

# A Case Study on Experiences of Clinical Preceptors in the Undergraduate Nursing Program

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## I. INTRODUCTION

**Abstract**—Clinical education is one of the most important components of a nursing curriculum as it develops the students' cognitive, psychomotor and affective skills. Clinical teaching ensures the integration of knowledge into practice. As the numbers of students increase in the field of nursing coupled with the faculty shortage, clinical preceptors are the best choice to ensure student learning in the clinical settings. The clinical preceptor role has been introduced in the undergraduate nursing programme. In Pakistan, this role emerged due to a faculty shortage. Initially, two clinical preceptors were hired. This study will explore clinical preceptors views and experiences of precepting Bachelor of Science in Nursing (BScN) students in an undergraduate program. A case study design was used. As case studies explore a single unit of study such as a person or very small number of subjects; the two clinical preceptors were fundamental to the study and served as a single case. Qualitative data were obtained through an iterative process using in depth interviews and written accounts from reflective journals that were kept by the clinical preceptors. The findings revealed that the clinical preceptors were dedicated to their roles and responsibilities. Another, key finding was that clinical preceptors' prior knowledge and clinical experience were valuable assets to perform their role effectively. The clinical preceptors found their new role innovative and challenging; it was stressful at the same time. Findings also revealed that in the clinical agencies there were unclear expectations and role ambiguity. Furthermore, clinical preceptors had difficulty integrating theory into practice in the clinical area and they had difficulty in giving feedback to the students. Although this study is localized to one university, generalizations can be drawn from the results. The key findings indicate that the role of a clinical preceptor is demanding and stressful. Clinical preceptors need preparation prior to precepting students on clinicals. Also, institutional support is fundamental for their acceptance. This paper focuses on the views and experiences of clinical preceptors undertaking a newly established role and resonates with the literature. The following recommendations are drawn to strengthen the role of the clinical preceptors: A structured program for clinical preceptors is needed along with mentorship. Clinical preceptors should be provided with formal training in teaching and learning with emphasis on clinical teaching and giving feedback to students. Additionally, for improving integration of theory into practice, clinical modules should be provided ahead of the clinical. In spite of all the challenges, ten more clinical preceptors have been hired as the faculty shortage continues to persist.

**Keywords**—Baccalaureate nursing education, clinical education, clinical preceptors, nursing curriculum.

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THE nursing curriculum comprises of both theory and clinical practice which prepares nursing students to become qualified practitioners for the real world. In the clinical areas they learn their professional identity as well as attitudes and values. The literature has endorsed the importance of clinical teaching as it enhances the integration of theoretical knowledge into practice [1], [2]. Clinical teaching is best facilitated by nursing faculty which ensures integration of theory into practice. However, as the number of students increases in the field of nursing coupled with faculty shortage, clinical preceptors is the next best choice to ensure student learning takes place in the clinical setting. However, clinical preceptors need adequate preparation to perform their role effectively. Clinical precepting requires pedagogical competence. In Pakistan, for the first time the clinical preceptor role was introduced in the undergraduate nursing program due to migration of faculty [1]. A larger study was undertaken to address the introduction of the new role of clinical preceptor. The study was entitled "Emerging Role of Clinical Preceptors at a Private University, Karachi, Pakistan and has been reported in the literature [1]. The focus of this paper is to explore qualitatively the clinical preceptor views and experiences of precepting baccalaureate students in an undergraduate nursing program.

## II. LITERATURE REVIEW

The role of the clinical preceptor has been endorsed in the nursing literature and is gaining recognition worldwide as an effective clinical strategy in the absence of faculty [2], [3]. It is estimated that most nursing curriculums have approximately 50 to 60% of the curriculum dedicated to clinical practice [3]. Clinical practice provides the nursing student with the opportunity to integrate learnt theory into practice in the real setting. At the same time, exposure to the clinical environment provides student nurses the opportunity to experience first-hand how to deal with patients, family and members of the health care team. Ideally, the nursing faculty should supervise students in the clinical area. Faculty presence is not always possible. The responsibility of clinical supervision then falls upon the clinical preceptor who ensures that the students are guided in the clinical areas. Clinical preceptors play a pivotal role in shaping clinical reasoning and higher order thinking. The clinical preceptor takes the responsibility for teaching, guiding and evaluation of the student in the clinical environment. The role of clinical precepting is viewed as demanding as clinical preceptors are seen as the bridge between academia and practice [2]. Furthermore, it is reported

that there is insufficient preparation to take up the role of clinical preceptor [3]. If one is to perform her role effectively there needs to be adequate preparation along with pedagogical competence. Preceptor preparation programs have been cited in the literature ranging from a workshop to reflective exercises to enrollment in Undergraduate and Master level courses [4]. Moreover, there have been some rewards associated with precepting. Preceptors have reported that they felt a sense of pride and accomplishment in being able to teach the future generation of nurses while increasing their own knowledge [5]. Nevertheless, undertaking the role brings challenges. In the literature, role ambiguity and role confusion have been reported [5]. The literature has also recognized that clinical preceptors need ongoing feedback on their performance to strengthen their role [5].

### III. METHOD

A case study design was used. A case study explores a single unit of study such as a person or very small number of subjects. Case study research explores phenomena [6]. In this study, two clinical preceptors were fundamental to the study and served as a single case. Documents and interviews are the main source of data collection so that the case under study can be examined from all perspectives. Qualitative data were obtained through an iterative process using in-depth interviews and written reflective journals accounts that were kept by the clinical preceptors. Reflective practice allows for discovering new learning and exploring other avenues to bring new understanding to a situation [7].

### IV. ETHICAL CONSIDERATIONS

The study received institutional approval and ethical review clearance from the university prior to the start of study. Informed consent was obtained from the participants before the interviews. Participants were informed they could withdraw from the study at any time and it would not have any impact on their employment.

### V. DATA COLLECTION

The data collection process included in-depth interviews and the analyses of the journals which were kept by the clinical preceptors. This paper focuses on the views and perceptions by the clinical preceptors of precepting undergraduate baccalaureate students.

The clinical preceptors were interviewed at the start of the semester and at the end of the semester. Each interview lasted for 30 - 45 minutes. The interviews took place in a classroom at the university. Both the researchers had prior experience of conducting interviews. This negated any possible interviewer effect. The interviews were audio recorded and transcribed verbatim.

A semi structured interview guide was developed by the researchers [6]. In the initial interview, data were obtained on their age, gender, year of graduation, work experience and courses undertaken for teaching and learning. Furthermore, the participants were instructed to keep a reflective account of

their clinical experiences with the students. The journals were to be handed in at the end of the semester. In the concluding semi- structured interview clinical preceptors were asked to describe the opportunities and challenges they encountered as they performed the role of clinical preceptors.

The researchers were fully cognizant that the clinical preceptors may not have shared any information which might affect their employment. Also, the researchers were mindful that the journal entries may not have contained any information which would reveal the clinical preceptors in poor standing.

### VI. DATA ANALYSIS

All the data obtained were analyzed through an iterative process [6]. In this way the researchers used the context to construct meaning. Both authors independently identified themes and recurring patterns were noted based on the interviews and journal entries. Consensuses were reached through discussion between the two authors for relevance and consistency. Interview quotes were used to validate the findings.

### VII. RESULTS

#### *Demographic Profile of the Clinical Preceptors*

The demographic characteristics of the study participants are provided in Table I. The mean age of the participants was 31 years. Both were female and both preceptors have completed the four year undergraduate nursing programme. Participants had experience of working in teaching hospitals in the country which amounted to a total 4 years of clinical experience in medical surgical and critical care units. Moreover, they have also attended online teaching-learning modules for their own development. They had completed the required credentials for supervising students such as medication certification, basic life support program.

TABLE I  
 DEMOGRAPHIC VARIABLES

Age	31years
Gender	Female
Qualification	BScN
Clinical Experience	Average 4 years
Areas of clinical experience	Medical surgical &Critical care area
Teaching experience	4 years of teaching experience
Courses to upgrade teaching practices	Online courses on teaching and learning
Credential required for the clinical	Medication certification, Basic life support

#### *Data Analysis*

Interviews were held with the clinical preceptors by using a semi-structured tool to assess their role in undergraduate school of nursing. Data were recorded and written notes were transcribed.

Based on the interview findings and reflective accounts the following three themes emerged;

1. Dedication to their role
2. Unclear expectations and role ambiguity

### 3. Difficulty in integrating theory into practice & providing feedback

#### Theme 1: Dedication to Their Role

The clinical preceptors reported that they found their new role innovative and felt a sense of pride and joy as they were providing clinical education to the next generation of nurses. Findings identified that clinical preceptors are dedicated to their work. One excerpt highlighted:

“I take my new role seriously. I go a day before to the clinical agency to prepare myself...I read up patient files and go home and do a literatures search on new diagnosis so that I can prepare myself ahead of clinical”. [CP1]

“I give extra time to the students who need more attention and use different strategies to polish their skills and upgrade their knowledge”. [CP2]

In another excerpt the clinical preceptor voiced her opinion in the following words:

“...this role is a challenge but I am not frustrated with the role.” [CP1]

“I love the experience.... I am giving knowledge to my students. I was given key to my office on the first day and I felt honored.” [CP 1]

Clinical preceptors described their prior clinical experience as invaluable in assisting students to become familiar with the unit layout, policies and procedures of the clinical agency and building rapport with the unit staff. One clinical preceptor stated:

“My bedside experience was my strength, and it helped me supervise students in the clinical setting. Moreover, taking students to the known clinical placement was an added benefit. As staff were familiar to me as well as I am comfortable and aware about the routine of the clinical area”. [CP2].

Additionally, they were able to assist student in dealing with complex patients and prioritizing nursing care for the patients. This was reinforced by the following journal entry:

“My teaching experience has assisted me to develop some of the competencies over my skills so that I can teach student in a better way”. [CP1]

#### Theme 2: Unclear Expectations and Role Ambiguity

Although the preceptors expressed a sense of pride they also felt at times there were unclear expectations and role ambiguity on the clinical. The clinical preceptors were of the opinion that they needed to be supported in their role. This was echoed by one clinical preceptor:

“I am not sure what are the current rules and policies in the unit. Things have changed since I was a student.” [CP1]

Furthermore, clinical preceptors were not clear how much time was needed to be provided to each student. This was reported by one of the clinical preceptors:

“This makes me stressed as I feel when I am with one student the other students are neglected, I feel this affects student learning.” [CP2]

#### Theme 3: Integrating Theory into Practice

The clinical preceptors reported that they encountered difficulty in integrating what was learnt in class on the clinical. Often, students would want to discuss the implications of what they had learnt in class and the clinical preceptors felt at a loss. Additionally, the clinical preceptors reported that they needed to learn the art of giving feedback. One of the clinical preceptors stated:

“I need to learn the sandwich technique of giving feedback.” [CP1]

Another clinical preceptor highlighted on the issue feedback:

“I searched literature, it explains me how to give sandwich feedback to the student, and I practiced it in my clinical.” [CP2]

However, she elaborated;

“I give feedback very bluntly at the expense of hurting the student.” [CP2]

In summary, the clinical preceptors were dedicated to their roles and responsibilities. Implementation of the new role was enhanced by their past educational experiences as they were able to demonstrate the required competencies. Much as they found their new role innovative; it was stressful at the same time. It was apparent that there were challenges faced by the clinical preceptors for role integration and negotiating role expectations in the clinical agency. Furthermore, clinical preceptors had trouble in providing feedback to the students on their clinical performance. Also, as the clinical preceptors were unfamiliar with the theory content which was covered in class they felt at a loss in incorporating concepts learnt in the classroom in the clinical area.

## VII. DISCUSSION

This paper provides some interesting insights into the newly developed role of clinical preceptor. The reported findings are in line with other studies. Commitment to the role of preceptor has been validated in other publications [5], [8]. Also, feelings of being recognized in the role have been endorsed in the literature. The findings reported are consistent with other relevant research that new roles need to be supported [8]. Additionally, institutional support both by the educational management and clinical agency has been reported as the cornerstone for successful implementation of the role of clinical preceptors [5], [8]. If institutional support is minimal or missing then role ambiguity ensues. Therefore it is imperative that the new educational identities are recognized and every effort is made to include clinical preceptors in all educational and clinical activities so that they are made to feel part of the educational team and the clinical agency [2]. Furthermore, a key underpinning finding in this study was preceptor preparation. Preceptor preparation is vital prior to performing the role of the clinical preceptor. In particular, preceptor preparation needs an emphasis on adult learning principles, communication skills and teaching and learning strategies [5], [9], [10]. Moreover, the literature has endorsed that preceptor preparation increases the self-esteem of the

clinical preceptor. [3]. Additionally, it has been reported in the literature that clinical preceptors assess on a purely subjective bases with little or no knowledge of clinical policies and standards [3].

#### VIII. IMPLICATIONS

There are some implications which surface from this study about what can be done to safeguard the role of clinical preceptors. Clinical preceptors need to feel supported in their role and responsibilities. The study points out that the role of a clinical preceptor is hectic and arduous. Therefore, institutional support is fundamental for recognition and acceptance of a new role in the organization [1]. Therefore, ongoing support and recognition needs to be provided both by the educational administration and by the clinical agency. Clinical preceptors look for support from their peers in the form of structured time to be involved in clinical teaching and assessment of students. Provision of training needs to take place before the clinical preceptors take students to the clinical agencies. This can be achieved by a range of activities from workshops to seminars to online teaching and learning courses along with mentoring and guidance. In Ireland, clinical preceptors were expected to enroll in teaching and assessment course. This course is taken as part of the undergraduate degree program [11]. Participation in such activities enable the clinical preceptors to gain a clearer understanding of their role and responsibilities. In addition, these activities ensure opportunities to network, socialize, connect and dialogue with other nurse educators and clinical preceptors.

#### IX. RECOMMENDATIONS

The following recommendations are drawn which would go a long way to strengthen the experience of the clinical preceptor in the undergraduate nursing program. A clinical preceptorship program needs to be developed and offered to all clinical preceptors before they begin clinical supervision of students. Preceptors require extensive educational preparation and ongoing support in order that they have the pedagogical competence to foster clinical competence in the students. The program should focus on principles of teaching and learning and principles of giving feedback to students [1]. Ongoing mentorship and shadowing faculty prior to the start of the semester would be beneficial. Additionally, there should be opportunities for the clinical preceptors to audit lectures and they should be provided with course modules so that they can integrate theory into practice in the clinical areas [1].

#### X. STRENGTHS AND LIMITATIONS

The strength of the study is that it uses both in-depth interviews and written reflective journal accounts to draw out the data to validate the findings. The limitation of this study is that only one setting was used for the study and it relies primarily on the data provided by the clinical preceptors in the form of in the in-depth interviews and journal entries. It is quite likely due to social desirability the clinical preceptors only reported the information they felt the researcher would

like to hear.

#### XI. CONCLUSIONS

The finding of this study sets the stage for further developing the role of clinical preceptor. Moreover, the study has outlined the complex role of the clinical preceptors in precepting baccalaureate undergraduate nursing students. Pedagogical competence is vital to the role and is supported by educational preparation. If clinical preceptors are to be used effectively there needs to be adequate education preparation as well as institutional support both by the educational and clinical agency. The faculty shortage will continue to persist in the developing world. Therefore, clinical preceptors will be the answer for ensuring effective and timely clinical experience to the students.

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