preceptorship. The preceptorship model is a cornerstone of clinical undergraduate nursing education in Canada (Sedgwick & Harris, 2012). It is considered a master-apprentice model whereby the master (the practicing registered nurse (RN) who has mastered the art of nursing), helps the apprentice (the nursing student), shape their clinical skills and knowledge in real clinical situations. It is believed that the “1 instructor to 8-10 students” model of clinical education cannot compare to the master-apprentice model on positive outcomes related to nursing students’ transition to beginning practice (Earle, 2011). Relying greatly on role modeling, the preceptorship clinical education model also depends heavily on the availability and quality of registered nurses who can take on the preceptor role. However, both health service and education programs are faced with challenges with the preceptorship program, including preceptor shortages and inadequate preceptor preparation (Earle, 2011; Sedgwick & Harris, 2012). These situations can be improved by attracting more support from key stakeholders. In addition to student development, which is the primary goal of preceptorship programs, existing literature had ample discussion on the benefits for other stake holders.

First of all, many preceptors consider preceptorship as a learning opportunity for themselves, which can lead to professional and personal growth. Preceptors have reported an increase in knowledge and learning opportunities (Hyrkas & Shoemaker, 2007; Grant Kalischuk et al., 2013; Smith & Sweet, 2019; Usher et al., 1999), and take pride in enhanced critical thinking capacity post preceptorship (Foley et al., 2012; Myrick & Yonge, 2002; Rodriguez-Garcia et al., 2018). Through preceptorship experiences, nurses can improve essential skills for teaching, organization, time management, conflict resolution, and communication (Hyrkas & Shoemaker, 2017; Grant Kalischuk et al., 2013; Reardon, 2017; Usher et al., 1999). In addition, preceptors often report intrinsic rewards as benefits of taking on this role. For example, many nurse preceptors develop higher self-esteem and a stronger sense of belonging and acceptance in the nursing community (Hyrkas & Shoemaker, 2017; Grant Kalischuk et al., 2013; Reardon, 2017; Lafrance, 2018; Usher et al., 1999).

The preceptor-student relationship becomes the foundation of future connections amongst nursing colleagues. There is a sense of satisfaction and achievement by observing the professional growth of students, contributing to the nursing profession, and leaving a lasting legacy. Preceptors also feel more engaged at their own workplace thanks to the preceptorship experience. Additionally, many nursing employers, educational programs and regulatory bodies have tried to offer extrinsic rewards, such as credits to fulfill nursing license renewal requirements and facilitate workplace advancement (Earle, 2011; Sedgwick & Harris, 2012; MUNFON, 2020).

While preceptorships and the provision of preceptors can be a significant investment for hosting institutions. Research indicates that the human resource and other investments by institutions eventually pay off (CNA, 2004; Foley et al., 2012; Phillips, Duke, & Weerasuriya,

2017; Reardon, 2017; Rodriguez-Garcia et al., 2018; Wu, Enskar, Heng, Pua, & Wang, 2016).

Hosting institutions have found savings by training new nurses in a cost-effective way and retaining experienced nurses. It is also believed that nurses will become more engaged and add to a better workforce after participating in preceptorship programs (Moore, 2008).

The direct contact with real patients is the distinctive advantage of clinical education, and preceptorship is not possible without their acceptance and participation. Studies show that, in general, patients appreciated the opportunity to contribute to a student's learning process and thus enhance the quality of care (Suikkala, Koskinen, & Leino-Kilpi, 2018). From a financial perspective, preceptorship is also welcomed as a cost-saving measure to provide sustainable health care workforce and overall improvement of health care (CNA, 2004).

Importance of Preceptor Support. Successful preceptorship programs depend on adequate preceptor support, often found from within employers and hosting institutions (Cronin, 2019; McCarthy & Murphy, 2010). Such support should include protected time with students and reasonable workloads reflecting the added responsibility of clinical teaching (Cronin, 2019; Grant Kalischuk et al., 2013; Kamolo, Vernon, & Toffoli, 2017; McSharry & Lathlean, 2017; Rebeiro, G., Edward, K., Chapman, R., & Evans, 2015). Preceptors also need support from nursing and non-nursing colleagues through measures such as mentoring and multidisciplinary teamwork (Sedgwick et al., 2009; Smith & Sweet, 2019; Usher et al., 1999).

Preceptors definitely need support from the nursing programs involved for appropriate preceptorship course organization and continuous improvement in terms of preceptor preparation and course materials updates (Cronin, 2019; Luhanga et al., 2010; Windey et al., 2015; Wu et al., 2016). Moreover, preceptors demand direct and ongoing involvement and support from nursing faculty members especially on the issues of assessment, conflict resolution and communication

(Broadbent et al., 2014; Cronin, 2019; Foley, Myrick, & Yonge 2013; Seldomridge & Walsh, 2006; Smith & Sweet, 2019).

Preceptors cannot fulfill their roles with the support of patients and the regulatory bodies. Regulatory bodies provide permissions and guidelines for nurses to carry out the preceptor role. Preceptors seek consent from patients before involving them in the preceptorship experience. They also ask patients for feedback with regard to students' performance. Such feedback is very helpful in conducting comprehensive evaluations of students (Grant Kalischuk et al., 2013; Hyrkas & Shoemaker, 2007; MUNFON, 2019; Suikkala et al., 2018; Usher et al., 1999).

Recommendations for Preceptor Support Materials. This practicum project aimed to develop a new version of the NURS 3523 Course Outlines and Guidance for Students and Preceptors. The literature review helped answer the question as to how the new course outlines should look, despite the fact that there was a limited amount of literature found that focused on the development of preceptorship course materials.

Many sources supported a learner-focused approach for preceptorship course development. Therefore, the Adult Learning Theory was chosen as the theoretical framework. Within this framework, the process of developing a new course outline relies on consultations with document users including faculty members, preceptors, and students. The final product should reflect the six assumptions of adult learners: (1) self-concept, which refers to an adult becoming more self-directed and independent as they mature; (2) experience, which refers to the wealth of life experiences that adult learners bring into new learning activities; (3) adult learners' readiness to learn depends on perceived needs; (4) adult learners seek learning opportunities that will enable them to solve problems; (5) adults seek learning opportunities due to some external motivators, but the more potent motivators are internal, such as self-esteem, better quality of life,

and self-actualization; and (6) it is imperative that adults know why they need to learn something (Curran, 2014; Knowles et al., 2011).

A recent BN (Collaborative) Program preceptorship survey identified the need for improved accessibility of the preceptorship course materials (Cronin, 2019). A variety of delivery methods could be used to meet the needs of all preceptors and students, including but not limited to, hard copies placed in multiple locations such as personal copies for preceptors and shared copies on the unit, and electronic copies that can be accessed online or stored in devices dedicated to the users (DalSON, 2016; Schlan et al., 2008; UPEISON, n.d.; UVicSON, 2019). The presentation of information should be clear, concise, and easy to understand and navigate especially for busy preceptors and students (Luhanga et al., 2010; Wu et al., 2016).

Many of the literature sources reviewed discussed what should be included in the content of the preceptor course materials, with four themes identified. Firstly, it is recommended that preceptorship course materials outline clear expectations for all parties involved in preceptorship, especially preceptors, students, and faculty members (Burns & Northcutt, 2009; Byrd et al., 1997; Kamolo et al., 2017; Lewallen et al., 2014; Luhanga et al., 2010; Windey et al., 2015). Secondly, some studies made suggestions regarding how to teach students in the clinical setting. A technique called the Five-Minute Preceptor strategy will be included in the revised course outline to help teach critical thinking skills and support knowledge transfer (Bott et al., 2011). It involves five steps: get the student to take a stand, probe for supporting evidence, teach general rules, reinforce the positives, and correct errors or misinterpretations.

Other suggestions included the use of clinical simulation with the guidance of a tutor for real time feedback instead of the student being engaged in unsupervised practices (Goodwin et al., 2019; Marmol et al., 2012). It could also help if preceptors enable students to practice

outside of the scheduled clinical hours by providing a checklist of frequently used clinical skills and knowledge on the particular unit to which they are assigned. The provision of clear expectations is the key to success (Cronin, 2019). Last but not least, the literature reviewed shed light on how to prepare preceptors for the challenging tasks of student performance assessment and management. It is believed that fair assessments and great performances are built upon mutual understanding and positive relationships between students and preceptors. Therefore, the updates to course material must give preceptors the tools they need to work with students of different backgrounds and personalities (Zilembo & Monterosso, 2008). In addition to fostering positive relationships between preceptors and students, it is imperative to have faculty members participating and relieving preceptors in certain stressful events, such as student evaluation and student performance management (Kennedy & Chessier-Smyth, 2017; Luhanga et al., 2008).

Limitations. This literature review ended with a discussion on the limitations of existing studies. For the purpose of updating the contents of course outlines, peer reviewed articles do not provide enough details on how the course outlines should look like. Instead, grey literature such as preceptor handbooks from other nursing programs gave direct reference sources for the final product. Another significant problem is the difficulty in establishing causal relationships between suggested interventions and desired results due to the designs and quality of studies.

Summary of Environmental Scan

Initially, environmental scan data were obtained through Google search. Three preceptor handbooks from Dalhousie University School of Nursing (2016), University of Prince Edward Island Faculty of Nursing (2018), and University of Victoria School of Nursing (2019). These nursing schools were comparable to the Bachelor of Nursing (Collaborative) Program at MUN and hand their preceptorship material readily available for reference. The documents cover similar topics, but with variance in the level of details and different focuses. The fact that these nursing programs made their preceptor handbooks available online and accessible via Google search gave some indication that they were willing to share the information with outsiders. Indeed, through email inquiries I made to these nursing programs, I have obtained updated versions of their documents.

The environmental scan data were also stored in my MUN email account for data safety. Preceptor handbooks from the three programs at DAL, UPEI, and UVic were analyzed for this report. Each handbook was individually reviewed in three steps. In the first step, I read these handbooks from cover to cover. In the second step, I compared the MUNFON handbook for NURS 3523 and the handbooks from other programs and identified the similarities between them. Thirdly, I reviewed the content to assess the differences I could find between the three and assessed how the differences should inform the revision.

Summary of Consultations

Methods

The consultation process included three groups of participants. The first group was comprised of 55 registered nurses who were currently acting as preceptors for the fall 2019 preceptorship course NURS 3523 at MUNFON. The second group of participants were 4 faculty members from MUNFON who had been involved in the NURS 3523 course in recent years. Participants of the first two groups were identified by the contact person at MUNFON for this project. The third and last group of participants were 13 faculty members and administration staff from 3 Canadian nursing programs at Dalhousie University (DAL), University of Manitoba (UM), and University of Prince Edward Island (UPEI). This group of participants were identified based on their online information indicating that they have strong connections with the undergraduate programs in respective universities.

Despite a large targeted potential participant pool, I obtained very few responses. Two rounds of emails (one initial and one reminder) were sent to all individuals. I developed a survey questionnaire for preceptors with the focus on preceptor handbook. This was sent to all eligible preceptors via email by project contact person. Unfortunately, only one preceptor responded, and the response was received via email. Email invitations for telephone interviews were sent to MUNFON faculty members with the intention to uncover their experiences in the preceptorship course and their perspectives on desired changes to the preceptor handbook. Two faculty members responded with one telephone interview and one email discussion.

Except for one telephone interview with a faculty member from MUNFON, consultation data were collected and stored electronically via the writer's MUN email account. In order to maximize data safety, telephone interview records were transcribed manually from the recording

on a secured password protected cellphone to written notes saved in my MUN email account. Data were analyzed word by word to identify the recommended changes to the preceptor handbook. Key points were identified and will guide the revision, including but not limited to, the need to provide better support for challenging tasks like critical thinking skill development, relationship building, addressing unsafe practice, and student assessment.

Consultation Results

First of all, only one preceptor responded to the survey and rated every question 3 out of 4. This finding is consistent with the most recent preceptor survey report by MUNFON (Cronin, 2019). According to Cronin, preceptors generally think positively of the preceptorship experience. However, recent program driven preceptorship evaluation survey reports also reveal that there is still room for improvement, especially with respect to the preceptor handbook as it has received the lowest mean rating. Unfortunately, this preceptor participant did not specify the changes they wanted to see in the new preceptor handbook.

Secondly, during the preparation phase, two faculty members participated. One attended a telephone interview with me and another sent information via emails. They provided great insights into the preceptorship course and the course material. While the preceptor handbook was described as an essential tool in guiding preceptors and students, it was revealed that preceptors and students had difficulties accessing this tool at times. Additionally, the preceptor handbook itself should be made easier to navigate and understand for busy preceptors with various educational and cultural backgrounds. Furthermore, the contents of the handbook could be improved on the topics of student performance assessment and management, a review of course expectations and assignments, and identifying the theoretical framework.

During the stage of developing and finalizing the new version of course handbook and material, I had four faculty members review and provide feedback for the revisions. The overall responses have been positive. Concerns identified centered mainly on workload related to changes in the preceptorship guidelines regarding preceptor roles and responsibilities. One outstanding issue was whether or not there should be mandatory daily feedback provided by preceptors to students and how it should look like. While my focus is on developing a readily usable document for the preceptorship course, this proposed new course outline will have additional opportunity to be reviewed by faculty committees and possibly be revised before implementation.

Summary of the Resource Developed

Information Distribution

The updated NURS 3523 Course Outlines and Guidelines will be available in both electronic and print versions. In the recent past, the electronic version was sent out via emails directly to preceptors. Before that, hard copies were either delivered or mailed to preceptors either on their units of work or at home. The environmental scan indicated that it would be beneficial to have the electronic version accessible on the BN (Collaborative) Program affiliated webpages as well. This is a new venue for information distribution because accessing this document on a public webpage is easier than accessing via email only if preceptors have difficulties checking personal email account while using work computers.

Format

Literature review and consultation results suggest that this document should be easy to navigate and understand. Moreover, readers prefer messages that are short, clear and concise (Broadbent et al., 2014; Lloyd-Penza et al., 2019; Rao, 2019). The revision I completed takes into consideration all of these suggestions and makes changes as the follows. First of all, while the amount of content has increased, the table of content now provides more information including the location of each figure and table. The reason for this change is to provide better guidance as to how to use this handbook. Secondly, the introduction section at the beginning contains a simple user guide to help readers navigate the updated handbook, which now has more information and pages. Thirdly, tables and figures are used often for comparison studies. Complex messages have been simplified and sorted so that readers can save time when reading them. Finally, certain sections have been moved to different locations. For example, general information about the nursing program, such as program mission statement, philosophy,

conceptual framework, and content map, has been moved to the Appendix section. In doing so, readers can get to information on the preceptorship course faster.

Content

The majority of the work with this project has been in relation to updating the content. The introduction section has an added paragraph to guide users of this handbook. This was deemed necessary after consulting faculty members. The revised handbook is much longer than before and there was concern expressed that preceptors are busy and would not have time to read a lengthy handbook from cover to cover, looking for specific information. The user guide reassures preceptors that they can take a problem-based approach in reading this handbook. They can focus on certain sections based on their own individualized needs each time they open the handbook.

The preceptorship course is now 6 weeks instead of 8 weeks, which is reflected in the new handbook. Roles and responsibilities have been reviewed and updated, mostly regarding how to help students achieve clinical competency and how to give feedback. Information from literature review, consultations, and environmental scans conclude that preceptors do not always know what students can and cannot do, students feel underprepared for clinical practices to be performed during preceptorship, and giving feedback is a challenging and time consuming task for preceptors. The new handbook suggests an essential knowledge and psychomotor skills checklist which is initiated by preceptors and reviewed by faculty member. This checklist will reduce uncertainty and help students prepare for the course. The writer is suggesting daily written feedback which can be as simple as a check mark for yes or no question. The goal is to increase the timeliness, relevance, and transparency of preceptor feedback. However, faculty members have concerns about providing daily feedback can be too much work for busy

preceptors. This part is temporarily kept in the handbook. It can be reviewed by the MUNFON committees before it is approved for use.

Thirdly, the sections on the how-to's preceptorship have been expanded. There is a clear description of Adult Learning Theory as the theoretical framework (Curran, 2014; Knowles et al., 2011; Mukhalalati & Taylor, 2019; Wilkinson, 2004). Since Adult Learning Theory is a learner-based approach, a lot of information have been added to help preceptors understand students and develop positive personal relationships. The Five-Minute Preceptor technique is added to the section on promoting independence (Bott et al., 2011). This approach has been embraced by the medical field and is believed to help students develop the critical thinking capacity. Sections in the handbook regarding giving feedback and addressing unsafe practice have a substantial number of updates as well. It is believed that these responsibilities are especially challenging for clinical educators (Kennedy et al., 2017; Killam et al., 2011; Lloyd-Penza et al., 2019; Luhanga et al., 2008). Therefore, general strategies on giving feedback and addressing unsafe practices have been listed. There is also a side by side comparison of exemplars of supportive versus critical feedback. The provision of such exemplars is an effective clinical teaching tool (ten Cate, Custer, & Durning, 2017). Another new section was added which addresses cultural competence and safety. While safety has traditionally been the focus of nurses, the need to address diversity is gaining more attention (Arieli et al., 2012; Racine, 2014; UPEI, 2018; Zeran, 2016). This new section helps to prepare preceptors for the increasing diverse student population with whom they have to work.

Finally, the Appendix section has grown exponentially as well. Some content found previously in the handbook has been relocated to the appendix, while new content has been added. Three forms have been added: daily feedback form, preceptorship orientation checklist,

and preceptorship icebreaker worksheet. They have been created to support revised responsibilities of daily feedback and to provide a clear message on what is expected of students. The icebreaker worksheet will help preceptors and students get to know each other both personally and professionally. Fostering mutual understanding between the preceptor and student is foundational to positive inter-personal relationships (Foley et al., 2013).

In summary, the goal of this project is to improve, rather than completely replace existing course materials. Therefore, much of the revision to the handbook was aimed to enhance the content and improve the format. Indeed, I found the process of developing university-level course materials to be a considerable undertaking, especially since I do not have formal training in developing them. After the completion of this project, more steps for quality assurance and improvement should be taken before implementation the new course material.

Discussion of Advanced Nursing Practice (ANP) Competencies

The Canadian Nurses Association (CNA) *Advanced Practice Nursing Framework* (2019) separates competences into six categories. During this practicum project, I have demonstrated competences in four out of six categories.

The first category of demonstrated competences are educational competencies. According to CNA (2019), advanced practice nurses are committed to professional growth and learning for all health-care providers, as well as students. They are able to identify the learning needs of nurses and other members of the health-care team and find or develop programs or resources meet those needs. This practicum is an educational project which seeks to develop course resources to meet the needs of preceptor nurses, students, and nursing faculty members. Therefore, the writer is able to demonstrate educational competencies by supporting the professional growth and learning for nurses and nursing students.

Secondly, I demonstrated research competencies in completing this work. According to the CNA (2019), advanced practice nurses are committed to generating, synthesizing, critiquing and applying research evidence. They are able to identify, appraise and apply research, practice guidelines and current best practice. For this practicum project, I used the method of literature review, consultations, and environmental scan. While these might not have been purely considered in that it was for a quality improvement project, I was required to ensure that data collection was done in an ethical manner and that I followed rigorous standards in the methods I employed to collect it. Along with this was the need for a careful review of current best practice guidelines for nursing education in the form of preceptorship. I was also involved in synthesizing, critiquing and applying research evidence.

The third category of demonstrated competences are consultation and collaboration. According to the CNA (2019), advanced practice nurses are expected to consult and collaborate with colleagues across sectors and at organizational, provincial, national and international levels. They practice collaboratively and build effective coalitions and partnerships. For this practicum project, I consulted and collaborated with relevant parties inside and outside of the Faculty of Nursing. Faculty members, especially course coordinators, were important allies to me in this practicum. I relied on them to learn about this preceptorship course NURS 3253, to reach out to preceptors and students for surveys and interviews, and to monitor the quality of this practicum project. I also consulted and collaborated with faculty members from other nursing programs in Canada for their insights into supportive materials for preceptors. In doing so, I demonstrated the competency of working with colleagues across Canada. Moreover, I managed to overcome obstacles related to physical distance since I was located in Alberta and consultation participants were primarily from Newfoundland. I obtained support from MUNFON faculty members and administration staff to identify and reach out to consultation participants. I used multiple means to conduct consultation and collaboration remotely including the use of telephone and email.

The fourth category of competences are the leadership competencies. According to the CNA (2019), advanced practice nurses are leaders in the organizations and communities where they work. They are agents of change, consistently seeking effective new ways to practice. Advanced practice nurses should be able to evaluate programs in both organizations and communities, and to develop innovative approaches to complex issues. The focus of this practicum project is an educational project which aims to evaluate a current preceptorship program and improve its quality. In other words, I have been working with the Faculty of Nursing to seek new ways to the practice of preceptorship and to develop innovative approaches

to the complex issue of undergraduate nursing preceptorship education. I demonstrated leadership competencies by identifying and solving problems, as well as supporting the development of other people.

Limitations and Next Steps

Limitations

The updates to the NURS 3523 course handbook is based on the results of literature review, consultations, and an environmental scan. While I made every effort to approach these data collection methods comprehensively, I do acknowledge my limitations. I am a student in the distance education program for the master degree of nursing. I lack first-hand experiences with the undergraduate preceptorship program at MUN as I completed my own undergraduate nursing program at University of Calgary. In my professional career, I have worked as a nurse educator for a large health care organization in Calgary. I also have experiences of precepting students and new staff. However, I have never been a faculty member for nursing schools or worked in the province of Newfoundland and Labrador. In other words, I am not familiar with MUN policies and lack experience in developing academic course materials. This was something I had to learn over the course of working on this project. However, these limitations could be seen as an advantage as I provide an unbiased, outsider perspective to compliment with the work usually done by faculty members only. Nevertheless, I do advocate that the product I submit to the FON have appropriate internal review before implementation.

Next Steps

The first step is to distribute information to the target audience. In meeting the MN program requirements, I had two options for initial dissemination: a presentation to nursing faculty members and students, or develop an article for an academic journal instead. I chose to conduct an oral presentation because it was more suitable for this project. This project was advertised to faculty and students at MUNFON as part of the MN degree program's mandate to inform others of graduate student work. During the presentation, I had direct interactions with the target audience, especially during the question and answer section. This opportunity was

very desirable because it had the potential to generate insightful feedback for any needed further revisions before finalizing the project report. The final product will be submitted to the Faculty of Nursing and to the university library as this is a mandatory step for the MN degree.

Secondly, the proposed changes have to be approved by the Bachelor of Nursing (Collaborative) Program before implementation. It remains unknown to me as to what the exact steps of the approval process involves. My project supervisor has mentioned that there will be internal and external committees who are responsible for review, revision, and approval. I am willing to stay on this project for as long as policy allows.

Eventually, I would like to see the updated course materials being used in practice and replacing the existing course material. It will be used by students, preceptors, and faculty members. As previously stated, course materials should be made available in hard and electronic copies and should be accessible on the university website that is open to the general public. The goal is to improve the accessibility of the course material, which is based on the results of consultations and environmental scan.

In addition, timely follow up and continuous evaluation are necessary for quality assurance and continuous improvement. It is a standard practice to invite students to do course evaluation at the end of each preceptorship course. I propose that end of semester evaluation should include preceptors as well. Currently, MUNFON is conducting preceptor survey every two year with the most recent one completed in 2018. An end of semester evaluation will fill in the gap between two surveys and provide timely feedback to the program. It is unclear whether a 2020 survey has been completed. If a new survey has been done, it would be important to incorporate the survey result to the updated course material for quality assurance.

Conclusion

MUNFON has a vested interest in providing the best possible preceptorship experience for students and preceptors. NURS 3523 is a required course in the Bachelor of Nursing (Collaborative) Program. It is believed to benefit all key stakeholders, including patients, preceptors, students, and organizations (Reardon, 2017). However, it is also exceptionally stressful as it is the first preceptorship course for students and held during the third year of a four years program. This is concerning because preceptorship relies heavily on the voluntary participation of preceptors. Perceived stress may deter preceptors from volunteering for this opportunity. Therefore, it is imperative that nursing programs do their best to support preceptors. The most recent report on preceptor survey revealed that preceptors were least satisfied with the course handbook (Cronin, 2019), and therefore, MUNFON made it a priority to update the course handbook. This project is an answer to this call.

I have been working on this project of developing new course handbook since the spring of 2019, overcoming challenges like being an out-of-province student with difficulty accessing participants of NURS 3523, and being a practicing nurse with no prior experience in developing academic course material. Thanks to the trust and support of nursing faculty, I completed the project in the fall of 2020. It is very likely that further revision is required before the final approval by course committees. That being said, this project has its contributions. First of all, there is a comprehensive literature review to summarize the findings of existing studies and provide a foundation for further revision. Secondly, there is an environmental scan to search for inspirations from other nursing programs. Thirdly, there are a few rounds of consultations with preceptors and faculty members to engage key stakeholders and gain insights into problems and solutions. Lastly, I demonstrated a fresh take on the course handbook as an experienced preceptor, a former clinical educator, and a visible minority immigrant in western Canada.

In summary, I have developed new course materials as a non-traditional course developer. It is possible that the result of this project will not be transferred into practice in its entirety. However, the process of developing this handbook, as well as the information gathering during this process, has been a great learning experience for me. Hopefully, it will inspire positive changes to this preceptorship course.

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Appendix A: Health Research Ethics Authority Screening Tool

Health Research Ethics Authority Screening Tool

	Question	Yes	No
1.	Is the project funded by, or being submitted to, a research funding agency for a research grant or award that requires research ethics review	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Are there any local policies which require this project to undergo review by a Research Ethics Board?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	IF YES to either of the above, the project should be submitted to a Research Ethics Board. IF NO to both questions, continue to complete the checklist.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is the primary purpose of the project to contribute to the growing body of knowledge regarding health and/or health systems that are generally accessible through academic literature?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Is the project designed to answer a specific research question or to test an explicit hypothesis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Does the project involve a comparison of multiple sites, control sites, and/or control groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Is the project design and methodology adequate to support generalizations that go beyond the particular population the sample is being drawn from?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Does the project impose any additional burdens on participants beyond what would be expected through a typically expected course of care or role expectations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LINE A: SUBTOTAL Questions 3 through 7 = (Count the # of Yes responses)		1	
8.	Are many of the participants in the project also likely to be among those who might potentially benefit from the result of the project as it proceeds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Is the project intended to define a best practice within your organization or practice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Would the project still be done at your site, even if there were no opportunity to publish the results or if the results might not be applicable anywhere else?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Does the statement of purpose of the project refer explicitly to the features of a particular program, Organization, or region, rather than using more general terminology such as rural vs. urban populations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12.	Is the current project part of a continuous process of gathering or monitoring data within an organization?	<input checked="" type="checkbox"/>	
LINE B: SUBTOTAL Questions 8 through 12 = (Count the # of Yes responses)		5	
	SUMMARY See Interpretation Below	Quality/ evaluation	

Interpretation:

- If the sum of Line A is greater than Line B, the most probable purpose is **research**. The project should be submitted to an REB.
- If the sum of Line B is greater than Line A, the most probable purpose is **quality/evaluation**. Proceed with locally relevant process for ethics review (may not necessarily involve an REB).
- If the sums are equal, seek a second opinion to further explore whether the project should be classified as Research or as Quality and Evaluation.

These guidelines are used at Memorial University of Newfoundland and were adapted from ALBERTA RESEARCH ETHICS COMMUNITY CONSENSUS INITIATIVE (ARECCI). Further information can be found at: <http://www.hrea.ca/Ethics-Review-Required.aspx>.

Appendix B: Literature Review

Literature Review for the Revision of Preceptor Handbook for Bachelor of Nursing

Collaborative Program

Xu Wang

In partial fulfillment of NURS 6660

Faculty of Nursing

Memorial University of Newfoundland

LITERATURE REVIEW

Literature Review for the Revision of Preceptor Handbook for Bachelor of Nursing Collaborative Program

In Canada, a significant proportion of undergraduate nursing education occurs during clinical placements, which is a requirement of undergraduate nursing curriculums for registration to practice (Association of Registered Nurses of Newfoundland and Labrador [ARNNL], 2017; Canadian Association of Schools of Nursing [CASN], 2014). While undergraduate nursing education in clinical settings takes many different shapes and forms, preceptorship is gaining increasing popularity as a cost-effective way to produce new nurses who are work-ready (Edward, Ousey, Playle, & Giandinoto, 2017). Preceptorship typically consists of a student being paired with one qualified nurse at a time, in that nurse's regular work setting, for a specified period of time to achieve predetermined goals (Kamolo, Vernon, & Toffoli, 2017). That qualified nurse is usually called preceptor, who takes on multiple roles during preceptorship, including a health facility employee, a teacher, an evaluator, a role model, and a socializer. It is worth noting that preceptors are primarily practitioners, and are educators on a secondary basis. They are expected to mentor, monitor, teach, provide feedback, and assess undergraduate nursing students in their workplace, all while fulfilling their primary responsibility of client service provision (Trede, Sutton, & Bernoth, 2016).

Background

The Nursing Faculty at Memorial University of Newfoundland (MUN FON) offers the bachelor of nursing (BN) program in collaboration with the Centre for Nursing Studies (CNS) and Western Regional School of Nursing (WRSON). In this collaborative BN program, the clinical education of preceptorship serves some important purposes (Memorial University of Newfoundland Faculty of Nursing [MUNFON], 2019):

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The overall purpose of preceptorship is to: 1. provide the student with one-on-one working relationship with an experienced nurse; 2. provide experiences that will increase the student's confidence and competence in clinical practice; 3. provide experiences that will further develop the student's nursing leadership and management competencies; 4. promote the development of a collegial relationship between nursing students and staff nurses; 5. facilitate mentoring relationships between student nurses and staff nurses; 6. facilitate professional socialization of nursing students (p. 10).

Numerous challenges must be overcome to achieve these important purposes of preceptorship and to provide positive experiences for all parties involved. For preceptors specifically, this is a very demanding role, for which they are not always well prepared or do not receive adequate support (Kamolo et al., 2017). Some researchers pointed out that preceptors take on multiple roles at the same time, have to fulfill a long list of responsibilities, and often multitask (Trede et al., 2016). While other researchers argued that each role, responsibility and task can be overwhelming on its own, let alone the combination of them all (Baldwin, Mills, Birks, & Budden, 2014; Phillips, Duke, & Weerasuriya, 2017; Rebeiro, G., Edward, K., Chapman, R., & Evans, 2015; Wu, Enskar, Heng, Pua, & Wang, 2016). Consequently, preceptors have identified some of the following needs: lighter workloads, further educational preparation, more time for assessing and assisting students, increased support from stakeholders, and dedicated time with nursing faculty (Hyrkas & Shoemaker, 2007; Grant Kalischuk, Vandenberg, & Awosoga, 2013; Usher, Nolan, Reser, Owens, & Tollefson, 1999).

The BN (collaborative) Program strives to provide positive preceptorship experience for preceptors. One of the quality improvement measures is to collect feedback from preceptors in order to develop guidelines for changing educational practices, which is a recommended method

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based on current research (Llyod-Penza, Rose, & Roach, 2019). From 2010 to 2018, five rounds of surveys have been sent to preceptors who participated in the undergraduate preceptorship course NURS3523. Preceptor feedback has been collected, analyzed, and presented in survey reports, the latest was completed in early 2019. This report revealed that the preceptorship handbook received the lowest satisfaction score of 3.39 out of 4. The second lowest ranked item was faculty contact/availability with a score of 3.49 out of 4, and the third lowest ranked item was the evaluation form with a score of 3.50 out of 4 (Cronin, 2019). Based on these most recent survey results, faculty members have identified the need to review and revise preceptor support materials (PSMs) for this course, especially the preceptor handbook. This is the very reason to conduct this quality improvement project.

This literature review lays the foundation for a successful master of nursing practicum project. It answers a few important questions in this project: (1) what are the benefits of preceptorship courses for key stakeholders; (2) why it is important to support nurse preceptors; (3) what are the current research recommendations or best practice guidelines for PSMs, especially the preceptor handbook? This purpose is achieved by actively exploring and critically analyzing relevant literature on PSMs.

Methods

A comprehensive search was conducted for both peer-reviewed and grey literature from electronic databases including CINAHL, Nursing and Allied Health, and Cochrane Library, as well as the Google search engine. Lastly, reference lists of relevant studies were searched to identify studies missed during the initial database research. For electronic databases, I used search terms of “preceptor*”, “nurs*”, and “undergraduate”. When it comes to Google search

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engine, I used it mainly for grey literature and used the search phrase of “undergraduate nurse preceptor handbook Canada”.

An initial screening of study titles and abstracts was conducted to determine if studies met the inclusion criteria and to facilitate removal of duplicates. To be considered for inclusion in this literature review, studies had to have some description of any form of support for preceptor of undergraduate nursing students and full text copies had to be available through the MUN library. To be included in the literature summary table with critical appraisal, studies had to address pressing issues identified in preceptor survey reports completed by the Faculty of Nursing, such as the desired support, preceptor resource manual, and student performance assessment and management. I have used critical appraisal methods appropriate for descriptive studies, qualitative studies, and literature reviews, including the Public Health Agency of Canada (PHAC) Critical Appraisal Tools for Descriptive Studies and Literature Review (PHAC, 2014), and the Evaluation Framework for Qualitative Study from the MUN course NURS6250 (Moralejo, 2019). As for grey literature, I scanned through all pages of Google search results which showed the title and a brief introduction of relevant items. To be considered for inclusion in this literature review, grey literature should have preceptors as the target audience and come from undergraduate nursing programs comparable to the one at MUN in terms of medium program size and a mix of rural and urban preceptorship settings.

Results and Discussion

Search from the CINAHL database generated 253 results, while the search from the Nursing and Allied Health database generated 150 results using the same search terms. The Cochrane Library database provided only 4 trials. Results from both the CINAHL and the Nursing and Allied Health databases overlapped greatly. The Cochrane Library results were

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excluded because they were not directly relevant to the goal of this handbook. In the end, 68 articles were selected for full text reading, after removing duplicates, applying inclusion criteria, and searching for articles in reference lists. The Majority of the selected studies were published after the year of 2000. Among these 68 articles, 18 articles were critically appraised and presented in the literature summary table. Among these 18 articles for critical appraisal, 8 were literature reviews, 7 were qualitative studies, 2 were descriptive studies, and one study used a mix of qualitative and quantitative methods. These articles were chosen because they provided direct information on the desirable revision to preceptor support materials (PSMs), especially the preceptor handbook, which was the final product of this project.

The Google search engine gave 14 pages and 639,000 results for grey literature. However, only 5 documents met the inclusion criteria for grey literature for this literature review. There are 4 preceptorship handbooks from University of Manitoba (Schlan, Klimczak, & Harwood, 2008), University of Prince Edward Island (2018), University of Victoria (2019), and Dalhousie University (2016). There is also one document published by Canadian Nurses Association (CNA) as a general guidance for preceptorship (2004). These grey literature serves dual purposes of completing environmental scan for what has been done by other nursing schools and inspiring revision to existing preceptor handbook of MUNFON.

Benefits of Preceptorship

It is important to reiterate the benefits of preceptorship to better engage key stakeholders. Positive preceptorship experience is achieved through the joint efforts of all parties involved, including preceptors, students, faculty members, institutions, and the public (Burns & Northcutt, 2009; Byrd, Hood, & Youtsey, 1997; CNA, 2004; Kennedy & Chessier-Smyth, 2017; Suikkala, Koskinen, & Leino-Kilpi, 2018). However, participants in preceptorship courses do not always

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see all of the benefits immediately and subsequently cannot always show adequate support. This is evident in the MUNFON preceptor survey report (Cronin, 2019):

I feel preceptorship is important and should be recognized as such for the preceptor by giving added benefits i.e. monetary while carrying out the role. I won't be doing it again. Much added work in an already busy environment. You need to give nurses incentives to take on such a role. Overworked as is (p. 8).

Preceptor. Many preceptors see preceptorship as a learning opportunity for themselves, which can lead to professional and personal growth. First of all, preceptors often report an increase in knowledge. Nurses from Canada and Australia reported the benefits of increasing their own professional knowledge base, keeping current, and remaining stimulated in their nursing profession, and actually learning from nursing students (Hyrkas & Shoemaker, 2007; Grant Kalischuk, Vandenberg, & Awosoga, 2013; Usher et al., 1999). Smith and Sweet (2019) pointed out that preceptorship can be an especially rewarding experience for novice nurses as it provided opportunities for them to learn from students, faculty members, and capable peers. Secondly, preceptors often found themselves with enhanced critical thinking post preceptorship. Critical thinking is defined as “purposeful, self-regulatory judgement which results in interpretation, analysis, evaluation and inference as well as explanation of the evidential, conceptual, methodological, criteriological or contextual considerations upon which that judgement was based” (Reardon, 2017). It is an essential competency for all nurses (CNA, 2009). The ability to think critically is integral to decision-making and the provision of safe and quality patient care. Developing students' critical thinking skills is expected of those who supervise and facilitate student learning in preceptorship (Phillips et al., 2017). Studies show that preceptors reinforce their critical thinking capacity through role modelling the act of critical

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thinking to inspire students, undergoing preceptor training to develop better teaching strategies to facilitate critical thinking in students, and becoming increasingly self-aware when it comes to critical thinking and practical wisdom (Foley, Myrick, & Yonge, 2012; Myrick & Yonge, 2002; Rodriguez-Garcia, Medina-Moya, Gonzalez-Pascual, & Cardenete-Reyes, 2018). Thirdly, it is believed that preceptors will improve many essential skills thanks to the preceptorship experience. Preceptors have reported that they are able to improve teaching skills, organization skills, time management skills, conflict resolution, and communication skills (Hyrkas & Shoemaker, 2017; Grant Kalischuk et al., 2013; Reardon, 2017; Usher et al., 1999). For example, during preceptorship, preceptors can build their skills and knowledge in effective communication and conflict resolution skills, through the process of giving feedback to students without feeling apprehensive (Reardon, 2017).

Preceptors often report the intrinsic rewards as benefits of taking on this role. First of all, preceptors can develop higher self-esteem after preceptorship (CNA, 2004). They often experience a boost to their confidence as practitioners and increased comfort in their nursing roles. The assignment of the preceptor role itself is often considered an acknowledgement by peers and management of the preceptor's abilities as a clinical nurse, instructor, and of their professional demeanor. The pride of being a preceptor is further reinforced if preceptorship goes well and the success of both preceptor and student are recognized in the end (Lafrance, 2018). Secondly, a positive interpersonal relationship between the preceptor and the student lays the ground work for the development of professional connections amongst colleagues in future practice. The sense of belonging and acceptance while building the potential for friendship can be a strong incentive for some preceptors. Many also report the feeling of satisfaction by supporting and observing the development of students (Hyrkas & Shoemaker, 2017; Grant

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Kalischuk et al., 2013; Reardon, 2017; Lafrance, 2018; Usher et al., 1999). As students grow and demonstrate the characteristics of good nurses and valuable team members, preceptors believe that it also reflects their own expertise; they experience a sense of achievement by contributing to their own profession and creating a legacy that exists over time (Lafrance, 2018). Some preceptors even report that preceptorship help them engage at workplaces, demonstrate leadership, and influence changes (Hyrkas & Shoemaker, 2017; Grant Kalischuk et al., 2013; Usher et al., 1999).

Student. Student development is the primary goal of preceptorship (MUNFON, 2019). Students can achieve this by taking advantage of a variety of learning opportunities during the preceptorship experience to broaden their knowledge base. For example, the topic of medication knowledge has been addressed in current preceptor handbook (MUNFON, 2019) and nursing research (Goodwin, Kilty, Harman, & Horgan, 2019). Preceptorship is supposed to help students achieve higher level of medication knowledge through the exposure of medication prescription, administration, effects and side-effects in the real world and on the real patients. In addition, students have the opportunity to observe, learn, practice, and master essential skills that will prepare them for a nursing career. These skill sets can be task-oriented, such as central line care and medication administration (Goodwin et al., 2019; Marmol et al., 2012). Students can also develop skills of higher cognitive order such as critical thinking and communication (Foley et al., 2012; Phillips et al., 2017; Reardon, 2017; Rodriguez-Garcia et al., 2018; Wu et al., 2016). Moreover, students have the opportunity to apply nursing theories and knowledge that they have learned in classrooms and on textbooks to real nursing practices (MUNFON, 2019).

During preceptorship, students are also exposed to the reality of nursing work and develop important social connections which can benefit their nursing career tremendously if they

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choose to stay in this profession. The lack of interest in direct patient care by students becomes very obvious during preceptorship (Manhavanpraphakaran, Shukri, & Balachandran, 2014). Therefore, it is essential that students have the time and space to reflect on their experiences. They also need supportive preceptors and faculty members to help them navigate feelings of stress and anxiety which can distort students' perceptions of the nursing profession (McCarthy et al., 2018; Reardon, 2017). Positive preceptorship experiences have many other benefits, including the potential of students obtaining future job offers from the hosting nursing units thanks to their demonstrated clinical competency and strong social network on the units (CNA, 2004; Registered Nurses Association of Ontario, n.d.).

Institution. Preceptorships and the provision of preceptors can be a significant investment for hosting institutions. Preceptors have pointed out that they need organizational support to fulfill the preceptor role, including (but not limited to), reduced workload and collaboration of other staff on the units (Cronin, 2019; Grant Kalischuk et al., 2013; Kamolo et al., 2017; Schaubhut & Gentry, 2010; Sedgwick, Yonge, & Myrick, 2009; Smith & Sweet, 2019). Researchers have suggested that health care institutions collaborate with nursing programs to train and prepare nurses for the preceptor role (Wu et al., 2016). Studies also show that some preceptors need recognition from their workplace managers and monetary rewards from the hosting institution as incentives to take on the preceptor role (Katiern46, 2018; McCarthy & Murphy, 2010).

However, research indicates that investments by institutions pay off eventually. Preceptorship has financial implications for institutions. It saves more money than that expended for a traditional orientation. Traditional orientation is often the sole responsibility of institutions. But students in preceptorship courses have the support from both nursing programs and hosting

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institutions. Moreover, students who have done preceptorship courses on a nursing unit will likely become job-ready faster after they are hired as employees into the same unit. It can also result in fewer resignation and decreased staff turnover (CNA, 2004). Preceptorship improves quality of care and the overall success of institutions. Thanks to preceptorship experience, nursing staff have reinforced their commitment to the profession and patient care, and enhanced their knowledge and skills, which results in a stronger workforce. Nurse preceptors become more engaged at work and seek positive changes to workplaces, which also results in a better workplace that is more conducive to patient care (CNA, 2004; Foley et al., 2012; Phillips et al., 2017; Reardon, 2017; Rodriguez-Garcia et al., 2018; Wu et al., 2016).

The public. The direct contact with real patients is the distinctive advantage of clinical education, and preceptorship is not possible without their acceptance and participation. Therefore, it is important to articulate the benefits of preceptorship for the public in order to have their support. Studies show that, in general, patients appreciated the opportunity to contribute to a student's learning process and thus enhance the quality of care (Suikkala et al., 2018). From a financial perspective, preceptorship is also welcomed as a cost-saving measure to provide sustainable health care workforce and overall improvement of health care (CNA, 2004).

Importance of Preceptor Support

Support from the workplace. A common theme of the literature is that preceptors have a very important role and they require adequate support to fulfill it. Preceptors need support in the workplace. It is not uncommon that they find the role stressful and burdensome and do not always feel adequately supported by their managers or colleagues (Cronin, 2019; McCarthy & Murphy, 2010). For example, preceptors have identified that being supported in having the time-to-teach was the foundation of positive preceptorship experiences (Cronin, 2019; Grant

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Kalischuk et al., 2013; Kamolo et al., 2017; McSharry & Lathlean, 2017; Rebeiro et al., 2015).

This protected time with students also helps to teach, assess, and build relationships with students. Preceptors also need dedicated time to prepare themselves for the preceptor role and to reflect on their performance as a teacher. To provide more time for teaching, institutions must overcome at least three barriers: resource restraints to accommodate a lighter workload for preceptor; misconception that the preceptor and student dyad consisting of two people should be able to take a heavier patient load; and the need of stronger time management capacity of preceptors (Kamolo et al., 2017; Reardon, 2017). Therefore, it is imperative that hosting organizations can provide managerial support to dispel misconceptions around preceptorship, foster a supportive culture, and protect the time for teaching.

Secondly, preceptors need support from nursing and non-nursing colleagues. Some preceptors identified the need for guidance and support from more capable or experienced peers to develop confidence and handle stress while precepting students (Smith & Sweet, 2019; Usher et al., 1999). Some preceptors highlighted the importance of multidisciplinary teamwork to support students in developing a professional identity, to broaden their knowledge base, and to develop crucial skills for teamwork (Sedgwick et al., 2009).

Managerial support is very necessary. Without managerial support, preceptorship would not have been allowed in the hosting units or institutions. Positive feedback and recognition from management for undertaking the preceptor role are considered motivating factors for many preceptors (McCarthy & Murphy, 2010). Preceptors also welcome direct supervision and guidance from the management team in fulfilling the preceptor role, especially for challenging situations like new preceptor development and student assessment (Schaubhut & Gentry, 2010; Wu, Enskar, Pua, Heng, & Wang, 2017).

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Support from the nursing program. Given the educational nature of preceptorship, preceptors definitely need support from the nursing program. This is evident in the results of the most recent preceptor survey by MUNFON, which is also supported by all the literature selected for this project. First of all, preceptors rely on the nursing program for appropriate preceptorship course organization and continuous improvement (Cronin, 2019):

Continue to ensure course expectations are clear; continue to update the course handbook as necessary to ensure it meets the needs of the student and preceptor. Continue to provide course information presentations (webinars) to preceptors prior to the start of the course. Continue to promote a positive student-preceptor relationship. Continue to have students develop individual goals. Continue to ensure that student are being assigned to the most appropriate clinical areas to enhance their learning. Continue to ensure that all faculty are consistent. Continue to update and revise the midterm and final evaluation forms to ensure they are user-friendly for preceptors (p. 9-10).

These recommendations resonate with the literature reviewed. Windey et al. (2015) emphasized how nursing programs were primarily responsible for preceptor preparation and preceptorship courses development. This is visible with the BN (collaborative) Program course handbook, a commonly used PSMs collaboratively developed by three nursing programs. Researchers also suggested that nursing programs should be at least involved in the development of their PSMs (Luhanga, Dickieson, & Mossey, 2010; Windey et al., 2015; Wu et al., 2016). In doing so, these resources can better guide preceptors in terms of understanding course expectations, roles and responsibilities, helping students achieving goals, and working effectively with nursing faculty advisors.

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Preceptor demand direct and ongoing involvement and support from nursing faculty members (Cronin, 2019):

The need for consistent and ongoing contact with preceptors and students in NURS 3523 has been and will continue to be reinforced with faculty. Based on survey responses it was felt to change to – contacts the preceptor on a weekly basis to discuss the student's performance (more frequently if required). Faculty need to continue to provide support to students and preceptors in an open and non-confrontational manner that is in keeping with agency policies. Faculty contact requires an initial visit or call with the preceptor prior to the start of NURS 3523 to address any sensitive issues or needs specific to the course, unit, preceptor, and student (i.e., times to visit, unit routines, etc.) (p. 9).

The above recommendations highlight the importance of communication and conflict-resolution, which is consistent with research findings. Studies have revealed some common problems that preceptors encounter, such as role conflicts, inter-personal conflicts, and difficulties with student performance evaluation and management (Broadbent, Moxham, Sander, Walker, & Dwyer, 2014; Foley, Myrick, & Yonge 2013; Seldomridge & Walsh, 2006; Smith & Sweet, 2019). Researchers have also recommended that greater faculty support is needed for these challenging situations. Specifically, faculty members usually help preceptors prepare for their role by conducting orientation and providing resources for future reference (Broadbent et al., 2004; Seldomridge & Walsh, 2006; Windey et al., 2015). Moreover, preceptors request ongoing faculty mentoring when conflicts arise and for challenging tasks like student evaluation, as well as resolving concerns regarding student motivation and performance (Cronin, 2019; Luhanga, Yonge, & Myrick, 2008). These situations are distressing both for the preceptor and the student, and can negatively impact the quality of care. It is recommended that preceptors

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communicate problems and concerns to the faculty instructor as soon as possible for advice, guidance, and support to prevent major adverse events from happening (Luhanga et al., 2008).

Support from other sources. Nurse preceptors need as much support as possible from all stakeholders to fulfill this important role. Students need consent from patients to provide direct patient care, no matter such consent is implied or explicit. It is imperative that preceptors maintain good reputation on the unit and good relationships with patients to facilitate this learning experience for students (Suikkala et al., 2018). Additionally, preceptors feel more motivated to take on this extra responsibility of precepting students if they receive recognition and other rewards from regulatory bodies and the general public (Grant Kalischuk et al., 2013; Hyrkas & Shoemaker, 2007; MUNFON, 2019; Usher et al., 1999).

Recommendations for Preceptor Support Materials

Studies have shown that good support materials are required for successful preceptorship experiences for all participants (Luhanga et al., 2010; Windey et al., 2015). However, the most recent preceptor survey report from the BN (collaborative) Program revealed that preceptors were least satisfied with the preceptor handbook (Cronin, 2019). While the preceptor handbook is used as a common support material (Luhanga et al., 2010; Windey et al., 2015), there are a limited number of studies that focus on their development, which is a gap in the literature. However, some evidence has been found for informing this quality improvement project, particularly from grey literature.

Adult learning theory as the theoretical framework. Very few studies discussed the theoretical frameworks used to guide preceptorship courses (Joseph & Juwah, 2012; Smith & Sweet, 2019). In fact, the current course outline for NURS 3523 does not specify a theoretical framework either. Nevertheless, many studies on preceptor support incorporated a learner-

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focused approach. These authors emphasized the lived experiences of preceptors and often used their perceptions to justify or reject educational practices (Byrd et al., 1997; Cronin, 2019; Kamolo et al., 2017; Luhanga et al., 2008; Windey et al., 2015). This project shares the same focus on the learners and aims to increase preceptors' satisfaction rates regarding the support they receive from the BN (collaborative) Program. Therefore, adult learning theory has been chosen as the theoretical framework for this project because of its advantages in utilizing and improving adult learners' experience.

Adult learning theory is considered a learner-focused approach of teaching, which actively engage adult learners in the learning process (Curran, 2014). It is built upon six key assumptions of adult learners: (1) self-concept, which refers to an adult becoming more self-directed and independent as they mature. Adults typically want to choose what, when, and how to learn. Educators should provide choices and a collaborative learning environment that fosters mutual respect; (2) experience, which refers to the wealth of life experiences that adult learners bring into new learning activities. Of importance is how prior-experience can either prompt or hinder new learning. Educators should seek to understand and help adult learners apply existing knowledge and experience to the new learning activity in a positive way; (3) Adult learners' readiness to learn depends on perceived needs. Educators should conduct needs assessment before engaging adult learners in learning activities; (4) adult learners seek learning opportunities that will enable them to solve problems; (5) adults seek learning opportunities due to some external motivators, but the more potent motivators are internal, such as self-esteem, better quality of life, and self-actualization; and (6) it is imperative that adults know why they need to learn something. In other words, educators must establish the relevance of learning activities to adult learners as soon as possible (Curran, 2014; Knowles, Holton, & Swanson, 2011).

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Using the adult learning theory as the theoretical framework for this project implies that development and revision of PSMs must be done in consultation with preceptors and faculty members, who are the users and developers of those teaching materials. There are several advantages in doing such (Knowles et al., 2011; Mukhalalati & Taylor, 2019; Rao, 2019; The Wellness Network, 2018; Tipping & Paton, n.d.). This quality improvement project is rooted in preceptor self-identified needs and wants regarding the preceptorship course and its supporting materials (Cronin, 2019). Their devotion towards the preceptorship course indicates the importance of preceptorship; their request to improve the preceptorship handbook is the reason for this review and revision. Preceptors' actual experiences with PSMs are used to guide this review and revision. They have provided great insights into the needed changes in terms of contents and methods of delivery (Cronin, 2019). In addition, preceptors feel respected and engaged in this learning process, when consultation is done properly. Proper engagement of preceptors through consultation lays the foundation for positive preceptorship experiences for all parties involved. Preceptor engagement puts preceptors in charge of their own education, and, in doing so, preceptor can access information in a way that lets them seek education or access education when they are ready for it.

Accessibility. Cronin (2019) noted that preceptors had concerns about the accessibility of NURS 3523 handbook. Specifically, some of them complained of not receiving a copy at all. There are many contributing factors to this accessibility issue. The BN (collaborative) Program encompasses a large geographical area, which makes it difficult for faculty members to travel to every site. It also makes it more challenging to deliver a hard copy of preceptorship handbook to everyone. The preceptorship faculty therefore rely on email, and at times, posted mail to deliver information. Thankfully, existing literature offered some possible solutions to this issue. First of

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all, preceptorship support materials can be delivered before the commencement of preceptorship courses (Windey et al., 2015). So that preceptors will have time to communicate with nursing faculty regarding missing materials before they start working with students. Secondly, having multiple delivery methods for PSMs can be beneficial. Some nursing programs have made PSMs available online and accessible to everyone, including the general public (DalSON, 2016; Schlan et al., 2008; UPEISON, n.d.; UVicSON, 2019). This delivery method can work well for preceptors who carry a mobile device with internet browsing functions.

Some nursing programs also involve the hosting unit managers and educators to help deliver PSMs as alternative to internet access (McCarthy et al., 2018). This can help to engage the management team on the units, and act as a reliable back up plan in case preceptors are not able to access electronic copies.

Accessibility is also negatively impacted by time constraint. Luhanga et al. (2010) noted that while a preceptor resource manual “pretty much covers everything”, some preceptors complained that it had “just too much information” (p. 7). This is compounded by having insufficient time for preparation and confidence building (Wu et al., 2016).

Content recommendations. It is recommended that PSMs should be written in a succinct manner, using plain language, and be organized for easy navigation (Burke et al., 2016; Luhanga et al., 2010). Ideally, PSMs should “cover everything” and serve as a quick reference guide for all important issues that preceptors experience. To achieve this goal, PSMs require ongoing evaluation and revision to reflect changes taking place amongst preceptors and students, as well as in the university and health care system (Luhanga et al., 2010; Yonge & Myrick, 2004). A careful review of literature revealed four common themes of required contents for PSMs, which will provide a foundation upon which this resource will be built.

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First of all, it is recommended that PSMs outlines clear expectations for all parties involved in preceptorship, especially preceptors, students, and faculty members (Burns & Northcutt, 2009; Byrd et al., 1997; Kamolo et al., 2017; Lewallen, DeBrew, & Stump, 2014; Luhanga et al., 2010; Windey et al., 2015). The BN (collaborative) Program preceptor survey report (Cronin, 2019) identified that preceptors demanded a clear guideline for roles, responsibilities, goals, and expectations:

Continue to ensure course expectations are clear; continue to ensure that all faculty are consistent; continue to have student develop individual goals; continue to ensure that students are being assigned to the most appropriate clinical areas to enhance their learning (i.e., palliative care, reevaluate the split between 4NB/LTC) (p. 9).

Luhanga et al. (2010) noted that preceptors liked the PSMs when:

Those familiar with the preceptor resource manual acknowledged it as significant in identifying the expectations related predominantly to the role of preceptor, but also the anticipated roles of the student and faculty advisor. As one participant reported, “It gave me all I need for what I am supposed to do. It answers most of the questions.” Another participant commented that “it basically tells you what to look for, what their intentions are from you as well... The book, preceptor resource manual, pretty much covers everything... what is expected of the students, what is expected of the preceptor... because that’s very important.” (P. 7)

Secondly, many studies focused on how to teach students in a clinical setting. One topic was how to teach students about critical thinking (Foley et al., 2012; Phillips et al., 2017; Rodriguez-Garcia et al., 2018; Wilkinson, 2004), with some recommendations on various methods. For example, preceptors should master the art of questioning in order to stimulate

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students' critical thinking and encourage them to solve common problems that arise during practice (McSharry & Lathlean, 2017; Phillips et al., 2017; Rodriguez-Garcia et al., 2018). In order to help preceptors master the art of questioning, researchers suggested that preceptors ask more questions from the higher cognitive level, rather than focusing on knowledge questions, which is the lowest category in the cognitive domain requiring only simple recall of information (Phillips et al., 2017). To facilitate this, PSMs can provide guidelines, tips, examples of higher order questions, including case studies, to inspire preceptor (McSharry & Lathlean, 2017). Preceptors can also use the strategies of role modelling, active engagement, and debriefing to help students develop critical thinking for themselves (Baldwin et al., 2014). Wilkinson (2004) argued that helping student nurses understand clinical situations, in the way that is characteristic of expert nurse, is the essence of clinical teaching. It is essential that preceptors find ways to make such clinical understanding discernible for students. When it comes to PSMs, Bott, Mohide and Lawlor (2011) suggested introducing the five minute preceptor strategy. It involves five steps: get the student to take a stand, probe for supporting evidence, teach general rules, reinforce the positives, and correct errors or misinterpretations. McSharry and Lathlean (2017) requested that preceptors should be given enough time to teach so that they can dialogue and talk through practice to enhance the student's knowledge and understanding. Additionally, Wedgeworth, Carter, and Ford (2017) recommended guided clinical journaling which allows students to reflect and retain their clinical experiences. Student journals can be reviewed by preceptors to ensure that student learning has occurred and to provide prompts for further guided reflection of the learning experience.

Some researchers explored how preceptors can help students with certain psychomotor nursing practices. For example, Marmol et al. (2012) reviewed different teaching methods for

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central catheter dressings and concluded that simulation undertaken with the assistance of a tutor showed to be more effective than simulation using a self-learning tutorial. Preceptors can also experience dissatisfaction with the level of medication knowledge demonstrated by undergraduate nurses. Goodwin et al. (2019) explored this phenomenon in acute care setting and suggested that more practical and intense education be provided outside of the units, such as in the nursing school, with a focus on simulation and presentations from clinical staff. They also suggested that preceptors should provide education at less busy times on the ward.

These findings have important implications for PSMs revisions. A checklist can be included for preceptors to identify frequently used nursing skills on the ward and to share with students and faculty members. If students obtain this checklist ahead of time, they can practice in the simulation center with the assistance of faculty members to increase their familiarity with common procedures and to boost their confidence. Hopefully, increased student preparation will make preceptors will feel less overwhelmed in terms of the responsibility of teaching nursing skills. As well, PSMs can also include suggestions for teaching nursing skills on the ward, including but not limited to, providing education at less busy times and choosing patients who are more willing to participate in clinical education. While this can be challenging, depending on the unit, it is worthwhile to explore.

Last but not least, the issue of student performance assessment and management has received great attention amongst nursing scholars (Kennedy & Chessier-Smyth, 2017; Killam, Luhanga, & Bakker, 2011; Luhanga et al., 2008; Sedgwick, Kellett, & Kalischuk, 2014; Seldomridge & Walsh, 2006; Wu, Enskar, Lee, & Wang, 2015). It is also addressed in current course outline and guidelines for NURS 3523 by MUNFON (2019). When it comes to clinical assessment, several solutions have been proposed for this challenging task, which can be

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incorporated into the revised PSMs. There are three suggestions: (1) clear articulation of expectations for student performance using plain language to promote understanding and acceptance by preceptors; (2) developing a valid and reliable clinical assessment tool, including grading rubrics for various aspects of the course; (3) ongoing faculty mentoring for preceptors (Seldomridge & Walsh, 2006; Wu et al., 2015).

Student performance management issues are directly related to assessment issues. There are great discussions on a couple of very challenging situations. In the NURS 3523 report (Cronin, 2019), preceptors found it challenging to work with students with “attitude” concerns. According to the adult learning theory, it is important to explore the relevance of preceptorship to students and their motivation for learning. Wilkinson (2014) noted that student motivation is dependent on their perception of learning necessity. Preceptors can better engage students if they can identify motivating factors for students. Researchers also acknowledged that a positive interpersonal relationship between preceptor and student is the foundation of a cohesive culture in clinical setting (Foley et al., 2013). When compatible characteristics of preceptor and student exist, synergistic interactions between these two parties are more likely to happen and can result in positive preceptorship experiences for all parties involved (Zilembo & Monterosso, 2008). PSMs can also include analytical tools for preceptors and students to identify their own teaching and learning styles, and to provide suggestions on what works for different combinations of preceptor and student characteristics.

Preceptors also find it challenging to work with students who level of practice is marginal or unsafe. It is even more stressful if preceptors have to fail students (Kennedy & Chessers-Smyth, 2017; Luhanga et al., 2008). Kennedy and Chessers-Smyth (2017) developed a tripartite approach, also known as the collaboration between student, preceptor, and faculty member, to

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enhance the assessment process and to ensure a more robust and decision-sharing mechanism when it comes to extremely difficult decisions like failing a student. Current NURS 3523 Course Outline and Guidelines (MUNFON, 2019) is in agreement with this tripartite approach and encourages preceptors to reach out to faculty whenever they perceive a student's performance is unsatisfactory or unsafe during the course of the rotation. The revised PSMs can make the general processes of passing or failing students more transparent so that preceptors and students can strive to pass while avoid practices that will result in failing the preceptorship.

Limitations

An apparent limitation of peer-reviewed literature is that they lack details in terms of the exact contents of preceptor support materials or preceptor support programs in general. It is possible to reach out to researchers for more details but the limited timeframe for this project does not really allow this to happen. This limitation is lessened with grey literature which provides a number of good examples to refer to for PSMs revision.

The critical appraisal of the literature revealed that there is a very limited amount of high quality research on PSMs. It has been difficult to establish a cause-effect relationship between interventions and outcomes, given the fact that experimental studies are hard to design and conduct in this research field. For some studies, the inference power is further weakened by possible biases in sampling, including but not limited to problems with sample size and participant selection. Literature review articles seldom included non-English literature or grey literature, and often times, studies do not provide enough explanations as to why certain research methods were chosen. Additionally, studies did not usually specify the theoretical frameworks, which makes it difficult to apply studies results to theoretical part of this project.

Conclusions

Despite all the limitations of studies, this literature review generated useful information for this quality improvement project of revising preceptor support materials (PSMs) for NURS 3523 at MUNFON, and in particular, the course handbook. It justifies the need for this project with substantial evidence on the importance of preceptorship and the need for preceptor support. Although no single study can provide a comprehensive guidance on what should be included in the revised PSMs, common themes for desirable features in PSMs have been identified amongst existing research. Eventually, literature review findings will be combined with consultation results to develop and implement the plan for PSMs revision.

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Author	Research Question & Methods	Results & Discussions	Comments
<p>Baldwin, A., Mills, J., Birks, M., & Budden, L. (2014).</p> <p>Type: Integrated literature review</p>	<p>Research question: To identify and appraise research findings about role modeling of professional behaviors for undergraduate nursing student. Specifically, to identify who the role models are and where does role modeling occur.</p> <p>Methods: A systematic literature review was conducted.</p> <p>Data collection: Literature search using the key terms of: role model*, nurs*, educat*, and student to search CINAHL, Proquest, and Scopus databases, from 1999 to 2013. Articles were first screened by abstracts then full text. 33 articles were chosen for final review.</p> <p>Data analysis: The Critical Appraisal Skills Programme (CASP) tools were used. The qualitative tool for qualitative research and the cohort tool for quantitative research. Mixed studies were analyzed and presented in two separate parts.</p>	<p>Results: (1) Nurse clinicians as role models during clinical placements. Students adopts the behaviors of clinician role models. While students gravitate towards to good practice, they learn from bad behaviors by recognizing the type of nurse they do not want to be. Characteristics of good practice include “enjoy nursing”, include and respect the student, follow best practice and evidence based guidelines, being approachable and available, instill confidence and support learning, provide timely feedback while tolerate mistakes and create a relaxing atmosphere, show genuine interests in patients. Overall, a good role model is an exemplary nurse who possesses extensive clinical knowledge and skill while being highly personable. (2) Nurse academics as role models. A hidden or informal curricula. Desirable characteristics include demonstrating desired attitudes and values, respects and values for patients, colleagues and students, scholarly traits, beliefs in students’ ability to learn, and serving “as students’ parents”. A good role model contributes to self-discovery, self-motivation, and self-confidence in students, values high quality nursing care, and is enthusiastic about developing the nursing profession.</p> <p>Discussions: (1) Nursing education has become increasingly student-centered. (2) Nursing education is a specialty in itself and educators need support include adequate academic preparation, formal support from education providers, and ongoing professional assessment and development. (3) Students are selective in how they view the importance of academic performance versus clinical performances, and what characteristics they choose to emulate. (4) In order to facilitate knowledge transfer, the clinical culture should include a focus on learning and theory, and the academic culture should include a focus on care and clinical practice.</p>	<p>Overall rating: Medium.</p> <p>Strengths: (1) Clear review question that is highly relevant to my research interest. (2) Great summary and discussion of research findings that inform nurse educators on the topic of role modelling in clinical education. (3) Sample population and setting very similar to the population of interest. (4) A large enough sample of 33 articles which convey similar messages to support good practices in role modeling. (5) Recommended practices for role modeling are highly likely to be readily implemented in other settings.</p> <p>Limitations: Major limitation is in methodology. (1) limited search for non-English literature. Did not look at grey literature. (2) It is unclear whether more than one appraiser with same criteria has reviewed articles and reached agreement, which negatively affects the rigour of review process.</p>

LITERATURE REVIEW

Author	Research Question & Methods	Results & Discussions	Comments
<p>Byrd, C. Y., Hood, L., & Youtsey, N. (1997).</p> <p>Type: Descriptive Study</p>	<p>Research question: To identify factors that both preceptors and students perceive as most important to a successful learning partnership and to determine if any differences exist.</p> <p>Methods: Data collection: (1) Mailed survey to a convenience sample of 42 American undergraduate nursing students and 61 registered nurses who served as preceptors to those students. (2) Participants were asked to rank 15 pre-selected factors important to a successful learning partnership.</p> <p>Data analysis: (1) Use frequency counts and calculation of the mean rank score of each factor for preceptors and students. (2) Mann Whitney U-Wilcoxon Rank Sum W test to show differences in ranking by preceptors and students, and in ranking by preceptors of different demographic features.</p>	<p>Results: (1) Preceptors and students approached the learning partnership from different perspectives, and their ranking of factors were nearly completely opposite. (2) Preceptors ranked the ability to give and receive constructive criticism and clinical competence as the most important factors, while students ranked these as the least important factors. (3) Students ranked knowledge of the preceptorship process and compatibility as the two most important factors, while preceptors ranked these as the least important factors. (4) No significant differences in preceptor ranking of factors according to preceptor age, years of clinical experience, or educational preparation.</p> <p>Discussion: (1) Preceptors saw their primary role as teaching and emphasized giving feedback and functioning within course objectives as essential elements. (2) Preceptors value clinical competence and may be unwilling to accept the preceptor role with poorly prepared students. (3) Students may perceive themselves to have developed adequate clinical competence at this time, and wanted to develop a relationship with the preceptor to help bridge them into the work world. (4) Congruency of perceptions may increase satisfaction with the process for both preceptors and students.</p>	<p>Overall rating: Medium.</p> <p>Strengths: (1) Original findings distinctive from existing literature. (2) Innovative data collection instruments that were well tested. (3) Strong ethics approval and statistical analyses with a good discussion of results and their implications. (4) High response rates: 54.1% for preceptors and 95.2% for students. (5) This study provides direct evidence for my research question.</p> <p>Limitations: (1) the use of a convenience sample. (2) small sample size. (3) a self-report instrument. (4) use of a single report instrument elicit perceptions related to both partners may have been a complications. (5) factor statements need clarification, for example, it is unclear whether clinical competence factor refers to the competence of students alone or it also refers to the competence of preceptors. (5) qualitative data should be considered, for example, participants should be given the opportunity to report and rank factors that they believe are important but not on the pre-selected list. (6) Very little discussion on how to achieve or promote factors that are important to a successful learning partnership.</p>

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Author	Research Question & Methods	Results & Discussions	Comments
Foley, V., Myrick, F., & Yonge, O. (2013). Type: Qualitative study	<p>Research question: To explore the preceptorship experience within an intergenerational context.</p> <p>Methods: A phenomenological study guided by van Manen's approach to human science research.</p> <p>Data collection: 7 preceptors and 7 nursing students were recruited from an undergraduate nursing program, including Gen Xers, Millennials, Gen Xers. Two unstructured interviews with each participant. First interview for preliminary themes. Second interview to confirm and/or extend the analysis, and to interpret the significance of findings.</p> <p>Data analysis: (1) turning to the nature of the phenomenon; (2) investigating the experience as we live it rather than as we conceptualize it; (3) reflecting on the essential themes which characterize the phenomenon; (4) describing the phenomenon through the art of writing and rewriting; (5) maintaining a strong and oriented relation to the phenomenon; (6) balancing the research context by considering the parts and the whole.</p>	<p>Results: Three main themes: being challenged, being affirmed, and being on a pedagogical journey. There is a key subtheme of encountering conflict with three main descriptions: (1) nurses "eating their young", which implied vertical violence. Vertical violence is often attributed to increased stress because of the teaching activity, a pre-existing culture of both horizontal and vertical violence, and an underlying resentment related to educational preparation when preceptors felt "trapped in bedside nursing" because they did not have BN degree. (2) Lamenting the past, which implied that preceptors believed that nursing education was better than it is today. Preceptors made comments that students did not have enough preparation or unable to meet expectations. (3) Personality clash, compounded by not understanding each other and not knowing the generational difference.</p> <p>Discussions: (1) Vertical violence is common. (2) Vertical violence negatively affects students, no matter they directly experienced it or witnessed it happening to others. (3) There is a knowledge deficit of preceptors regarding current nursing education, which should be addressed by nursing faculty. (4) Setting reasonable expectations is necessary for a positive preceptorship experience for all. (5) Nursing education should incorporate the strengths of traditional and modern education approaches. (6) Addressing vertical and horizontal violence requires efforts beyond nursing students and educators. (7) Further research should be done for the phenomenon of personality clash. (8) Collective efforts are needed for a cohesive culture.</p>	<p>Overall rating: Medium.</p> <p>Strengths: (1) solid literature review to justify the importance of research and cover the necessary background. (2) Stated a clear research question. (3) Identified the particular methodology. (4) demonstrated the appropriateness of the research methodology for the research question. (5) Clearly described how the data were analyzed. (6) appropriate ethics approval in place. (7) provided recommendations for nursing practice and research.</p> <p>Limitations: (1) Not enough discussion of the adequacy of study sample. (2) Unclear of the theoretical orientation of the study. (3) Unclear the method used to ensure the quality of data. (4) only a part of the findings from this study was presented in this article. (5) Not all concepts were clearly defined. (6) Generational differences may not explain all issues identified in this study.</p>

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Author	Research Question & Methods	Results & Discussions	Comments
<p>Lloyd-Penza, M., Rose, A., & Roach, A. (2019).</p> <p>Type: A quality improvement project using qualitative research method</p>	<p>Research question: To identify ways to improve student learnings through the partnerships of academic and veteran affairs (VA) practice institutions.</p> <p>Methods: Feedback, in the form of written questionnaires and informal debriefing, was collected and analyzed for common themes.</p> <p>Data collection: Feedback was collected from 71 students, 34 clinical teaching associates (CTA), and 6 nurse leaders from 2 acute care units over four years at the end of sophomore and junior courses. Asking about participants' experience and suggestions for improvement.</p> <p>Data analysis: Responses were analyzed for common themes. All authors reviewed the data and agreed upon the themes.</p>	<p>Results: Four themes emerged: (1) Students, site leaders and CTAs valued faculty presence during the clinical day. CTAs expected faculty to supervise students providing patient care when CTAs were faced the competing priorities. Faculty also helped with providing student feedback, preparation, debriefing, emotional support, supplementary and complementary instruction to student. (2) Students benefited from being paired with the same CTAs throughout the course. CTAs are known as preceptors in other settings. (3) CTAs and site leaders suggested students be present for entire 12-hour shifts. (4) CTAs desired more training to address student needs. CTAs "would like to understand the courses better" and know what "students can and can't do". They wanted details of the content of didactic courses and the skills that students were competent to perform.</p> <p>Discussions: (1) A unique model where faculty are present throughout the clinical day. It is highly appreciated by CTAs and students but may not be feasible in other settings. (2) It has been hypothesized that positive indoctrination or introduction into the nursing profession and work environment may lead to retention of nurses in an organization and in the nursing profession. (3) Obtaining feedback is a strategy to evaluate education programs and improve the quality of education.</p>	<p>Overall rating: Medium.</p> <p>Strengths: (1) Important and clearly defined questions/goals that are relevant to my research interest in undergraduate clinical education. (2) Research question was answered with adequate discussion on the research findings. (3) Provided a conclusion and the recommendations for nursing education.</p> <p>Limitations: (1) Limited literature review to justify the importance of this study. (2) Neither traditional methodologies nor rigors were followed. (3) No clear discussion on how this research meets ethics requirements. (4) A unique setting where the recommendations may not be readily applied in other settings.</p>

LITERATURE REVIEW

Author	Research Question & Methods	Results & Discussions	Comments
Kennedy, S., & Chesser-Smyth, P. (2017). Type: Qualitative Study	<p>Research question: To explore the experiences of the preceptors when faced with dilemma of whether or not to fail a nursing student who was incompetent or underperformed while on clinical placement.</p> <p>Methods:</p> <p>Data collection: A qualitative approach of hermeneutic phenomenology. One to one interviews with nine preceptors from the nursing school and two clinical sites who had at least two years working experience as a preceptor with undergraduate nursing students in a general (adult) teaching hospital.</p> <p>Data analysis: The data was analysed using Elo and Kyngas (2008) content analysis three step framework: (1) involved preparation: reading transcripts and attribute meaning to them by coding the text line by line; (2) units of meaning assigned to a group or theme and irrelevant data discarded; (3) achieve the final themes via conceptualization.</p>	<p>Results: Three themes emerged: (1) First impressions: An automatic judgement was made initially by the preceptor on the nursing student's attitude and ability during the first meeting of the nursing student. (2) Emotional turmoil of failing the student: Preceptors felt the psychological weight of failing student (self-doubt, subsequent emotional turmoil including a sense of guilt and a sense of disappointment) and felt isolation in the process of assessing students and making decisions. (3) Competing demands in the workplace: a lack of time for the preceptor role as a major barrier to clinical competence assessment. Preceptors did not fail students because they felt that students were given enough support or they did not feel confident to fail students now, deferring the decision and hoping students would improve later in the program.</p> <p>Discussion: (1) To fail incompetent students causes additional and significant stress on preceptors. (2) Preceptors need further support in this decision making process and their role in general from the workplace and the nursing school. (3) There is a need for enhanced quality assurance of the assessment process and that the enhancement of validity and objectivity should create a more robust nature of the assessment process.</p>	<p>Overall rating: Medium.</p> <p>Strengths: (1) A convincing argument of the importance of topic; (2) thorough literature review; (3) a clear research question; (4) identification of the particular methodology; (5) a brief overview on the methodology employed including participants recruitment with inclusion or exclusion criteria, number of participants, data sources or data collection, data analysis techniques; (6) Discussion of trustworthiness of research findings; (7) has proper ethical approval; (8) ethical practice in obtaining consent and protecting the confidentiality; (9) demonstrated convincingly that the research question was answered; (10) An adequate discussion on the research findings; (11) No conflict of interest.</p> <p>Limitations: (1) developed a tripartite approach involving the collaboration of student, preceptor, and course coordinator, but lacks details for execution or originality. (2) No discussion of the appropriateness of sample size; (3) Unclear theoretical orientation; (4) The discussion of limitations of the study focuses mainly on transferability which is not exactly the best assessment criteria for qualitative study, but for quantitative study.</p>

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Author	Research Question & Methods	Results & Discussions	Comments
<p>Killam, L. A., Luhanga, F., & Bakker, D. (2011).</p> <p>Type: Integrated Literature review</p>	<p>Research question: To describe the characteristics of unsafe nursing students in clinical settings.</p> <p>Methods:</p> <p>Data collection: A five-stage process proposed by Whittemore & Knalf (2015) for an integrative review: identifying the problem and purpose of the review, conducting a structured literature search, appraising the quality of the data, extracting and analyzing data, and synthesizing and presenting findings. Searched both published and grey literature. Key words included clinical, preceptor (truncated), fail (truncated), incompetent (truncated), health care, misconduct, marginal, at risk, challenge (truncated), difficult, and borderline. Reviewed titles, abstracts, and reference lists. 11 articles or reports were included for the final report.</p> <p>Data analysis: Each articles was reviewed by at least two authors, discrepancies were analyzed and consensus was achieved. There were six research reports which were appraised using either qualitative or quantitative appraisal tools. Extracted descriptions of unsafe student characteristics from all documents. Themes emerged from synthesizing data.</p>	<p>Results: (1) Limited literature on this topic. Total of 11 articles, including 6 research studies of medium to high quality, 5 theoretical articles of description of policy development, editorial, and a commentary. Only one study examines the issue from student perspective. (2) Three themes in terms of unsafe student characteristics:</p> <p>Ineffective Interpersonal Interactions: poor communication between the student, clinical staff, clinical educator, or patients; difficulty developing relationships with the educator or patient. Knowledge and skill incompetence: failure or inability to demonstrate knowledge and skill development at a level compatible with his or her year of study including limited cognitive ability and weak skill demonstration. Unprofessional image: inappropriate attitudes, behavior, and lack of accountability.</p> <p>Discussion: (1) Clear objectives that are leveled by year of study and linked to policies outlining behavioral and attitudinal expectations would promote consistency among assessors and early identification of threats to safety. (2) The “failure to fail” problem can be solved with clear policy documents to form a legal basis for failing student and support from faculty in making difficult decisions. (3) Further research needed to reflect different perspectives on this issue from students, clinical educators, preceptors, faculty members, and unit managers, as well as supporting students and clinical educators and preceptors.</p>	<p>Overall rating: High.</p> <p>Strengths: (1) Clear review question that is highly relevant to my research interest. (2) Clear inclusion criteria with relevant studies including analytical studies. Studies were appraised in a consistent systematic manner with clear results. (3) A rigorous review process. (4) Correct interpretation of study results. (5) Sample population and setting very similar to the population of interest. (6) Ideas for intervention is highly likely to be readily implemented in other settings. (7) Clear conclusions.</p> <p>Limitations: (1) Unclear whether non-English literature was searched for. (2) Interventions lack details for implementation in other settings.</p>

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<p>Lewallen, L. P., DeBrew, J. K., & Stump, M. R. (2014).</p> <p>Type: Narrative literature review</p>	<p>Research question: To determine what specialty nursing accrediting organizations and Boards of Nursing in the United States and Canada require regarding preceptor use in nursing education leading to initial licensure as a registered nurse.</p> <p>Methods: Review of the websites of all Boards of Nursing, and the accrediting standards of all specialty nursing accrediting bodies in the US and Canada.</p> <p>Data collection: Information collected regarding these questions: (1) Are there any definitions, rules, or standards related to the use of preceptors? (2) What do they include?</p> <p>Data analysis: Using qualitative content analysis to look for commonalities and differences. Three reviewers participated, coding, comparing, and reaching agreements on results.</p>	<p>Results: (1) More information from American sources than Canadian sources. (2) Seven categories of information identified: (a) preceptor qualifications: there are requirements for licensure, degree, work experience, employment status, and personal philosophy of nursing; (b) faculty and nursing program role: nursing program communicates with clinical agency and the Board of Nursing for the preceptorship experience and approve preceptors. Faculty were responsible for evaluating and supporting students and preceptors, including developing course guidelines regarding contents and outcomes of learning, some were even required to meet students and preceptors at clinical sites. (c) Curriculum placement: rules including the timing, types of courses, and number of hours. (d) written policies on contracts with agencies, restrictions on clinical sites, conflict of interests, etc. (e) ratios: most common student-preceptor ratio being 1:1, and higher for student-faculty. (f) orientation of preceptors were mentioned, with variable topics and expectations for written materials. (g) many required preceptors to be available onsite at all times when students were present.</p> <p>Discussions: (1) Very few Canadian provinces address preceptor use in undergraduate nursing education. (2) There are gaps and inconsistencies in existing regulations. (3) The need for standardization is evident when it comes to rules and regulation regarding preceptor use as preceptors may work with students from different nursing programs or different provinces. (4) Preceptors should be involved in making rules and regulations.</p>	<p>Overall rating: High.</p> <p>Strengths: (1) Review question is clear and highly relevant to my research interest. (2) Relevant studies were included with a focus on grey literature. (3) Rigorous review process with more than one appraiser with same criteria and good agreement. (4) Sample population and setting very similar to the population of interest. (5) Intervention is highly likely to be readily implemented in the setting that I am interested as it speaks directly to Canadian practice. (6) Great discussion inspires research in the future.</p> <p>Limitations: (1) Information limited to the US and Canada. (2) Information is not current as the article was published more than 5 years ago.</p>

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<p>Lloyd-Penza, M., Rose, A., & Roach, A. (2019).</p> <p>Type: A quality improvement project using qualitative research method</p>	<p>Research question: To identify ways to improve student learnings through the partnerships of academic and veteran affairs (VA) practice institutions.</p> <p>Methods: Feedback, in the form of written questionnaires and informal debriefing, was collected and analyzed for common themes.</p> <p>Data collection: Feedback was collected from 71 students, 34 clinical teaching associates (CTA), and 6 nurse leaders from 2 acute care units over four years at the end of sophomore and junior courses. Asking about participants' experience and suggestions for improvement.</p> <p>Data analysis: Responses were analyzed for common themes. All authors reviewed the data and agreed upon the themes.</p>	<p>Results: Four themes emerged: (1) Students, site leaders and CTAs valued faculty presence during the clinical day. CTAs expected faculty to supervise students providing patient care when CTAs were faced the competing priorities. Faculty also helped with providing student feedback, preparation, debriefing, emotional support, supplementary and complementary instruction to student. (2) Students benefited from being paired with the same CTAs throughout the course. CTAs are known as preceptors in other settings. (3) CTAs and site leaders suggested students be present for entire 12-hour shifts. (4) CTAs desired more training to address student needs. CTAs "would like to understand the courses better" and know what "students can and can't do". They wanted details of the content of didactic courses and the skills that students were competent to perform.</p> <p>Discussions: (1) A unique model where faculty are present throughout the clinical day. It is highly appreciated by CTAs and students but may not be feasible in other settings. (2) It has been hypothesized that positive indoctrination or introduction into the nursing profession and work environment may lead to retention of nurses in an organization and in the nursing profession. (3) Obtaining feedback is a strategy to evaluate education programs and improve the quality of education.</p>	<p>Overall rating: Medium.</p> <p>Strengths: (1) Important and clearly defined questions/goals that are relevant to my research interest in undergraduate clinical education. (2) Research question was answered with adequate discussion on the research findings. (3) Provided a conclusion and the recommendations for nursing education.</p> <p>Limitations: (1) Limited literature review to justify the importance of this study. (2) Neither traditional methodologies nor rigors were followed. (3) No clear discussion on how this research meets ethics requirements. (4) A unique setting where the recommendations may not be readily applied in other settings.</p>

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<p>Luhanga, F. L., Dickieson, P., & Mossey, S. D. (2010).</p> <p>Type: Qualitative study</p>	<p>Research question: To explore the use and effectiveness of a preceptor resource manual (PRM) as a strategy to prepare registered nurses (RN) for the preceptor role.</p> <p>Methods: The fundamental qualitative description method, following the premises of naturalistic inquiry and least encumbered with philosophical and theoretical principles. (1) Sample: 22 RN were included who had been preceptors, able to converse in English, and gave consent. (2) Data were collected via focus group and individual interviews until achieving data redundancy. (3) Data analysis: Individual and group interviews where audiotaped and transcribed verbatim. Content analysis was conducted based on individual lines of each transcription. Transcripts were coded and four themes identified. (4) Rigor of study is demonstrated via credibility, fittingness, auditability, and confirmability.</p>	<p>Results: Four themes for preceptor support and development: (1) accessible resources: the sharing of information and required documents in a timely manner & how and when to contact the university; access to resource manual and other print resources in hardcopy and electronic version prior to and during preceptorship with information that is tailored to the setting (acute versus non-acute) and succinct. (2) Role complexity: resource manual should include role clarity for all parties involved, and guidance for student assessment, such as a list of skills to be taught and questions to test students. (3) Partners in precepting: need more contact with the university especially when experiencing student performance issue, more support from the workplace for a reasonable workload during preceptorship, and committed students. (4) role development: most participants recommended preceptor preparation prior to preceptorship, including program overview and goal, roles and expectations of those involved, constructive feedback, conflict resolution, the management of failing or unsafe students. Preceptor development done in workshop, informal forum, or support group, individualized teaching and learning plan.</p> <p>Discussion: (1) preceptors require preparation and support in clinical practice, teaching and evaluation. (2) formats for preceptor development program should include individual & group interactions; synchronous & asynchronous; and print & electronic-based resources. Contents include an overview of the baccalaureate program, roles & responsibilities, clinical learning & evaluation, reflective & evidence based practice. (3) Preceptor select preferred formats & contents.</p>	<p>Overall rating: High quality study</p> <p>Strengths: (1) Clear research question that is highly relevant to my research interest. (2) A comprehensive review of preceptor role support and development. (3) A good amount of details on recommended changes to preceptor role support and development program, especially the PRM. (4) Study design is rigorous and can be easily adapted to other settings. (5) Research findings and discussions has adequate depth and cover a wide range of issues and provide direct evidence to my research question. (6) Adequate ethical consideration and approval.</p> <p>Limitations: (1) Participants were volunteers, which implies possible bias in sampling. (2) A sample limited to one hospital and one university in northeastern Canada. (3) Participants are mainly female with formal education. (4) Limited assessment of the use and effectiveness of PRM due to limited accessibility.</p>

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Author	Research Question & Methods	Results & Discussions	Comments
<p>Luhanga, F., Yonge, O., & Myrick, F. (2008).</p> <p>Type: Qualitative Study</p>	<p>Research question: To identify recommendations for managing students with unsafe practices.</p> <p>Methods:</p> <p>Data collection: Twenty-two preceptors in selected acute care settings with previous knowledge and experiences in precepting students engaging in unsafe practices were chosen. Asking preceptors for their recommendations for dealing with students with unsafe practices. Data was collected mainly through semistructured interviews with preceptors, guided by questions influenced by literature and emerged from participants' responses. Ethical approval obtained.</p> <p>Data analysis: Grounded theory was used as the framework. Data were analyzed using constant comparative analysis, with the goal of discovering a core variable, and was achieved through coding at three levels: open, theoretical, & selective.</p>	<p>Results: (1) Preventing unsafe practices: preceptors develop a good understanding of expectations of preceptors and students from the school, and communicate such expectations to students; preceptors review students' own expectations to prevent conflicts from unrealistic goals or inappropriate placements. (2) Early identification of unsafe practices: preceptors identify unsafe practices through direct observation, close monitoring of the student, feedback from colleagues, and from faculty instructors. Treat single incident and a pattern of behavior differently. (3) Dealing with unsafe practices: communicate the problem to the learner to identify the source of problem and students' proposal of solutions, develop a plan of action, communicate the problem to the faculty instructor, interrupt and explain the correct approach if a major mistake occurs, constant observation and allowance for gradual clinical independence, encourage students to practice skills, question and reading assignments, create an environment conducive to learning, give timely, specific, honest, ongoing, and constructive feedback in private, preceptor self-evaluation, maintain a high standard of practice, seek external help, remedial interventions and decision to fail.</p> <p>Discussion: (1) Preceptors seek second opinions in assessing students and develop interventions for unsafe practices. (2) Involve students in action plan to improve practices. (3) Preceptors often take the lead in preventing and correcting unsafe practices. (4) A good learning environment is important and is influence by student's relationship with the preceptor and the greater team.</p>	<p>Overall rating: Medium.</p> <p>Strengths: (1) A convincing argument of the importance of topic; (2) thorough literature review; (3) a clear research question; (4) identification of the particular methodology; (5) provide information not available in literature previously; (6) Discussion of trustworthiness of research findings; (7) has proper ethical approval and research practice; (8) demonstrated convincingly that the research question was answered; (9) An adequate discussion on the research findings.</p> <p>Limitations: (1) No discussion of the appropriateness of sample size; (2) Unclear the participants are appropriate for the study purpose; (3) Researches did not acknowledge any limitation of this study; (4) Strategies lack of details which negatively impact its value in informing future research or guiding practices; (5) No disclosure of conflict of interest.</p>

LITERATURE REVIEW

Author	Research Question & Methods	Results & Discussions	Comments
<p>McCarthy, B., & Murphy, S. (2010).</p> <p>Type: A mixed method descriptive study</p>	<p>Research question: To explore preceptor's use of clinical assessment strategies as well as their views of and experiences of preceptoring undergraduate nursing students.</p> <p>Methods: A 24-item self-administrated questionnaire with 22 questions of pre-set statements using Likert scales for quantitative responses and 2 open-ended questions for preceptors' views and experiences.</p> <p>Data collection: Study conducted in Ireland from January to March 2006 with preceptor nurses affiliated to a university. 970 preceptors attended a preceptorship course were invited. Completed questionnaires were returned by mails.</p> <p>Data analysis: (1) Quantitative data: using descriptive statistical analysis. (2) Qualitative data: content analysis individually then collectively for common themes.</p>	<p>Results: Quantitative: (1) 49% response rate. (2) preceptors working in a variety of settings with the majority in surgical units. (3) preceptors have received training in various lengths from 2 days to 4 hours. (4) Majority of preceptors enjoyed working with students and wanted to become preceptors. (5) Majority of preceptor had never failed a student and found it difficult to do so. (6) Preceptors reporting not having enough feedback on their own performance as preceptors. (6) Many of them did not feel supported or appreciated by hospital management. (7) Some did not respond due to minimal experience in preceptoring. Qualitative: (1) preceptor-student issue: difficulty affording quality time with students; preference of consistent pairing of same preceptor and student; difficulty failing student due to fear of not getting the required managerial support with this decision; enjoying working with students who are knowledgeable and motivated. (2) preceptor role issue: reported concerns of preceptor training, including content and length; experiencing burden and stress as preceptors; wanted more support and recognition from managers and faculty, including obtaining feedback on their performance as preceptors.</p> <p>Discussions: (1) The role of preceptor is complex. Preparation is critical but is often considered inadequate. (2) Time and workload are dominant factors affecting performance. (3) Concern of the workload of precepting being underestimated by management. (4) The dual-role of educator and assessor while providing patient care is very stressful. (5) Providing feedback to preceptors is recommended as a quality improvement strategy for future preceptorship courses. (6) More support for preceptors at all levels and by all parties involved in clinical education.</p>	<p>Overall rating: Strong.</p> <p>Strengths: (1) Research question is fairly focused and related to my research topic. (2) High quality data collection sources and method with minimal missing data and using pilot study to check for clarity and reliability of questionnaire. (3) Proper ethical approval in place. (4) Participants had characteristics similar to the larger group of interest. (5) In-depth analyses and discussion of qualitative data. (6) Clear conclusions were drawn and applicable to other settings.</p> <p>Limitations: (1) Random sampling not used. Recruitment/selection processes limited. Participants were volunteers. (2) Limited statistical analysis and data interpretation. (3) Limited discussions on how to achieve the recommendations emerged in this study.</p>

LITERATURE REVIEW

Author	Research Question & Methods	Results & Discussions	Comments
<p>Myrick, F., & Yonge, O. (2002).</p> <p>Type: Qualitative study</p>	<p>Research question: To explore and to explicate preceptor behaviors that have been found to be prevalent and integral to the enabling of students to think critically in the practice setting, and to employ these findings.</p> <p>Methods: Using a grounded theory method.</p> <p>Data collection: Six fourth year BN students and six preceptors were asked about their perceptions of critical thinking.</p> <p>Data analysis: Not specific report of data analysis other than general statement of using a grounded theory method.</p>	<p>Results: Four behaviors were identified as integral to the promotion of the critical thinking ability: (1) Role modeling. Students learn from preceptors' behaviors. Traits such as clarity, consistency, openness, communicativeness, specificity, and accessibility are characteristics of those who role model critical thinking effectively. (2) Facilitation. Preceptors use their personal experiences to pay the way for students to discover what it is they need to achieve. Preceptors "make it easy" for students to think critically. Facilitation requires a structure of collaborating with students to manage learning objectives and activities, open communication, availing students to the expertise that already exists in the practice setting, and evaluation of learning by preceptors and students. (3) Guidance. Preceptors function as experienced peers neutral individuals to whom they can turn for guidance in answering questions, validating decisions, and discussing ideas. With guidance, students learn to solve problems in real and develop confidence and competence that enable them to think critically. (4) Prioritization. Preceptors help students prioritize throughout the shift and do so with sensitivity and assuming a helping rather than a corrective manner.</p> <p>Discussions: (1) These four behaviors should be discussed and emphasized in preceptor preparation and orientation sessions and reinforced by nursing faculty who support preceptors. (2) Training preceptors for these behaviors requires conceptualization and further study as these behaviors are considered incidental. Preceptors do it naturally and indirectly contribute to the critical thinking ability of students. (3) It is evident that such behaviors are essential to the transformation of a teaching and learning relationship from one that just happens to one that is grounded more readily in pedagogy.</p>	<p>Overall rating: Medium.</p> <p>Strengths: (1) Adequate discussion of the background and importance of this study. (2) Research question is clear and highly relevant to my research interest. (3) Detailed discussion of key concepts. (4) Research question was answered. (5) Findings of the research contribute to nursing practice, education, and research. (6) Some discussions on how to implement recommendations of the study. (7) Findings can apply to other settings too.</p> <p>Limitations: (1) Identified the particular methodology but not revealing enough details how this study is done. (2) Unclear of the appropriateness of sample. (3) Unclear of the theoretical framework of this study. (4) No mention of ethics approval. (5) Further research needed to implement recommendations of this study.</p>

LITERATURE REVIEW

Author	Research Question & Methods	Results & Discussions	Comments
<p>Phillips, N. M., Duke, M. M., & Weerasuriya, R. (2017).</p> <p>Type: Descriptive study</p>	<p>Research question: To explore and describe the level of questions asked by nursing undergraduate clinical facilitators.</p> <p>Methods: Descriptive online survey including three acute care patient scenarios. A comparative study conducted over 15 years ago.</p> <p>Data collection: 133 clinical facilitators from 5 healthcare organizations participated.</p> <p>Data analysis: Same method as the previous study. (1) Questions were coded into different levels. (2) Descriptive statistics were used to test differences in the level of questioning between groups. One-way ANOVA and t-tests to analyze differences in relation to demographic data.</p>	<p>Results: (1) Demographic: mostly female participants, years of experience as facilitators range from less than a year to over 10 years with almost equal distribution in each sub group, most are preceptors, majority have a bachelor degree in nursing, predominant nursing roles was unit managers or other senior roles. (2) Clinical teachers, clinical educators, and clinical facilitators all asked more questions at the lower level (knowledge and comprehension) than the higher level (application, analysis, synthesis and evaluation), 73% compared to 27% respectively. (3) Undertaking education-focused learning influences the number of high level questions asked. (4) No significant difference derives from the difference in the years of experience in a facilitation role and the nursing role. (5) Findings of this study are consistent with the original study.</p> <p>Discussions: (1) Having an education-related course/workshop or formal qualification appears to make a difference in the level of questions asked. Therefore, it is important to prepare all nurse clinicians in their role in educating students. (2) There are barriers in obtaining education-related training, such as the part-time nature of the nursing workforce. (3) Students spent more time in clinical than in classroom. Clinical placements should help clients apply theory and develop the ability to plan and manage care. (4) Facilitators need to ask more of the higher level questions to promote higher order thinking. (5) The finding is consistent with the previous study. It points to a potential gap in the ability of clinical facilitators to support the development of critical thinking skills in undergraduate nursing students. (6) Strategies needed to be developed to improve the questioning ability of facilitators.</p>	<p>Overall rating: Medium</p> <p>Strengths: (1) Clearly focused question that is highly relevant to my research interest. (2) Minimal missing data. (3) Multiple researchers reached agreement. (4) Tools known to be valid and reliable. (5) Proper ethics approval in place. (6) Results interpreted correctly using appropriate statistical measures. Narrow CI with all values having the same direction of effect. Clearly adequate powers. (7) Sample size much larger than the original study.</p> <p>Limitations: (1) Random sampling not used. Limited recruitment process. Participants were volunteers. Unable to identify response rate. (2) A descriptive study with limited ability to describe a casual effect relationship. (3) Demographic information is self-reported and its validity is questionable. (4) The nature of online survey gives participants to form questions, which can be different from the reality of clinical practice and education.</p>

LITERATURE REVIEW

Author	Research Question & Methods	Results & Discussions	Comments
<p>Rao, B. J. (2019).</p> <p>Type: Narrative literature review</p>	<p>Research question: To identify a variety of teaching strategies that teachers can use to improve student learning.</p> <p>Methods: Narrative literature review.</p> <p>Data collection: Unclear.</p> <p>Data analysis: Unclear.</p>	<p>Results: (1) Nursing in digital age: Nursing informatics which focuses on technologies to manage nursing information and knowledge. High tech high touch approach to preserve the human contact in nursing. Simulations for students to practice crucial skills without risk. Technology and nursing education by providing better access to information. Advanced educational technology with devices and software to facilitate learning. Animation and cinematic learning which engages student in learning complex materials via visual illustrations. Online education which enables students to pursue advanced education without quitting their jobs. Interprofessional education with nursing school teaming up with other disciplines to provide a wide range of education opportunities. New models of academic progress helps connect resources in community colleges and universities. Dedicated education units (DEU) promote collaboration between nursing schools and health care units so that students can be mentored by an experienced and well trained clinician in practice setting. Case base learning gives students opportunities to direct their own learning. Jigsaw teaching helps students learn certain information by teaching other students the same information. Quick response codes is a technology to fasten information exchange. Project-base-learning promotes critical thinking, problem solving, teamwork, self-management and presentation skills. Crossover learning is about learning in different environments other than classrooms. Computational thinking is a problem solving skills that breaks large problems down to manageable smaller pieces. Learning by doing science in remote labs improve resource access and enhance learning. Asset-based learning builds on strengths of students and improves confidence. Feedback sandwich which reinforce the learner, inform the learner of a way to improve the skill, and motivate the learner. Concept mapping helps students draw connections of concepts and ideas. (2) Evidence-based practice (EBP) is an interactive approach that requires constant learning, reflection and transformation. (3) Debating engages students in learning, improves team collaboration, and develops critical thinking. (4) Student-directed learning where students learn based upon personal experiences, motivators and capacities. Teaching is done in a way to engage students in learning at all levels. (5) Personality assessment to help understand self and others for better team dynamic and customized teaching. (6) Evaluation and quality assurance strategies.</p> <p>Discussions: Adults learn differently and teachers need to accommodate accordingly.</p>	<p>Overall rating: Weak.</p> <p>Strengths: (1) Focused and highly relevant study. (2) A comprehensive list of teaching strategies. (3) Sample population similar to the population of interest. (4) Interventions have been used in many different settings.</p> <p>Limitations: (1) Weak design without clear method for data collection and analysis. (2) Limited appraisal of each teaching strategy. (3) Limited discussion.</p>

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Author	Research Question & Methods	Results & Discussions	Comments
<p>Reebeiro, G., Edward, K., Chapman, R., & Evans, A. (2015).</p> <p>Type: Systematic integrated review</p>	<p>Research question: To systematically search, critically appraise and summarize evidence on interpersonal relationships between RNs and SNs in the clinical setting.</p> <p>Methods: Integrated literature review using the data bases of MEDLINE, CINAHL, and OVID. Key words include registered nurse, preceptor, buddy nurse, clinical teacher, mentor, student nurse, nursing student, interpersonal relationships, attitudes and perceptions. Textbooks were reviewed.</p> <p>Data collection: 7 articles were included.</p> <p>Data analysis: Used the Critical Appraisal Skills Program (CASP) to assess quality and extract data. Extracted data were then collected and synthesized into a narrative by all authors.</p>	<p>Results: (1) Educate and value registered nurses to mentor student nurses. Most RNs advocate a good relationship with SNs as important to clinical learning. However, RNs were concerned of their lack of understanding and lack of support for the educator role. (2) Registered nurse attitudes toward student nurses. One study revealed that younger RN teachers had more radical approaches to teaching and learning. However, no difference in social attitudes of RNs toward students. (3) Time to build a relationship with student nurses. Building relationships between RNs and SNs requires time and trust. One study described five concrete steps: getting to know the student, developing trust, letting go (so students could develop autonomy), the importance of connecting, and obtaining feedback from SNs.</p> <p>Discussions: (1) RNs value and demand education for the mentor/preceptor role. Providing education for RNs to enable them to lead SNs education in the clinical setting communicates organizational value of the role to RNs. (2) This integrative review has highlighted the significance of the organization supporting the RN in their roles. This support can be communicated by the organization as provision of time built into workload commitments for the RN to build a relationship with students they are mentoring, precepting or buddying and supporting RN's with professional development related to clinical teaching skills.</p>	<p>Overall rating: Medium</p> <p>Strengths: (1) Clearly focused question that is highly relevant to my research interest. (2) Studies relevant to key question were included. Clear inclusion criteria. Studies appraised in a consistent systematic manner with clear results. (3) Screened and reviewed by more than one appraiser using the same critical appraisal criteria and reached good agreement. (4) Sample population and setting very similar to that of population of interest. (5) Intervention is highly likely to be readily implemented in other settings.</p> <p>Limitations: (1) Limited search of databases and non-English literature. Did not look at grey/unpublished literature. (2) Search items can be improved to capture other interpersonal relationship factors like gender, age, and personality. (3) Very limited synthesis and discussion of study results. Focusing on organizational influence and lacks depth in information on interpersonal relationships.</p>

LITERATURE REVIEW

Author	Research Question & Methods	Results & Discussions	Comments
<p>Sedgwick, M., Yonge, O., & Myrick, F. (2009).</p> <p>Type: Qualitative study - ethnography</p>	<p>Research question: To explore the influence of the rural hospital team on nursing students' professional socialization.</p> <p>Methods: A focused ethnography.</p> <p>Data collection: 12 nursing students and 5 preceptors volunteered to participate. 24 interviews conducted over the course of 8 months. Also used student journals and field notes. Two guiding questions: how does rural hospital nursing differ from nursing in urban areas? How does this alter the preceptorship process and experiences?</p> <p>Data analysis: Four ethnographic analysis were used: domain, taxonomic, componential, and theme. Also used the strategies of constant comparing, theoretical sampling, and data saturation along with inductive analysis. Resulted in cultural themes.</p>	<p>Results: (1) Team effort in education: students able to explore different departments in rural hospitals, and multidisciplinary team members taught students. (2) Developing relationships at different levels and with different people: students develop strong professional and personal bonds with nurse preceptors and the interdisciplinary team to take full advantage of the experience. (3) Clarifying and meeting expectations are necessary for success. (4) Cohesive teams in rural hospitals have strong norms and students have to conform to these norms to be accepted.</p> <p>Discussions: (1) Students should be encouraged to visit the rural hospital site prior to a preceptorship to become familiar with the surroundings and meet people they are going to work with. (2) Nursing faculty should have ongoing conversations with students throughout the preceptorship to discuss progression in developing relationships with the interdisciplinary team. Strategies include seeking, incorporating, and giving feedback; learning and recognizing group norms; and learning how to work in a team to facilitate their acceptance as a member of the team. (3) Rural-hospital-based preceptorship is inherently team oriented. Preceptor training should include nurse preceptor and other staff members. Nursing faculty should communicate with the preceptors and the hospital team to provide support to them and to students. (4) More research should be done on the team effort in rural-hospital-based preceptorship because the focus has been on individual nurse preceptors in previous literature.</p>	<p>Overall rating: Strong</p> <p>Strengths: (1) Solid literature review establishes the importance of this topic and helps to reveal how it contributes to new knowledge. (2) A clear goal that is highly relevant to my study. (3) Identified the particular methodology. (4) Strong data quality. (5) Clearly described how data were analyzed. (6) Identified particular limitation of not able to engage in participant observation due to participant preference. (6) Research question was answered. (7) Provided implications for nursing practice and recommendations for future research. (8) Research findings can be replicated in other settings and practice recommendations can be implemented elsewhere too. (9) Received appropriate ethical approval and consent from participant.</p> <p>Limitations: (1) Very limited description of the methodology of ethnography and terms related to this method. (2) Implicit theoretical orientation. (3) Inadequate justification of this research methodology. (4) Did not clearly state themes of research results.</p>

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Author	Research Question & Methods	Results & Discussions	Comments
<p>Suikkala, A., Koskinen, S., & Leino-Kilpi, H. (2018).</p> <p>Type: Scoping literature review</p>	<p>Research question: To review and summarize the existing empirical literature regarding patients' involvement in nursing students' clinical education with a focus on patients' perspective.</p> <p>Methods: Systematic literature review.</p> <p>Data collection: A search without time limitations on MEDLINE, CINAHL, PsycINFO, and ERIC. Also hand search using reference lists and studies included studies. Key words include but are not limited to "patient", "consumer participation or collaboration or partnership", and "student-patient relationship"</p> <p>Data analysis: Quality of study was evaluated using criteria by Reilly (2008). Inductive analysis to generate categories from data. Coding was done by one researcher first then reviewed by the team.</p>	<p>Results: (1) Number of studies increased over the years. The methodological quality of studies rated at 6 median (range 1-7, mean 4). Most studies are descriptive studies. Some has inferential analyses. (2) There are two main areas of research: First, the degree of patient initiative in clinical education: Few patients contributed as active participants. They gave feedback, including direct feedback, confidential assessment discussions, and questionnaires. They shared knowledge, advice and experience concerned their own health care. Many had partial involvement by answering questions or receiving care-related information delivered by the student. Usually, patients are considered as learning platforms. Second, determinants of patient involvement in clinical education: perceptions and attitudes towards students' demographics and competence, as well as the environment and support for learning are determinants. Patients often prefer same gender, favorable interpersonal and intellectual competences. Proper consent, ample time for interactions, and supportive preceptors are required.</p> <p>Discussions: (1) Patient involvement in education varies greatly with the majority of it being a quite passive role. (2) Primary reason for active participation is the desire to influence the quality of care. (3) While there is a desire for increased patient involvement, further research must be done as for feasibility and strategies to achieve this goal. (4) Studies of better samples, designs and quality are needed to generate information to change educational programs.</p>	<p>Overall rating: High.</p> <p>Strengths: (1) Clearly focused study with questions highly relevant to my own project. (2) Clear inclusion criteria and relevant studies were included and analyzed in a consistent manner. (3) Rigorous review process analyzing the information and appraising the quality of studies. Studies were screened and reviewed with same criteria and good agreement. (4) Sample population and setting similar to the population of interest. (5) Results were well presented and easy to follow. Discussions and conclusions pointed to possible directions for future research and practice.</p> <p>Limitations: (1) Limited search of databases and non-English literature. Did not look at grey/unpublished literature. (2) Did not identify specific strategies or interventions to be implemented in other settings. Limited interventions were not backed by strong evidence.</p>

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Author	Research Question & Methods	Results & Discussions	Comments
Windey, M., Lawrence, C., Guthrie, K., Weeks, D., Sullo, E., & Chapa, D. W. (2015). Type: Literature review – systematic review	<p>Research question: To review, assess, analyze, and synthesize the best available evidence of interventions that support preceptor development.</p> <p>Methods: A systematic review was conducted, guided by processes recommended by the Evidence Based Practice Centers.</p> <p>Data collection: Literature search guided by the Preferred Reporting Items for Systematic Reviews Meta-Analyses: The PRISMA Statement, including primary studies with nursing preceptors of students, new graduates, and nurses changing specialties.</p> <p>Data analysis: The Medical Education Research Study Quality Instrument (MERSQI) and Best Evidence in Medical Education (BEME) were used to rate study quality.</p>	<p>Results: (1) 12 articles were chosen out of 4501 articles searched. 10 studies were quasi-experimental and 2 were experimental. (2) Content topics for the preceptor development intervention ranking from the most frequent to the less frequent in the order of giving and receiving feedback, effective communication, facilitating adult learning, reviewing roles and responsibilities of the preceptor role, and the development and evaluation of clinical judgement.</p> <p>Discussions: (1) A variety of instructional strategies were used, many were offered during workshops. (2) Creative modalities were implemented, such as CD-ROM, learner-directed modules, and resources. (3) Most studies reported outcomes that predominantly addressed participant satisfaction and self-efficacy, rather than higher level outcomes based on Kirkpatrick's levels of education outcomes. (4) One critical finding was the lack of rigorous interventional studies designed with valid and reliable assessment tools, control groups, and control for extraneous variables. (5) The major practice implication is the limited body of knowledge supporting specific interventions and their efficacy in developing preceptors. The nursing professional development specialists (NPDS) is tasked to evaluate preceptor development programs' impact on their organization's results and patient outcomes, in addition to evaluate participant satisfaction. (6) The range of MERSQI scores was 7-15, with a mean of 11.38. The range of BEME strength scores was 2-4, with a mean of 3.08. Interventions focusing mainly on support materials scored lower than the means. Classes or workshop style interventions combined with support materials scored highest.</p>	<p>Overall rating: Medium.</p> <p>Strengths: (1) Clear review question that is highly relevant to my research interest. (2) Clear inclusion criteria with relevant studies including analytical studies. Studies were appraised in a consistent systematic manner with clear results. (3) A rigorous review process. (4) Clear conclusions.</p> <p>Limitations: (1) Limited literature research excluding grey literature, review papers, and non-English papers. (2) Did not endorse the use of preceptor handbook or manual type of intervention as highly effective compared to other types of interventions.</p>

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Author	Research Question & Methods	Results & Discussions	Comments
<p>Wu, X. V., Enskar, K., Lee, C. C. S., & Wang, W. (2015).</p> <p>Type: Literature review – systematic review</p>	<p>Research question: To discuss the current assessment process and practice, as well as explore the development of assessment tools, and the validity and reliability of assessment instruments.</p> <p>Methods: A systematic review was performed using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) schema.</p> <p>Data collection: Searched five electronic databases, using keywords like “clinical assessment”, “clinical evaluation”, “clinical measurement”, “clinical competence”, “clinical standards”, “assessment tool”, “assessment standard”, “educational measurement”, “undergraduate nursing students”, “preceptorship”, “competence-based education”.</p> <p>Data analysis: Two reviewers individually appraised all 14 papers using the Qualitative Assessment and Review Instrument (QARI) and the Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument. Presented data on the assessment tools in four categories: domains, reliability & validity, and process.</p>	<p>Results: Four overarching themes: (1) Current practices in clinical assessment: Focused assessment happens at multiple stages of the preceptorship, through the collaboration of students, clinical educators, and faculty members. Note that the final grading is usually the responsibility of the faculty member. (2) Issues with learning and assessment: students experiencing anxiety, preceptors not familiar with what has been taught in nursing school, faculty members experiences increased stress from increasing demands from students and preceptors. (3) development of assessment tools: assessment tool encompasses domains with reference to national nursing boards: professional attributes, ethical practices, communication and interpersonal relationships, nursing processes, critical thinking, and reasoning. Levels of competency were based on nursing theories such as the novice to expert model of skill acquisition and levels of learning. (4) reliability and validity of assessment tools: different studies addressed reliability and validity of assessment tools differently.</p> <p>Discussions: (1) assessment processes have similarities, especially the collaborative nature. However, each process may put more focus on either preceptor or faculty. (2) students, preceptors, and academics experience different challenges, which, again, calls for better collaboration of them all. (3) using a holistic approach for assessment, which addresses the domains of knowledge and understanding, clinical skills interpersonal skills, problem-solving skills, clinical judgment, and management skills. In doing so, students receive a comprehensive assessment of their knowledge, attitudes, values, and skills. (4) reliability and validity of assessment tools: very few assessment tools were tested rigorously for psychometric properties.</p>	<p>Overall rating: Medium.</p> <p>Strengths: (1) Clear review question that is highly relevant to my research interest. (2) Clear inclusion criteria with relevant studies including analytical studies. Studies were appraised in a consistent systematic manner with clear results. (3) A rigorous review process. (4) Ideas for intervention is highly likely to be readily implemented in other settings. (5) Clear conclusions.</p> <p>Limitations: (1) Limited literature research excluding grey literature, review papers, and non-English papers. (2) Possibly due to the nature of this research, this article can be improved with more integrated interpretation of findings. (3) No Canadian sample in this review.</p>

Appendix C:
Consultation and Environmental Scan Report

CONSULTATION AND ENVIRONMENTAL SCAN

Consultation and Environment Scan for Preceptor Support Materials Revision

Xu Wang

In partial fulfillment of NURS 6660

Faculty of Nursing

Memorial University of Newfoundland

CONSULTATION AND ENVIRONMENTAL SCAN

Consultation and Environmental Scan Report for Preceptor Support Materials Revision

Preceptorship is a necessary component of undergraduate nursing education in Canada (Association of Registered Nurses of Newfoundland and Labrador [ARNNL], 2017; Canadian Association of Schools of Nursing [CASN], 2014). It brings great benefits to all parties involved, including preceptors, students, institutions, and the general public (Canadian Nurses Association [CNA], 2004; Grant Kalischuk, Vandenberg, & Awosoga, 2013; Luhanga, Dickieson, & Mossey, 2010; Suikkala, Koskinen, & Leino-Kilpi, 2018; Usher, Nolan, Reser, Owens, & Tollefson, 1999). Preceptorship also requires great efforts from all stake holders to make it successful. Particularly, preceptors need to be prepared and supported to adequately fulfill the preceptor role (Burns & Northcutt, 2009; Grant Kalischuk et al., 2013; Hyrkas & Shoemaker, 2007). Studies have identified gaps in preceptor support (Grant Kalischuk et al., 2013; Hyrkas & Shoemaker, 2007; Kamolo, Vernon, & Toffoli, 2017; Luhanga et al., 2010; Usher et al., 1999). This quality improvement project focuses on primarily on the preceptor support materials, also known as the preceptor handbook at Memorial University Faculty of Nursing (MUNFON). The latest preceptor survey report revealed that preceptor handbook received the lowest satisfaction score of 3.39 out of 4 (Cronin, 2019). The overall purpose of the practicum project is to review and revise the preceptor handbook, and hopefully this revision will lead to improved satisfaction score amongst preceptors.

Both consultation and environmental scan were conducted for this quality improvement project. Consultation is a necessary step towards justifying the need and identifying the content of revision. This approach is supported by the Adult Learning

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Theory (Curran, 2014; Knowles, Holton, & Swanson, 2011). Adult Learning Theory uses a learner based approach when developing educational materials. Adult learners' readiness to learn depends on perceived needs. They bring the wealth of life experiences into the learning process and would like to feel respected for what they bring to the table. They typically want to choose what, when, and how to learn. Adopting a theoretical framework based on the Adult Learning Theory means that this project must be done in consultation with users of the preceptor handbook, especially preceptors. Such consultation can be done directly with preceptors. Additionally, it can be done indirectly with faculty members who have worked closely with preceptors and have been receiving feedback from them about the preceptorship courses on a regular basis.

Environmental scan is also an essential component of this quality improvement project. Environmental scan originated in a business context and is now recognized as a valuable tool for retrieving and organizing data for decision making in the health care field too. The main sources of data can be internal or external. Data can be collected using either a passive approach or an active approach, with passive approach implying data collection from already established external contacts or from well-respected existing sources like published documents (Graham, Evitts, & Thomas-MacLean, 2008). Preceptorship courses are offered throughout Canada, with ample resources developed by different nursing programs to support preceptors. Environmental scan is conducted to describe current practices for preceptor handbooks in other nursing programs, to identify any potential shifts, and to inform what should or should not be included in the revised preceptor handbook for MUNFON.

Methods

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There are three groups of participants for both consultation and environmental scan. The first group of participants are 55 registered nurses who are currently acting as preceptors for the fall 2019 preceptorship course NURS 3523 at MUNFON. The second group of participants are 4 faculty members from MUNFON who have been involved in the NURS 3523 course in recent years. Participants of the first two groups were identified by the contact person at MUNFON for this project. The third and last group of participants are 13 faculty members and administration staff from 3 Canadian nursing programs at Dalhousie University (DAL), University of Manitoba (UM), and University of Prince Edward Island (UPEI). This group of participants were identified based on their online information indicating that they have strong connections with the undergraduate programs in respective universities.

Despite the relatively big sample sizes, there are very few responses from participants. Two rounds of emails were sent to all participants, including one initial email and one reminder email. There is a survey questionnaire developed for preceptors with the focus on preceptor handbook (see appendix A). This questionnaire has been sent to all eligible preceptors via email by project contact person. Unfortunately, only one preceptor responded and the response was sent in via email. Email invitations for telephone interviews were sent to MUNFON faculty members with the intention to uncover their experiences in the preceptorship course and their perspectives on desired changes to the preceptor handbook. Two faculty members responded with one telephone interview and one email discussion. Email contact with faculty and administration members in three Canadian programs, DAL, UM, and UPEI, was done as part of the environmental scan. The goal is to verify whether the preceptor handbooks accessible

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online by the general public are the most current ones. The preceptor handbook from UVic is dated for the year of 2019, which implies that it is current. So far, faculty members from Dalhousie confirmed that the 2016 version is current for their program. UPEI faculty members sent in the current one they are using, which is dated for the year of 2018. UM faculty members are unable to attend this request now but have agreed to reconnect in early 2020.

Except for one telephone interview with a faculty member from MUNFON, consultation data were collected and stored electronically via the writer's MUN email account. In order to maximize data safety, telephone interview record was transcribed manually from the recording on a secured cellphone to written notes saved in the writer's MUN email account. Data were analyzed word by word to identify the recommended changes to the preceptor handbook. Key points are identified and will guide the revision.

Initially, environmental scan data were obtained through Google search. Four preceptor handbooks from DAL, UM, UPEI, and UVic were selected. Google search is a helpful tool for environmental scan. The fact that nursing programs have made their preceptor handbook available online via Google search indicates that they are willing to share the information with outsiders. Indeed, email inquiry to these four nursing programs has generated responses with updated copies sent to the writer by DAL and UPEI. Currently, environmental scan data are also stored in writer's MUN email account for data safety. While waiting for the response from UM, three preceptor handbooks from DAL, UPEI, and UVic are analyzed for this report. Each handbook will be reviewed individually in three steps. The first step is to read preceptor handbooks from cover to cover. The second step is to compare MUNFON handbook for NURS 3523 and

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handbook from other programs, and identify the similarity between them. The third step is to find out the difference and assess how the difference should inform the revision.

Ethics

This quality improvement project is guided by the Ethics of Research Involving Human Participants policy (MUN, 2012) and follows the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans 2 (TCPS2) (Government of Canada, 2018). There are two major steps taken to ensure that this project protects the rights and welfare of participants. The first step is to verify whether this project requires ethics review. The writer used the Health Research Ethics Authority Screening Tool for verification. The sum of Line B is greater than Line A, which led to the conclusion that this project does not require ethics review. The second step is to determine whether this project requires privacy compliancy review. The writer consulted the expert at the MUN Information Access and Privacy Protection Office (IAPP) and submitted the project proposal for review. The writer has been informed that privacy compliancy review is not required after proposal review by IAPP.

Although formal reviews are not required, the project is done in a way to maximize the privacy of participants and the safety of data. Only the writer has access to the identification information of preceptor participants who responded. Data are stored in the writer's MUN email account, which is accessible by the writer only and is protected from personal device damage or loss. Voice recording on a secured cellphone has been transferred to the email account too. Data from environmental scan do not involve human participants and are treated as grey literature.

Results

Consultations

Preceptor. Only one preceptor responded to the survey and rated every question 3 out of 4. This finding is consistent the most recent preceptor survey report by MUNFON (Cronin, 2019). According to Cronin (2019), preceptors generally think positively of the preceptorship experience. Mean ratings are all higher than 3 out of 4 for every item assessed, including course organization, students, faculty support, unit support, rewards, and willing to preceptor again. However, survey reports also revealed that there is still room for improvement, especially when it comes to preceptor handbook as it has received the lowest mean rating. Unfortunately, preceptor participant did not specify the desired changes for preceptor handbook.

Faculty members. Faculty members have provided invaluable information to guide the revision of preceptor handbook. One faculty member attended a telephone interview with the writer and discussed three main subjects. First of all, the faculty participant provided an overview of the preceptorship course and described the role of preceptor handbook. Preceptor handbook can play an instrumental role in the course by providing basic information about the course and general guidance for challenging issues, especially when students and preceptors do not receive in person visit by faculty members because faculty members do not travel outside of St' John's. However, preceptors may also have trouble accessing preceptor handbook in certain cases. Currently, preceptors rely on students, nursing faculty, or course coordinator to obtain a copy of preceptor handbook. It will give preceptors better access to the handbook if they can take control of the matter of obtaining preceptor handbook. A possible solution is to

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make an electronic copy available online to the public in a format that is compatible with the majority of personal devices, including smartphones, tablets, and computers. In doing so, aspiring and current preceptors, as well as other people who are interested in learning and supporting the preceptorship course, can access it whenever and wherever they want.

Secondly, this faculty participant also described current faculty role and its relationship with the preceptor handbook. Nursing faculty aimed to provide support to preceptors whenever they needed. Preceptor handbook should guide preceptors in communication with faculty members so that preceptors can access the support in a timely fashion. Nursing faculty conducted in-person or telephone meetings with preceptors during the first shift of preceptorship course. This meeting is considered a condensed version of preceptor orientation, as well as a chance for nursing faculty to learn about the specific clinical placement and the preceptor. It is a great opportunity to introduce the preceptor handbook to preceptors. The design of the preceptor handbook should support a quick meeting of this kind by making it easy to navigate.

Thirdly, this faculty participant suggested desired changes in the revised preceptor handbook. There is a need to enhance the section on student performance assessment and management. Unfortunately, due to time limit, this faculty participant did not get to elaborate on experiences that led to this conclusion or offer any detail of desired changes.

The second and last faculty participant responded by email. Suggestions were made to enhance user satisfaction based on feedback from preceptors and students, as well as faculty participant's personal opinion. There is a considerable amount of overlap between suggestions from these two faculty participants:

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- (1) Provide a more thorough overview of course expectations and assignments.
- (2) Provide a more comprehensive description of what students can and cannot do independently, i.e., psychomotor skills. There seem to be considerable confusion pertaining to the administration of high alert medications, IV push medications. Currently, preceptors are only provided with a table of psychomotor skills that they have performed in the practice laboratory.
- (3) The handbook of NURS 3523 could be further improved to more thoroughly reflect current nursing theories that we incorporate at MUNFON (SBN and relational inquiry) as well as describe the reflection guidelines that we encourage students to utilize throughout their program of study.

Environmental Scan

Dalhousie University School of Nursing Clinical Manual. This manual was published in 2016 but is still being used at Dalhousie University School of Nursing (DALSON). It is unique in the way that it is used for clinical courses from year one to year four. Understandably, it is fairly comprehensive and lengthy, consisting of 78 pages. It covers usual topics like course overviews, roles and responsibilities, and school policies. It also has sections dedicated to communication, frequently asked questions, and frequently used guidelines, forms, and templates. It appears that this clinical manual serves as an information hub for all clinical courses. This approach has apparent advantages and disadvantages. It consolidates information so that users do not need to look around for information. However, it contains a large amount of information which can be overwhelming for some users.

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When it comes to the revision of MUNFON handbook (2019), DAL SON handbook is inspiring in several ways. First of all, it has a broader coverage of roles and responsibilities by including student, clinical instructor, course professor, clinical coordinator, preceptor, co-assigned nurse, charge nurse, unit manager, and interprofessional team members. This systematic approach is supported by recent literature (Cronin, 2019; Grant Kalischuk et al., 2013; Kamolo et al., 2017; Schaubhut & Gentry, 2010; Sedgwick, Yonge, & Myrick, 2009; Smith & Sweet, 2019). For this systematic approach to be successful, people in all the listed roles must have access to the handbook, and the nursing school has to come up with a plan to hold people in all the listed roles accountable for their specific responsibilities.

Secondly, DAL SON handbook contains clear pathways of communication for student, clinical faculty, co-assigned nurse, and adverse events. Again, this emphasis on communication is congruent with research recommendations (Hyrkas & Shoemaker, 2017; Grant Kalischuk et al., 2013; Reardon, 2017; Usher et al., 1999). DAL SON has also made the handbook online and accessible by the general public to facilitate the communication of important information.

Last but not least, there is a section of frequently asked questions (FAQ) which provides quick answers to student, preceptor, and agency staff without involving nursing faculty members. Current MUN FON handbook does not contain a FAQ section. In order to develop this section, the writer will have to reach out to preceptors and faculty members again to obtain a list of frequently asked questions and answers to them.

University of Prince Edward Island Faculty of Nursing Guide to Preceptorship. University of Prince Edward Island Faculty of Nursing (UPEI FON)

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currently uses a guide to preceptorship (2018) that is an adaptation of the University of Alberta Guide to Preceptorship. Similar to the MUN FON Handbook, it has the length of around 30 pages. Similar to the DAL and UVic, UPEI has made their handbook available online and accessible to the general public.

UPEI FON Guide is unique and inspiring in many ways. First of all, it is rich in theory. Overall, this guide takes a learner based approach. It spells out the basic principles of adult learning and asks preceptors to treat students as adult learners. It focuses on helping preceptors understand students and improving the compatibility between preceptors and students, which is congruent with the recommendation of MUN FON preceptor survey report (Cronin, 2019). It points out that nursing students often have a diverse background, in terms of age, gender, education history, nationality, culture, language, health condition, etc. It uses a generational review to describe different characteristics and learning styles of students. It also adopts Kolb's (1984) learning style model and has fairly detailed analyses of different modes of learning, learning styles, domains of learning, and personality styles. When describing the roles and responsibilities, it incorporates research findings by highlighting the fact that preceptors often take on multiple roles at the same time. Their description is more generic, rather than task based for preceptor, student, and the faculty advisor.

Secondly, like the MUN FON Handbook, the UPEI Guide has a section on the how-to's of precepting. However, the UPEI guide covers different topics and gives more detailed guidance. It lists suggested approaches to promote critical thinking, effective feedback strategies, ways to facilitate the evaluation process, guidelines for addressing unsafe practice and the relevance of cultural competence and safety to preceptorship. It

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uses tips, illustrations, and examples to help deliver the message. Preceptors can find handy tools like feedback sandwich and examples of “I” statements for feedback.

Information from this section can be used to enhance the MUN FON Handbook as faculty consultation has revealed the need to improve the guidance for student performance evaluation and management.

Last but not least, the UPEI FON Guide also has a section dedicated to frequently asked questions (FAQ). Their list of questions are different from the DAL FAQ section. When it comes the revision of MUN FON Handbook, information from these two lists can be combined and adjusted to provide a comprehensive guidance to common questions.

University of Victoria School of Nursing Practicum Handbook. University of Victoria School of Nursing (UVic SON) (2019) developed a practicum handbook, which provides guidelines for consolidated and transition to nursing practice experiences. Compared to the preceptor handbook by MUNFON (2019), the practicum handbook by UVic SON has some distinctive differences. First of all, it is a much shorter document of 11 pages, compared the 23 pages length of the MUNFON preceptor handbook. This is arguably a more manageable amount of reading for busy preceptors. In addition to school policies, it covers the most important topics like roles and responsibilities of nurse preceptor, course instructor, and students, course overview including the boundary of student activities and tips for preceptors, and a quick summary of student evaluation. This handbook also uses hyper-link to additional documents to reduce the length of the handbook itself. These hyper-links can work well for online reading. However, they will

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not work for hard copies, which is a major problem. A possible solution to this problem is to include appendix or create a binder containing multiple documents.

Secondly, UVic SON has some unique policies when it comes to preceptorship. UVic SON (2019) does not believe that it is preceptor's role to teach the theory or skill to nursing students. Instead, it asks preceptors to provide regulatory supervision and an example of high quality, and to contact course instructor for concerns about knowledge and skills. This approach does sound extreme and limiting for preceptors. However, it does reduce the workload for preceptors. Another way to reduce preceptor workload is to free them from the responsibility of formal student evaluation. Preceptors are expected to provide regular feedback to students. There are useful tips like praising students in the public and giving constructive suggestions in private. However, only student and course instructor are supposed to complete the written mid-term and final evaluation, and the evaluation encompasses analysis of tutorials, seminars, written work, as well as feedback from preceptors and nurse leaders. In general, students assume great responsibilities in the learning process. They are expected to commence study before placement. They must read the handbook ahead of time. They have to list skills that they are competent in and those they hope to undertake with direct supervision. They are also expected to draw on and refine an individual learning plan on a regular basis.

Conclusion

This quality improvement project for MUN FON preceptor support material cannot be done without either the consultation or environmental scan. They are a part of the needs assessment and the planning process for implementing changes. Consultation and environmental scan started with detailed plans, were completed in an ethical manner,

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and revealed important implications to guide this project. They confirmed the need to review and improve current MUN FON NURS 3523 Outline and Handbook. This decision is well supported by the most recent preceptor survey report (Cronin, 2019), literature review results, feedback from preceptor and faculty members of MUN FON, and environmental scan with references from three Canadian university from the west coast to the east coast.

Moreover, the results of consultation and environmental scan will guide the actual revision of MUN FON Handbook. Faculty members from MUN FON have identified areas for improvement, namely reviewing course expectations and assignments, enhancing the theoretical component, and providing better guidance on common questions from preceptors. While the writer waits for faculty members from University of Manitoba to send in their current handbook, the three available handbooks provide great information on applicable theories, different perspectives of roles and responsibilities especially regarding student evaluation, valuable experiences of the how-to's of precepting, a comprehensive list of frequently asked questions and answers to them, and ways to improve accessibility of support materials. These handbooks are similar to the MUN FON Handbook in many ways which affirms certain aspects of current practice. However, the differences amongst these support materials will have a greater influence on the changes to be made to the MUN FON Handbook.

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Appendix D:
NURS 3523 Course Outline and Guidelines



BACHELOR OF NURSING (COLLABORATIVE) PROGRAM

COURSE OUTLINE AND GUIDELINES FOR STUDENTS AND PRECEPTORS

2020

NURS 3523 Preceptorship

A Collaborative Program Offered By

Memorial University Faculty of Nursing, St. John's, NL

Centre for Nursing Studies, St. John's, NL

Western Regional School of Nursing, Corner Brook, NL

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INTRODUCTION AND USER GUIDE

The purpose of this handbook is to provide preceptors and students with a description of preceptorship. Preceptorship is a planned teaching/learning method in which each student is assigned to an experienced staff nurse. This information is provided to assist the preceptor and student in understanding and fulfilling their roles and responsibilities. In the Appendix of this handbook, readers can find general information about the Bachelor of Nursing (Collaborative) Program, including mission statement, philosophy, conceptual framework, and content maps. Content maps specifically give a list of courses that students should have completed prior to entering preceptorship.

This handbook gives an overview of preceptorship course, explains roles and responsibilities for preceptor, student, and faculty member, and provides strategies for clinical education. When you are new to this course and this handbook, you can start by reading the initial three sections: Extended Practice III, What is Preceptorship, and Roles and Responsibilities. These three sections are brief. Once you develop a basic understanding of the course expectations of your role, it is suggested you read about the roles and responsibilities of other parties involved. The development of mutual understanding is the foundation for effective collaboration. The largest section of this handbook is the How-To's of Preceptoring including student evaluation forms in the appendix. This handbook serves as a basic guide for the preceptorship course. Moreover, users are encouraged to consult faculty members for further guidance and discussion. In the Selected Bibliography and Other Useful Resources sections, users will find other resources like self-guided online preceptor education program for preceptors and students (Kinsella et al., 2016).

EXTENDED PRACTICE III

Course Description (NURS 3523)

This course provides the student with the opportunity to apply leadership and management principles in coordinating care for groups of individuals within a variety of nursing care settings. Students also have the opportunity to further develop clinical competencies acquired in previous courses. Prerequisites: NURS 3001 and 3501 or 4502, NURS 3014 and 3514, NURS 3012 and 3512 or 3513, NURS 3113 and clinical placement approval from the Committee on Undergraduate Studies.

Course Overview

Preceptorship is a 6-week clinical course. Students work with an assigned preceptor in the same clinical setting for the entire 6-week period. The emphasis during the first three weeks is adapting to the unit and daily routines and gradually progressing toward caring for a typical workload on the assigned unit. The emphasis during weeks 4 - 6 will focus on developing competencies related to the leadership and management roles of the nurse as well as continuing to become confident and competent in managing the typical workload on the assigned unit. Prior to this preceptorship course, students have completed nursing theory and practical courses in the following areas: women and childbearing families; children, adolescents and young adults; middle and older adults (medical-surgical nursing); and mental health. Their clinical experiences have been in a variety of hospital and community-based settings.

Course Objectives

- a) Practice holistic nursing within a variety of settings by collaborating with individuals, families and groups to assist them to achieve health and well-being through promotion, prevention, maintenance, restoration and palliation.
- b) Integrate the caring ethic as an integral dimension of nursing.
- c) Create a caring environment through effective communication with individuals, families and groups.
- d) Integrate concepts and theories of sciences, humanities and nursing in the care of individuals, families and groups.
- e) Select a conceptual framework to guide nursing practice. As well, demonstrate analysis of this framework and the conceptual framework of the BN Collaborative program.
- f) Provide competent nursing care to individuals, families and groups with complex health-related needs.
- g) Use management and leadership skills to co-ordinate care to individuals, families and groups.

- h) Critically analyze nursing research literature to promote evidence-based nursing practice to individuals, families and groups.
- i) Use critical thinking to assist individuals, families and groups to achieve health and well-being.
- j) Collaborate in collegial relationships with members of the interdisciplinary health team.
- k) Assume the appropriate nursing roles in relation to health care situations.
- l) Analyze nursing practice in relation to legal, ethical and professional standards.
- m) Accept responsibility for lifelong personal and professional growth through self-directed learning.
- n) Discuss the interrelationship between the nursing profession and the national health care system.
- o) Examine the need to promote change in health care in response to social, cultural, political, economic, and technological factor

WHAT IS PRECEPTORSHIP?

Preceptorship is a planned teaching/learning method in which each student is assigned to an experienced staff nurse (preceptor). In this learning environment the student experiences day-to-day clinical practice with the expert guidance of a role model and resource person. It is a give and take relationship for both student and preceptor. By being a coach, mentor and teacher, the preceptor acts in a “giving” role. The preceptor “receives” by having an opportunity to demonstrate expertise, gaining experience in leadership and teaching, having the satisfaction of helping someone else grow in competence and confidence, while at the same time experiencing personal and professional growth. The student “gives” by bringing the stimulation of an inquiring mind, eagerness to learn, fresh enthusiasm and idealism, and an updated knowledge base. The student “receives” increased competency in client care and organization, insight into communication networks, and support in coping with the transition from student to the role of a beginning practitioner in nursing.

Preceptorship may earn the preceptor up to 40 hours of continuous learning towards CNA recertification. (Please seek additional information from Canadian Nurses Association). In addition, hours may be used 1:1 for the CRNNL Continuing Competency Program (CCP).

Purpose of Preceptorship

The overall purpose of preceptorship is to:

1. provide the student with one-on-one working relationship with an experienced nurse;
2. provide experiences that will increase the student’s confidence and competence in clinical practice;
3. provide experiences that will further develop the student’s nursing leadership and management competencies;
4. promote the development of a collegial relationship between nursing students and staff nurses;
5. facilitate mentoring relationships between student nurses and staff nurses;
6. facilitate professional socialization of nursing students.

Preceptor Selection

Potential preceptors are suggested by the nurse manager. A number of criteria may be used to assist in preceptor selection. These include:

- interest in becoming a preceptor;
- preceptors shall be volunteers (nurses who express disinterest in, or objection to assuming this role should not be selected);
- clinical competence;
- good communication skills and a positive attitude about nursing;
- good organizational ability and ability to cope with stress;
- the ability to teach through demonstration and role modeling;
- the ability to give positive feedback and constructive criticism.

ROLES AND RESPONSIBILITIES

Role of the Preceptor

Although the exact role of the preceptor may vary according to the clinical setting, the specific activities of the role usually include:

1. reviewing course documents, including a copy of preceptor handbook, name and contact information of the nursing faculty member and the prospective student. This should be done before the start date of this clinical course, ideally upon the confirmation of the preceptor role;
2. providing a list of essential knowledge and psychomotor skills of the nursing unit to the prospective student and the faculty member. The nurse educator assigned to the unit may already have a list for staff orientation purpose that can be adapted for this clinical course. It is essential that adaptation of staff orientation materials is done after consulting the unit educator or manager and obtaining their permission. Alternatively, preceptors can develop their own checklists using the Preceptorship Orientation Checklist form in the Appendix of this handbook. This should be done as soon as possible after the student and the faculty member establish contacts with the preceptor. Please note the goal of this list is to give students a preview of typical expectations of nurses on the unit and help to prepare them for this preceptorship course. A review by the faculty member will identify what can be completed by students independently, under supervision, and what cannot be done by students at all. **THIS IS NOT FOR EVALUATION PURPOSES;**
3. meeting with student to review evaluation criteria (evaluation forms are included in the Appendix), learning needs and overall expectations within the first week of placement;
4. assisting with the orientation of the student to the nursing unit and providing clarification regarding policies and procedures;
5. clarifying with the student, during the first week, arrangements made on the unit for student supervision in the event of preceptor illness, family leave or annual leave (students should never be working on a unit independently);
6. discussing the student's progress in meeting the evaluation criteria;
7. planning with the student, on an ongoing basis, experiences that will help achieve the evaluation criteria;
8. providing guidance toward experiences that will help the student achieve the evaluation criteria;
9. demonstrating leadership skills in problem solving, decision making, priority setting, delegating and organizing;
10. assisting the student to progress towards independent management of a nursing unit including such 'in charge' responsibilities as: delegation (making assignments), change of shift report, rounds, transcription of orders etc.;
11. providing ongoing feedback to the student about their performance on a regular basis. Together, preceptors and students should decide at the beginning of the course when feedback will be received. It is recommended to provide written feedback to student at the end of each shift and verbal feedback whenever it is appropriate. A suggested daily feedback form can be found in the Appendix. This form should take less than a minute to complete unless preceptors have specific concerns or commendations. Alternatively, a notebook dedicated for individual student can be used for this purpose. Preceptors do not have to provide written feedback to student right after each shift, if they choose to write long comments. However, they should give a copy of the written feedback to students as soon as it is completed. For complex situations that are difficult to describe using the feedback form, preceptors are encouraged to organize debriefing sessions with students and the faculty member during in person meetings or virtual/audio conferences;
12. discussing the student's progress with the faculty member;
13. providing written documentation of the student's performance at the end of each four-week period;
14. providing the student with the completed evaluation in the envelope provided.

Faculty Member

The nursing faculty member plays a pivotal role in facilitating and nurturing the development of effective relationships in the preceptorship experience. The faculty member:

1. plans and implements course orientation;
2. consults with the nursing manager in selecting preceptors;
3. plans and implements preparation for the preceptorship participants;
4. assists students and preceptors regarding planning, implementing, and evaluating the experience, including reviewing the essential knowledge and psychomotor skills list at the beginning of the course;
5. is available by telephone and e-mail for consultation;
6. contacts the preceptor on a weekly basis to discuss the student's performance (more frequently if required);
7. collaborates with the preceptor in the evaluation process and assumes responsibility for assigning the final clinical grade;
8. formally and informally acknowledges the contribution of the preceptor, nursing manager, and student to the nursing education program.
9. approves changes in scheduling

Note: If problems occur during the term related to the clinical experience, the faculty member, in keeping with the “Student at Risk of Clinical Failure or Deemed Unsafe” policy, will:

- *document the problem;*
- *confer with the student and clinical preceptor to formulate a plan of action;*
- *proceed with the agreed upon plan.*
- *notify the course leader*

Student

The preceptorship experience involves an intense relationship between the preceptor and the student. The success of the experience is determined by the contribution of both participants. The student:

1. obtains a copy of the preceptor handbook, as well as the name and contact information of the nursing faculty member and the preceptor;
2. visits or calls the preceptor and verifies the preceptor's work schedule within three weeks prior to beginning of clinical course. During this initial visit, the student should provide a copy of preceptor handbook to the preceptor in person or via mail/email;
3. submits a copy of the four-week schedule to the faculty member at that time (hand delivered or e-mailed);
4. seeks faculty approval for all schedule changes prior to the date;
5. reviews the list of essential knowledge and psychomotor skills of the nursing unit. Together, the preceptor, student, and faculty member make a plan regarding how to develop and demonstrate proficiency in the knowledge and skills identified. This should be done before or during the initial shifts of the preceptorship course;
6. starts learning the essential knowledge and practicing the essential psychomotor skills of the nursing unit before entering preceptorship and during the preceptorship experience (if this is advised by the preceptor and the faculty member). The Learning Resource Center (LRC) at the Memorial University's Faculty of Nursing can be used (if accessible to the student) to practice psychomotor skills;

7. discusses evaluation criteria and individual learning needs (six learning objectives) with the preceptor during the first week of the course;
8. plans with the preceptor for experiences which will help achieve evaluation criteria;
9. provides nursing care under the guidance of the preceptor;
10. uses the preceptor and faculty as resource and support persons;
11. progresses gradually towards participation in the management of a nursing unit including such 'in charge' responsibilities as: delegation (making assignments), change of shift report, rounds, transcription of orders;
12. requests feedback and discusses progress and continuing educational needs with preceptor on a regular basis. Please note that preceptors are not required to provide daily written feedback. However, it is recommended that students provide a feedback notebook or a printed daily feedback form to preceptors at the end of each shift in case preceptors choose to provide written feedback;
13. keeps a journal of personal reflections of preceptorship. It is recommended that a reflection should be made as soon as possible after a shift is done. This journal can be in the format of written notes or voice recordings. Students may choose to submit this journal, along with the Reflective Critical Analysis, to the faculty member for review. Alternatively, students can use this journal for personal reference in preparation of the Reflective Critical Analysis, as well as the Midterm Evaluation and Final Evaluation;
14. demonstrates accountability and responsibility by communicating with faculty on a frequent and timely basis, including contacting faculty as soon as possible in the case of a medication error or clinical incident;
15. is responsible for facilitating communication between themselves and the clinical faculty as well as the clinical resource person/preceptor. Communication may be by telephone, e-mail, or in-person as appropriate. Students must contact their clinical faculty at least once per week.
16. completes a Reflective Critical Analysis either:
 - in written format, which must be hand delivered or e-mailed by the end of week 4, or
 - verbally, at date and time mutually agreed upon between the student and faculty;
17. participates in the evaluation process at the end of the clinical experience. This will include completion of a course evaluation survey.
18. ensures that the evaluation forms are hand delivered or e-mailed to the faculty by the end of weeks 3 and 6.
19. informs faculty of changes to student's address and telephone numbers.
20. provides faculty with completed clinical hours log in week 3 and 6 (email or hand-delivered).
21. ensures adequate rest between shifts to reduce risk of errors/incidents related to fatigue, i.e. following their scheduled shifts and avoiding overtime shifts unless approved by faculty

THE HOW-TO'S OF PRECEPTORING

This section provides the preceptor with information and advice that will be helpful in the day-to-day experience with students. Broad directions are given for planning the experience, assessing, directing and evaluating the student. It is our hope that reading this section will help you in developing your role as preceptor and that re-reading sections will assist in solving problems encountered throughout the experience. In conjunction with this written documentation is the assistance available from faculty, and we would urge all preceptors to use these resources to their best advantage.

Building a Positive Relationship Using Adult Learning Theory

The preceptorship is a partnership between adults. One is an expert (the preceptor) and one is a novice (the student). A positive student – preceptor relationship is the foundation for the overall success of the clinical course. Effective preceptors do the following: demonstrate excellent interpersonal skills, trustworthiness, respect and a non-judgemental attitude; foster confidence in others and empower them; convey friendliness and responsiveness to others' needs; demonstrate assertiveness and self-confidence; exhibit good communication skills and manage conflict appropriately; enjoy problem solving and demonstrate flexibility to change; exhibit warmth, caring and support, and create a safe environment for learning; and uphold a positive attitude.

When working with an adult learner, there are four basic principles of adult learning that need to be kept in mind (Collins, 2004; Kabatoff, 2006; University of Prince Edward Island Faculty of Nursing, 2018):

Table 1: Principles of Adult Learning

Adult prefer to be in control of what is being learned	Previous experience is a rich resource	Learning that is most effective is relevant, useful, and perceived as significant	Learning is enhanced in a climate that is supportive, open to inquiry, and free from threat
<p>Invite the full participation of the learner.</p> <p>Encourage an attitude of “ownership” of their learning experience by involving the learner in identifying learning objectives, designing learning activities and evaluation criteria (e.g. a student identifies that she/he needs to learn the skill of IV initiation, and asks the preceptor to demonstrate her/his technique and secure opportunities for the student to practice IV initiation on patients once every shift).</p> <p>Expect students to show initiative and to be proactive in any learning experience.</p>	<p>Assess those previous experiences (e.g. personal or family history of asthma/allergy history can influence their sensitivity to patients experiencing similar symptoms).</p> <p>Consider cultural values and life views when planning learning experiences.</p>	<p>Help learners develop and grow in problem-solving and decision-making skills within the framework of the immediate clinical site by allowing the learner to share her/his solutions and decision in a safe environment, while providing timely and supportive feedback (e.g. the Five-Minute Preceptor Teaching technique in the section of Promoting Independence in this handbook).</p> <p>Provide opportunities for the student to apply the information as soon as appropriate.</p>	<p>Demonstrate acceptance of the learner as a less experienced colleague.</p> <p>Be genuine, consistent, approachable.</p> <p>Encourage questioning by providing assurance (e.g. stating that “no question is stupid”, “please stop me if you have any questions”, and “whatever is said here, stays here” when appropriate).</p>

Adult learning theory also requires a good understanding of individual learning styles, personality traits, and intergenerational differences. Understanding individual learning style can help preceptors deliver information and foster skill development in a manner that will be more easily accepted by students, thus reducing frustration experienced by both parties. This can also be influenced by the personalities of the individuals involved. It may not always be possible to have compatible personality traits between preceptors and students. However, having an understanding of various personality traits allows both preceptors and students to more readily appreciate one another's response to different situations and thus avoid any possible misconceptions. It also helps preceptors and students empathize with each other. Increased empathy and reduced misconception will lead to better interpersonal relationships. From a generational perspective, the student population of today is also more diverse, complex and multifaceted. While some nursing students enter undergraduate nursing program directly from high school, a large number of students are older, who may possess degrees outside of nursing and occupy multiples roles including a student, a spouse, a parent, and an employee. There may be generational differences between preceptors and students. It is important that preceptors and students are able to appreciate and work with such differences.

It is recommended that preceptors and students make an effort to get to know each other since the very first contact. There is a Preceptorship Icebreaker Worksheet included in the Appendix of this handbook. Preceptors and students can use questions and discussion topics from that worksheet to facilitate communication. More details on learning styles, personality traits and intergenerational differences are listed in the following sections. Preceptors and students are encouraged to read this information to develop a common ground for discussions.

Learning Styles

With regard to learning styles, it is important to note that there are neither good nor bad learning styles; there are simply variances in the way individuals receive, process, and integrate new information. Students may be auditory, visual, kinesthetic, or tactile learners or use a combination of approaches. They may also prefer individual or group learning opportunities. Given the diversity of learning styles, it is not surprising that using an identical mode of instruction in all situations will not be effective for all students. To overcome this, it is helpful to understand the different learning styles that students use and prefer and engage learning in a diverse way. Meanwhile, students are also encouraged to take a proactive approach by identifying preferred learning styles and communicate their unique learning needs with preceptors at an early stage in the preceptorship. Outlined below is Kolb's (1984) learning style model on modes of learning, styles of learning, and domains of learning.

Table 2: Modes of Learning

MODES OF LEARNING	CHARACTERISTICS
CONCRETE EXPERIENCE (CE)	Requires complete involvement, intuition, and feeling Functions well in unstructured situations and are open-minded
REFLECTIVE OBSERVATION (RO)	Desires understanding of the meaning of new phenomena Different perspectives, different points of view and impartiality are valued What is true or how things happen is important to these learners
ABSTRACT CONCEPTUALIZATION (AC)	Uses logic, ideas, and concepts to generalize the meaning of what was observed Thinks in the scientific approach generates new theories Precision, rigor, and quantitative analysis are regarded in detail
ACTIVE EXPERIMENTATION (AE)	Prefers active testing of generalizations Practical application of what works is important Takes risks to accomplish goals are favorable among these learners

Table 3: Styles of Learning

LEARNING STYLES	CHARACTERISTICS
DIVERGER	Concentrates on feeling (CE) and watching (RO) Is imaginative Appreciates various perspectives Generates ideas Brainstorms well Is interested in people
ASSIMILATOR	Concentrates on thinking (AC) and watching (RO) Uses logic and inductive reasoning to create theories to understand concepts and observations
CONVERGER	Concentrates on thinking (AC) and doing (AE) Uses deductive reasoning and practical applications of ideas to solve problems Is more interested in things than people
ACCOMODATOR	Focuses on feeling (CE) and doing (AE) Is an opportunity-seeker and risk-taker Solves problems by the trial-and-error process Adapts by carrying out plans Is comfortable with people and will use them to gather information

Table 4: Domains of Learning

THREE DOMAINS OF NURSING	CHARACTERISTICS
COGNITIVE LEARNING	Involves mental skills Is further categorized into six levels: <ul style="list-style-type: none"> (a) knowledge or memory recall (b) comprehension or understanding (c) application or the use of facts, rules, and principles (d) analysis or separating and distinguishing (e) synthesis or building back up (f) evaluation or making judgement
AFFECTIVE LEARNING	Involves feelings, emotions, and attitudes
PSYCHOMOTOR LEARNING	Involves manual or physical skills

Personality Styles

With regard to personality styles, it is important to note that there are neither “good” nor “bad” personality styles. In fact, people do not usually possess only one cohesive set of personality traits. Matches between preceptors and students in this area can contribute to great satisfaction in the learning experience but does not predict how effective the teaching can be. A mismatch between personality styles can encourage personal growth in both the preceptors and the students, despite the potential challenges. Of utmost importance is the awareness of preferences. It leads to better management of expectations and prevents conflicts due to misconceptions. Positive interpersonal relationships between preceptors and students pave the way for a fruitful learning journey. The Myers-Briggs Indicator identifies four personality styles, which are summarized below (Anderson, 1998; University of Prince Edward Island Faculty of Nursing, 2018).

Table 5: Personality Styles

PERSONALITY STYLES	CHARACTERISTICS
EXTRAVERSION AND INTROVERSION	<p>Related to a person's orientation towards life</p> <p>Extroverts like working in groups, use trial-and-error methods to solve problems, are active, and think on the go</p> <p>Introverts, on the other hand, like working independently and learning the material before experiencing it; they tend to prefer lecture styles, and are inclined to reflect on things</p>
SENSING AND INTUITION	<p>Concerned with a person's manner of perceptions</p> <p>Sensing people are detail oriented, want facts, and prefer practicality</p> <p>Intuitive people rely on their intuition, enjoy the abstract, and like to discover new possibilities</p>
THINKING AND FEELING	<p>Needed for decision-making</p> <p>Thinking people prefer the logical, the objectiveness, and fairness</p> <p>Feeling people thrive on personal relationships, being respectful of human values and beliefs</p>
JUDGING AND PERCEIVING	<p>Involves dealing with the outside world</p> <p>Judging people are focused on completing a task, decisive, and organized</p> <p>Preference for structure</p> <p>Perceptive people are curious, adaptable and spontaneous, and flexible</p>

Generational View

A cohesive relationship between a preceptor and a nursing student positively influence the overall success of the preceptorship experience. When preceptors and students are of different generations, which is frequently the case, there exists the potential for generational misunderstanding and conflict to emerge. Some researchers have observed that vertical violence has become a "rite of passage" in the nursing profession (Foley et al., 2013). A collective effort must be made by nurse educators, participating nurses, and nursing students to affect change and create a more cohesive culture. This collaboration starts with a good understanding of the generational background of team members. Descriptions of generational features are available in the literature and a quick summary can be found in table 6 and 7 (Chicca & Shellenbarger, 2018; Cole, 2020; Foley et al., 2013; Smith-Trudeau, 2020; University of Prince Edward Island Faculty of Nursing, 2018; Williams, 2018). It is also important to know that while an individual may fit in a particular generational profile, this person has their own uniqueness and life context. In other words, this individual may demonstrate some, all, or none of these features.

Table 6: Generational Features

	BOOMER 1940-1960	GENERATION X 1960-1980	GENERATION Y 1980 -1995	GENERATION Z 1995 and onward
CHARACTERISTICS	<p>Current age range: 60-80</p> <p>Have the buy now, pay later mentality</p> <p>Rebellious and questioned the status quo</p>	<p>Current age range: 40-60</p> <p>Ironic, cynical, adept, clever, & resourceful</p> <p>Define themselves in opposition to parents</p>	<p>Current age range: 25-40</p> <p>Optimistic, assertive, positive, & friendly</p> <p>Accept authority- rule followers</p>	<p>Current age range: 25 and younger</p> <p>Pragmatic, cautious, & individualistic</p> <p>High consumers of technology & cravers of the digital world</p>

	<p>Moved away from extended families</p> <p>Identify with their jobs</p> <p>Equate work with self-worth – driven and dedicated</p> <p>Believe they can change the world</p> <p>Believe they do not have to grow old and sedentary</p>	<p>Do not belong to any group</p> <p>Know how to win</p> <p>Manage on their own and participate in discussions</p> <p>Comfortable with technology</p> <p>Balance job and leisure time</p> <p>Adapt well to change</p> <p>Anxious when faced with decisions of adulthood</p> <p>Try to attain several goals at once</p>	<p>Accustomed to structure</p> <p>Cooperative team players, want to work with you but not for you</p> <p>Increasing group diversity in terms of race and ethnic</p> <p>Think of themselves as global</p> <p>Prefer to multitask</p> <p>Difficulty honing skills of critical analysis due to volume of information available</p>	<p>Underdeveloped social and relationship skills with increased risk for isolation</p> <p>Open-minded, diverse and comfortable with diversity</p> <p>Gets bored easily by monotony and repetition, desires convenience & immediacy</p> <p>Sedentary activism</p> <p>Crave financial security while growing up in times of social, political, and economic uncertainty</p>
LEARNING STYLES	<p>Appreciate contact with faculty and prefer caring environment</p> <p>Prefer lecture format and are accustomed to be dependent on educator</p> <p>Learn best when they can relate personal experience to the subject matter</p> <p>Have high expectations, enjoy positive reinforcement for their efforts and want to do well</p> <p>Connect learning to mission of agency – want to be connected</p>	<p>Self-directed learners; learn quickly & efficiently</p> <p>Technology literate but do not “live” it</p> <p>Want clear information with practical value – need to know versus nice to know</p> <p>Do better when they learn on their own terms</p> <p>Enjoy flexibility in learning times</p> <p>Can manage delayed gratification</p>	<p>Have always experienced digital media and internet – use technology whenever available</p> <p>Use mobile devices to access/process information</p> <p>Prefer to work in teams and groups</p> <p>“Always on” connectivity blurs work and social time</p> <p>Active learners – see innovation</p> <p>Zero tolerance for delays</p> <p>Will change jobs or education programs if their needs are not met</p> <p>Learn immediately from mistakes (e.g. Nintendo)</p>	<p>Crave attention, expected to be listened to, acknowledged and responded to</p> <p>Do not mind hands-on-assistance from managers and mentors</p> <p>Digital multitasker and can be frustrated with manual way of working</p> <p>Values connectivity, flexibility, and freedom</p> <p>Do not want to be “forced into” a traditional work environment</p> <p>Short bursts of teaching with various modalities help engage students in learning with depth</p>

Planning the Learning Experiences

It is a requirement that students discuss evaluation criteria and individual learning needs with preceptors during the first week of the course. Based on the identified expectations for the course, the evaluation forms (see Appendix) serve as a guide to the student and preceptor in identifying suitable learning experiences. Therefore, both preceptors and students should review the evaluation forms in preparation of developing a learning plan. The actual responsibility for creating a plan for the course rests mainly with the student. You can, with the help of faculty, assist and guide the student with developing the plan.

You can help the student by identifying learning needs first. For example, you might ask the student:

- where were their previous clinical placements;
- which areas in which they feel most competent;
- which areas in which they need improvement; and
- what types of clinical learning experiences they desire in this clinical area?

Later, you can discuss with the student as to how they intend to meet the identified learning needs. An effective learning plan needs to have specific learning activities and timelines. The list of essential knowledge and psychomotor skills that you have provided to student can serve as a great reference point for designing the learning activities. This handbook provides a list of suggested activities for each week as a guide for timelines.

Review the events of each day with the student in order to clearly identify areas in which they are proficient and areas which need improvement.

During their affiliation with your agency, students must adhere the Standards of Practice of the nursing profession, to policies of their school of nursing and those outlined by your agency. Any conflict that arises from differences identified by your agency's policies and those of the program will be resolved through dialogue with relevant staff and faculty.

A challenging role transition occurs for the student in preceptorship as they begin to assume the role of unit nurse. The student has been taught to provide client care for 2 or more clients and to adjust to caring for a greater client assignment. This may vary between students as their previous experience is unit-dependent, based on factors such as workload and/or client acuity. **The preceptor will gradually increase the student's client assignment. The preceptor and student assume shared responsibility for one (i.e., the same) client assignment.** As the preceptor, you retain responsibility for clients while assuming the responsibility of guiding the student throughout selected clinical learning experiences.

The student is accountable at all times for the standards of practice that they provide within the competency level at which they are prepared. The student is responsible and accountable for acknowledging their limitations in the provision of nursing care.

Basic nursing competencies that are performed by a registered/licensed practical nurse may also be completed by a preceptorship student if they are competent to perform the skill. **Students and preceptors should assess competency together. Students are expected to comply with the Policies for Clinical Practicum (page 18) and agency policy regarding any skills that can be performed by a third-year student.**

To encourage a positive and successful transition for accomplishing the skills involved in beginning to manage a unit-specific workload, we have provided an example of a possible plan. **This plan may not be suitable for all nursing units.**

Note: Specialty areas will differ. Preceptors should consult with faculty

Week 1: Orientation to the course objectives and general expectations has been completed in the classroom setting by the faculty. The student will require orientation to the specific unit, routine and specific policies by

the preceptor. Following orientation, the student's daily assignment should commence co-coordinating care for up to two clients. During this time, they can also observe you in the role as unit nurse and place emphasis upon further development of nursing competencies. Remember, you and the student share the responsibility for the same client assignment. New competencies are added, for example, transcribing orders and making rounds with physicians.

Week 2-3: The student progresses to coordinating care for a number of clients. In addition to the above, continue to add new competencies as the student is ready. Continue to add new competencies and foster professional socialization (e.g., consulting with doctors and dealing with other staff).

Note: *The Mid-term Student Evaluation should be completed at the end of week 3 and e-mailed to the faculty member by the student.*

Week 4: The student progresses to coordinating care for three clients in a standard nursing workload for the assigned unit and begins to assume the leadership/management role of a unit nurse with your support and guidance.

Week 5-6: The student assumes coordinated care for four clients in a standard nursing workload and continues to develop professionally with your support and guidance.

Note: *The Final Student Evaluation should be completed at the end of Week 6 and e-mailed to the faculty member by the student.*

Students' abilities vary and learning occurs at different rates. At the beginning of preceptorship, the transition period may cause fear and anxiety, and the rate of learning may slow down. Some students require a considerable amount of support and encouragement to move ahead. Explore with the student ways to overcome individual obstacles. As anxiety lessens the rate of learning speeds up.

Ongoing discussions are necessary between you, the student, and faculty to identify experiences the student lacks or needs further time to master. Either you or the student may have unrealistic expectations that lead to frustration and needless anxiety. The student needs to be guided into realistic expectations and to look at objectives in light of level of competency. Do not assume the student knows how to perform or behave but check and decide on an appropriate course of action. You can allow the student to set the pace, within reasonable limits, in the day-to-day planning for learning experiences.

Planning is fundamental in allowing the student to progress toward application of leadership and management principles and the development of organizational, time management, and prioritization skills with minimal support. Using this strategy should set you on the road to a successful rotation. Faculty are always available to assist you with student learning. Inform faculty of your preference to be phoned at work or at home for these discussions. Do not hesitate to request a face-to-face meeting with assigned faculty if they are located in your community.

Promoting Independence

The student comes to you with theoretical knowledge of management process, leadership styles and problem solving strategies in their coordination of care for clients. You, the preceptor, can assist the student to achieve this goal.

Gradually expose the student to the unit. When the student arrives they will be interested in how things are done in the unit, that is, how you organize your day. As a preceptor, begin with the simple and build to the more complex ideas, for example, from how lunch and coffee breaks are decided to how the administration of medications is fitted in. The student will also need to know how much they are expected to assist other staff with nursing care when they are unit nurse. What is routine to staff is often unknown to the student. You can anticipate these situations and provide information to prevent circumstances that will undermine the student's self-confidence. Go slowly and assess the student's ability with individual aspects of the management role. Try not to assume that the student can do more than they are capable of at this time. The routine and pace differs from one unit to another and a period of adjustment is

normal. However, do expect a higher level of independence by the end of the rotation. It is important to realize that at the end of preceptorship, guidance in some areas will still be required by the student.

You should include the student in different activities and point out available learning opportunities. Examples include: changing a particular type of dressing, giving report, and collaborating with other health professionals.

Include the student in all aspects of your job. You should communicate information that will eventually help the student carry out the expected role. As preceptor, you should respond to questions and discuss the process behind daily decisions. These discussions take up precious time for which the student will be able to compensate by helping you complete your assignment. Some days you will find that your priority of providing good client care may prevent you from devoting much time to teaching and supervising. The student will understand this situation and should be able to co-operate in giving care in whichever way you deem best.

You will find this kind of time pressure lessening after the first two weeks. The nature of your workload changes as the student takes on more responsibility for client care. The responsibility then becomes both complementary and changing. As the student becomes more competent in the practice environment, you step back and assume the role of resource person. Perhaps you may find time for other projects that you often wish there was time to do.

As the student gains more working knowledge of the unit, you should encourage other staff members to refer questions or problems to the student.

Let the student finish the duties they started.

As the student assumes increased responsibility, allow them to cope with the situation before intervening.

Once an assignment is completed, encourage the student to provide you with updates. Don't always check on everything the student does. This will be a vote of confidence for the student.

Remember that preceptorship is designed as a progression toward assuming unit responsibility with minimal guidance. As preceptor, you are the one to whom the student can easily turn for answers to questions, to validate decisions, and discuss ideas. You are the student's most valuable resource.

The Five-Minute Preceptor Teaching Technique

The Five-Minute Preceptor technique (5MP) is an adaptation of the One Minute Preceptor technique (OMP) widely used in clinical medical education (Bott et al., 2011, p. 38). Designed for fast-paced clinical education settings, the 5MP helps students to practice critical thinking and decision-making skills in a safe environment. Meanwhile, preceptors can role model their critical thinking and decision-making processes. There are five steps in the 5MP: (1) get the student to take a stand, (2) probe for supporting evidence, (3) teach general rules, (4) reinforce the positives, and (5) correct errors and misinterpretations. Outlined below is an example of a 5MP Clinical Teaching Encounter.

Table 7: A Preceptorship Scenario Using the Five-Minute Preceptor Training Technique

5MP Steps	Clinical Teaching Encounter
Step 1: Get the student to take a stand	Preceptor: Tell me what's happening with your patient. Student: Mrs. Brown has Alzheimer's disease. This morning she refuses to take her medication. Yesterday, my first day with Mrs. Brown, she took all of her medication without any problems. I think I should call the doctor.
Step 2: Probe for supporting evidence	Preceptor: Tell me why you have made the decision to call the doctor at this point in time. Student: I know that patients who are competent have a right to refuse medication. Because Mrs. Brown is cognitively impaired, I am not convinced that she is capable of making good decisions about her own health, in this case, making the decision not to take any of her medications.

	<p>Preceptor: What else might you want to consider here, say in relationship to her hypertensive medication, before calling the doctor?</p> <p>Student: Well, I can't force her or trick her to into taking her medications, but I'm worried that she really needs her antihypertensive before her blood pressure gets out of control, as this could lead to serious medical problems. I'm not really sure what else you are getting at.</p>
Step 3: Teach general rules	<p>Preceptor: First of all, the most appropriate initial action here with Mrs. Brown is to behave in a nonconfrontational manner. Quietly leave the patient's room and come back after about 15 minutes or so. People with Alzheimer's disease have periods of short-term memory loss and may become irritable during care. They often become more cooperative after a cooling down period.</p> <p>Student: What if this doesn't work?</p> <p>Preceptor: If this approach doesn't work, and she continues to refuse the medications, particularly her blood pressure meds, take her blood pressure and document it. Then, notify the physician.</p>
Step 4: Reinforce the positive	<p>Preceptor: You have shown a good understanding about competent patients' rights to make choices about treatment and medications. I also really like your proactive thinking about Mrs. Brown's blood pressure; planning to prevent problems before they occur indicates that you are thinking critically about your patient's care.</p>
Step 5: Correct errors or misinterpretations	<p>Preceptor: You wouldn't have been wrong by reporting Mrs. Brown's refusal of medication to the physician. However, a word of advice based on my experience, always ensure that you have done a complete assessment and exhausted all possible nursing interventions prior to calling the doctor to report an issue. You might have jumped the gun on this one, had you called the doctor prior to approaching the patient a second or third time with her medications, and prior to checking her blood pressure. For further learning, it might be valuable for you to do some research regarding the process of formally determining competency in cognitively impaired patients.</p>

Giving Feedback

Ongoing feedback is an important part of development. The student requires honest, accurate information about their performance throughout the experience. This feedback is most valuable at the time the activity takes place. Students usually do not feel their success until someone significant verifies it verbally. This increases self-confidence and encourages the student to take on more complex tasks.

Feedback focuses on:

- the student's perception of their performance;
- your observation of the student's performance;
- establishing goals and plans for the next shift;

Once this has been done, re-evaluate and discuss whether the planned approach has influenced positive development or whether problems exist. Never falsely reassure. Do keep in mind the student lacks experience. Strengths should be identified. Clinical weaknesses must be discussed so that the student will have a chance to improve in these areas before a written evaluation. Constructive feedback is necessary and often difficult, but a recognized problem must be dealt with. Contact faculty whenever you feel uncertain about redirecting a student. As students become more confident, they will be able to evaluate their own performance.

Guidelines for Focused Feedback (Dohrenwend, 2002; Kabatoff, 2006; University of Prince Edward Island Faculty of Nursing, 2018):

- 1. Be sure you understand the purpose of the feedback.**
What do you want to achieve by providing the feedback?
- 2. Consider the time and place.**
Select a time when the student is calm and not feeling vulnerable and a place that is private. If others are present, feedback about a situation that did not go well can be both humiliating and distracting for the student. Remember to praise in public and critique in private.
- 3. Describe the specific behaviour that you have observed.**
 - a) Avoid opinions, rumors, gossip or second-hand information. Focus on the facts of the situation.
 - b) Be specific when describing the behaviour indicating when and where it occurred, who was involved and what the results were.
- 4. Describe your reaction to what you observed by sharing with the student how the behaviour made you feel:**
 - a) Using “I” statements to lessen defensiveness and resistance to what you say. For example: “I am concerned about the safety of the patient when the call bell is not within reach” instead of “how could you be so forgetful to leave the patient without his/her call bell”. “I was disappointed when you did not call to inform me/us that you would not be here yesterday” instead of “You were irresponsible and thoughtless. You know it is important to inform me/us”.
 - b) Using an even, calm tone of voice.
 - c) Being positive, ensuring that negative phrases are distinct from positive ones. For example, omit words such as “but” “however” “having said that” after saying something positive. Such words serve to increase anxiety by “setting” the student up for the words that follow them which inevitably feel more like criticism rather than feedback that is corrective and constructive.
 - d) Addressing behaviour that can change, not characteristics that cannot be changed.
- 5. Focus on timeliness.**
Feedback is generally meaningful if given as soon as appropriate following the observation, otherwise inaccurate recall can occur. Defer feedback if it means a delay in patient care, or embarrassment to the student.
- 6. Focus on the value of the feedback for the student.**
The feedback should serve the learning needs of the student rather than provide release for the preceptor.
- 7. Focus on the amount of feedback that the student can use; do not focus on how much you might like to give.**
Overloading the student with feedback reduces the possibility that the feedback will be used. Avoid, “and here’s something else to think about”.
- 8. Check the student’s understanding, asking them to explain what was heard from you.**
Pay close attention to in the event that clarification is required.
- 9. Explore with the student how their behaviour can be changed to resolve the issue.**
- 10. Be supportive.**
Let the student know you believe in their capability of following through with the plan for improvement. Use the feedback sandwich technique when needed. Outlined below is an example of using feedback sandwich to coach student on patient communication skills.

Praise: “You did a good job reflecting the patient’s emotion. I observed tears in her eyes when you said, ‘This diagnosis must feel devastating to you.’”

Critique: “When you moved on to the exam, she was still crying. I suggest waiting 30 seconds more in silence. It is healing to have someone give you room to feel.”

Praise: “The patient shared her feelings with you, because you appeared supportive, professional, relaxed and comfortable with her emotions.”

Table 8: Examples of Feedback

Blaming or Critical	“T” Statements
You really need to work on your charting	When I reviewed your charting, I noticed that the morning charting did not include any reference to morning care.
You have a bad attitude!	I have heard a number of concerns and I am wondering if you could tell me about your perspective on this situation.
Your documentation was a real mess last week!	At the end of the week, I reviewed the documentation and noted that specific information was missing; additionally, some patient information was misfiled.
Why did you talk to the patient that way this morning?	I am wondering if you could tell me about your interaction with the patient this morning.
You are so disorganized.	I have noticed that patient tasks are not completed prior to the completion of the shift. Could you please tell me exactly how you organize patient tasks?
That was a truly insensitive thing to say. Why do you always interrupt? And by the way, you were late again this morning.	Reflecting on your conversation with the patient, what did you notice went well and what did not go well? It is important to consider the feeling of others when talking and it is crucial to listen to carefully before responding. (Preceptor could also initiate a role play to re-do the conversation.) Additionally, I have noticed that you are often not on time; are there specific challenges to your arriving promptly?
You might have done that dressing well enough but it took forever. Did you notice that the patient was in a lot of pain?	The dressing was completed correctly (i.e., list the specific components observed). Let’s discuss two areas to consider when performing a dressing change: pain levels and timeframes.

Addressing Unsafe Practice

Patient safety is paramount to nursing practice. Preceptors must stay vigilant to unsafe practice by students and know how to supervise and teach students to prevent and address unsafe practice. Preceptors must be aware of student behaviours that may result in patient risk or harm. They must also watch out for unsafe students who do not possess the motivation to respond appropriately to a patient’s language, symptoms or signs of distress, or when the student struggles to engage in interpersonal relationships. If preceptors see patient safety in jeopardy, they must attend to the patient safety first before attending to students.

Recent literature explains unsafe practice as “an occurrence or a pattern of behaviour involving unacceptable risk” (Scanlan et al., 2001). Researchers have coined a term called unsafe student, which refers to students whose level of clinical practice is questionable in the area of safety or to students with marked deficits in knowledge and psychomotor skills, motivation, or interpersonal skills (Luhanga et al., 2008; Scanlan et al., 2001). Memorial University Faculty of Nursing also has a policy addressing unsafe practice. According to this policy, a student is considered at risk for clinical failure if s/he has difficulty meeting the Nursing Practice Appraisal Criteria or other designated evaluation criteria in clinical courses. Meanwhile, a student is considered to be unsafe in clinical practice when his/her performance places himself/herself or another individual at risk for, or actually causes physical, psychosocial, or emotional harm (Memorial University of Newfoundland Faculty of Nursing, 2019; Scanlan et al., 2001)

There are three themes emerging from recent literature on strategies for precepting the unsafe student (Langlois & Thach, 2000; Luhanga et al., 2008; Scanlan et al., 2001; Teeter, 2005; University of Prince Edward Island Faculty of Nursing, 2018):

1. Strategies for averting unsafe practice

The idiom, “an ounce of prevention is worth a pound of cure”, is important to keep in mind at all times. To that end, the preceptor needs to:

- a) Be familiar with the program and course expectations.

- b) Understand what the student is required to learn and know.
- c) Communicate expectations to the student in a clear and thoughtful way.
- d) Set the standard for behaviour, professionalism and clinical competence.

Invite the student to share their expectations in an effort to understand their perspective, and ensure congruency with course objectives.

2. Early identification of unsafe practices

Preceptors need to be aware of a student's performance from the very beginning. Awareness and knowledge of a student's performance is based on:

- a) Observing the student directly;
- b) Listening to feedback from colleagues and patients;
- c) Receiving information from faculty advisors; and
- d) Being vigilant in monitoring the student's activities.

It may be necessary to solicit additional feedback from colleagues or faculty members to confirm the student's competency level and to ascertain whether what is being observed is an ongoing behaviour or a lone incident. It is important to maintain an ongoing record. Observations should always be documented in an objective format so that there is a detailed record of circumstances to which to refer.

3. Addressing unsafe practice immediately

It is generally agreed, no matter which strategy is used to mitigate the consequences of unsafe practice, that the situation should be addressed immediately and with a focus on patient safety. This process will most often mean that the preceptor must complete the delivery of clinical practices. Follow up of the incident is required:

- a) Convey the problem to the learner in a private setting, as soon as possible after the incident, and determine whether the student is aware of the problem prior to addressing the concern;
- b) Develop a plan of action for further knowledge and skill development to which preceptor and student agree and which is documented;
- c) Communicate the incident to the faculty advisor right away. Do not wait for a second occurrence;
- d) Interrupt and explain the correct approach in the event of a major mistake. In this way, the preceptor models the correct approach. Potentially, the student will have another opportunity at another time to return demonstrate;
- e) Provide consistent support and constant observation to determine if and when the student has integrated the correct knowledge, skills and/or attitude necessary to engage in safe practice;
- f) Encourage practice as a way to achieve proficiency in skills;
- g) Question and give reading assignments to assist students to grasp the necessary knowledge for practice;
- h) Create an environment conducive to learning. Students must feel safe in a relationship. When preceptors have a positive attitude, student feel safe to ask questions and to "not know";
- i) Ensure privacy when giving timely, specific, honest, ongoing and constructive feedback. Learning ceases when specific, honest, constructive feedback is not given either in a timely manner or in an appropriate and respectful setting;
- j) Engage in self-evaluation for own personal growth and confidence;
- k) Maintain a high standard of practice. Such practice demonstrate professionalism and integrity;
- l) Do not be reluctant to seek assistance from others, either the faculty member or colleagues, especially early in the process of identifying unsafe practice;
- m) Should all of the above fail, "change environment or preceptor, reduction of the student's patient load, review of areas of practice with preceptor, additional/repeat practicum, and counselling of the student discontinue

the program” may be required. *Patient safety is always paramount.*

Legal Implications for Preceptorship

Questions of legal liability will arise especially when there are concerns about patient safety. Preceptors ask “What if the student does something incorrectly, does not do what is required, or causes harm to a client? Am I responsible for their mistakes?” The answer to these questions is “No you are not, provided that your own practice is sound.”

The basic premise of the law, regarding liability for negligence, is that one must act as any reasonable prudent nurse with similar experience and education would in a similar situation. The criteria upon which we are judged have evolved from this principle into formalized standards of nursing practice.

The student nurse is accountable at all times for the standard of care that they provide within the competency level at which they are prepared. Further, the student nurse is responsible and accountable for acknowledging to the preceptor their limitations in the provision of nursing care. The preceptor, then, would be held legally liable for the actions of the student only in situations where the preceptor delegates a task to the student that they are not competent to perform and fails to appropriately supervise the student in the performance of the delegated tasks and/or where the preceptor provides improper instruction to the student in the performance of a delegated task.

In summary, if the preceptor is knowledgeable about the student’s capabilities, delegates accordingly, and the student accepts the assignment, the responsibility and accountability for the quality of practice rests with the student. The preceptor does retain the responsibility for ensuring that the standards of client care are maintained.

Cultural Competence and Safety

The term safety is prominent in the nursing profession and has usually been interpreted to imply that the individual nurse is competent and fit to practice. In recent years, many preceptors have noticed that the student population has become increasingly diverse. It is not unusual that a preceptor is paired with a student of different gender, ethnic, language, religion, and cultural background. Preceptors need to provide a culturally safe and effective teaching and learning environment. Being culturally safe requires that preceptors and faculty members be aware of diversity and take the time to examine their own beliefs, values and assumptions that they make about such diversity. Traditionally, preceptors have taught to treat all patients the same way (Seccome & Roeters, 2010). While nurses are still required to uphold justice and fairness, it is now recognized that differences should be recognized and celebrated rather than being dismissed and repressed. Preceptor and faculty member who make unsubstantiated assumptions or who have stereotypical attitudes about students may have difficulties working with students of diverse backgrounds and achieving optimal teaching and learning experience. Therefore, it is essential to provide culturally safe education.

The term cultural safety is a relatively new concept within the nursing literature (Arieli et al., 2012; Racine, 2014; University of Prince Edward Island Faculty of Nursing, 2018; Zeran, 2016). It identifies the need for nurses, and all health care professionals, to be critically aware of the dominant influences that predispose their individual attitudes and knowledge to a specific way of viewing and categorizing each person based on his/her appearance and/or identification with a particular group within society. A main objective for raising awareness of the concept of cultural safety is to increase social equity. It is a call to action. It is a robust reminder that people are different and don't think the same way, which is crucial in providing culturally safe and effective nursing practice.

A critical component of cultural competence is self-awareness. Nurses need to understand their own cultural identity, stereotypical assumptions and potential ethnocentrism. They need to adopt a nonjudgmental approach in their interactions with people from a different culture to their own. Other important components of cultural competency include respect, compassion, openness and tolerance as well as flexibility, empathy, understanding and awareness of the breadth of difference in the world. These concepts are all essential for a successful preceptorship. To demonstrate cultural competence, preceptors, students and faculty members recognize their own assumptions and limitations. They embrace diversity and discover how to make such diversity an advantage of students. They make necessary adjustment to provide a culturally safe environment for the best possible learning experience.

EVALUATION

Purpose

The purpose of evaluation is to help determine the progress a student is making towards meeting the objectives of the course. Evaluation identifies strengths, reinforces learning, and identifies learning needs. The evaluation criteria (nursing practice appraisal indicators) guide the learning experience of the student and provide a means to evaluate learning.

Method of Evaluation

A clinical performance evaluation is completed at the end of week four and at the end of week eight. The preceptor completes the evaluation form in collaboration with the student and faculty member. However, it is ultimately the faculty's responsibility to confirm whether the student's overall performance is meeting the course objectives.

Evaluation forms will be mailed to preceptors at the beginning of the course. Although from day to day the student may not always meet the indicators, the final evaluation will be used to determine the overall performance in an objective manner. Most often you will see evidence of the student's development and growth over the course of the rotation. Communicating your belief in the student's abilities will enhance the student's confidence and promote continual growth. By sharing feelings and problems, you can both grow; the student toward becoming a more competent practitioner and you toward becoming a more confident preceptor.

Some final tips:

- Let the faculty member know what is happening even if there are no problems.
- Do not ignore your intuition - the faculty member is a good person with whom to validate hunches.
- Interactions with the faculty member are confidential, so discuss your concerns about the student, or problems you are encountering in your role as preceptor.
- Remember, the main function of the faculty member is to solve problems with you.

If the student's performance is unsatisfactory or unsafe during the course of the rotation, the faculty must be consulted immediately and a report written to describe, as factually as possible, the related incident(s).

Reflective Critical Analysis

In order to meet the objectives for NURS 3523, the student is required to complete a reflective critical analysis assignment, either verbally or in written format, due at the end of week five.

Written assignments must be submitted directly to faculty in person or by e-mail. Failure to submit on time may result in a clinical course grade of *Fail*. Written assignments should not exceed 2,000 words (between 5 – 8 typewritten pages, double-spaced). If the written assignment is unsatisfactory the student may be required to meet with the faculty member and present it verbally at a mutually convenient time.

An alternative to the written reflective critical analysis is a verbal debriefing session with the faculty member. Students who wish to avail of this option must make appropriate, timely and mutually agreeable arrangements with their faculty member. Verbal debriefing sessions will generally take 30-45 minutes. They may take place via the telephone or in person (where possible). If the student wishes to do a verbal debriefing, they must arrange for the debriefing session date/time/location by the end of week one. If the student does not make these arrangements by this deadline, they will be expected to submit a written assignment.

Students must prepare for the debriefing session in advance. Being unprepared will jeopardize the successful completion of the course. If faculty deems the student unprepared for the assignment or the debriefing is unsatisfactory, a written assignment must be submitted. Due date will be decided by faculty.

Assessment Technologies Institute

Each student must complete a component of ATI (Assessment Technologies Institute) during their preceptorship rotation, with a score of at least 65%. Specific information about this will be provided at the beginning of the clinical rotation.

Expectations regarding Nursing Research:

1. Identifying Relevant Nursing Research Articles

- Students will seek out nursing research articles that can be used to guide their nursing care.

2. Relating Nursing Research to Clinical Practice

- In the Reflective Critical Analysis, students will provide examples of how current research literature was used to guide a specific aspect of their nursing practice. Students should demonstrate **critical analysis of research** by identifying specific strengths or weaknesses which impact the quality of the research and its value in guiding nursing practice (e.g. clarity of problem, purpose, research questions or hypotheses; adequacy of literature review; relevance of conceptual framework; appropriateness of design; sample size; reliability and validity of instruments; analysis techniques)

Student Code of Conduct

Memorial University of Newfoundland is committed to ensuring an environment of understanding and respect for the dignity and worth of each student and faculty member. **Memorial University's Student Code of Conduct** reflects the expectation that students will conduct themselves in compliance with university regulations and policies, departmental policies and federal, provincial and municipal laws, as well as codes of ethics that govern students who are members of regulated professions.

For further information, refer to: https://www.mun.ca/student/supports-and-resources/respectful-campus/Student_Code_of_Conduct_May_11_2017.pdf

Inclusive Education

Memorial University of Newfoundland is committed to supporting an inclusive education based on the principles of equity, accessibility and collaboration.

For further information, refer to: <http://www.mun.ca/policy/site/policy.php?id=239>.

Academic Misconduct

Within the University community there is a collective responsibility to maintain a high level of scholarly integrity. A student is expected to adhere to those principles which constitute proper academic conduct. Academic misconduct cannot be condoned or even appear to be condoned. A student has the responsibility to know which actions, as described under Academic Offences, could be construed as dishonest or improper. A student is reminded that for further guidance on proper scholarly behavior the student should seek advice from the student's instructors and faculty advisors.

For further information, refer to: 6.12.2 General Information <https://www.mun.ca/regoff/calendar/sectionNo=REGS-0748>

POLICIES FOR CLINICAL PRACTICUM

Transcription of Medication Orders

The student and preceptor will assess student competency regarding the student's ability to transcribe and verify medication orders. When deemed competent by their preceptor, students may transcribe and verify medication orders. **ALL** transcribed medication orders by students must be independently double checked and signed by a Registered Nurse.

Students **cannot** independently double check and sign orders that have been transcribed by another student (i.e. two students cannot be the transcriber and verifier for the same medication order).

If any questions or concerns arise regarding transcription or verification of orders, the student should seek guidance from their preceptor and/or faculty.

Transcription of Orders (Other than Medications)

The student and preceptor will assess student competency regarding the student's ability to transcribe and verify orders (other than medications). All orders (other than medications) transcribed by students are to be independently double checked and signed by a Registered Nurse until the student is deemed competent. When deemed competent by their preceptor, students may independently transcribe orders (other than medications).

If any questions or concerns arise regarding transcription or verification of orders, the student should seek guidance from their preceptor and/or Faculty.

Verbal and/or Telephone orders:

Students are **NOT** permitted to take Verbal and/or Telephone orders.

BN Student Medication Policy

Medication Administration (Revised April 2019)

Medication Administration Competency (excluding High Alert Medications)

Students may administer medications at their level of competency as they progress through the program. Determination of competency occurs as follows:

- In clinical courses where there is *direct supervision by a clinical instructor* from the school of nursing, the competency of a student, to independently administer medications, is determined in consultation between the student and the clinical instructor. This consultative process will be revisited when either the student or the clinical instructor deem it necessary.
- In clinical courses where there is *no direct supervision by a clinical instructor* from the school of nursing, competency of a student, to independently administer medications, is determined in consultation between the student and the preceptor/co-assigned registered nurse. This consultative process will be revisited when either the student or the preceptor/co-assigned registered nurse deem it necessary.

In addition, students are expected to comply with High Alert Medications guidelines (see below) and all agency policies regarding medication administration.

Administration of High Alert Medications

The Schools of Nursing, in an effort to promote client safety and decrease the likelihood of medication errors, follow the recommendations of the Institute for Safe Medication Practices (ISMP). *High alert medications* are described by the ISMP as “drugs that bear a heightened risk of causing significant patient harm when they are used in error” (ISMP, 2014).

Medications that are designated as *high alert* require an *independent double check* before administration. An *independent double check* is a procedure in which two licensed health care practitioners, who are competent and authorized in medication administration (e.g. Registered Nurse, Licensed Practical Nurse, Physician, Pharmacist), separately check (alone and apart from each other, then compare results) each component of prescribing, dispensing, and verifying the high-alert medication before administering it to the patient. The students’ role in independent double checks are as follows:

- Students in 3000 level clinical courses prior to NURS 3523 **may not participate** in an *independent double check*. However, they can be the third signature as outlined below:
 - In 2000 and 3000 level clinical courses prior to NURS 3523, when deemed competent (see definition above) to do so, *students may be the third check and signature. Students **cannot** independently double check medications prepared by another student under any circumstances.*
- Students in NURS 3523 and 4000 level clinical courses **may participate** in an *independent double check* and can be the second signature as outlined below:
 - When deemed competent (see definition above) to do so, students may perform an independent double check with the nurse i.e. *the student will be the second check and signature. Students **cannot** independently double check medications prepared by another student under any circumstances.*

Students must comply with agency policy regarding medications designated as High Alert Medications. In addition, even if not indicated in agency policy, the following medications must be treated as high alert:

- All Narcotics
- Controlled Substances (as identified in agency policy)
- Insulin
- All Antithrombotics (including anticoagulants and thrombolytics)

Students are also expected to comply with agency policy regarding any additional precautions that may be required for medication administration.

Students should not check a medication with another student.

Attendance

The student is accountable for clinical time. Regardless of the evidence provided by the student for clinical absenteeism, the student must ultimately demonstrate successful achievement of clinical objectives specified for the clinical practicum. Failure to demonstrate an acceptable level of clinical competency will result in clinical failure or being asked to withdraw from the practicum.

In the event that the preceptor is absent, the student should adhere to the agency policy and consult with the nursing manager.

Reporting of Absenteeism

A student who will be absent from the clinical setting must notify the clinical agency and faculty member prior to commencement of the scheduled shift. The faculty member may require the student to submit evidence to support reasons for each period of absenteeism.

Policy Guidelines in Clinical Agencies

Faculty members and students will follow the policies and procedures of the agency in which clinical experiences are being obtained.

Professionalism and Accountability

Respectful, professional and courteous behavior is expected at all times in the clinical area. Each student is responsible and accountable for their own actions in all clinical activities. Students must not engage in nursing activities for which they have not had adequate preparation. It is the responsibility of the student to inform the preceptor of this situation and, if further support is needed, to seek the help of the faculty member involved.

Confidentiality

All matters pertaining to a client are to be held in the strictest confidence. Any oral or written identification of the client beyond that necessary for professional communication is considered a serious breach of ethical conduct.

Documentation in Affiliating Agencies

Students are required to follow the policies for documentation established by the hospital/agency in which they are assigned for the clinical practicum.

Incident Reports

Student must follow the policies for the hospital/agency to which they are assigned and must report incidents to the faculty member and complete a School of Nursing Incident form within 24 hours or as soon as possible after the report has been filed with the agency.

Injuries on Duty

Students are to report to the occupational (staff) nurse or supervisor in the hospital/agency where the injury occurred and seek prompt medical/nursing attention. The student should arrange a follow-up visit either with a family physician or with the Memorial University Student Health Service. The student must report the injury to the faculty member within 24 hours and complete the necessary forms.

Transporting and/or Accompanying Clients

The student may accompany a client providing the agency's administrative policies are being followed. The student may accompany a client traveling in an ambulance or taxi to another hospital for special tests/procedures. If the client requires a staff escort, the student is not to replace this staff member, but can go in an observer role.

Scheduling

The student's schedule is to be the same as the preceptor's schedule, including night and weekend shifts. **In total for the eight-week period, students are expected to work 320 clinical hours. Any change in the schedule must be approved in advance by faculty.**

Note: For 12-hour shifts, student hours are counted as 12 hours rather than 11.25h. For 8-hour shifts, the hours are counted as 8 h and not 7.5 hours.

Annual Leave

A student is **not** entitled to annual leave taken by the preceptor. When the preceptor takes an annual leave day, the student must negotiate alternate arrangements with the preceptor.

Sick Leave

Students are responsible for acquiring documentation of illness. Students may have to make up time missed due to illness even if documentation is provided.

Overtime

All overtime requests must be approved by a faculty member. No student will be permitted to work more than 12 hours per shift. Adequate rest periods between shifts must be observed as per clinical agency guidelines.

Student Evaluation of Clinical Practicum

At the end of the course, the student will be asked to complete a form evaluating the clinical practicum experience. This is to enable changes to be made to the program so that this experience can benefit all who participate in it.

Insurance Coverage

If a legal question arises, the matter will be referred to one or more of the following insurance advisers for action and/or advice:

- Eastern Regional Health Care Authority,
- Western Regional Health Care Authority, and/or
- Memorial University of Newfoundland

Expenses

Students are personally responsible for expenses incurred for travel to and from the clinical agencies and for day-to-day living expenses while participating in the clinical practicum.

Social Media

Students must apply confidentiality, practice and ethical standards equally to online activities as they do in other circumstances. Students are expected to be familiar with the ARNNL Position Statement on Social Media:

http://www.arannl.ca/documents/publications/Position_Statement_on_Social_Media_2013.pdf

In addition, agency policy must be followed concerning the use of personal technology in the clinical area.

Professional Attire

The policy on uniforms, shoes, jewelry and perfume as outlined in the Student Handbook will be followed. Students are expected to abide by the dress code rules of the clinical agency to which they are assigned.

Access to Client Records

If a student requires information from charts in the Medical Record Department of the hospital/agency, a written request must be signed by the preceptor before the student will be given access

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APPENDIX

Mission Statement

The mission of the BN (Collaborative) Nursing Program is to prepare competent entry-level nurses to practice in a variety of settings in a changing health care environment. The program fosters life-long learning, a spirit of inquiry and the pursuit of excellence. The program reflects the collaborative efforts of the province's three Schools of Nursing: The Centre for Nursing Studies, Memorial University of Newfoundland School of Nursing, and Western Regional School of Nursing.

Philosophy

The philosophy is comprised of the following: beliefs about person, society, environment, health, nursing, and nursing education.

Person

A person is an integrated, distinct, and unique whole with biological, psychological, social, cultural, and spiritual dimensions. Each person has inherent value, worth and dignity, and possesses the potential for self-determination and self-reliance within her/his own ability. A person has the right to be fully informed and to make decisions and choices. Persons include clients/individuals, families, groups, communities, and populations.

Society

Society is the composite of persons sharing a variety of values, interests, needs, and goals that change over time. Society unfolds from a heritage of human interaction and transition. It influences and is influenced by nursing practice and health care.

Environment

Environment is inclusive of social and physical components, surroundings, and circumstances of the person as well as the political, cultural, and economic structures of the global environment.

Health

Health is a dynamic process of physical, mental, spiritual, and social well-being. It is a resource for everyday living and is influenced by a person's beliefs, values, attitudes, and the determinants of health (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994). Wellness and illness are dimensions of health.

Nursing

Nursing is an evidence-informed practice profession grounded in the integration of art and science. The art of nursing is reflected in nurses' behaviours, relationships, and attitudes. The science of nursing is based on the body of knowledge of the discipline of nursing and its synthesis with the natural, social, and behavioural sciences. Nursing focuses on the interrelationship between persons, society, environment, and health in achieving health outcomes.

Caring, a central concept in nursing is interpreted to include competence, conscience, commitment, confidence, and compassion (Roach, 1992). Caring involves the development of empowering relationships that preserve, protect, and enhance human dignity (Canadian Community Health Nursing Standards of Practice, 2003).

Nursing Education

Nursing education is the preparation of graduates with knowledge, values, attitudes, and skills that are necessary for professional practice and with a foundation for continued learning at advanced levels of education (CASN, 2004).

Conceptual Framework

The conceptual framework of the BN (Collaborative) program consists of curriculum, teaching and learning, and nursing practice.

Curriculum

The curriculum is an organized and sequential plan of educational opportunities. While nursing knowledge is a major emphasis, the arts and sciences enhance the broad knowledge base required. The curriculum builds on and incorporates previously learned concepts and reflects the principles of primary health care (WHO, 1978). It is informed by evidence and grounded in nursing's values, knowledge, theories and practice. The curriculum also provides the basis for further education.

The curriculum addresses health issues that affect persons across the lifespan and in a variety of practice settings. The initial focus is on the wellness dimension of health, beginning with health promotion and health protection, then progressing to include health maintenance, rehabilitation, restoration, and palliation. The curriculum prepares the student to understand and work within the dynamic relationships among person, health, society, environment, and nursing.

Opportunities are provided to enable students to acquire the competencies (knowledge, values, attitudes and skills) required for entry-level practice. Critical thinking skills, including professional reflection, self-evaluation, ethical decision-making, and clinical judgment are facilitated progressively throughout the curriculum. Technological competence is enhanced through use of information technologies and infrastructure.

The curriculum emphasizes the development of partnerships among students, educators, and others, e.g., healthcare professionals, throughout the educational process. Interprofessional learning, consistent with primary health care, is facilitated through the development of professional relationships with other health team members and other sectors of society.

The program prepares students to apply beginning research skills and utilize knowledge informed by evidence. Students are prepared to advance the profession and to provide leadership in a changing system of health care. Students are also taught to identify and respond to emerging nursing and health issues.

Teaching and Learning

Teaching and learning are dynamic lifelong growth processes. They are reciprocal and interactive, characterized by creativity and flexibility, and meet the diverse and changing needs of the students, the nursing profession, and health needs of society.

Students, educators, and others are partners in the educational process. The program uses a participatory/collaborative approach to nursing education that provides direction for the teaching and learning experiences. The humanistic educational climate fosters caring, respect for self and others, autonomy, critical thinking, and a spirit of inquiry.

Throughout the program students are active participants, are responsible for the discovery of knowledge, and are accountable to communicate this with others. Further student responsibilities include availing of learning opportunities, seeking and utilizing feedback throughout their learning process, and integrating competencies required for entry-level practice in nursing. Students internalize the values, ethics, and behaviours endorsed in the ARNNL Standards of Practice, and understand that continued learning is essential for professional nursing practice.

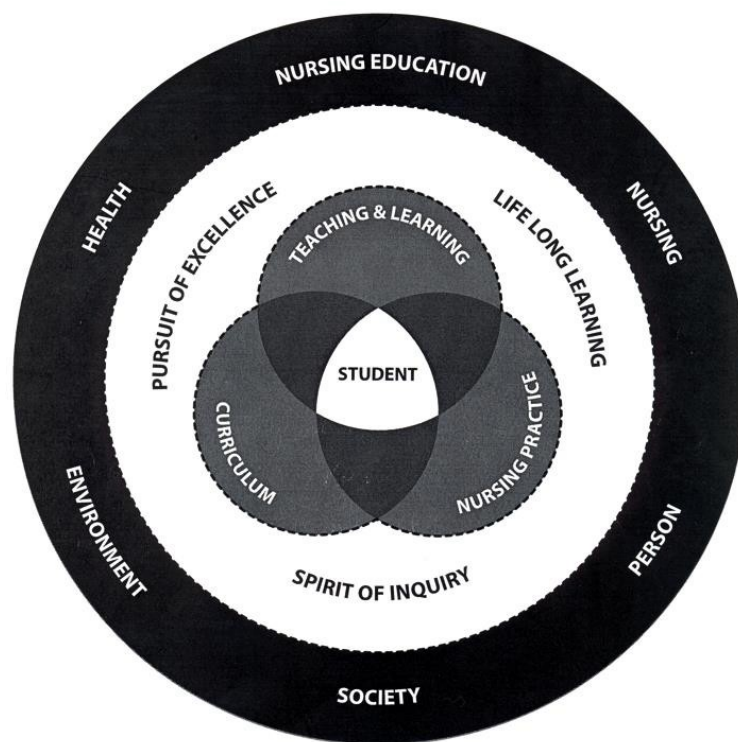
Educators facilitate knowledge discovery and professional socialization by guiding, mentoring, role modeling, and challenging students to be self-directed, reflective, and creative. Educators acknowledge diverse student life experiences and support individual learning styles. A variety of strategies and supportive structures are used to foster teaching and learning and professional development of the student. Educators have the responsibility to ensure that evaluation practices and standards are consistent with university policies, and with national and provincial nursing education standards.

Nursing Practice

The goal of nursing practice is to assist persons across the lifespan in a variety of practice settings to achieve their desired health outcomes. Nurses assist persons to recognize and develop their capacity for self-determination and self-reliance. The provision of safe holistic care to persons requires clinical reasoning, critical thinking, technological competence, effective communication skills, and a commitment to lifelong learning.

Nursing practice requires collaborative relationships and partnerships with persons, health team members, and other sectors of the community in the performance of nursing roles. Nurses also collaborate with persons in the mobilization of communities toward healthy development and capacity building. Nursing roles include direct caregiver, educator, counsellor, advocate, facilitator, coordinator of care, researcher, and leader. These roles require the nurse to be aware of the changing social, cultural, economic, technological, environmental, and political contexts of health care in Canada and globally. The presence of role models is essential to the professional socialization of students.

Professional standards and competencies, legal standards, and the CNA code of ethics guide nurses' practice. Nurses are accountable to society for safe, ethical, competent, and effective nursing care. Nurses advocate for quality work environments and patient safety. Nurses practice independently and interprofessionally, advancing the profession of nursing and influencing changes in health care.



Content Map

Suggested Sequencing of Courses for Fast Track Option

Year	Fall	Winter	Spring
1	1004 Introduction to Nursing 1002 Anatomy and Physiology I (Lab) 1003 Developing Therapeutic Relationships (Lab) 3 credit hours in English Biochemistry 1430 (Lab)	1012 Anatomy and Physiology II (Lab) 1014 Health Assessment (Lab) 1015 Health Promotion Throughout the Lifespan (Lab/clinical-24 hours) 1016 Healthy Aging 1017 Fundamental Psychomotor Competencies (Lab) 1520 Extended Practice I (96 hours) Psychology 1000	
2	2002 Nursing Concepts for the Care of Women and the Childbearing Family 2003 Pathophysiology (tutorial) 2004 Pharmacology and Nutritional Therapies (Lab) 2502 Nursing Practice for the Care of Women and the Childbearing Family (Lab) 3 credit hours in English	2014 Community Health Nursing Theory (Lab) 2514 Community Health Nursing Practice I 2017 Intermediate Psychomotor Skills Biology 3053 (Lab) Statistics 2500 or equivalent, or Education 2900 (Lab) 3 credit hours in Sociology/Anthropology 2520 Extended Practice II (96 hours)	
3	3001 Nursing Concepts for Mental Health (Lab) 3501 Nursing Practice for Mental Health 3104 Nursing Research 3012 Nursing Concepts for Children, Adolescents and Young Adults 3 credit hours chosen from Philosophy 2800-2810 or Religious Studies 2610	3014 Nursing Concepts for Middle and Older Adult 3113 Nursing Leadership and Management 3514 Nursing Practice with Middle and Older Adults (Lab) 3513 Nursing Practice with Children, Adolescents and Young Adults 3 credit hours in Business	3523 Extended Practice III (320 hours)
4	4103 Issues in Nursing & Health Care 4100 Advanced Concepts & Skills 4501 Community Health Nursing Practice II 3 credit hours in Political Science	4512 Community Health Practicum (160 hours) 4516 Consolidated Practicum (400 hours)	Award of BN degree

NOTE: These courses will be offered during the same year at all sites, but the semester of course offering may vary with each site. An additional 6 credit hours must be completed for the degree requirement.

Suggested Sequencing of Courses for Fast Track Option

Year	Fall	Winter	Spring
1	1002 Anatomy & Physiology I (Lab) 1003 Developing Therapeutic Relationships (Lab) 1004 Introduction to Nursing 1015 Health Promotion throughout the Lifespan (Lab) 1016 Healthy Aging 1017 Fundamental Psychomotor Competencies (Lab)	1012 Anatomy & Physiology II (Lab) 1014 Health Assessment (Lab) 1520 Extended Practice I 2003 Pathophysiology 2004 Pharmacology & Nutritional Therapies	2002 Nursing Concepts for the Care of Women & the Child bearing Family 2502 Nursing Practice for the Care of Women & the Child bearing Family 2520 Extended Practice II 3012 Nursing Concepts for Children, Adolescent, & Young Adults 3512 Nursing Practice with Children, Adolescents & Young Adults
2	2514 Community Health Nursing Practice I 3014 Nursing Concepts in Middle & Older Adulthood 3514 Nursing Practice with Middle & Older Adults 3104 Nursing Research 4101 Community Health Nursing 4103 Issues in Nursing & Health Care	3001 Nursing Concepts for Mental Health 3113 Nursing Leadership & Management 3501 Nursing Practice for Mental Health 4502 Community Health Nursing Practice II 4512 Community Health Practicum 4100 Advanced Concepts & Skills	3523 Extended Practice III 4516 Consolidated Practicum

NOTE: These courses will be offered during the same year at all sites, but the semester of course offering may vary with each site. An additional 6 credit hours must be completed for the degree requirement

Bachelor of Nursing (Collaborative) Program

N3523 Extended Practice III

Mid-Term Evaluation

Student Name: _____

Student Number: _____

Number of Hours Present
in Practice Area: _____

Number of Hours Absent
From Practice Area: _____

Practice Area(s)
Hospital Name /City: _____

Unit & Service Designation (*e.g. 5A Surgery*): _____

Legend

M	Met:	Objective met.
PM	Partially Met:	Student is showing progress toward meeting the objective.
UM	Unmet:	Objective not met.

Instructions:

Partially met objectives must be accompanied by a comment and discussed with the student.

Unmet objectives must be accompanied by a comment and discussed with the student and faculty member.

Preceptors do not have to comment on each objective, however space is available should the preceptors wish to write comments on individual objectives.

Preceptors are expected to write a brief summary of the student's strengths and any areas requiring improvement.

The preceptor must review this evaluation form with the student and then both parties must sign and date the form.

The faculty member must also write comments on the student's clinical performance.

All comments should be recorded in ink. Do not use whiteout.

This evaluation form is part of the student's permanent record and will be placed in the student's file.

Objectives	M / UM/ PM	Comments
KNOWLEDGE / CRITICAL THINKING		
Bases nursing care on sound and relevant knowledge (e.g. pathophysiology, psychology, microbiology, pharmacology, etc.).		
Analyzes nursing research literature as it relates to nursing practice.		
Shares findings from nursing research literature with preceptor.		
Demonstrates appropriate clinical decision making for client care.		
COMPETENT CARE		
Collects relevant assessment data to plan and deliver nursing care to assigned clients.		
Accurately interprets health assessment data to plan and deliver competent nursing care.		
Encourages client and family participation in all aspects of care.		
Evaluates client's plan of care and revises as necessary.		
Displays initiative, self-awareness, and increasing levels of independence and confidence in caring for clients.		
Organizes own workload and develops time-management skills for managing multiple nursing interventions.		
Demonstrates increasing ability to handle unanticipated events.		
Participates in teaching clients and families in the clinical area (e.g. pre/post op instruction, medication information, discharge teaching and procedural info, for example)		
Assumes appropriate nursing roles such as direct care giver, counselor, teacher, advocate and coordinator of care as appropriate to placement.		

Objectives	M / UM/ PM	Comments
Uses management and leadership skills to co-ordinate care with individuals, families, and groups.(e.g. discharge planning, community health referrals, delegation of tasks to other team members etc.).		
Demonstrates ability to prioritize nursing care for clients.		
COMMUNICATION		
Uses effective communication techniques when interacting with clients and families.		
Collaborates with members of the interprofessional team.		
Reports relevant information to appropriate members of the health care team.		
Documents accurately and timely and according to agency policy.		
SELF/PROFESSIONAL DEVELOPMENT		
Demonstrates respect for clients and families.		
Demonstrates respect for members of the health care team.		
Contributes to a positive collegial relationship with preceptor.		
Demonstrates accountability for own actions.		
Practices nursing according to agency and school policies (e.g. punctuality, appearance, professional/legal standards).		
Identifies own limitations and learning needs.		
Offers and accepts constructive criticism.		

Objectives	M / UM/ PM	Comments
Seeks additional learning experiences.		
Seeks guidance from preceptor and other members of the health care team when necessary.		
Prepares appropriately for clinical experiences (seeks information from policies, texts/library, credible health resources/articles etc.).		

[illegible]

Date: _____

Date: _____

Date: _____

Date: _____

Bachelor of Nursing (Collaborative) Program

N3523 Extended Practice III

Final Evaluation

Student Name: _____

Student Number: _____

Number of Hours Present

Number of Hours Absent

in Practice Area: _____

From Practice Area: _____

Practice Area(s)

Hospital Name /City : _____

Unit & Service Designation (e.g. 5A Surgery): _____

Final Grade: _____ (To be completed by Faculty)

Legend

M

Met:

Objective met.

UM

Unmet:

Objective not met.

P

Pass:

All objectives have been met. Student receives a Pass grade.

F

Fail:

One or more objectives have not been met. Student receives a Fail grade in the course.

Instructions:

Unmet objectives must be accompanied by a comment and discussed with the student and faculty member.

Preceptors do not have to comment on each objective, however space is available should the preceptors wish to write comments on individual objectives.

Preceptors are expected to write a brief summary of the student's strengths and any areas requiring improvement.

The preceptor must review this evaluation form with the student and then both parties must sign and date the form.

The faculty member must also write comments on the student's clinical performance.

All comments should be recorded in ink. Do not use whiteout.

This evaluation form is part of the student's permanent record and will be placed in the student's file.

Objectives	M / UM	Comments
KNOWLEDGE / CRITICAL THINKING		
Bases nursing care on sound and relevant knowledge (e.g. pathophysiology, psychology, microbiology, pharmacology, etc.).		
Analyzes nursing research literature as it relates to nursing practice.		
Shares findings from nursing research literature with preceptor.		
Demonstrates appropriate clinical decision making for client care.		
COMPETENT CARE		
Collects relevant assessment data to plan and deliver nursing care to assigned clients.		
Accurately interprets health assessment data to plan and deliver competent nursing care.		
Encourages client and family participation in all aspects of care.		
Evaluates client's plan of care and revises as necessary.		
Displays initiative, self-awareness, and increasing levels of independence and confidence in caring for clients.		
Organizes own workload and develops time-management skills for managing multiple nursing interventions.		
Demonstrates increasing ability to handle unanticipated events.		
Participates in teaching clients and families in the clinical area (e.g. pre/post op instruction, medication information, discharge teaching and procedural info, for example)		
Assumes appropriate nursing roles such as direct care giver, counselor, teacher, advocate and coordinator of care as appropriate to placement.		

Objectives	M / UM	Comments
Uses management and leadership skills to co-ordinate care with individuals, families, and groups (e.g. discharge planning, community health referrals, delegation of tasks to other team members etc.).		
Demonstrates ability to prioritize nursing care for clients.		
COMMUNICATION		
Uses effective communication techniques when interacting with clients and families.		
Collaborates with members of the interprofessional team.		
Reports relevant information to appropriate members of the health care team.		
Documents accurately and timely and according to agency policy.		
SELF/PROFESSIONAL DEVELOPMENT		
Demonstrates respect for clients and families.		
Demonstrates respect for members of the health care team.		
Contributes to a positive collegial relationship with preceptor.		
Demonstrates accountability for own actions.		
Practices nursing according to agency and school policies (e.g. punctuality, appearance, professional/legal standards).		
Identifies own limitations and learning needs.		
Offers and accepts constructive criticism.		

Objectives	M / UM	Comments
Seeks additional learning experiences.		
Seeks guidance from preceptor and other members of the health care team when necessary.		
Prepares appropriately for clinical experiences (seeks information from policies, texts/library, credible health resources/articles).		

Preceptor's summary of student's strengths and areas requiring improvement:

Signature: _____

Date: _____

Student Comments:

Signature: _____

Date: _____

Faculty Comments:

Faculty Signature: _____

Date: _____

Student Signature: _____

Date: _____

Bachelor of Nursing (Collaborative) Program

NURS 3523 Extended Practice III

Reflective Critical Analysis Evaluation

Student Name: _____ Student Number: _____

Grade: _____ (Pass / Fail)

This grade is based upon faculty analysis of the student's achievement documented in this Reflective Critical Analysis Evaluation.

Legend

M	Met:	Objective met.
UM	Unmet:	Objective not met.
P	Pass:	All objectives have been met. Student receives a Pass in this component of the course.
F	Fail:	One or more objectives have not been met. Student receives a Fail grade in the course.

Instructions

This Reflective Critical Analysis Evaluation tool is part of the student's permanent record and will be placed in the student's file.

Students should address *unshaded* indicators.

Reflection promotes learning from clinical experiences, and it increases the ability to think critically and act accordingly. This exercise encourages students to reflect on their nursing experience in NURS 3523 and choose a patient that required complex care and interdisciplinary collaboration.

***See Reflective Critical Analysis section in your NURS 3523 course outline for guidelines.**

Reflective Critical Analysis Objectives	M/UM
Submit a reference list of resources used. Please note at least 6 references are required for this assignment.	
1. Describe a patient situation that has impacted your clinical experience in NURS 3523 in which you were required to assess the many factors required for care of your patient (and family), analyze the data, and decide on a plan of nursing care.	
2. Describe your relationship to the patient/family. (i.e. previous contact, the quality of the relationship, etc.)	
3. Discuss how previous knowledge and experiences helped you provide nursing care to this patient/family. (i.e. formal knowledge, nursing theory, conceptual framework of the BN Collaborative program, previous nursing experience, previous personal experience). Incorporate a minimum of 2 references .	
4. Identify your values or beliefs about your role as the nurse in caring for this patient/family.	
5. How did/ would you find the information needed to effectively care for this patient/family? You may provide examples from clinical practice guidelines in your area, policies of your unit/agency, client preference, staff safety guidelines, or other available resources that guided you in your care. Provide 2 examples from nursing research that did assist or could have assisted in the provision of care to this patient/family. You should demonstrate critical analysis of research by identifying specific strengths or weaknesses which impact the quality of the research and its value in guiding nursing practice (e.g. clarity of problem, purpose, research questions or hypotheses; adequacy of literature review; relevance of conceptual framework; appropriateness of design; sample size; reliability and validity of instruments; analysis techniques)	
6. After consideration of all the above data, discuss your contribution to the nursing care and interdisciplinary care of this patient.	
7. What nursing leadership/management skills did you use and/or observe in this situation? Support your discussion with at least 1 reference .	
8. How does this situation relate to the national health care system? Consider any social, cultural, political, technological and/or economic issues impacting on this situation and examine the need for nurses to promote change in health care. Support your discussion with at least 1 reference .	
9. Ability to use critical thinking. (Will be evaluated by faculty based on evaluation of the overall quality of the analysis)	
10. Submit reflective critical analysis on time. (To be evaluated by faculty).	

Faculty Comments:

Faculty: _____ **Date:** _____

Student: _____ **Date:** _____

Bachelor of Nursing (Collaborative) Program

N3523 Extended Practice III

Daily Feedback

Student Name: _____

Student Number: _____

Practice Area(s)

Hospital Name /City: _____

Unit & Service Designation (*e.g. 5A Surgery*): _____

Preceptor Name: _____

Date: _____

Please check off the box that best reflects your experience today with the student. Please provide detailed feedback in your own words where applicable. Use the back page if you run out of space on the front page.

Overall, I am satisfied with the student's performance during this shift.

☐ Yes

☐ No

Specifically, I would like to commend the student for: _____

Specifically, I suggest that the student can improve her/his performance by: _____

Bachelor of Nursing (Collaborative) Program

N3523 Extended Practice III

Preceptorship Orientation Checklist

Student Name: _____ **Student Number:** _____

Practice Area(s)

Hospital Name /City: _____

Unit & Service Designation (*e.g. 5A Surgery*): _____

Preceptor Name: _____ **Date:** _____

This is a checklist of essential knowledge and psychomotor skills used by nurses on the unit. The goal of this list is to give students a preview of typical expectations of nurses on the unit. It helps students prepare for this preceptorship course. IT IS NOT FOR EVALUATION PURPOSE. Preceptors provide this checklist to students as soon as possible after they establish the first contact with each other. Students reviews this checklist as soon as it is received. Students identify items that they are unsure of or want to work on. Together, the preceptor, student, and faculty member make a plan regarding how to develop and demonstrate proficiency in the knowledge and skills identified. This should be done before or during the initial shifts of the preceptorship course.

(Please feel free to include extra pages if you need more space than this one page form.)

- 1. List of common nursing skills and procedures performed on the unit (such as initiation of peripheral intravenous therapy, central line dressing change, and intramuscular injection).**

- 2. List of common medications (please include as many commonly used high alert medication as possible).**

- 3. List of common diagnoses on the unit.**

- 4. List of common emergency situations on the unit.**

- 5. Other information and tips that students should be aware of in preparation of this preceptorship course.**

Bachelor of Nursing (Collaborative) Program

N3523 Extended Practice III

Preceptorship Icebreaker Worksheet

Please note: This worksheet provides some sample questions that preceptors and students can use to learn about each other. It is for reference only. Preceptors and students are encouraged to use their own questions as long as they engage in this important activity of learning about each other and developing rapport.

Sample questions inspired by the principle of adults prefer to be in control of what is learned:

- What do you think it means to “own your learning experience”?
- What is your preferred method to learn this medicine/skill/procedure?

Sample questions inspired by the principle of previous experience is a rich resource:

- Tell me about your other clinical courses?
- Tell me about the clinical settings you have been to?

Sample questions inspired by the principle of learning that is effective is perceived as significant:

- Why do you want to become a registered nurse?
- What do you want to gain from this preceptorship experience? How can I help you achieve that?

Sample questions inspired by the principle of learning is enhanced in a climate that is supportive:

- Do you want me to review/practice anything with you before we start this procedure?
- Tell me about a situation where you feel supported by your preceptor/teacher/coach?

Sample questions to learn about learning styles:

- What kind of learner do you consider yourself to be?
- Describe a situation where you overcame a challenge in your past learning experience?

Sample questions to learn about personality traits:

- What characteristics do you want to see in your student/preceptor?
- Name some of your favorite comments about you that you have heard from your family/friends?

Sample questions to learn about generational characteristics:

- What would you do if you have a day/week/month/year off?
- Tell me about a favorite public/historical figure of yours? What you like about that person?