

Preceptor Education: Reporting the results

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Background

- 2012
- Requests for education
- New preceptors
- VicCAT
- Feedback

Rationale

- quality education
- quality preceptorship
- Independent practice
- meets program and professional standards

Education sessions

- 4 hours face to face
 - Victorian MCH Course Requirements
 - Exploring Teaching and Learning
 - Using the (VicCAT) Clinical Assessment Tool
 - Managing issues in Clinical Placements

Methods

- 3 questionnaires
 - Prior to session
 - Preceptorship experience, knowledge, skills and confidence
 - Immediately after the session
 - (evaluating the session itself)
 - 12 months later
 - Analysed for changes in knowledge, skills and confidence, and whether these changes were maintained.

Results

TABLE 1
PARTICIPANT DEMOGRAPHICS AND PRECEPTORSHIP EXPERIENCE

	Presurvey (<i>N</i> = 57) ^a		Postsurvey (<i>N</i> = 22) ^a	
	<i>n</i>	%	<i>n</i>	%
Highest qualification				
Bachelor	3	5.3	2	9.1
Postgraduate certificate	3	5.3	0	0
Postgraduate diploma	40	70.2	16	72.7
Master's	11	19.3	4	18.2
Maternal and Child Health (MCH) service role				
Direct care: universal service	51	89.5	19	86.4
Direct care: enhanced service	2	3.5	0	0
Manager	4	7	3	13.6
Employment (hours per week)				
Full time: ≥ 37	17	29.8	7	31.8
Part time: 15 to 36	39	68.4	14	63.6
Part time: ≤15	1	1.8	1	4.5
Experience as a preceptor				
No	6	10.5	3	13.6
Yes, MCH or other students	51	86.4	19	86.4

^a Table reports valid responses only.

Results

TABLE 2
IMPACT EVALUATION

Today's Session (N = 51)	Mean	SD
Taught me about the role of a preceptor	3.90	1.02
Increased my confidence in giving feedback to a Maternal and Child Health (MCH) nursing student	3.92	0.84
Clarified the standard expected for "satisfactory" clinical performance for an MCH nursing student	3.96	0.82
Increased my confidence in the use of the MCH nursing student clinical assessment tool	3.96	0.82
Increased my confidence to assess MCH nursing students in clinical practice	3.76	0.89
Increased my confidence in my general abilities as a preceptor	3.80	0.86

Results

- improved understanding of the role of preceptor
- increased confidence
 - provide feedback
 - assess clinical skills
 - use the clinical assessment tool.
- more sure of the expected standards

Conclusions

- Effective
 - Improved skills
 - Maintained over time
 - Support in the workplace
- Informed subsequent education
 - Students
 - Preceptors
- Education continues

Publication

Mitchell C., Ridgway L., Sheeran L. (2018). Preceptor Education for Specialty Community-Based Nurses: A Pre- and Postevaluation. *J Contin Educ Nurs.* 49(3) 111-118. doi: 10.3928/00220124-20180219-05

Preceptor Education for Specialty Community-Based Nurses: A Pre- and Postevaluation

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abstract

Background: Quality preceptorship is an integral aspect of nursing education. Evidence suggests that preceptor education programs can be designed to support RNs in their capacity as preceptors. Little has been reported on the effectiveness of preceptor programs for community-based nurses who provide primary health care for preschool children and their families.

Method: The project evaluated the effectiveness of a 4-hour face-to-face tailored preceptor education program undertaken by 59 nurses in Victoria, Australia. Pre- and postsurveys were undertaken to evaluate the program.

Results: Participants had improved understanding of the role of preceptor after the education program. They had increased confidence in their ability to give feedback, assess clinical skills, and use the clinical assessment tool. They were also surer of the standard of performance expected of students.

Conclusion: A strategically designed preceptor program was effective in improving some preceptorship skills of community-based nurses who supervise postgraduate nursing students.

J Contin Educ Nurs. 2018;49(3):111-118.

Quality preceptorship is important for the learning experiences of students preparing to enter a community-based, specialty field of nursing. Nursing students need to bridge theory and practice to improve clinical decision making. Without an opportunity to learn in a clinical practice setting, graduates may not be well prepared to provide safe, competent, nursing care. The preceptor model has been advocated as a teaching and learning strategy that fills the gap between tertiary educa-

tion and clinical practice (Earle, Myrick, & Yonge, 2011). It requires collaboration between education and service providers (Duteau, 2012) and provides authentic, experiential learning and professional socializing experiences for students (Benner, 2011). For these reasons, among others, it is widely used in health disciplines and remains a dominant model in nursing education.

Competent nursing staff are required both for clinical practice and to support the clinical education of nurses. Nurses who provide education to student nurses in clinical practice may be referred to as nurse teachers, nurse educators, or clinical educators. They may be faculty members employed by a university, or health service employees (Duffy, 2013). Regardless of employer, clinical educators need to be skilled at supporting student learning in the clinical practice environment (McClure, 2013). Supporting student learning requires supervision of students, and this may be done as a one-to-one activity or a one-to-many activity (Franklin, 2013).

Both preceptorship and mentorship are one-to-one supervision models. Warren and Denham (2010) defined

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The authors have disclosed no potential conflicts of interest, financial or otherwise.

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*Received: July 13, 2017; Accepted: November 13, 2017
doi:10.3928/00220124-20180219-05*

Thanks

- Our thanks to
 - the participants of the study
 - all of you who have supported our students in the past.
- Preceptorship education sessions continue
- Feedback welcome