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


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.


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 education 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...
preceptors as clinically proficient and experienced practitioners with high-level communication and evaluation skills. They argued that preceptors differ from mentors in that they are typically allocated to, rather than chosen by, the student, and their role includes formal assessment of the student’s practice in an educational context. Preceptors are not required to be formally qualified or experienced in teaching or mentoring and, although many nurses may be willing to perform the role of preceptor, not all are appropriately skilled.

Ideally, preceptors must be prepared to address factors that affect student learning. They require pedagogical skills and mastery of a range of effective teaching strategies to facilitate student learning (Carlson, Wann-Hansson, & Pilhammar, 2009). Effective feedback is also a requirement for learning as it supports improvements in knowledge and skills (Burgess & Mellis, 2015). In many instances, university educators plan for students to have structured feedback for formative learning, as well as for summative assessment; thus, preceptors need to be skilled in providing feedback.

Assessment of student learning is a key component of the preceptor role. Preceptors should understand learners’ needs (Duteau, 2012) and assess learning against the curriculum-specified student learning outcomes. The specific needs of postgraduate students differ from those of undergraduate students, and preceptors should be prepared for this (Jones & Ewens, 2010). The progression from novice to expert has been well described in nursing. For nurses undertaking the transition from expert to student and advanced beginner (i.e., those with some skills and knowledge but without expertise in this new area), there are additional considerations. Those moving from expert in one area to novice in another area of clinical practice benefit from recognition of their previous knowledge and skills and the stress caused by their lack of expertise in this new role (Hatfield, 2011). The focus of this project is RNs who preceptor postgraduate child and family nursing students.

Clinical assessment usually requires use of a provider-specified clinical assessment tool (CAT) (Butler et al., 2011). The preceptor must understand the CAT and the type of assessment performed—for example, whether it is skill based, competency based, or a criterion—evaluation of clinical competence. Preceptor programs should also provide preceptors with an understanding of the university curriculum (Billay & Myrick, 2008). Preceptors also need to be familiar with health facility-specific assessment criteria. Most nursing curricula provide scaffolded learning opportunities, so it is important for preceptors to be aware of and support the developmental expectations of the curriculum and the student. Preceptors should also recognize how they, as nurses, role model professional behavior and contribute to students’ professional socialization (Brown, Stevens, & Kermode, 2012).

Preceptorship in community-based primary health care services presents different challenges from preceptorship in acute health care services and therefore requires a focus on different aspects of student clinical learning. For example, focus is greater on the development of public health nursing skills and lesser on psychomotor skills (Reilly et al., 2012). Preceptors need to implement teaching and learning strategies that focus on developing the students’ population health knowledge and skills that are relevant to community public health nursing practice (Callen et al., 2013). It is also worthwhile for them to be assessed against relevant community or public health nursing competencies (Carter, Kaiser, O’Hare, & Callister, 2006). As curricula increasingly focus on the need to expose students to community-based primary health care clinical experiences (Betony & Yarwood, 2013), the experiences of preceptors who teach in these settings need to be considered.

Few studies have examined the experiences of preceptors in community-based primary health care. Kelly (2011), in her phenomenological study of six Irish public health nurses, described the importance of “becoming a preceptor” (p. 12), which described elements such as preparedness and personal choice to act as a preceptor. Kelly’s study highlighted the possibility of preceptors being unsupported and anxious about the responsibility of assessment of student learning outcomes. Lyon and Peach (2001) highlighted that preceptors demonstrated good will by their continued willingness to preceptor and noted that taking on a preceptorship role often conflicted with their organization’s drive for productivity. Hjälmmult, Haaland, and Litland (2013), in their grounded theory inquiry into the role of Norwegian public health nurses as preceptors, found that nurses were concerned with a lack of recognition of their preceptor role.

Preceptor programs have been proposed as a way to improve nurses’ preceptorship skills and better prepare them for their role as preceptors. A limited number of preceptor programs have been designed and implemented for community-based nurses who undertake student supervision. Jones and Ewens (2010) conducted an inquiry that explored preceptors’ and postgraduate nursing students’ experiences with community-based preceptored clinical placements. Their findings reinforced the importance of support for the preceptor. They recommended tailoring education to the individual student while ensuring there is clarity of expectations for both preceptor and student. No studies were identified that explored or evaluated preceptor programs for specialty community-based child and family health nurses, confirming a gap in the literature.
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CONTEXT

In Victoria, Australia, state and local government fund the Maternal and Child Health (MCH) Service and 79 local government areas employ specialty child and family health nurses, called MCH nurses, to provide the service to families with infants and preschool children (Department of Education and Early Childhood Development [DEECD], 2011). Although some local government areas are large, employing more than 50 nurses, others are small, with some rural areas employing only one nurse. MCH nurses who work in these primary health care services are knowledge workers. Knowledge workers develop knowledge, look for current knowledge to address new situations, and are lifelong learners and teachers (Sorrells-Jones & Weaver, 1999). This definition fits well with the specialty of MCH nursing, as each family a nurse cares for is different and each family encounter with the nurse is different. Addressing family concerns in these clinical situations requires a skilled and knowledgeable nurse who is competent in child and family health nursing. Nurses who work in the MCH service have a preventive focus and implement strategies to improve the health of the population group they service (DEECD & Municipal Association of Victoria, 2009).

Entry to the Victorian MCH workforce requires registration as both a nurse and midwife with additional postgraduate nursing qualifications in MCH nursing (DEECD, 2011). Two universities, located in Melbourne, Victoria, have undergraduate and graduate nursing schools that offer specialty entry-to-practice postgraduate child and family nursing programs. These two universities have collaborated with expert MCH nurses to develop a standardized Victorian clinical assessment tool (VicCAT) for use by postgraduate nursing students undertaking specialty child and family studies. Potential students must hold qualifications as both an RN and a midwife to be eligible for these programs (Kruske & Grant, 2012). At the commencement of their studies, students’ educational experiences vary considerably, from no previous tertiary education (having been educated in hospital settings), to holding a higher degree in nursing or another specialty or discipline such as midwifery, education, or psychology.

Clinical experience is an important aspect of the community-based MCH specialty area. Students may be challenged by moving to a primary health care model of practice within the community (Ellis & Chater, 2012). Their new specialty field of practice may also challenge them, as they must master new knowledge and skills (Hatfield, 2011), and they may need to confront their long-held attitudes and potentially change their views. Clinical practicum is supervised by experienced MCH nurses; however, these clinicians may or may not have formal education in preceptoring. Anecdotal reports have highlighted variability in the experience, skills, and approaches used by community-based MCH nursing staff to preceptor students. Professional isolation, lack of professional development opportunities, and variability in support from employing bodies have been hypothesized as factors further exacerbating this lack of consistency (Ridgway, Mitchell, & Sheean, 2011). To address this gap, it was decided to take the opportunity of the introduction of the VicCAT to improve preceptorship skills specific to the context of Victorian community-based MCH services. The challenge was to obtain a baseline understanding of preceptorship, provide education, and better prepare RNs for the experience of being a preceptor for specialist postgraduate nursing students.

METHOD

The study aimed to improve preceptorship skills for nurses who worked in the Victorian MCH service. The research question to be addressed was “Can a tailored preceptor program improve MCH nurses’ knowledge of and preparation for preceptoring postgraduate child and family health nursing students?” The study was a pre- and postevaluation of an education intervention. The single-session education intervention was provided as a professional development activity for MCH nurses and was designed to foster knowledge and skills in preceptorship of postgraduate child and family nursing students (detailed below). Content of the education intervention was informed by the literature, and the delivery of the intervention was planned as a face-to-face workshop, rather than online, as MCH nurses had previously indicated they wanted opportunities to attend professional development activities delivered in person (Ridgway et al., 2011).

Education Intervention

The education session was conducted by university nursing academics as a 4-hour face-to-face workshop. The workshop titled, MCH Nurse Preceptor Workshop, had four parts. These were:

- An outline of the university curriculum and the desired graduate attributes. This included development of critical thinking and problem-solving skills, specialized clinical proficiency, and effective communication skills, and the role of the preceptor in developing these. It was emphasized that graduates were also expected to be able to make high-level independent judgments; plan, implement, and evaluate practice in MCH; and function effectively as a member of a multidisciplinary team.
- An overview of teaching and learning theory. This explored the characteristics of an effective teacher and different learning styles. Strategies for adult learning,
including enhancing learning through questioning, giving feedback, teachable moments, and reflective practice were explored.

- An introduction to the new VicCAT. The collaborative development of the tool and its purpose were emphasized, and participants were assisted through each section of the tool. There were opportunities for questions and clarification, and examples were used to provide concrete illustrations.

- A discussion of managing clinical issues that may arise while preceptoring an MCH student. The workshop participants worked in small groups of four to six people to brainstorm and respond to various scenarios. These included situations such as a student providing incorrect information, interrupting consultations, or recommending interventions that were not evidence based. These issues and management ideas were then fed back to the larger workshop group and discussed.

**Data Collection**

In this evaluation, data to assess outcomes were collected before (pre-) and 12 months after (post-) the education intervention. Impact evaluation of the intervention was conducted immediately after the delivery of the intervention. Data collection instruments were designed specifically for the project, and development included four stages: conceptualization, design, testing, and revision before data collection began (Rattray & Jones, 2007). The data collection tools were conceptualized following consideration of the literature on preceptorship, and the surveys were informed by expert feedback before pretesting. The self-complete evaluation surveys were piloted with faculty members, then with 12 MCH nurses who attended pilot education sessions prior to the start of the research project. The pre- and postsurveys comprised demographic questions, such as age, level of education, employment, and role in the MCH service, as well as questions about prior preceptorship learning and experiences. They included 12 questions to explore participants’ knowledge and confidence with preceptorship and these were numerically precoded with 5-point Likert scale response options (1 = strongly disagree, 5 = strongly agree). They also included two open-ended questions to gain participants’ views on the most important thing for a preceptor to know, do, or show and on what additional information or skills would assist them in being a preceptor. The impact evaluation survey included six questions to evaluate the effectiveness of the education intervention session. These were numerically

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>PARTICIPANT DEMOGRAPHICS AND PRECEPTORSHIP EXPERIENCE</th>
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<tr>
<td></td>
<td>Presurvey (N = 57)</td>
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<tr>
<td></td>
<td>n</td>
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<tr>
<td>Highest qualification</td>
<td></td>
</tr>
<tr>
<td>Bachelor</td>
<td>3</td>
</tr>
<tr>
<td>Postgraduate certificate</td>
<td>3</td>
</tr>
<tr>
<td>Postgraduate diploma</td>
<td>40</td>
</tr>
<tr>
<td>Master’s</td>
<td>11</td>
</tr>
<tr>
<td>Maternal and Child Health (MCH) service role</td>
<td></td>
</tr>
<tr>
<td>Direct care: universal service</td>
<td>51</td>
</tr>
<tr>
<td>Direct care: enhanced service</td>
<td>2</td>
</tr>
<tr>
<td>Manager</td>
<td>4</td>
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<tr>
<td>Employment (hours per week)</td>
<td></td>
</tr>
<tr>
<td>Full time: ≥ 37</td>
<td>17</td>
</tr>
<tr>
<td>Part time: 15 to 36</td>
<td>39</td>
</tr>
<tr>
<td>Part time: &lt;15</td>
<td>1</td>
</tr>
<tr>
<td>Experience as a preceptor</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>6</td>
</tr>
<tr>
<td>Yes, MCH or other students</td>
<td>51</td>
</tr>
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</table>

*a Table reports valid responses only.*
precoded with 5-point Likert scale response options. This survey also included two open-ended questions to explore participants’ views on the most important things they learned from the education session and what additional information or skills may assist in being a preceptor.

Ethical approvals were obtained from two university human research ethics committees. In line with national research guidelines (National Health and Medical Research Council, 2015), participants were informed about the study, including the ability to withdraw from the study at any time. Consent to participate was implied by completion of the self-complete surveys.

MCH nurses were invited to attend the education session at a venue in Melbourne, Victoria. Invitations were sent by e-mail, and nurses were asked to indicate attendance (for catering and organizational purposes). Participants completed a baseline survey at the start of the 4-hour workshop. At the end of the session, they undertook an impact evaluation survey. Twelve months later, participants were e-mailed an invitation to complete an online follow-up survey, which included precoded data and open-ended questions. In the follow-up survey, participants were invited to identify additional information or skills that would assist them in being a preceptor.

**Data Analysis**

Baseline data were coded and entered into a Microsoft® Access database, and follow-up data were collected using an online survey in Qualtrics®. Both pre- and postsurvey quantitative data were imported into SPSS® for analysis. Descriptive analysis was undertaken and nonparametric data were analyzed using the related samples sign test. Qualitative exploratory descriptive data analysis methods used in the qualitative part of the study were consistent with those outlined by Grove, Gray, and Burns (2014). Participants’ responses from survey forms were recorded verbatim in a Microsoft Access database for each of the specific open-response questions. These text responses were then manually reviewed and key comments highlighted. A content analysis code was then recorded alongside each response. The data were then collated into themes. Key words from participants were used as exemplars to highlight themes. The process was then reviewed by a second researcher for confirmation of linking back to the original data.

**RESULTS**

At baseline, the study sample consisted of 59 participants and was drawn from the population of RNs who met the inclusion criteria of working in the MCH service. There were 58 female participants and one male participant. At baseline, survey respondents ranged in age from 28 to 65 years, with a mean age of 49.6 years ($SD = 8.08$). All participants held MCH qualifications, and the majority undertook a role in provision of the universal MCH service (Table 1). The majority worked part-time between 15 and 36 hours per week. At follow-up, the study sample consisted of 23 participants, a response rate of 39% of original participants. Follow-up survey respondents ranged in age from 45 to 60 years, with a mean of 53.1 years ($SD = 3.84$). There were no significant differences between pre- and postsurvey respondents’ qualifications, role, or employment. At baseline, the majority of survey respondents indicated they had experience being a preceptor of MCH nursing students or other students (89.5%) (Table 1).

Fifty-one participants completed the impact evaluation survey immediately after the education intervention, for a response rate of 87%. The majority agreed the education intervention had been beneficial because they had learned about the role of preceptor and gained confidence in giving feedback, using the VicCAT, and assessing MCH nursing students in clinical practice (Table 2). Forty of the 51 participants responded to the qualitative questions in the impact evaluation survey immediately after the education session. In response to the impact evalua-

<table>
<thead>
<tr>
<th>Today’s Session (N = 51)</th>
<th>Mean</th>
<th>SD</th>
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<tbody>
<tr>
<td>Taught me about the role of a preceptor</td>
<td>3.90</td>
<td>1.02</td>
</tr>
<tr>
<td>Increased my confidence in giving feedback to a Maternal and Child Health (MCH) student</td>
<td>3.92</td>
<td>0.84</td>
</tr>
<tr>
<td>Clarified the standard expected for “satisfactory” clinical performance for an MCH student</td>
<td>3.96</td>
<td>0.82</td>
</tr>
<tr>
<td>Increased my confidence in the use of the MCH nursing student clinical assessment tool</td>
<td>3.96</td>
<td>0.82</td>
</tr>
<tr>
<td>Increased my confidence to assess MCH nursing students in clinical practice</td>
<td>3.76</td>
<td>0.89</td>
</tr>
<tr>
<td>Increased my confidence in my general abilities as a preceptor</td>
<td>3.80</td>
<td>0.86</td>
</tr>
</tbody>
</table>
tion open-ended question “What was the most important thing you learnt from this session?” respondents indicated it “clarified the role of student and preceptor clearly,” and “what is expected [and] not expected at different stages.” In response to the question “What additional information or skills would assist you?” the most common responses were organizational, such as having a preceptor handbook and enough time in their work diary to discuss and debrief with students.

The results for the pretests on preceptorship (Table 3) indicate mid-range knowledge and skills, low levels of anxiety about preceptorship, and lack of workload consideration for the role of preceptor. Postsurvey findings (Table 3) suggest that participants had a better understanding of the role of the preceptor; were more certain of the standard expected for satisfactory clinical performance; were more confident in their ability to give feedback, assess clinical skills, and use the VicCAT; and had organizational support for their role as preceptor.

The 12-month postsurvey provided further qualitative feedback from the participants about preceptor education. Respondents commented on what they thought was the most important thing for a preceptor to know, show, or do. Knowledge of “accurate physical assessment of the child” and having “a sound knowledge of MCH work practices” were identified. Postsurvey respondents considered it was important to show “empathy with students,” to acknowledge students’ previous experience, to listen to students, and give “timely feedback.” Demonstrating communication and engagement skills and providing opportunities for clinical practice were considered important. Time management was also important, and it was emphasized that they needed more time in their diary allocated for student issues to facilitate debriefing, reflection, and discussion with students when they were on placement.

### DISCUSSION

When preceptorship was assessed after the intervention, six significant findings indicated clear benefits from the education intervention. The literature highlights that nurses may have different understandings of preceptorship, and it is important to clarify the role (Brammer, 2006). The education intervention was designed to clarify the role of the preceptor, how it differs from that of a mentor, and what elements are required for successful support of student learning. This study successfully achieved an increased understanding of the role of the preceptor.

The presurvey identified there was some uncertainty about the standard expected for satisfactory clinical performance for an MCH student. In the workshop, partici-
pants discussed standards of performance in relation to the common assessment tool, the VicCAT. The need for a common assessment tool has been noted as important to local contexts (Reilly et al., 2012). The postsurvey identified that the preceptorship program was effective in reducing this uncertainty. This finding was confirmed by the qualitative data collected immediately after the workshop, as well as at the postsurvey. The postsurvey identified an increase in confidence in assessing clinical skills and in the use of the VicCAT. The pre- and postsurveys also captured previously unexplored data on the experiences of nurses in the MCH service being a preceptor to MCH nursing students. There was an increase in perceived positive experiences following participation in the preceptor education program.

The preceptor program may have increased the legitimacy of providing preceptorship as a core nurse activity in the MCH service. There is also a possibility that nurses returned to their place of employment and used strategies such as consultation management to ensure there was sufficient time in the day to provide feedback to students on their clinical practice. This may account for the postsurvey increase in the perception of organizational support for the MCH nurses in their role as preceptor. Organization support has been identified as important for preceptors (Bowen, Fox, & Burridge, 2012). As this group does not routinely get professional development education about preceptorship, this may have contributed to the ability for the education intervention to make a difference.

The workshop did not provide any theoretical content related to child, family, and community nursing; however, it did use contextualized examples when discussing enhancing and assessing student clinical learning. As preceptorship training programs run the risk of being perceived as inappropriate or too long, the curriculum was designed to ensure the content of the preceptorship program was relevant to the participants’ practice context (Duteau, 2012). Although the content or length of the program was not explicitly assessed as part of the impact evaluation, which is a limitation of the survey data collection tool, participants did not make any comments that suggested the educational content or the delivery of the program was inappropriate.

LIMITATIONS

The study had a sample size of 59 participants, and small sample size is an acknowledged limitation of much research in the area of clinical supervision (Jinks, 2007). The sample was a purposive convenience sample of nurses, and it is possible those lacking skills or with a strong interest in preceptorship were more likely to have volunteered. The study may have been limited by the use of self-report data and a survey tool that had been piloted and reviewed, but not validated through statistical testing. The study had a low response rate for the postsurvey. This may have been influenced by the time to follow up or it may be related to using an online survey to collect follow-up data. There is the possibility of bias due to differential response at follow up.

CONCLUSION

The major outcome of the study was a common understanding of the role of a preceptor in community child health settings, which will benefit all those involved in the education of community-based child and family health nurses. The professional development education program was strategically designed to use principles of good preceptorship to confirm existing good practices and improve in areas identified as deficient. The secondary outcome was a common understanding of the clinical assessment tool used by universities to improve consistency and reliability of evaluation of student performance. There have been no other studies to date to assess the preceptorship abilities in the context of the Victorian MCH service, so this study makes a unique contribution to the literature. It contributes to the existing literature about the effectiveness of tailored preceptorship programs and highlights that a well-designed program can be effective for community-based nurses. We recommend further research into preceptorship of nursing students in community-based settings, such as general practice, district nursing, or community health placements. We would welcome research that replicates this study or broadens the focus to explore preceptors’ experiences of preceptorship when preceptored by RNs who have undertaken preceptorship education.

REFERENCES


