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Preceptor Selection, Orientation, and
Evaluation in Baccalaureate Nursing
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Preceptor Selection, Orientation, and Evaluation in Baccalaureate Nursing Education*

Tanya K. Altmann

Abstract

The benefits obtained from properly managed clinical preceptorships cannot be underestimated. Nursing students benefit from clinical preceptors who exemplify the application of theoretical knowledge in actual clinical settings. Preceptorships, and the use of preceptors, remain a viable and important adjunct for faculty in US schools of nursing. This article reports on a portion of a study of undergraduate baccalaureate nursing programs and the use, selection, and evaluation of clinical preceptors. The results suggest that the design of most preceptorship programs does not consistently secure the use of qualified clinical preceptors. Today's clinical preceptors need to be more carefully selected, oriented, and evaluated to ensure quality education of nursing students. Benefits can be realized not only in nursing education, but also in nursing practice, patient care, and nursing administration. More research needs to be done in the area of clinical preceptorships and more specifically, selection and evaluation methods.

KEYWORDS: Preceptor, Baccalaureate, Education, Research

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In today's changing health care environment, it is important to provide future nurses with appropriate theoretical knowledge and clinical experience. Teaching methods should be cost-effective and feasible in terms of student, faculty, and staff time to prepare functional, competent graduates. However, it has been reported that immediately upon graduation, baccalaureate-prepared nurse graduates lack the ability to make critical judgments in the clinical practice area (Manual & Sorensen, 1995). One strategy proposed and widely used to cost-effectively educate these students for the graduate role, is the use of clinical preceptors.

A clinical preceptor is an experienced staff nurse who assumes the role of clinical teacher for a student. The experience between the clinical preceptor and the student is referred to as a preceptorship. Preceptorships are "based on the assumption that a consistent one-to-one relationship provides opportunities for socialization into practice, and bridges the gap between theory and practice" (Stokes, 1998, p. 291).

Preceptorships can be useful, but only if well-designed criteria are employed to guide preceptor selection, education, orientation, and evaluation. While minimal substantive criteria exist for clinical preceptor selection, the literature supports the need and use of more explicit selection criteria. It is also recognized that regardless of background, not all clinicians make good clinical preceptors (Finger & Pape, 2002; Usher, Noland, Reser, Owens, & Tollefson, 1999). Criterion-based selection would assure a measure of standardization and quality.

Preceptor orientation is also important to successful preceptorship. Preceptors spend considerable time with preceptees and must understand the educational program in order to teach and evaluate students according to stipulated goals and objectives. At the same time, clinical preceptors should be assessed as to the quality of their teaching, and their effectiveness in the role.

↑ (EVAL TOOLS)

LITERATURE REVIEW

The increasing body of preceptorship literature in nursing education and practice is testimony to the interest generated in preceptorship. However, most of the literature is descriptive (Earnshaw, 1995; Kaviani & Stillwell, 2000), in part due to difficulty examining the nature of undergraduate student-preceptor interactions in isolation from the total experience. In contrast, graduate programs that use preceptorships to prepare nurses for advanced practice roles involve

↑ GOAL OF OR PRECEPTOR MANUAL

↑ (PRECEPTOR COURSE TO ACHIEVE THIS)

AGREE'S
© SM FREE
TEXT COMMENTS

specific learning objectives based on these students' past nursing experience and specialization. It is not the generic knowledge required by undergraduate nursing students. Literature regarding the selection and evaluation of preceptors at the graduate level, however, is beyond the scope of this study.

Germane to this investigation was Myrick and Barrett's (1992) early work on clinical preceptor selection and evaluation in Canada. Their results showed that 45% of programs studied defined specific preceptor selection criteria, but only 30% always used their criteria. Criteria used most included clinical competence, commitment to the clinical preceptor role, communication skills, use of nursing process, and professional conduct. As well, approximately one third of the programs reported that they completed clinical preceptor performance evaluations.

* AGREE
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TEXT COMMENT
QUESTION # 2

Preceptor Selection

AIP CURRENT SITUATION STAFF #'S VS. ORIENTEE #

Often, preceptor selection criteria are solely availability (Lockwood-Rayermann, 2003), number of years of service, and/or experience in the profession. It is small wonder that many research studies outline the need for more definitive selection criteria, and propose qualities for a 'good' clinical preceptor (Flynn, 1997; Gaberson & Oermann, 1999; Lockwood-Rayermann, 2003; Pardue, 2002; Walsh & Clements, 1995). Some of these criteria include a bachelor's degree or higher education (Ferguson & Calder, 1993; Oermann, 1996; Rosenlieb, 1993), greater than two years of full time experience (Oermann), personal qualities (Earnshaw, 1995; Finger & Pape, 2002; Gray & Smith, 2000; Kaviani & Stillwell, 2000), a positive attitude toward teaching and learning (Byrd, Hood, & Youtsey, 1997), excellent communication skills (Byrd, et al.), and the ability to stimulate critical thinking (Myrick, 2002).

* AGREE
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TEXT COMMENT
QUESTION # 2

** Benner (1984) suggests that by using the five stages of skill acquisition (novice, advanced beginner, competent, proficient, and expert), it is possible to determine performance characteristics and learning needs at each student level, as well as the preceptor characteristics required to teach that preceptee. According to Benner, Tanner and Chesla (1996), competent nurses typically have two to three years of job experience in the same or similar situations, and see their actions in terms of plans. Proficient nurses have a more holistic view of situations, are flexible, and able to associate long-term meanings with goals. Clinical preceptors need to be able to make "visible the explicit guidelines and principles that will get the novice into the clinical situation in a safe and efficient manner" (Benner, 1984, p. 186). Benner's adaptation of the Dreyfus Model of Skill Acquisition

ULTIMATE GOAL FOR CONTINUITY OF ORIENTEE →

ULTIMATE GOAL IS TO HAVE OR PRECEPTORS WHO ARE IN THE COMPETENT STAGE & ARE OR TRANSITIONING TO PROFICIENT STAGE

allows for evaluation of a nurse's developmental level and thus, selection of appropriate clinical preceptors.

Preceptor Orientation

IDENTIFIED IN SM FREE TEXT COMMENTS
↑ QUESTIONS # 8 & 10

GOAL OF OR
SPECIFIC
PRECEPTOR
COURSE/MANUAL

* While a number of studies report the existence of orientation programs for clinical preceptors, there is evidence that substantial formal orientation and preparation for preceptors is needed (Bashford, 2002; Cahill, 1996; Gaberson & Oermann, 1999; Grant, Ives, Rayboul, & O'Shea, 1996; Kaviani & Stillwell, 2000; Letizia & Jennrich, 1998; Stevenson, Doorley, Moddeman, & Benson-Landau, 1995). The main theme cited is that nurses require guidance to adequately perform in the clinical preceptor role. Formal and informal orientation, which should include communication, teaching techniques and methods, adult learning, conflict resolution, and evaluation (Letizia & Jennrich) is often lacking (Cahill, 1996; Letizia & Jennrich; Oermann 1996; Rosenlieb, 1993). A study by Allen and Simpson (2000) found that preceptor preparation and support did not meet preceptors' needs, nor make them feel valued or acknowledged.

TOPICS TO
HIGHLIGHT
IN COURSE/
MANUAL

FORMAL
OR PRECEPTOR
COURSE &
MANUAL
INFORMAL
OBSERVATION
EXPERIENCE
AS AN ORIENTE

Preceptor Evaluation

According to Myrick & Barrett (1994), "a major component of the nursing education mandate is to implement knowledge and to assess the effectiveness of teaching strategies utilized within existing criteria" (p. 196). Implied is that evaluation is an integral part of nursing and the nursing process, and that clinical preceptor evaluation is necessary to determine individual and program effectiveness, to understand how the preceptorship experience affects nurses' practice, and to give feedback to preceptors. Evaluation also provides empirical data to ascertain strengths and weaknesses of the preceptor program and its improvement or refinement (Applegate, 1998).

ACT TO
HOLD
THE GAIN
(FOCUS PDCA)

AIP NEEDS
TO UTILIZE
OUR EVAL
TOOLS MORE
PROACTIVELY

Clinical preceptor evaluation has received little attention in the literature. Studies by Ferguson (1996) and Stevenson et al., (1995) indicate that clinical preceptors want and need feedback on their performance. Gaberson and Oermann (1999) offered an evaluation tool for graduate nursing education, modified from a teaching effectiveness instrument, based on a preceptorship learning contract for faculty and student. Finger and Pape (2002), in a perioperative staff orientation, recommended a modified Invitational Teaching Survey that assessed various teaching practices, but did not evaluate actual learning accomplished.

TO SUPPORT
THIS

* MIGHT WANT TO
REVIEW / LOOK UP
THIS STUDY!!

(ADRN JOURNAL. 2002 OCTOBER; 76(4): 630, 633-4)
INVITATIONAL THEORY AND PERIOPERATIVE
NURSING PRECEPTORSHIP

Summary

(PRIMARYLY)

Despite the extensive amount of literature related[↑] to the use of preceptorships in clinical teaching, most is either anecdotal or theoretical. Thus, it is important to determine: if preceptorship remains a popular teaching/learning strategy, the depth of the phenomenon, and how it is used in nursing education today. The number of programs using this strategy should indicate its utility, importance, and influence in nursing education. Why some schools of nursing do not use preceptorships might also offer some insight into problems associated with this approach.

The purpose of this study, therefore, was to determine if there were weaknesses in the use of preceptorships as a teaching/learning strategy. A second purpose was to explore a direction for future use and research of clinical preceptorships.

RESEARCH DESIGN

This exploratory, descriptive, comparative study replicated a Canadian study by Myrick and Barrett (1992). The research questions, instrument, and method of data analysis were identical to those used in the original investigation. The intent of this study was to determine the following:

- use of preceptorship programs in United States' (US) baccalaureate schools of nursing;
- use of clinical preceptor selection criteria;
- extent of preceptor orientation offerings; program commonalities and discrepancies; and
- whether clinical preceptor evaluation was used.

Study Sample

The sample for this study comprised the deans and directors of undergraduate baccalaureate nursing (BSN) programs listed in the NLNAC Directory of Accredited Nursing Programs, 2000 (n=226; 39.9%) (National League for Nursing Accrediting Commission, 2000). The majority were women, and most programs were publicly funded college programs.

Sample selection was by simple random sampling with replacement, from the western and southern regions of the US (N=260), as outlined in State-Approved Schools of Nursing R.N. 1998 (National League of Nursing, 1999).

These regions were chosen as they contained 18 and 15 states respectively (the two largest groups out of four), but correspondingly provided the largest and least number of schools. Sample size was determined using a sampling error of $\pm 3\%$, and a confidence level of 95%.

Mechanisms to Ensure Rigor

Several methods were used to ensure protection of human subjects. These included approval from an Institutional Review Board, indicating that completion of the survey implied consent, use of a research assistant, and the method for receiving and storing data. Potential participants were informed of their right to participate voluntarily, to withdraw at any time, and the methods used to maintain confidentiality. A school code, consisting of two letters which abbreviated the state, linked with a two digit number that coincided with the order in which the school appeared for each state in the NLNAC Directory of Accredited Nursing Programs (NLNAC, 2000), was written on each envelope mailed with the questionnaires. A research assistant logged returned envelopes (using the two-letter/two-digit school code) and separated the questionnaire from the envelope, thus providing anonymity. A three-digit number ranging from 001 to 226 was written on the questionnaire to assist with tracking. A recording log was set-up on a spreadsheet to allow for the possibility of sending extra questionnaires. The 226 possible schools, listed by school code, were entered and assigned a serial code as each questionnaire was received. Data collected were entered into a separate, password-protected, Microsoft Excel 3.1 spreadsheet with statistical capabilities.

Methodology

The questionnaire, a 3-part (Part A: General Information; Part B: Specific Criteria; Part C: Evaluation), 24-item form, was designed and tested by Myrick and Barrett (1992) and used with permission. The questionnaire, designed with the assistance of a statistician contains forced choice, rank-order, dichotomous, and open-ended questions. To achieve content validity, Myrick and Barrett used a panel of experts to review the questionnaire. To determine reliability, they used a pilot study which resulted in a Spearman rank-order correlation of $r=.66$ for the preceptorship data. No attempt was made to reconfirm validity and reliability of the tool in the present study.

→ VERY SIMILAR
TO AIP SURVEY
MONKEY
QUESTION AIP
LAYOUT

RESULTS

Of the 226 questionnaires mailed, 79.2% were returned and 69.0% (n=159) were appropriate for data analysis. In this article, the results of the 24 items in the questionnaire are abbreviated, with demographic and general information omitted, and presented in table format. Key study findings are presented.

From the 156 usable questionnaires returned, 85.9% of respondents (n=137) indicated structured preceptorship programs were used and 1.9% reported preceptorship programs were being planned (see Table 1). Therefore, responses of 137 deans and directors were used to answer the research questions. Some questions elicited multiple responses; hence, the number of responses to some questions exceeds the number of deans/directors who responded.

Table 1 presents a combination of data regarding the use of preceptorship programs, reasons for using or not using clinical preceptors, section criteria, and use of documented selection criteria.

Table 1
Deans/Directors Responses to Factors Regarding Clinical Preceptorship Program Use and Preceptor Selection.

Factors to which Deans and Directors Responded	n	%
Use Preceptorship Programs (n = 156)		
Currently Use Structured Preceptorships	134	85.9
Do Not Use Structured Preceptorships	19	12.2
Currently Planning the Use of Structured Preceptorships	3	1.9
Use Clinical Preceptors (n = 131)		
Congruent with faculty philosophy	102	36.3
Availability of qualified preceptors	69	24.6
Congruent with agency philosophy	54	19.2
Other	38	13.5
Lack of nursing faculty for clinical teaching	16	5.7

Table 1 cont'd

Factors to which Deans and Directors Responded	n	%
Do Not Use Clinical Preceptors (n=16)		
Unavailability of qualified preceptors	5	25
Other (no need; use small clinical groups; concept not been given enough thought; do not believe in dual responsibilities of staff nurses; faculty have ultimate responsibility for students)	5	25
Agency administration disagree with concept	4	20
Incongruent with faculty philosophy	4	20
School of Nursing administration disagrees with concept	2	10
Minimum Educational Qualifications (n = 139)		
Baccalaureate degree in nursing	110	79.1
Diploma in nursing	9	6.5
Other	9	6.5
Master's degree in nursing	6	4.3
Baccalaureate degree in other than nursing	3	2.2
Not applicable	2	1.4
Required Years of Practice (n = 133)		
Two years	43	32.3
One year	41	30.8
Not applicable	24	18.0
Three to five years	20	15.0
Other	5	3.8
Required Years of Clinical Teaching (n = 135)		
No clinical teaching	113	83.7
One year	8	5.9
Two years	3	2.2
Three to five years	3	2.2
Not applicable	3	2.2
Some previous experience	2	1.5
Preceptor Selection Criteria (n = 135)		
Yes	123	91.1
No	8	5.9
In Planning	4	2.9
Selection Criteria Always Used (n = 128)		
	80	62.5

When asked to rank order a list of qualities used for preceptor selection, deans and directors ranked "clinical competence" highest, followed by "commitment to the preceptor role." Only 3% of respondents chose "interest/ability/willingness to teach" as their top selection factors (see Table 2).

Table 2
Median Rank Score of Deans/Directors (n=126) of Choices of Factors that Influence Selection of Clinical Preceptors

<i>Factors in the Selection of a Clinical Preceptor</i>	<i>Median rank score</i>
1. Clinical competence	1
2. Commitment to the Preceptor role	2
3. Other (interest, ability, willingness to teach, availability)	2
4. Effective communication skills	3
5. Professional conduct	4
6. Skilled use of the Nursing Process	5
7. Ability to deal with conflict	6
8. Ability to complete performance evaluation	7
9. Active involvement in own professional development	7
10. Knowledge of the use of Nursing Research in clinical practice	8

Although many respondents indicated they provided clinical preceptor orientation, only 61.6% of responses suggested this was the case. These data also revealed that orientation time averaged 2.5 hours, with a median of two hours and a range of 45 minutes to 10 hours. The use and content of preceptor orientation programs and data collected about preceptor evaluations are presented in Table 3. Almost 60% were completed by students, 38.5% by faculty, 2.2% by Head Nurses, and 0.7% by a peer. Of those schools that did not use evaluations, 47.8% responded they were perceived as unnecessary.

TRENDING
SM FREE
TEXT COMMENT

TRENDING FREE TEXT (SM)
QUALITY

Table 3
Summary of Use and Content of Preceptor Orientation Programs and Preceptor Evaluations

	<i>n</i>	<i>%</i>
Use of Preceptor Orientation (n = 136)		
Yes	100	73.5
No	36	26.5
Content Included in Preceptor Orientation Program (n = 95)		
Student performance evaluation methods	86	90.5
Objectives of the nursing program and course	77	81.1
Instructor accountability	71	74.7
Philosophy of the nursing program	55	57.9
General introduction to the nursing program	52	54.7
Clinical teaching strategies	43	45.3
Other (preceptor/faculty roles, course syllabus, student progress, legal implications, identifying & mentoring unsafe students)	36	37.9
Conflict management	18	18.9
Preceptor Evaluation Program Completion (n = 133)		
Yes	91	68.4
No	29	21.8
Uncertain	8	6.0
Informal	5	3.8
Reason for No Evaluation of Clinical Preceptor (n = 38)		
Perceived unnecessary	18	47.4
Other (informal, being planned, agency evaluated, etc.)	11	28.9
Lack of evaluation tool	9	23.7

DISCUSSION

The results of this study indicate that preceptorship programs are a common teaching method in US baccalaureate schools of nursing. Of the respondents, 85.9% indicated they used clinical preceptors in some clinical experiences. In the comparison study, Myrick and Barrett (1992) found 70% of the Canadian university schools of nursing used preceptorship programs. This increase supports trends identified elsewhere in the literature. Rosenlieb (1993) reported a 61.1% US usage while Oermann (1996) reported a 73.8% US usage.

OR RECEPTOR MANUAL



More programs report use of a document with preceptor selection criteria; an increase from 45% in 1992 to 91.1% in 2000.

CURRENT UCH APPROACH

In this study and the original study, the main reason for use of preceptors was congruence with faculty philosophy; and for not using preceptors, was lack of qualified preceptors. In the current study, the second most common reason for using preceptors was availability of qualified preceptors; an increase from 15% in 1992 to 24.6% in 2000. These data are especially interesting in light of the recent nursing shortage.

INCREASED STAFF TURNOVER & HIGH HIRING RATE AT UCH OR

Use of selection criteria improved from 30.0% in Myrick and Barrett's (1992) study, to 62.5% in this study. The educational requirement for a preceptor also increased: 79.1% vs. previous 40% require preceptors to have a baccalaureate degree in nursing, while fewer accept a diploma in nursing (6.5% vs. 30%). However, less clinical experience is acceptable, 30.8% accept one year of practice vs. 10% previously. In both studies, the ranking of selection criteria remained almost identical.

Preceptors should be comfortable demonstrating new techniques and imparting knowledge in an organized manner on a one-to-one basis. However, proficiency in teaching, or teaching experience among preceptors, was not considered an important selection criterion or orientation content, despite teaching responsibilities (Finger & Pape, 2002). The content most frequently addressed in preceptor orientation was "student performance evaluation methods" followed by the "objectives of the nursing program and course", similar to that in the original study, although the percentage of programs teaching this content has increased. Teaching experience not being a primary criterion for preceptors might be explained by the fact that the curriculum of all professional nurses includes the principles and practices of patient teaching as well as principles of adult learning. It is conceivable that preceptors are assumed to have sufficient knowledge and skills about teaching.

ALREADY IN STAFF GENERAL DISCOURSE & SM FREE TEXT COMMENT QUESTION #11

The average preceptor orientation program appears to be inadequate (2.5 hours), given the information and training required. The short length of preceptor orientation may be due to several reasons. Preceptors generally work full-time and may not want to attend an orientation on their own time. Due to the current nursing shortage, they may not be permitted to attend an orientation during working hours. Compounding this, personal time usage is made less attractive since preceptors are infrequently offered monetary compensation (Stevenson, et al., 1995).

CURRENT UCH SITUATION



RANKED AS #1 INCENTIVE IN UCH OR STAFF

Preceptor evaluation was perceived as consequential to preceptor use. This was demonstrated by an increase in frequency of preceptor evaluation from 30% in the original study to 68.4%. In both studies, reasons for not evaluating preceptors included lack of time, no adequate instrument or enough qualified preceptors to reject unacceptable candidates. Currently, 58.5% of preceptor evaluations are completed by students, compared to 10% in 1992. Since outcomes have become the "published measuring stick for public and professional accountability" (Boland, 1998, p. 140), the absence of a formal evaluation results in a lack of data, pertinent for feedback to schools of nursing and preceptor.

LIMITATIONS

Limitations of this study include the fact there was no attempt to manipulate or control variables, a questionnaire with low reliability distributed through the postal system, and use of questions with limited analysis capabilities. The data used for comparison were generated in a different country where education requirements may differ.

IMPLICATIONS AND RECOMMENDATIONS

Although the results of this study show improvement since the original study, they also demonstrate a continued need for improving the design of preceptorship programs. Implications and recommendations for action or practice, as well as further study, are presented.

Nursing Practice

Following an effective preceptorship, the advantage for nursing graduates is that they enter practice with more clinical experience and a more solid knowledge base. For patients, it is assumed that improved nursing care results from the preceptee's expanded knowledge (Greene & Puetzer, 2002). The advantage for preceptors is that they experience personal and professional growth (Glass & Walter, 2000), enhanced self-esteem and confidence (Greene & Puetzer), career advancement, and increased job satisfaction (Beeman, 2001; Bashford, 2002; Nash, 2001; Suzewits, 2002). These too have an effect on enhancing patient care.

← MORE STANDARDIZED APPROACH / SKILL SET

← ULTIMATE GOAL OF OR SPECIFIC PRECEPTOR COURSE

← RANKED AS #2 INCENTATIVE FOR UCH OR STAFF

← RANKED AS #3/4 INCENTIVE FOR UCH OR STAFF

← "LEADERSHIP ROLE" &

← "CONTINUING EDUCATION"

Nursing Administration

** Research findings suggest that “formal preparation of preceptors impacts positively on student/preceptor learning, while also contributing to the professional growth of the preceptor” (Kaviani & Stillwell, 2000, p. 225). Nursing administration therefore, benefits from an improved workforce. Preceptorships can also be used as a means of recruitment and assessing potential new graduate hires (Wright, 2002) as well as retaining current staff (Craven & Broyles, 1996; Finger & Pape, 2002; Greene & Puetzer, 2002; Hand, 2002; Wright, 2002).

Nursing Education

Since preceptorships appear to be a common teaching-learning strategy in nursing education today, faculty should be cognizant of the advantages presented by preceptorships. These include the opportunity to reassess use of clinical experiences, and to test curriculum goals before students graduate. Preceptorships also offer clinically competent role models, and provide one-to-one learning opportunities for students.

Recommendations

Results of this study indicate that insufficient time is allotted to preceptor orientation. Therefore, design and implementation of cost-effective and time-efficient alternative teaching methodologies to provide clinical preceptor orientation is recommended. These programs should be succinct, brief, and interesting. Alternative teaching methodologies such as modules, online instruction, videotapes, or programmed instruction would be beneficial. If continuing education (CE) is required for registered nurse licence renewal, CE credit for preceptor orientation would be an added benefit. Studies to determine the effect of methods on several variables, such as preceptor-preceptee learning, cost, and user-friendliness would be helpful.

Whether more emphasis should be placed on improving the teaching skills of clinical preceptors is to be determined. Studies to assess staff nurse and clinical preceptor teaching abilities, and differences in style between patient teaching and student teaching are in order. Patient education is typically more technical in nature, whereas students need to learn theories and concepts behind technical skills and determine when to use each skill.

↑ TRENDING FREE TEXT (SM) COMMENT QUESTION #2

STRONGLY SUPPORTS / AGREES & SURVEY FOR OR SPECIFIC PRECEPTOR COURSE / MANUAL

IS THIS CURRENT PRACTICE @ THE BASIC HOSPITAL COURSE?
↓ MOSELT?

Nursing administrators should support and encourage clinical preceptors, and take an active part in their orientation (Finger & Pape, 2002). This will ensure that goals and objectives of the agency are addressed.

CURRENTLY AIP OR STAFF DOES NOT FEEL SUPPORTED BY ADMIN IN THE PRECEPTOR ROLE

Although the current study has indicated that more preceptorship program evaluations are being conducted, greater emphasis should be placed on the evaluation of clinical preceptors themselves to demonstrate their value and that of preceptor programs. Since only two evaluation tools were found in the literature, a study to uncover other evaluation instruments is warranted. These evaluation tools should be based on the following criteria:

- appropriateness of clinical preceptor evaluation,
- appropriateness for the domain being evaluated,
- comprehensiveness,
- ease of use,
- cost-effectiveness,
- time efficiency, and
- validity and reliability (Bourke & Ihrked, 1998).

DO THESE CRITERIA FIT OUR CURRENT EVAL TOOL?

Finally, more research is needed about why clinical preceptor evaluations are still perceived as unnecessary by some.

CONCLUSIONS

Preceptorships, and use of preceptors, remain a viable and important teaching support for faculty. Most structured preceptorship programs have documentation about specific preceptor selection criteria. These criteria usually include a minimum of a BSN, one or two years of clinical experience, clinical competence, and commitment as a preceptor. Experience and clinical competence are not synonymous, however, and when nursing students enter a preceptorship program, they require teachers ("proficient" nurses) who can demonstrate advanced levels of clinical judgment (Benner, 1984). Preceptor selection should remain a focus of this type of program.

BUILD INTO MANUAL

NEED TO REVISIT TIME FRAM FOR OR 2-3 MONTH

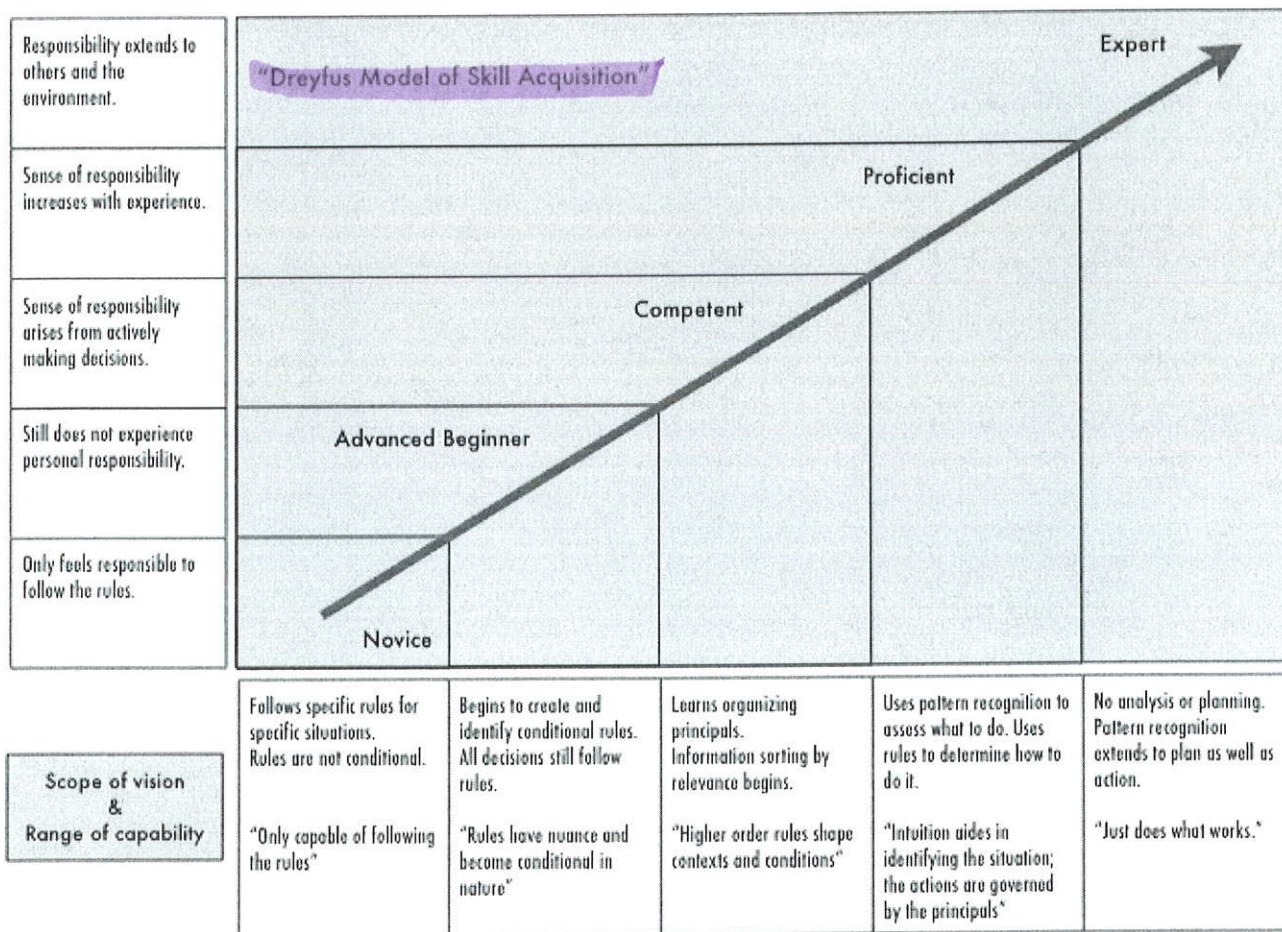
Preceptorships are known to benefit nursing practice, nursing administration, and nursing education, however, continued research and evaluation of preceptorship programs is recommended. Preceptors' ability to teach, often not considered important, not a common selection criterion, nor orientation topic, needs attention. Recommendations from this study, therefore, include developing and using preceptor orientation programs, placing more emphasis on preceptor teaching ability, increasing support from nursing administration, and improving preceptor evaluation. **

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DREYFUS MODEL OF SKILL ACQUISITION
 (ASSOC. TO BENNER'S)
 ARTICLE #5