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Preceptor Experiences of Nursing Faculty Liaison Support

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Preceptor Experiences of Nursing Faculty Liaison Support

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by

Janice A. MacIntosh

Graduate Program in Nursing

/

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Science in Nursing

Faculty of Graduate Studies
The University of Western Ontario
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Preceptor Views of Nursing Faculty Liaison Support

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Abstract

The purpose of this phenomenological qualitative study was to gain an understanding of nursing preceptors' experiences of support received from faculty liaisons during the senior student integrative practicum. In-depth, semi-structured interviews were conducted with a purposeful sample of preceptors (n=6) from four Southwestern Ontario hospitals. Two themes emerged: challenges of the preceptor role necessitating the need for faculty liaison support; and, seeing the faculty liaison role as a valuable source of support for preceptors. It is recommended that preceptors attend educational preparation for their role. Furthermore, nurse educators need to be aware of the need for ongoing faculty liaison support for preceptors during the senior integrative practicum period whether or not the experience encounters challenges. Future research is suggested to explore the relationship between preceptor needs and faculty liaison support if this method of clinical education is to be meaningful and effective.

Key words: Preceptors, support, faculty liaison, lived experience, phenomenology

Statement of Co-Authorship

The succeeding research study was completed by Janice A. MacIntosh, who was supervised by Dr. Mary-Anne Andrusyszyn and Dr. Dolly Goldenberg. Dr. Andrusyszyn and Dr. Goldenberg will be co-authors on any publications resulting from this manuscript.

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Thank you to my friend John who took time away from his own literary pursuits to review and correct my words. You are a word master.

My hope for this study is that it will provide a bridge to the 'land of understanding' where preceptor, faculty liaison and students can truly connect in a meaningful and effective way.

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PART ONE

INTRODUCTION

Preceptorship in nursing is a model or approach to teaching/learning in the practice or field setting that pairs students or novice nurses with seasoned practitioners (Myrick & Yonge, 2005). The experienced nurse assumes the role of preceptor and the student is then known as a preceptee.

The importance of clinical experience for nursing students to close the theory/practice gap cannot be undervalued. The preceptorship experience represents a period of transition, which allows students to integrate knowledge and practice skills acquired in the classroom setting to a “real-life” situation (Chan, 2002). This provides an opportunity for interested nurses to become involved in students’ learning. The multi-dimensional social context of the clinical learning environment, daunting at the best of times, becomes more so during the senior integrative practicum when students are paired with a preceptor.

For the preceptorship experience to succeed, those in education and practice settings must create and nurture a genuine bond (Myrick and Yonge, 2005). To be effective, preceptors must understand various aspects and acquire the skills and strategies of the role. Preceptor preparation programs should heighten knowledge regarding the curriculum, evaluation criteria, teaching strategies, as well as how adults learn. Even though preceptors may be clinically competent and prepared for the role, they may still require guidance. Support should be available from a variety of sources, the primary one being from the clinical faculty liaison.

The literature is replete with descriptions and overviews of the value of preceptor preparation programs and the role of staff nurses who precept new staff (Alspach, 2005;

Bain, 1996; Bittner & Anderson, 1998; Boyer, 2002; Daigle, 2001; Ryan-Nicholls, 2004). However, there is little research that explores the support, which nurse preceptors receive, from nursing faculty during the preceptorship experience with senior students. In this research study, the author sought to discover, explore, and describe the experience of nurse preceptors with nursing faculty liaison support during their assignments to precept nursing students in senior integrative practicum courses.

Seasoned nurse educators know challenges can arise with students throughout the educational program, at which time they might need to seek support from other faculty. Similarly, clinical preceptors may experience challenges or concerns when educating students in practicum placements and require academic support. Students entering the senior integrative practicum benefit from bridging theory and knowledge as well as consolidating learning and reasoning. Faculty liaison input and guidance is vital to enrich the educational experience. Myrick and Barrett (1998) proclaimed that the relationship between the preceptor and faculty was an important determinant in the development, implementation, and sustainability of the preceptor experience. In Myrick and Barrett's study, two out of six preceptors were dissatisfied with their relationship or lack thereof, with faculty. Reasons cited, also noted in several other investigations (Hsieh & Knowles, 1990; Pond, McDonough & Lambert, 1993), were infrequent physical faculty presence in the clinical setting, and/or scarcity of contact throughout the 14-week clinical practicum period.

If the preceptorship approach to clinical teaching is to survive and thrive, preceptor needs must be addressed. Preceptors who feel supported by a sense of connection with faculty are, hypothetically, more likely to experience positive personal and professional growth and be more apt to volunteer to precept on an ongoing basis. In

this study, therefore, preceptors' lived experiences related to faculty liaison support during students' final integrative practicum is explored.

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PART TWO
MANUSCRIPT*

Introduction

Preceptorship is a very complex, challenging, and demanding activity, which commonly occurs at the end of a program of study in many professions. It involves contact between an experienced and competent role model, the preceptor, and student or new graduate. An important process towards building a supportive one-to-one teaching and learning relationship (Billay & Yonge, 2004). In nursing, this relationship tends to be short-term and is aimed at assisting a nursing student or newly-qualified nurse to adjust to the nursing role (Kaviani & Stillwell, 2000).

In nursing education, preceptorship is an approach to teaching/learning in the practice setting that pairs nursing students with experienced registered nurses (RNs) (Myrick & Yonge, 2005). This is a valuable, extended practical experience that provides nursing students the opportunity to integrate theory with practice. Although students have similar learning opportunities throughout their nursing education, the practice period at the end of the program of studies, the integrative practicum, is one during which students experience a specific number of uninterrupted weeks, usually in one clinical area. During this time, they are paired with an RN preceptor, and are exposed to many patient situations where they apply skills acquired in the classroom setting to “real-life” situations (Chan, 2002). These integrative experiences help students gain a better understanding of the complexities of the nursing profession, and with the support of a preceptor, this transition period enables students to prepare for independent practice.

* A version of this manuscript will be submitted for publication.

Issues of ongoing restructuring in health care, increased workload for nurses, and decreased staffing ratios have led to a shrinking pool of RNs willing to add the preceptor role to their already heavy agendas. Impending retirements also contribute to difficulty in maintaining seasoned preceptors. Additionally, many nurses are new to their practice environments and not fully capable of assuming the preceptor role. However, those who agree to become preceptors have the opportunity to become intensively involved in student learning. This involvement alters their role and responsibilities as they must learn to become effective preceptors, thus adding some complexity to their usual nursing practice.

In addition to their professional practice, RNs who become preceptors experience role transition as they assume responsibility for supporting, developing, and socializing preceptees. Furthermore, the preceptor/preceptee dyads, which are influenced by many factors, could result in a relationship that might be challenging. Although preceptors generally feel real concern for students and wish to offer support (Gray & Smith, 2000), some may need support and encouragement themselves, to enact the preceptor role. Additional support may come from peers, nursing faculty members, clinical agency management, or through preparatory programs for preceptors.

Jackson and Mannix (2001) maintain that achievement of the full benefit of the planned preceptor/preceptee clinical experience is dependent to a large extent, on interactions between the student and preceptor. However, Nehls, Rather and Guyette (1997) refer to preceptorship as a learning team, a formal triad in which the faculty member (liaison) is also part of the student/preceptor pair. While not directly involved in teaching students during the integrative practicum, faculty members who act in this liaison role oversee the entire process and make themselves available to preceptors and

preceptees on a pre-arranged schedule. Registered nurses who agree to take on the preceptor role often have considerable nursing expertise and clinical competence in assorted clinical settings. In bridging the theory knowledge gap, the student and preceptor can draw support from the nursing faculty liaison. This support could influence the nature of the preceptorship experience, and willingness of the nurse to continue in the preceptor role. Conceptualization and implementation of the preceptor role may be influenced, positively or adversely, by the nature of the preceptor's experiences with the faculty liaison. Nurse preceptors' experiences with support given by the nursing faculty liaison during the integrative practicum period are explored and described in this qualitative study.

Literature Review

Prior to conducting the interviews for this study, a preliminary review of the literature was undertaken, although "qualitative researchers do not generally begin with an extensive literature review" (Streubert and Carpenter, 1995, p.21). Nonetheless, a selective review of the literature can help to focus a study and develop a better understanding of what is known. Phenomenological researchers consult the literature to increase insight into a study's findings. These sources allow researchers to judge the limits and possibilities (van Manen, 1997). However, in a true hermeneutic, phenomenological, qualitative study, a review of the most relevant literature is conducted after data analysis and theme interpretation to show how the findings fit with what is already known about the topic (Polit & Hungler, 1999; Streubert & Carpenter, 1995; van Manen, 1997), which was not the case in this study.

The following computer databases were the primary sources of information retrieval: *Proquest Nursing Journals*; *Cumulative Index to Nursing and Allied Health*

(CINAHL); *Canadian Education Index*; and *Education Resource Information Centre (ERIC)*. These databases were searched to obtain studies related to the present topic from 1992 -2007. Results of this search revealed that research on the topic of faculty liaison support for preceptors had only been studied minimally, while there were hundreds of expository articles that focused on the concept of preceptorship and the significance of preceptor preparation programs.

In assessing the strengths and limitations expressed in appropriate literature, little reference was found related to the experiences of preceptors with support and guidance offered by the faculty liaison. The present literature review includes discussions as to preceptor responsibilities and role transition, which emphasize the need for better understanding of the overall value of preceptor preparation programs and the potential necessity for faculty liaison support.

Preceptor Responsibilities and Role Transition

The overall goal of the preceptor-preceptee relationship is normally to help students close the theory/practice gap. In the present study, the relationship occurred during the senior integrative practicum course. The role of the preceptor in this process is multi-faceted and challenging. Preceptors role model, teach, facilitate, guide, evaluate, communicate, assess, orient, socialize, support learning, and help preceptees develop organizational skills (Fowler, 1996; Myrick & Barrett, 1992; Myrick & Yonge, 2005). Simultaneously, they must cope with the duties and responsibilities of their own nursing assignment. Because of the complexity and challenges of preceptor responsibilities, the preceptor role can be onerous for novice and seasoned preceptors alike. Strong faculty liaison support is a necessary element to the success of the preceptorship process, and

results in a situation wherein the faculty liaison precepts the preceptor while the preceptor precepts the student (Myrick and Barrett).

Being a preceptor is a complex and time-consuming responsibility that requires preparation and support (Kaviani & Stillwell, 2000). Presumably, nurses come to the role with a wide variety of experience and educational backgrounds. However, clinical expertise does not necessarily translate into the ability to teach clinical nursing or guide and evaluate students in their learning. Hence, preceptor preparation is an important factor in the overall teaching process. Unfortunately, this aspect of the preceptorship process is often undervalued, overlooked, or neglected, despite data indicating the importance of preparation for preceptors (Yonge, Myrick, Ferguson & Haase, 2003, as cited in Myrick & Yonge, 2005).

Nurses assume the preceptor role for various reasons. Some nurses take on the preceptor role because of interest, a sense of duty to the profession, or the wish to improve their own professional competence. Others, unfortunately, become preceptors simply because they have been assigned the role by a superior. These factors result in a wide range of attitudes, commitment, and readiness to take on the duties of preceptor. In addition, there is considerable variation among preceptors in their conceptualization of the role. Despite the need for preceptor preparation programs, made obvious by the disparity in the above noted factors, participation in such programs is not usually mandatory.

Preceptor preparation programs are important and required. Such programs prepare staff nurses to facilitate /guide the transition of nursing students into their clinical role (Nash, 2001). Collaboration between academic and clinical nursing practice leaders

to establish preceptor programs has been deemed a necessary first step toward easing the transition for all parties concerned (Boyer, 2002 ; Wright, 2002).

If nurses are to feel comfortable and confident in their role as preceptors, the onus is on them to attend a preceptor program and /or read literature pertaining to the role. In 1993, a survey of 137 nurse preceptors was undertaken to evaluate their experiences with a preceptorship program (Pond, McDonough & Lambert, 1993). From an 83% response rate, comparative content analysis was used to determine the nature of their responses to the experiences. An independent analysis by two of the researchers resulted in 95% agreement, indicating that the three least positive aspects of the preceptor role were: lack of self-confidence, role uncertainty, and conflicting responsibilities between the preceptor role and the service delivery role.

Hsieh and Knowles (1990) studied the significance of the development of the preceptorship relationship. They first observed weekly faculty liaison interactions with twelve pairs of preceptor-student teams over a 4- week period. Preceptors and students were then asked to submit written responses to three specific questions about their developing preceptor-student relationship, and the role faculty liaison played in this developing relationship. They were also asked to highlight any variables that may have played a notable part in the relationships. Following thematic analysis, preceptors and students identified the need for clearly defined role expectations. One of the significant themes that emerged was uncertainty, which could be resolved by clearly defined expectations put forth by the liaison (Hsieh & Knowles).

Registered Nurses who volunteer to take on the role of preceptor often have a wide variety of nursing expertise and clinical competence in various clinical settings. Despite this expertise, challenges might arise in the preceptor-student relationship that

necessitates the need for support from nursing faculty. This support has the potential to influence the nature of the preceptorship experience and the willingness of the nurse to continue acting in the preceptor role.

Study Purpose and Research Question

The purpose of this study was to gain an understanding of preceptors' experiences with nursing faculty liaison support while they were engaged with nursing students during the senior integrative practicum. Due to the lack of published research about the phenomenon of faculty liaison support, it is anticipated that the findings will add some knowledge to this understudied area. Accordingly, the following research question was posed:

What are preceptor's experiences of nursing faculty liaison support?

Methods

Research Design

Hermeneutic phenomenology was the chosen method of inquiry. Phenomenology, focuses on understanding and uncovering the logic of the lived experience without altering it. The goal of phenomenology is to describe the human experience and to put language to human experience (Streubert & Carpenter, 1995).

van Manen (1997) describes phenomenology as a means to understand phenomena by maintaining a view of the whole, while encouraging an attentive awareness to details and trivia of everyday life. A phenomenological inquiry does not lead to a theory to explain and control the world; however, insight is gained, allowing individuals "to become more fully aware of who we are" (van Manen, p. 12). A phenomenological approach was chosen to reveal the meaning and essence of the ways in which preceptors experience

nursing faculty liaison support, believing that each individual's experience within a specific context is regarded as unique (Patton, 1990).

Hermeneutic phenomenology is a human science in which an attempt is made to incorporate both interpretive (hermeneutic) and descriptive (phenomenological) aspects. "The phenomenological (descriptive) facts of lived experience are always meaningfully (hermeneutically) experienced. The facts of the lived experience need to be captured in language, and this is inevitably an interpretive process" (van Manen, 1997, pp. 180-181). A hermeneutic phenomenological design was used in this study to describe and reflectively interpret preceptors' lived experiences of faculty liaison support during the integrative practicum.

Max van Manen (1997) offers an in-depth discussion of six research activities that he perceives are in a dynamic interplay. In this study, the researcher followed van Manen's phenomenological approach, as follows:

- a) "turning to the phenomenon of interest
- b) investigating the experience as it is lived, not as it is conceptualized
- c) reflecting on the themes which characterize the phenomenon
- d) describing the phenomenon through the art of writing and rewriting
- e) maintaining a strong and oriented relation to the phenomenon, and
- f) balancing the research context by considering part and whole" (p. 30).

By focusing on both reflection and interpretation of the lived experiences of participants, an understanding of those experiences was gained (van Manen, 1997). In keeping with the phenomenological approach, the technique of "bracketing" was used to suspend prejudiced notions and assumptions, a process to provide more balanced insight into the phenomenon of interest (van Manen). This was of particular importance to me,

having had extensive personal experience in the roles of preceptor as well as faculty liaison, and being acutely aware of the range of challenges faced by preceptors and faculty liaison support staff. Also acknowledged is that my experiential history and my current position as an academic faculty liaison may have 'coloured the lens' with which data were collected and examined.

Human beings make their own reality, and in this inquiry, the telling of stories gives 'voice' to the preceptors' lived experiences. Keeping this in mind, accepted was that knowledge gained from this investigation has little or no predictive or generalizable purpose (Patton 1990; van Manen 1997). The findings will not be used to predict behaviours nor can they be right or wrong. They may, however, facilitate and increase awareness about the preceptors' lived experiences regarding faculty support. By sharing their experiences during the students' final integrative practicum, preceptors provided insight that may be of value to future faculty liaison, nursing staff, and preceptors.

Sample

Purposeful sampling was used in this study. According to Lincoln & Guba (1985), this allows researchers to obtain the greatest latitude of information, therefore, more detailed descriptions about the phenomenon of interest, and promote breadth of applicability of findings. Typically, a sample size of four to seven participants is an acceptable range for phenomenological studies (Morse, 1991). Purposeful samples are intentionally small so that information-rich cases can be explored in depth (Patton, 1990). This study was completed with six participants (2 males:4 females), whose ages ranged from 43-57 years. Five of the six participants had from 15-20 years of experience in the preceptor role. One participant had had one recent experience as a preceptor within the last year.

Approval for this study was obtained from the Research Ethics Board for Health Sciences Involving Human Subjects at the University of Western Ontario (Appendix A). Two clinical agencies and four different sites in Southwestern Ontario were selected and contacted as potential sources of study participants. Prior to approving the study, the ethics review committee at each of the selected agencies met to review the study proposal prior to granting permission (Appendix B).

After receiving clinical agency approval to conduct the study, nurses in administrative positions were contacted in the four different health care organizations, where RNs acted as preceptors for students in their senior integrative practicum within the last five years. Letters describing the study (Appendix C) were mailed to Clinical Agency Managers who were responsible for selecting appropriate potential participants. Managers then sent the Letter of Information for Nurses (Appendix D) to nurses who met the study criteria. A self-addressed, stamped envelope was included in each packet for the convenience of potential participants who might have questions or concerns. The option to respond by telephone or email was also offered.

The RNs who volunteered were employed in direct patient care or in charge nurse positions in a number of practice settings, and had from one to approximately 15 years of experience in the preceptor role. Theoretical saturation was achieved at six participants. This sample was considered sufficient to provide the researcher with an appropriate range of views on the topic of interest.

In my role as clinical nursing teacher and / or faculty liaison, I was acquainted with two of the participants. An advantage to interviewing known preceptors was that rapport had been previously established. I anticipated that this would allow a trusting environment to flourish, and encourage participants to be comfortable and open in

expressing their experiences. I also considered the disadvantages of interviewing known participants, such as their unwillingness to disclose information that might implicate the researcher and/or a colleague and alter future working relationships. The benefits outweighed possible drawbacks, but I remained vigilant about participant comfort and establishing trust.

Data Collection Procedures

Once the sample was obtained, initial contact with each participant was made and an interview time and date agreed upon. Work schedules and personal preferences of each participant were taken into consideration. The Interview Guide (Appendix E) was made available to participants who requested previewing the questions. Informed consent (Appendix F) was obtained after the researcher reviewed the Letter of Information with each participant prior to the interview. A signed copy of the consent form was given to each participant and a second copy kept on file in the researcher's locked desk drawer. Through the written consent and the researcher's verbal explanation of the contents of the letter of information, participants were also informed of their commitment, and measures to ensure anonymity such as use of pseudonyms on interview transcripts and the final copy. They were also notified of their freedom to withdraw from the study at any time, to refrain from answering any questions they preferred to omit, the opportunity to read the final report in order to correct any of their direct quotes, and comment on the analysis. As well, they were assured that their preceptor role was not in question nor was the continuity of faculty liaison support in jeopardy as a result of the findings. The interview was designed to obtain preceptor information that would offer nurse educators in the role of faculty liaison, insight into the support needed to enhance the preceptor experience. Interviews lasted from sixty minutes to ninety minutes and total data collection occurred

during an eight month period. Furthermore, the audio-taped interviews were stored on password-protected computer discs.

Data Analysis

Immediately following each interview, the audiotape was transcribed, and non-verbal observations were added in the margins of the field notes. In accordance with van Manen's (1997) approach to phenomenological research, a thematic analysis of each interview was conducted. In a phenomenological study, the researcher is responsible for transforming data to make private knowledge known (Streubert & Carpenter, 1995). The technique of immersion and crystallization to initiate analysis was then used (Patton, 1990; van Manen, 1997). To enable immersion in the data, the audiotapes were reviewed and transcripts read and reread before beginning the process of reflection. This deep contemplation allowed me to develop an understanding of the significance of each preceptor's experiences. "Making something of a lived experience by interpreting its meaning is more accurately a process of insightful invention, discovery or disclosure-grasping, and formulating a thematic understanding is not a rule-bound process but a free act of seeing meaning" (van Manen, p. 79). Themes give control or order to research for writing purposes and give structure to the lived experiences being interpreted (Streubert & Carpenter: van Manen). Immersion into the acquired data enabled identification of emerging themes.

During the first reading of each interview, units of data were identified (Streubert & Carpenter, 1995). These units of data were highlighted and colour-coded, with additional thoughts and comments placed in the margins of the transcriptions. The selective or highlighting approach was chosen to discern which statements or phrases were most revealing about the preceptor's lived experience. Themes developed as the

audiotapes were reviewed. "Theme analysis involves determination of essential themes versus incidental themes" (van Manen, 1997, p. 106). I questioned whether the narration would be the same if a certain theme was deleted. Each theme was treated in this manner until essential and incidental themes were distinguished. During interpretation, meanings, explanations, and significance were attached to the findings of how nurse preceptors experienced faculty liaison support during the students' integrative practicum.

Trustworthiness and Credibility

In qualitative research, credibility is viewed by van Manen (1997), as the "validating circle of inquiry" (p. 27). The findings of any qualitative study must accurately represent the experience of the participants (Polit & Hungler, 1999; Streubert & Carpenter, 1995). There is not just one truth, but many, since reality is composed of multiple constructions (Lincoln & Guba, 1985). Experiences participants have had or could have had were acknowledged and recognized through description and interpretation of their lived experiences.

Each participant was offered the opportunity to review the transcribed material after themes were generated and the final report written. They were asked to support or contradict the analysis. Such member checking promotes credibility (Streubert & Carpenter, 1995). Establishing credibility through this process of member checking enables capture of the data as expressed by the participants, or to correct, amend, or extend it (Lincoln & Guba, 1985).

Findings

Two main themes emerged from the preceptors' experiences with faculty liaison support during the students' integrative senior practicum course. These themes were: challenges of the preceptor role necessitating faculty liaison support; and the faculty

liaison role as a source of support. The themes are presented and interpreted, using highlights from the interviews and research literature. Pseudonyms have been used to differentiate the individual participants, while protecting their identity.

Theme One: Challenges of the Preceptor Role Necessitating Need for Faculty Liaison Support

All participants described how they perceived their role as preceptor and identified some of the challenges they faced which prompted them to seek support from the faculty liaison. Their responses led to the following sub-themes: a) feeling responsible for student development and success; b) reflecting on their conceptualization of the preceptor role; c) identifying student learning needs as beginning practitioners, and d) being prepared for the preceptor role. Each will be discussed in turn.

a) Feeling responsible for student development and success.

All participants anticipated the challenges involved in precepting senior practicum students. They felt a sense of personal and professional responsibility for the overall success and development of the students. Five of the six participants had precepted students many times and were aware of the potential need for support from a variety of sources, including the faculty liaison. One participant, Sylvia, precepted only once and appreciated having her faculty liaison working in the same department.

Sylvia stated:

.....I have only precepted a nursing student once so I am aware of the impact my contribution made to her success in the end. Even though I am clinically competent, I was pleased to be working with the faculty liaison close by and I was able to ask her any questions whenever I needed to, if challenges and/or questions came up.....

Of the remaining participants, Cat indicated she had precepted more than a dozen times over the years. She is an expert nurse but, on numerous occasions, felt the need for faculty liaison assistance for guidance and/or clarification.

.....I may or may not need help from the faculty liaison when I am precepting but, if I do, then I expect it to be available. I have utilized faculty services to guide me on various occasions related to either the role aspect or the responsibility aspect of being a preceptor. I really feel that if I am going to be responsible for sending someone out into the world of nursing, then I want to do my best for him or her and to be able to enlist the support of faculty liaison if and when that guidance is needed. I want to get the students organizing in an efficient manner, get them up to speed and let them develop confidence in the abilities they have as well as those they are learning. When I see them working later on, whenever that might be, I want to feel proud of them and to know that the sense of responsibility I feel toward their development when I am precepting them is well-placed and well-executed. This is the overall goal. If the support services of faculty are needed, then I have no hesitation in getting hold of them.

George had also precepted numerous times and knew the value of liaison support.

He was aware that he was 'out of his league' on more than one occasion.

.....when circumstances require help from the faculty liaison, you want it available to you as it can be too much to deal with on your own if there are problems in the relationship with the student for whatever reason. I am responsible for their progress and success and so this aspect of support is vital

On the other hand, Ed preferred to see if he could enlist assistance from his co-workers and /or manager before seeking the faculty liaison support.

..... I like things to go smoothly because after all is said and done, they are my responsibility. Quite a few students end up working here after they graduate and I want them to be successful and seen as a good new recruit for us.....

.....There were occasions, however, when only the faculty liaison could remedy a problem, and initially I asked my co-workers and/or my manager for guidance about the concerns I had. I valued the opinions they offered and very often that was enough to get things going smoothly.

In summary, although participants' work settings and years of experience as nurse and preceptor varied, they all mentioned feeling a sense of responsibility for student development and success.

b) Reflecting on their own conceptualization of the preceptor role.

Preceptors anticipated the challenges inherent in the preceptor role from previous experiences or from those that occurred with new students. These challenges were often resolved with co-worker or manager support, but sometimes required support from the faculty liaison.

As participants discussed their conceptualization of the preceptor role and responsibilities, it became clear that similarities existed. They identified main roles as role-modeling, teaching and supporting, socializing, and evaluating students.

Ed identified:

.... I needed the faculty liaison on an occasion related to my student's inability to pick up the clues on my role modeling. The student continued to act in a lazy, laissez-faire fashion. As a preceptor, this was not what I had planned because she will be seen as one of 'Ed's students' and I would like to be proud and to offer the best possible representation and experiences. I must act professional and, in return, want the student to do the same. They watch you constantly to see how you act and interact in all sorts of situations. I was surprised that she had not picked up on this way of being over her years at school and/or with me one-on-one. It is totally amazing to have someone tell you they want to be just like you. This has happened in the past although with this student, she required intervention from the faculty liaison.....

Most of the participants had precepted many times over the years and all believed in their own clinical expertise. However, challenges to their preceptor role did occur, related to teaching and offering student support and encouragement, in particular when teaching strategies and/or tactics were in question. Such support could include methods of giving students feedback via constructive criticism. These challenges necessitated consultation with faculty liaison for support and guidance. The following two excerpts from Monica and Ed reflect the value of teaching support and encouragement. Monica noted:

.... I did have occasion to utilize faculty when the student made a mistake. Supporting students means allowing for the potential for them to make mistakes but we corrected them in a positive manner and gave feedback on what they did well. We had to fill out the forms for the medication error and we gave constructive criticism regarding the problem and offered opportunities to improve and to support the process in the areas that proved difficult. This helped boost ... confidence and over the years I have learned how to deal with this and what to expect from the faculty liaison... ..

Ed identified:

...while giving the student feedback, I felt it was falling on deaf ears and I guess she figured that as long as there wasn't a teacher around.....even in town,.... it wouldn't matter. She was from an out- of- town school and so her liaison was available only by phone or email. This was a difficult situation and I was hoping to teach her the value of being and looking professional. She was so sloppy and unkempt and very often late for work and I connected with the liaison about this. The liaison faxed back a form for the student to sign outlining expectations and a time line. I worked to support this girl so she could move forward with bigger and better learning and have her be accountable for her professionalism.....

Participants discussed the work environment and the importance of socializing the students into the 'real world of nursing', as well offer opportunities to network for future employment. This proved to be challenging for one preceptor (Kelly) who required support from her liaison to assist the student to achieve a level where she understood the value of "fitting in" and conforming to the requirements of her role as a senior student and potential employee. Kelly remarked:

...I called on the liaison to help out with this one student who had issues with coming to work late and doing her hair during morning report. She had already adopted the 'wearing of Crocs' and leaving off her school uniform and name tag. We were all nursing students once and, as such, had to conform to the dress code for the school.....I did not want her to fall into bad habits while I was responsible for her development. Some of my work colleagues expected me to do something about the not 'fitting in' behaviour. I asked the liaison for advice and it was given in the form of a 'Collaborative Success Plan' under the 'Professional Responsibility Domain'. Socializing students involves a lot of things..... Students learn to feel more like a colleague during this time because they are doing shifts and there is no on-location clinical teacher and they can't change what is expected from them..... she may want me to be a reference for her at some point for working here or somewhere else and I have to ask her what does she think I would have to say? ...

Participants noted the importance of socializing and networking so students could understand and know workplace norms, feel part of the team and move smoothly into the workplace environment. Sylvia offered:

..... I was lucky in that my liaison was on site and so I felt comfortable letting the student test her wings knowing the faculty was next door during the day. This student got to relate to doctors more, process orders, relax a bit and take part in the routines. I did recommend my student to work here after the preceptorship was over, but my manager asked me even before that and I felt comfortable telling her this student was great. I must say, I did talk with the liaison a lot and I was glad of her proximity....

Participants described the evaluation process of the preceptor role as an ever-changing source of stress. Coping with completion of evaluation forms and interpretation of related and varying terminology led all participants to seek guidance from the faculty liaison. Monica stated:

...The evaluation forms change so often, it seems, and the terminology is different and my student knew what it was all about, but I wanted more information and dialogue from the faculty liaison....

Nursing faculty rely on preceptors to feel competent and confident in their ability to carry out evaluations. Students come to the senior integrative practicum with learning goals, which preceptors assess throughout the term so as to periodically evaluate performance and determine whether these goals are being met. Thus, the evaluation process percolates throughout the course of the practicum making the need for ongoing assessment and feedback imperative, especially if the student must improve in areas of weakness. Kelly commented:

... I think the faculty can and should meet with us about the evaluation process and the terminology. My students have helped with the evaluations on occasion, but I felt I would like to be more comfortable with the terminology and course concepts. I knew I could read it in the preceptor manual if I needed to. Face-to-face contact and ability to ask questions and to dialogue with the faculty liaison is so important.....

Although a significant challenge for some preceptors, the evaluation process is necessary to identify student learning needs and objectives, so these can be achieved. Faculty liaison assistance may be required to guide and support preceptors with the formative and summative evaluations.

In summary, participants identified four main preceptor roles for which faculty liaison support is necessary: role-modeling, teaching, socializing to help students fit into the workplace, and evaluating student's achievement of goals, all significant to this relationship.

c) Identifying student learning needs as beginning practitioners.

Participants acknowledged spending considerable time reviewing what they considered 'beginning level' nursing skills upon meeting their senior student. They mentioned that many students come to the senior integrative practicum with psychomotor skills as priority learning goals. Upon consultation with the faculty liaison regarding students' level of clinical skill and knowledge, two participants commented on deficiencies of some students during their four-year study period. If students function at a marginal level of safe practice, preceptors may require additional support from the liaison (Ferguson, 1996). Kelly described one student's lack of clinical competence:

.....my student had never done an intramuscular injection at all and she was unsure of every aspect of the procedure. She struggled to set up an intravenous line and prepare to run it. When I asked her about this, she commented that she had not done any of this kind of work since second year and even then it was not much. She acknowledged that many of her classmates had the same concerns and had put these things as learning goals.....

Kelly realized she would be doing more clinical skill teaching than she had planned. Contact with the faculty liaison about her concerns did not happen until near the end of the senior practicum. The liaison responded that it was up to the clinical agency

and preceptor to teach clinical skills. Although this was not the support the participant was looking for, she made the best of the situation for the student's sake.

When confronted with a challenging student, another participant acknowledged that, although the student spoke well and appeared confident, the student's level of knowledge was not consistent with actions. Since preceptors are aware of the need for patient safety and sound clinical decisions by students (Ferguson, 1996), this led one preceptor (Cat), to ask the faculty liaison for further guidance regarding the student's level of knowledge and lack of awareness.

...this student came across as knowledgeable and would say he knew about the various things he was questioned about and that he was prepared to care for his patient... I realized he was being vague and hoping I would back off, but that was not about to happen. It seemed he had not done patient or medication research for his patients and was unsure of his priorities of the day. I know students can hide in a bigger clinical group, but there is no place to hide when you are one-on-one with a preceptor. If I am going to be responsible for putting him out in practice, he will need my stamp of approval. His level of knowledge was not evident nor was his desire to improve. Consultation with the faculty liaison led to some strict guidelines, limits and goal-setting... I met with the liaison and we stayed connected... Even at the end, I felt he could have used more time. I was told this was not an option and he would either need to be satisfactory or unsatisfactory. I made him unsatisfactory based on the fact that he really did need more time. His learning needs were way too much for one preceptor to help him over the course of the senior practicum... ..

Participants identified concerns related to student behavioural issues, performance challenges, and lack of awareness of their own learning needs. An unsafe or questionable student can lead to preceptor stress (Rittman & Osburn, 1995). If students come to the senior practicum with limited clinical skills, preceptors are placed in a position to assist them to develop these competencies.

When students can define learning goals, it enables the preceptor to assess their capabilities and the current need for additional guidance (MacIntosh, 2005). For example,

Monica required guidance with a student who was unaware of the inadequacy of his practice, and she remarked:

.... I consulted with the liaison because this one particular student thought he was now covered to perform skills beyond his scope of practice. Because he was working in an area and saw the staff doing cardiac outputs... and assumed he could now do them as well....

In summary, the preceptors wished to optimize learning opportunities for students and purposely looked for new and varied experiences. They identified some instances, which were challenging and required liaison support, such as unacceptable attitude, insufficient self-assessment, and clinical skill deficiencies. These created preceptor stress in assessing and resolving such problems.

d) Being prepared for the preceptor role.

Participants had attended a form of educational program to prepare for the preceptor role. All were in agreement that such preparatory learning was necessary if they were to be effective and meet the challenges of the preceptor role. Workshops about teaching methods, evaluation and other skills, were seen as helpful and necessary, as was knowledge of the School of Nursing program objectives and curriculum concepts (Goldenberg, 1987/88). Collaboration between academic and clinical practice nursing leaders to establish preceptor programs has been demonstrated to be of importance for preceptors and students in terms of recruitment and retention (Boyer, 2002 ;Wright, 2002). Preparation opportunities for preceptors have included a two-day workshop, a one-day educational seminar, or a four-hour luncheon refresher. Attendance at such developmental sessions assists preceptors to keep abreast of current and relevant data and helps them cope with stress that may occur during the students' senior integrative practicum. Sylvia identified:

.....Although I attended the preceptor orientation, when it came time to do the student mid-term evaluation, I felt unprepared and did not know what was expected of me. My liaison was present in my work area and so I took full advantage of her presence to ask questions about the evaluation forms. Had she not been working here, I would have wanted to call her for guidance and support with the terminology and expectations of the process. I am sure my student could have helped me, but, as preceptor, I should be able to carry out all of the duties expected of me without relying on my student to do my job for me.....

Kelly described the following:

.....I did the full two -day orientation program some years ago. I have been a preceptor many times since then and I thought things would be the same this time. I discovered there had been a new curriculum and new evaluation forms and terms to learn about. I was at a loss and, even though my student could help me, I wanted the liaison to go over this with me. I could have attended the refresher except it would have meant leaving the work area short because I was working that day. I opted not to attend because I thought I would be able to speak with the liaison if need be.....

In summary, preparation for the preceptor role can be viewed as time to clarify responsibilities and expectations.

Theme One Summary

The first theme to evolve from this study, i.e., the challenges of the preceptor role necessitating need for faculty liaison support, was seen as having four sub-themes.

1. feeling responsible for student development and success,
2. reflecting on their own conceptualization of the preceptor role,
3. identifying student learning needs as beginning practitioners, and
4. being prepared for the preceptor role.

Although the four sub-themes emerged separately and are presented as such, collectively, they were all challenges experienced by preceptors necessitating the need for faculty liaison support. Once participants acknowledged their conceptualization of the role and responsibilities, it became clear that they felt accountable for the development and success of the student. Their realization that students come to the senior integrative

practicum with a variety of learning needs and limited skills, led participants to feel that although they were somewhat prepared for the role, they could use further education and support from faculty liaison. The teaching aspect of the preceptor role, in particular, is one for which most nurses are not educationally prepared (Ferguson 1996, Jackson, 1996).

Theme Two: Faculty Liaison Role as a Source of Support for Preceptors

As the senior integrative practicum advanced, participants identified a variety of reasons for seeking faculty guidance and/or support. The following sub-themes emerged from the preceptor responses to the question of faculty liaison support.

- a) understanding the changing nature of the preceptor-student relationship and potential need to access faculty liaison;
- b) accessing support sources as available,
- c) connecting with faculty liaison and developing a professional working supportive relationship, and
- d) describing strategies to obtain other sources of support.

a) Understanding the changing nature of the preceptor /student relationship and potential need to access faculty liaison support.

Throughout the interviews, participants acknowledged challenging scenarios with various students. These challenges, often initially perceived to be easily overcome, were often not resolved until the faculty liaison was consulted. As the students' comfort level in the clinical area increased, so did their desire to be more independent. Monica recalled:

.....I had been used to 'protecting' this one student from some of my co-workers on the team and even from the stress of the work environment....eventually, part way through the preceptorship; she saw fit to seek out other staff on the unit for new learning opportunities. I took offence to this because I knew I was responsible for her learning and was going to be the one to have to do her

evaluation. In retrospect, I was not thinking of her learning needs as much as I was thinking of my own need to be responsible for her. I admit this now, but I would not have done so at the time. My co-workers were equally eager to share knowledge but they had not signed up to be a preceptor so I felt my space was invaded. I did talk to the student about this initially and she did not agree that I should be the only one she could learn from. I stood firm until I met with the liaison to discuss my concerns. I can see now that I was limiting her learning and that my co-workers would have come to me if they had concerns ...I am the oldest in my family and I am often called "over protective" by my siblings. I learned a valuable lesson during that preceptorship

Whether facilitating learning or protecting students from perceived problems,

preceptors acknowledged that their relationship changed, often minimally, but sometimes to a point when liaison support was sought. The evolving nature of the preceptor-student dyad offered the chance for reflection on ways to best handle the changes as student confidence and comfort in the working area increased. Ed remembered:

.....this one student had an odd way of communicating. Every interaction she had with the patient's family members seemed to project a confidence I knew she did not have. This particular family member could be 'problematic' and so the students 'off-hand' way of speaking could be perceived as dismissive, I thought. I could have intervened on this one occasion but, decided to let the student carry on with the conversation to see how it would turn out. Should I step in or should I let the chips fall where they may and let her be accountable for the results? I stayed by and listened and watched but decided to let this be a time I would not intervene, even though this patient's wife could be a terror, especially with new people. She had to learn some time and now was good. The liaison for this student visited weekly and the communication and rapport we had was excellent and so I felt comfortable sharing my 'letting go' situation with her. Her feedback validated my decision

In effect, some participants had not initially foreseen that challenges might occur during the preceptorship, nor that resolution might require faculty liaison counsel. Whether for validation of decisions or true dilemmas, faculty liaison support was sought and appreciated. From that, they felt valued, validated, acknowledged, and heard.

However, some of the challenges requiring liaison support included difficult student-preceptor working relationships; stress from over-confident students; sub-standard skills, and own ability to bring the student to an acceptable level within the

established time limitation; students seeking learning opportunities with other staff and not the preceptor; and unprepared students trying to appear more knowledgeable.

Challenges of this nature altered the working dynamic for participants in this study.

b) Accessing support sources as available.

Participants' ability to access available support sources emerged as a sub-theme.

Although one participant was fortunate to have her liaison in the work area, others had to make a connection by other means. Initially, preceptors were given the name of the liaison and an email and contact number. It was then up to the liaison to establish a connection with the preceptor and student. Ed remarked:

....I had a name and an email address but I did not recognize the liaison from previous years or interactions with clinical students. At first I did not want to bother the liaison and I asked co-workers about the situation I was experiencing with this one particular student. They offered some advice but I also asked my manager for his input. When the situation continued despite the use of the advice given, I tried to connect with the liaison for guidance. It took over a week to get an email response and the student's behavior continued until such time as the liaison spoke with her. This liaison then left me her work and pager numbers in case of further difficulties.....

Cat, on the other hand, considered she did have access to support as she had developed a working relationship with her faculty liaison over the years. She would see this teacher with her clinical students throughout the school year. Cat felt comfortable speaking with her, asking for feedback and guidance whenever there was a minute to spare. Cat remarked:

..... We knew each other over the years. On numerous occasions she had clinical students on the units and we had many discussions about student assignments. When a new faculty liaison came on board, that rapport was gone and I had to start over again.....

From the above, it seemed apparent that a good working relationship between the preceptor and a liaison that had been a clinical teacher, contributes to the preceptor's

comfort level and overall support. Although students can often present challenges, even for the most seasoned preceptor, participants in this study were appreciative of liaison guidance/support. The need for support and acknowledgement of the preceptor role, for communication, and face-to-face contact with the liaison was obvious.

Preceptors were asked about the type of support anticipated or needed versus that received. The following sub-theme emerged indicating how participants felt about the changing nature of the preceptor role throughout the senior integrative practicum.

c) Connecting with faculty liaison and developing a working, supportive relationship.

Although some participants indicated they were able to connect easily with the liaison and develop a supportive working relationship, others discussed their inability to do so, despite using the contact information. They had anticipated that the experience of 'connecting' with faculty would be a positive one, leading to new knowledge about teaching strategies, questioning methods, and directions as to how to give students constructive criticism. One participant (Kelly) thought the interaction would enhance her personal knowledge and offer new insights for current and future preceptor experiences.

She explained:

.....I contacted the liaison by email as instructed and then I waited and waited and waited for a reply. I had detailed my concerns in the email and could have used her guidance about the mid-term evaluation... I later found out that the liaison showed up on a day I was not on duty and the student was working with another nurse... The faculty liaison told the student that she was only supposed to meet and/or connect a total of three times during the senior practicum. These connections could be by email, phone and or in person. The email response was missed because the liaison said she has "a large family all using one computer". This irritated me and I called the educational facility co-coordinator about my concerns, not only with the student and evaluation forms but also about the lack of support from the assigned liaison. The only time I met this particular liaison was at the end of term when she came to pick up the final and the mid-term evaluation... I felt that my email should have been answered... There should have

been a follow – up and not just “busy life” excuses. I am declining to precept again and I will let the younger staff take on this role. My need for contact and support was not met this time and I am too tired to take on this extra responsibility on my own. This is how I feel.....

Unfortunately, this experience left the participant feeling she should abandon the preceptor role. Her years of dedication and enthusiasm for precepting were lost, as she no longer wanted to have sole responsibility for the student during the integrative practicum.

Another participant, Ed, described a noteworthy experience he had with an out-of-town student and her liaison. His concerns revolved around the student's lack of professional attire and her behavior. His emailed concern was promptly responded to by the liaison who informed him that she would contact the student and send her a 'Collaborative Success Plan' detailing expectations. The liaison spoke with the student by telephone. Ed was to have the student read and sign the form, which Ed was to countersign. In this way, both were 'on the same page' and fully aware of the consequences of failing to comply with the prescribed expectations. Ed described:

.....My concerns and comments regarding her dress and behavior were being ignored and I was glad to have the faculty liaison involved. Apparently this girl had issues all through school and the liaison was surprised she had been allowed to do her integrative practicum out of town because of these pre-existing problems. The liaison was not surprised to hear from me.....

Further, Ed asked his managers and co-workers to report to him if the student deviated from the established guidelines. The results were positive. Ed's manager advised him to keep written documentation pertaining to the occasions when the student deviated from acceptable behaviour/dress /protocol. This information could then be passed on to the faculty liaison if there was no noticeable improvement. Ed acknowledged that obtaining support from his manager allowed him to feel a sense of shared responsibility for the student. He felt confident the collaborated strategy would be effective and liaison

guidance might not be required. Although many of Ed's coworkers had not signed up to precept, they were willing to participate in helping this student be successful by monitoring and coaching the areas of concern. Ed valued the opinions of his coworkers in terms of his own capabilities in the role and their assessment of the student's level of functioning.

Other participants offered similar stories of needing liaison support and of connecting in various ways. For example, one participant experienced instant gratification by having her liaison nearby. Sylvia said:

.....I had a great rapport and working relationship with the liaison and, truthfully, I took on the role because I knew she would be around every day if and when I needed her. I have heard other stories where preceptors were not as lucky.....

George continued to precept on a fairly regular basis since he felt confident in his clinical expertise. He had been a preceptor for many years and knew when to contact the liaison. He firmly and objectively articulated his preceptor-related concerns.

.....Over the years, I have had my share of issues with new staff and /or students. I do not hesitate to ask for what is needed and I feel that most faculty respond well to clear, direct and objectively- stated concerns or questions. I have always felt that my concerns were taken seriously and dealt with.....

From the above responses, it seemed that all participants had a variety of reasons for connecting with the liaison. These ranged from needing guidance with evaluation forms and terminology, seeking assistance to offer struggling students with constructive criticism, and to learn new methods for questioning students' knowledge. Two participants highlighted the need for faculty guidance with issues related to student conduct and appearance. Another required support as to whether a weak student would require more time to improve.

d) Describing strategies to obtain other sources of support.

Despite the fact that these participants attended some form of preceptor education during their career, in order to prepare for the preceptor role again, they identified new learning needs. These stemmed from situations that arose with various students over the years. One participant (Monica), mentioned that her last orientation/ refresher day was some time ago, and she had not anticipated the challenges she would experience later when precepting a particular student.

.....my years of experience as a nurse and a preceptor should have kept me going steadily, but things change and people change. The new terminology and the student's references to a course called 'Self & Others' left me feeling unprepared. I go to the library fairly often and got used to doing so when I worked in the US. We were required to keep up our 'Continuing Educational Units' and the *Critical Care Nursing Journal* often had articles, updates or forums on precepting.....

Ed mentioned that he obtained online articles for his student to read, deciding that looking at preceptor and educational literature would be beneficial.

.....on a quiet night shift, it was great to sit with the student and search for articles that could benefit both of us. The online database is enormous... I also reviewed the preceptor manual that was given to us at the beginning of the placement. That was a good source of guidance for everyday information and website links were included in the preceptor manual.

Only these two participants spoke about seeking support from written information. They also interacted or connected with the liaison at some point during the integrative practicum in order to be more informed and prepared for the role. Kelly said she did not look at the preceptor manual at all, preferring to contact the liaison for information or for a quick solution to a problem.

.....We were busy and I took her journals home to read on my own time. There was no time to read articles or preceptor manuals, etc. while we were working. I wanted the connection with the liaison in person at least weekly as I was used to, when students were here from a different educational facility.....

In general, participants were self-directed in their use of online and library resources, to guide them with new learning needs.

Theme Two Summary

The second theme that evolved from this study, faculty liaison role as a source of support for preceptors, included the following four sub-themes;

1. understanding the changing nature of the preceptor-student relationship and potential need to access faculty liaison support,
2. accessing support sources as available
3. connecting with faculty liaison and developing a working , supportive relationship, and
4. describing strategies to obtain other sources of support.

Throughout the interviews, participants not only spoke about the need for faculty support, but for increased knowledge and the desirability of accessing other sources of guidance through self-directed research. Undoubtedly, self-directed research leads to utilizing the expertise of co-workers, managers and other preceptors; availing oneself of the vast collection of resource material to be found online or through library collections; and by attending orientation /refresher sessions. In addition to increasing preceptor proficiency, self-directed research offers another method of role-modeling for students. During and at the end of the senior integrative practicum, participants acknowledged the change in the student-preceptor relationship and the need to allow for these changes.

Summary of Themes One and Two

It became clear that participants felt personally responsible for student development and success, and the importance of offering suitable learning experiences to ensure this goal was met. This sense of responsibility led to discussion regarding their

own conceptualization of the preceptor role. Participants identified four main preceptor roles: role modeling; teaching/supporting; socializing, and evaluating student performance. In order to effectively carry out the preceptor role, participants noted the importance of acknowledging students as beginning practitioners and of assisting them to identify their learning needs for the senior integrative practicum. The enormity of the preceptor role and responsibilities evolved throughout the interviews, and participants reflected upon the varying levels of knowledge and skills with which senior students arrived, or still had to achieve. It became apparent that the preceptors' own level of preparation for the role was a vital component, since student success did not hinge on their clinical expertise alone. All participants had attended some form of preceptor orientation at some time during their varied years of acting in the role. For a variety of reasons, often related to working schedules versus available orientation times, most had not attended a recent updated preceptor orientation program. Once made aware of the online data provided by the Registered Nurses Association of Ontario (RNAO) preceptor resource kit, (website) www.rnao/prk , participants made note to seek this out for future reference.

It became clear that the overall responsibility ,i.e., conceptualization of the preceptor role, the beginning knowledge/experience level of the senior students, and their own preparation for all aspects of the preceptor role (beyond clinical expertise), led most participants to view the faculty liaison as a very valuable and respected source of support throughout the senior integrative practicum. Despite being experienced preceptors as well as clinical experts, all participants mentioned the need to connect with the faculty liaison in a meaningful way. As the senior integrative practicum advanced, it was acknowledged that the nature of the preceptor-student relationship changed. Preceptors

did not feel their own assessment of student performance agreed with the students' level of functioning and confidence. On the other hand, one preceptor had difficulty allowing her student to take advantage of learning opportunities with other staff. Both types of scenarios required support from the faculty liaison, and the need for a connection with the faculty liaison evolved as a significant theme. While some participants mentioned difficulties connecting with the faculty liaison, they looked for other sources of support. Two participants used library resources and /or online information. Others sought advice from their coworkers and/or managers. Nonetheless, all participants valued the opportunity to meet with the faculty liaison, and to develop working, supportive relationships throughout the senior integrative practicum. Overall, participants did view the role of faculty liaison as a vital, valued and professional source of support for this important time in the professional lives of both student and preceptor. The stress of the work environment, and the added responsibility of a senior student for an extended period of time, notwithstanding, preceptors do feel valued and respected for their clinical expertise. However, many are vulnerable to overwork and burnout. To maintain sufficient numbers of seasoned, clinically expert preceptors, the onus should be placed on both the clinical agencies and the educational institutions, to come up with solutions to combat preceptor fatigue and burnout.

Discussion

This phenomenological study was undertaken to examine faculty liaison support experiences of RNs who precepted students during their senior integrative practicum, and consider how these occurrences shaped their views of the preceptor role, and their willingness to continue to precept. Participants felt comfortable discussing their need for support from the faculty liaison with the researcher. They shared that they were

motivated to enter into this preceptorship relationship to gain experience which could offer intrinsic rewards, such as increased personal and professional growth, and a chance to remember what it was like to be new to the world of nursing. They also expected extrinsic rewards, such as contributing to the success of students who appreciated the guidance received, and to the development of future, well-qualified staff members to the nursing workforce.

All participants mentioned feeling personally responsible for the development and success of students during this time. However, the added responsibilities required considerable adjustment to harmonize the demands of a busy work environment with provision of adequate time for student learning opportunities. Nonetheless, participants were willing to precept nursing students for their senior integrative practicum course. They had questions regarding the liaison role and concerns about the support they received or expected to receive from the liaison.

Conceptualizations of the Faculty Liaison and Preceptor Role

Preceptors shared their conceptualization of the roles of the liaison and preceptor. They identified the liaison role as being comprised of connecting, collaborating, guiding, supporting, and acting as a role-model for the preceptor. "Faculty are custodians of the teaching-learning process" (Myrick & Yonge, 2005, p.9) and, as such, must assume an active role. Gibson and Hauri (2000) offer additional insight into the role and responsibilities of the faculty liaison, such as being available, accessible, willing to be open to communication, clarifying expectations and concerns, acting as a resource, providing support/guidance, and establishing regular visitation schedules.

All participants in this study considered themselves to be fully aware of preceptor role requirements and felt their prime responsibility was for student development and

success in the senior integrative practicum. They identified preceptor functions as role-model, teacher/supporter, socializer, and evaluator, of which role-modeling was viewed as a priority. In nursing, the function of the role-model is multi-faceted, encompassing various behaviours and attitudes, and is viewed as a powerful method for clinical learning to take place (Bidwell & Brasler, 1989; Davis, 1993; Myrick, 1998). Professional demeanor, respectful working relationships, knowledge, and the ability to foster critical thinking and reflection when working with students, are components of role-modeling (Myrick & Yonge, 2005). Challenges to this and other roles led to the need for support from the faculty liaison.

Challenges of the Preceptor Role

Participants accessed faculty liaison support for a wide variety of reasons and expressed the value of that connection toward helping them feel supported in the preceptor role. Most participants had precepted students many times and were aware of challenges that could arise. Some opted to meet these challenges on their own, but more often, the guidance and support of the faculty liaison was called upon. Challenges mentioned included inadequately identified student learning goals, building student confidence, managing feedback and evaluation, and the need for support for behavioral and policy/procedural concerns.

Students' Learning Goals. Lack of substantive learning goals made it difficult for preceptors to seek out relevant learning opportunities for their students. For example, one student identified learning goals that the preceptor believed should have been achieved during the previous 3 1/2 years of study. Another preceptor struggled to help her student understand the importance of preparing for daily clinical assignments. She had to explain the importance of thoroughly researching patient information such as medical conditions,

medications, and priorities of care. This was stressful for the preceptor and created a heightened sense of responsibility. It is not unusual that students inadequately prepared for clinical practice would create added stress for the preceptor (Pond et al., 1993; Yonge et al., 1992). While all students are expected to enter the senior integrative practicum with complete and comprehensive learning goals, it became clear to participants that this was not always the case. Some students identified what preceptors viewed as beginning student level learning goals. This made it difficult for preceptors to know where to begin with student learning if the goals were not complete or lacked substance. Often, with the support of the faculty liaison, learning goals were added to during the senior integrative practicum in order to round out the opportunities and hence the student learning.

Building Student Confidence. Participants acknowledged that most students had acquired adequate skills at school but lacked confidence to perform them, clinically. They believed that one preceptor role is to refine student learning and provide opportunities for practice, thereby honing skills and enabling students to develop clinical confidence. As such, they support and guide learning, thus assisting students to integrate knowledge and clinical skills (Jackson, 1996). The one-to-one preceptor-student relationship is valuable in that it offers students the chance to learn, practice, question, and observe at the hands of someone dedicated to their individual learning, thereby increasing their confidence and independence.

Managing Student Feedback and Conducting Evaluations. Participants also valued the opportunity to provide students with feedback about their performance, and offer suggestions as to how to modify their actions. They perceived this as 'teaching and support'. They recognized that the teaching-supporting aspects of the role were generally positive. However, at times the role was occasionally challenging when alternative

methods of questioning were necessary to guide students in their learning. Preparation for clinical assignments, effective communication, and direction to develop critical thinking and decision-making skills, were areas in which students often needed assistance, hence faculty liaison involvement for these was welcomed.

Student evaluation posed major stresses for preceptors. They perceived their judgment of students' clinical competence to carry great weight. Participants used the words "fair", "accurate", "constructive", and "timely" when they mentioned what they expected of the evaluation process. They perceived having substantive student learning goals as a valuable tool in the preceptee evaluation process.

Strategies to guide and support preceptors with student learning needs were often done in conjunction with the faculty liaison. Participants often felt uncertain of not only the evaluation process, but of the forms and terminology used to evaluate students. This process, when facilitated by the faculty liaison, was regarded highly by participants. Preceptors identified that having substantive student learning goals was helpful guiding them through the evaluation process.

Support for Behavioral and Policy/Procedural Concerns. Regardless of the level of experience as a nurse and/or preceptor, participants appreciated having a meaningful and effective connection with the liaison faculty. Whether connecting in person, by telephone, email or fax, the main idea was simply 'to connect'. Knowing how and when to connect with the faculty liaison, building a working relationship based on mutual understanding of expectations and values leads to a positive preceptorship. Initial contact as well as ongoing communication was viewed as showing value and respect for the preceptor's part in the student's education. "These open lines of communication allow

trust and confidence to develop and contribute to the preceptor's comfort level" (Myrick & Yonge, 2005, p.50).

Three participants also opted to seek alternative sources of support for student concerns prior to making the connection with the faculty liaison. That decision depended on the nature of the issue and the usefulness of the guidance received from other sources. Other sources of support included that received from managers, co-workers, staff members, and other preceptors, as well as from online resources, textbooks and/or journals from library holdings. Preceptors, who felt more self-directed, educated themselves and attempted to resolve concerns without the support of the liaison. However, these participants found it helpful to consult with the faculty liaison about the concerns and/or issues that had arisen. They found comfort knowing the liaison was just a phone call or email away, when more serious matters arose.

In addition to being a role model, participants felt that the teaching/supporting aspects of the preceptor role carried responsibilities that could lead them to seek support from the faculty liaison. Teaching is an important and major aspect of the preceptor role (Fowler, 1996), yet it is one for which most preceptors are not educationally prepared (Ferguson, 1996; Jackson, 1996). "Nurses who agree to precept students must be supported in their educational role" (Ferguson, p.73). This is an important factor for faculty liaison to consider.

The essence of support for preceptors is the availability, feedback and open communication of nursing faculty. In this study, when preceptors did not feel they had received support, they blamed the faculty liaison. Preceptors identified concrete support strategies that the faculty liaison could use. These were: be available in person,

telephone/email /fax; provide guidelines, expectations, feedback, and advice; and offer enhanced communication by showing concern and being involved (Yonge et al., 2002).

As previously identified, participants discussed obtaining support from sources other than, or in addition to, the faculty liaison. Self-directed preceptors made use of online or library resources prior to seeking support from the faculty liaison. Others sought co-workers or managers as a first line of support before, or in addition to, connecting with the liaison, acknowledging their importance in the preceptorship experience, and primarily when they anticipated this support would be forthcoming. One participant spoke of having to let his manager know that “his student was not another worker on the ward”, and as such, he did not expect his workload to increase because there were, as the manager said, “two of them”. However, the manager respected the communication and adjusted the assignment accordingly. In this clinical setting, other co-workers frequently offered guidance and support.

On occasion, differences in learning style and personality of co-worker and student created a difference in support. One co-worker felt the preceptor should be more assertive in dealing with her student’s ‘shortcomings’, as she saw them. This created an apparent overt hostility, creating a work environment that was not conducive to learning. However, the preceptor had already consulted the faculty liaison, whose support was helpful in achieving a resolution. There must be an awareness of subtle group dynamics in the practice setting and acceptable levels of comfort and support to allow for optimal learning. Modifying the environment accordingly, can achieve this (Myrick & Yonge, 2005).

Student Socialization to the Nursing Role

Participants identified the socialization aspect of the preceptor role as one of helping students enter the 'real-world' of nursing and offering opportunities to network for future employment. While experiencing the reality of an 8 -12 hour shift, students learn how to interact with patients, nursing staff, doctors, families and multi-disciplinary teams, as well as how to deal with institutional conflicts (Dibert & Goldenberg, 1995; Hayes, 1994). The preceptor's role is to facilitate this form of socialization.

Participants felt strongly about the socialization aspect of the preceptor role because staff recruitment and retention strategies focus on the social aspects of the work environment as they pertain to workplace norms, group and multi-disciplinary team dynamics, as well as professional daily interactions. Socialization into the workplace posed challenges for more than one preceptor-student pair. In such cases, support was sought from the faculty liaison to determine acceptable methods of helping students 'fit into' the workplace and is seen in a more professional and positive manner.

The senior integrative practicum is a time for students to begin to view themselves as graduate nurses. In this regard, participants acknowledged that new learning opportunities enabled students to undertake with confidence, increasingly demanding tasks, such as communicating directly with physicians, processing physicians' orders, carrying out discharge teaching and planning, accessing community resources and assuming leadership roles. It is commonly accepted that preceptor guidance helps students move toward the real world of nursing by detailing the full scope of practice, the 24-hour routine, and the necessity for dedicated participation in teamwork. Allowing the total picture to emerge and be understood paves the way for students to view themselves as nurses.

Preceptor Preparation

When participants spoke of preparation for the preceptor role, a variety of concerns and questions arose. They spoke about needing more choices in preceptor preparation methods, receiving regular updates about changes in curriculum terminology and evaluation forms, being aware of available information about preceptor roles and responsibilities, and having ongoing access to curriculum information and program philosophy.

Although participants defined themselves as clinically competent, the added responsibility of precepting a senior student often presented challenges requiring additional expertise through preparation. It was unclear whether preceptors required or just preferred faculty liaison guidance instead of accessing other available resources. One participant mentioned that she had not referred to the preceptor manual, commenting that she would rather have face-to-face contact with the liaison. Others preferred personal contact when learning about completing evaluation forms.

Most participants believed that their years of experience (as nurse and preceptor) negated the need for continual upgrading when assuming the preceptor role. However, they acknowledged deficits such as a lack of knowledge of and familiarity with curriculum concepts, terminology, and evaluation forms. They also acknowledged a lack of confidence when dealing with an unsatisfactory student, particularly regarding their inability to communicate constructive criticism in relation to behaviours and issues that needed improvement.

Despite having information available in the preceptor manual and access to other resources, which could enable participants to gain additional insight into the preceptor role, the unanimous choice of support was to have a personal connection with the faculty

liaison. It may be that such connection serves as a handy and valuable source of information and support, and enables preceptors to feel validated, respected, and acknowledged in the role. The personal presence of the faculty liaison does make the working relationship more meaningful, and preceptors who are well prepared and who connect personally with the liaison, are more likely to experience satisfaction in the role (MacIntosh, 2005).

In this study, participants required guidance and support with issues surrounding student behaviour, appearance, skill levels, awareness of boundaries, over-confidence, under-confidence, unwillingness to acknowledge weak areas, and acceptance of constructive criticism. While it is important for participants to realize that their expectations for beginning practitioners should coincide with the students' experiences and clinical skill acquisition, matters that are not predictable, difficult to deal with, or not easily resolved, required the expertise of the faculty liaison. Acknowledging that the preceptor manual is a well-prepared, concise overview of the program, its objectives and expectations may not address all the challenges that might require individual guidance and support from the liaison. Hence, preceptors should feel comfortable with contacting the liaison when required.

Faculty Liaison Role

Participants recognized that the primary role of the faculty liaison was to provide support. They noticed that as the senior integrative practicum progressed, changes to the preceptor-student relationship occurred, which often required guidance/support from the faculty liaison. While some of the changes were positive, indeed hoped for, such as increased student confidence, independence, seeking learning opportunities from staff, and consistent preparation for the clinical experience, other changes caused concern.

Over-stepping practice boundaries, poor attendance, unprofessional behaviour, lack of progress, and poor response to constructive criticism were disconcerting, and changed the nature of the student-preceptor relationship necessitating faculty liaison support.

Changing Nature of the Student-Preceptor Relationship. The changing nature of the student-preceptor relationship, whether brought on by conflict or differences in learning or personality style, added stress to the student-preceptor dyad. It is important that preceptors recognize and respect student differences in learning and personality styles, and that they acknowledge students as learners and human beings (Myrick & Yonge, 2005). Once preceptors identify their concerns, listen, and address students directly, a learning plan can be developed to outline future expectations and time lines. For example, one participant questioned the competence of her senior student, but did not seek the support of the faculty liaison in a timely fashion. Had she done this, a learning contract could have been established. "A learning contract is usually a written, explicit agreement between the teacher, preceptor and student, that clarifies expectations of each participant in the teaching-learning process" (Gaberson & Oermann, 1999, p.231). The preceptor did not identify her concerns until too late in the rotation, hoping "the student would soon get up to speed". Had the faculty liaison been aware of the preceptor's concerns, a learning contract might have provided support, structure, and limits for placement expectations.

On one occasion, the preceptor sought the support of the faculty liaison to help her allow the student to seek out learning opportunities with other staff, and to trust that other practitioners, even though they had not volunteered to precept, were equally capable of contributing to the development and success of the student. This preceptor realized the relationship had changed in ways she had not anticipated. Her student was

competent and confident, yet she still felt solely responsible for her learning during the senior integrative practicum. It was Kottler (1997) who advised: "Be engaged with the student in such a way that you both feel respected and heard (p.36). In this situation, open lines of communication between the faculty liaison and the preceptor allowed the preceptor to reflect on her own thoughts, feelings, concerns and responsibilities. "While students perceive the preceptor as their 'safety net 'or the one person to whom they can turn in times of need (Myrick & Yonge, 2005, p.21), on this occasion the preceptor was hindering learning opportunities available to the student from willing staff. Positive interactions with other staff are also critical to students' learning, and staff acceptance and support of students is vital to the overall success of the preceptorship (Myrick, 2002).

In summary, this study has contributed to an understanding of the preceptor-faculty liaison relationship during the student's senior integrative practicum. The role of the preceptor, liaison, and to a certain extent, the role of the student, was clarified. Some of the challenges faced by all participants were identified, thereby reaffirming the need for ready availability of liaison support. Highlighted as well, was the fact that while students may perceive the preceptor as their prime source of information and support, also acknowledged was the importance of a close, proactive relationship between the preceptor and faculty liaison. A fundamental premise gleaned from this study was that in order to achieve optimum success in the senior integrative practicum, or in other situations in which preceptors and faculty play a role in student learning, all participants will require preparation and knowledge of their roles and responsibilities, and a willingness to participate.

Limitations

While the goal of qualitative sampling is to capture shared patterns of experience from a small number of participants with a broad range of years in the preceptor role, the current sample may not have been representative of all preceptors. This sample did not include younger preceptors, and was limited to one geographic location and two different baccalaureate nursing programs. The study findings cannot be generalized to larger populations.

In this study, the views were limited to those of six knowledgeable preceptors about their own past and recent experiences with nursing faculty liaison support, this despite the fact that findings from any qualitative study are unique to the study's time, place, and study participants (Lincoln & Guba, 1985; Patton, 1990; Polit & Hungler, 1999; Streubert & Carpenter, 1995, van Manen, 1997). The researcher in her role as a clinical nursing teacher and/or faculty liaison knew two of the participants. Although no attempt was made to influence their responses, the possibility of some reluctance to communicate candidly because of familiarity with the researcher is worth considering. It is also possible that this prior working relationship could have led to increased comfort, trust and willingness to speak openly.

Further, participant information was recalled and not all participants were precepting a student at the time of the interview. As well, there was a wide range of years between the time that participants attended a preceptor orientation program or refresher course and the time they precepted students, thus leaving room for gaps to occur in their recall of the goals and expectations of the preceptor role.

Implications for Nursing Education

There are significant implications for nursing education as this study not only pertains to students, preceptors and faculty liaison, but also to the preceptorship experience in general. If successful student outcomes and preceptor satisfaction are the goals of preceptorship, the preparation, support and acknowledgement of the preceptor role must be addressed. Ongoing preparation to meet the varied needs of preceptors can occur in many ways, such as use of online classes added to the present in-class format of preceptor programs. Online preceptor chat forums would also allow concerns to be discussed in a private venue among current preceptors.

Preceptors often require additional support from the faculty liaison, co-workers, and/or managers. Nursing faculty support for preceptors during the senior integrative practicum demonstrates respect not only for the role they undertake, but also commitment to the value and participation in the preceptorship experience. Offering support allows nursing faculty to promote effective collaborative, professional working relationships, and opportunities to establish ongoing partnerships between clinical agencies and educational facilities. Partnerships between the faculty and preceptor can lead to trust, shared values, and establishment of guidelines for expectations regarding the clinical placement. Planned visits by faculty to discuss student performance and assist preceptors with areas of concern can also be addressed. Preceptor satisfaction is maximized when support is given from faculty liaison, and trust established. Furthermore, preceptors may be more forthcoming with feedback or input regarding program evaluations if they feel connected with the faculty liaison. Nursing faculty should prepare students, preceptors and themselves for the senior integrative practicum, at varying times during the four-year baccalaureate program, in order to maximize this experience for all involved. As well,

nursing faculty should collaborate with clinical agency educators to compile up-to-date information, booklets, and orientation programs regarding preceptorships.

Part-time or sessional faculty members who may have limited experience and knowledge of curriculum concepts, terminology, and support methods often hold faculty liaison positions. It would be beneficial for them to attend preceptor orientation sessions as well, in order to become more knowledgeable about preceptor-student and their own roles. Faculty liaison personnel could then meet with preceptors, discuss expectations, review required forms, establish scheduled meeting times and arrange contact methods. The benefit of early meetings with faculty liaisons and preceptors would not only inform them of their roles, responsibilities, and benefits, but also serve to decrease potential stress for both.

It is important that the preceptor and the faculty liaison contact each other early, to open lines of communication. Both should appreciate that good teaching, guidance and support can result in a rewarding preceptorship experience (MacIntosh, 2005). Participants in this study met with each new senior student, with an open mind and positive outlook, yet remained aware of the possibility that challenges could occur. They acknowledged that precepting provides personal and professional growth for both preceptor and student, offers insight into the real working life of a nurse, and presents many new learning opportunities for all participants.

During the senior integrative practicum, preceptors might anticipate that the faculty liaison person would initiate communication and establish a tentative meeting schedule based on each other's working timetable. The faculty liaison should recognize this and be open to discussion with preceptors about student concerns or procedural

matters. Such consultations will enable the preceptor to implement the established goals and expectations of the students' integrative practicum.

To prepare nurses for the preceptor role, it is important to create and maintain effective levels of communication. Preceptors should be knowledgeable about the students' program of study and what clinical placements the student has completed. This information would guide them when they select learning activities and patient-care assignments. Open communication between the faculty liaison and preceptor is critical to a successful professional working relationship, and lead to enhanced knowledge of both roles and responsibilities.

Finally, faculty members who undertake the role of liaison should be mindful of the possibility that both novice and seasoned preceptors will need support. This may be ongoing or periodic, but is vital to preceptors' support of continued student learning and success in nursing practice.

Conclusion

In this study, willing preceptors for senior nursing students required support from the faculty liaison for a variety of reasons. Students' difficulties in clinical placements often arise during the four years of their program, and some of these difficulties continue into the senior integrative practicum. For example, challenges that threatened the professionalism and practice competency of students, included unsuitable behaviour and/or appearance; poor response to constructive criticism; unacceptable attendance and attitude; inability to realize scope of practice limitations; and not being fully prepared to care for patients. Preceptors identified the need for liaison assistance in these areas, as well as with completing final evaluation forms.

Nurse educators and preceptors play a vital role in preparing students for entry into professional practice. Preceptors will continue to require a connection and effective working relationship with nursing faculty, especially when the liaison is assigned to oversee the student-preceptor pair in practice. Importantly, participants identified the merits of weekly or bi-weekly face-to-face contact, email, and phone contact with the liaison. They described this as providing knowledge, comfort, and a sense of value and respect for their preceptor role. Faculty liaison-preceptor participation incorporates a strong commitment to the profession and a desire to ensure that new nurses are well prepared to enter the workplace.

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PART THREE

IMPLICATIONS

Addressed in this chapter, are the implications and conclusions of the current study, which was undertaken to examine the experience of faculty liaison support for registered nurses who have precepted students during the final senior integrative practicum. Also explored in this study were preceptor perceptions of the influence faculty liaisons played in their experiences. Implications related to nursing education, nursing practice, nursing research and administration, which arose during the study, are provided.

Implications for Nursing Education

Preceptors need opportunities to attend preceptor orientation and/or refresher sessions, as well as other means to update their knowledge. As a result of different work schedules, availability and time restraints, nurses may require increased flexibility to attend a preceptor program. Because of the variability of schedules and players involved, a preceptorship program may encounter more challenges than other educational programs (Myrick & Yonge, 2005). Hence, an on-line preceptor forum allowing preceptors the flexibility to seek advice from other preceptors could prove to be highly efficacious. Furthermore, engaging in discussions regarding concerns about the role, curriculum, and evaluation processes, via face-to-face interaction on a pre-arranged schedule, would serve to keep the preceptor-student pair and faculty liaison well informed about student-preceptor progress.

In addition to ensuring that students are ready for the senior integrative practicum, nurse educators should assist in preparing preceptors and themselves for their respective liaison roles during the experience. Taking part in preceptor orientation programs is important for both. While faculty liaison accessibility may be limited during the

preceptor orientation period, a session with a faculty coordinator may suffice (Ferguson, 1996). It is imperative that questions or concerns raised by preceptors during that session be communicated to the faculty liaison group. Awareness of preceptor support needs will enable liaison faculty to prevent or remediate problems, and validate the support they can be expected to provide.

It is essential for nursing faculty to discuss the senior integrative practicum with students at various times during the four-year program, to introduce them to the process and allow opportunities for questions and concerns to be addressed. Faculty should compile up-to-date information and/or booklets about preceptorship, and arrange orientation sessions and refresher days for preceptors in conjunction with clinical agency educators. Such knowledge of the student's program of study and progress, and guidance about selecting learning experiences and making patient care assignments will be helpful to preceptors in their role. "On one level, faculty can be considered the preceptors of the preceptor (regarding the pedagogic process)" (Myrick & Yonge, 2005, p 50).

It is essential that faculty members who undertake liaison responsibility are aware of the need to provide guidance for both seasoned and novice preceptors. Liaison responsibilities are often given to part-time or sessional faculty members who have limited experience and/or knowledge of curriculum concepts and terminology. It would be beneficial for novice faculty liaison to attend preceptor orientation sessions to become more fully knowledgeable of the scope and ramifications of the liaison role. This would help them connect with preceptors, discuss student and preceptor expectations, review required student forms and terminology, discuss evaluation methods, schedule meeting times, and arrange contact information. Early meetings with the faculty liaison could decrease preceptor stress and improve the entire precepting experience. Attending to the

needs expressed by preceptors and acting upon them early, might contribute to an experienced and willing supply of preceptors in the future. Preceptors and faculty liaison should be encouraged to contact each other freely to ensure a professional working relationship, discuss student progress, problems and other situations, in order to become more fully aware of the intricacies of both roles. In a study by Coates and Gormley (1997), it was found that support for preceptors from nursing faculty helped preceptors cope with their role.

The preceptor experience provides personal and professional growth and many new learning opportunities for both preceptor and faculty liaison. Creating and maintaining effective and consistent communication is highly important. The strength of the connection between faculty and preceptors directly affects the students; therefore, faculty members must establish, maintain and nurture this connection (Myrick & Yonge, 2005).

Implications for Nursing Practice

Experienced nurses play a vital role in providing senior students with clinical learning opportunities during the senior integrative practicum. To ensure the viability of the preceptorship model, there must be a dedicated team of valued, seasoned nurses available and willing to accept responsibility for the task. The onus is on both clinical agency and educational institution personnel to collaborate and ensure that preceptor, student, and liaison needs and concerns are known and met. This joint involvement is vital because the role and selection of preceptors varies, thus creating the necessity for collaboration between clinical agency educators and nursing faculty (Letizia & Jennrich, 1998).

In addition, preceptors should be encouraged to take advantage of on-going educational opportunities, such as preceptor orientation and/or refresher sessions, preferably during the preceptor's personal time (completed within a set time period), and for which remuneration should be forthcoming from the clinical agency and educational institution. Relevant face-to-face or online sessions to help preceptors enact the role effectively would be beneficial. These could include information about the students' program of study, and strategies to select beneficial learning activities and patient care assignments. Participation in these sessions would allow preceptors to not only gain additional knowledge, but also feel a sense of connection with the nursing education program, and lead to increased confidence in their ability to adequately fulfill preceptor functions. Ohrling and Hallberg (2000) have identified that while it is not always feasible for preceptors to undergo in-depth preceptor preparation, it is imperative that some refresher sessions be held periodically to enable them to obtain current information about their role.

Implications for Nursing Research

In this study, only a beginning understanding of preceptor experiences in relation to nursing faculty liaison support during the students' senior integrative practicum was achieved. The current study was limited by the small sample size (n=6). Further research using a larger sample size and preceptors, with varying years of experience and age from more than two nursing programs would provide greater confirmability of data. Of interest as well, would be a study of senior nursing student experiences, not with preceptors, but with faculty liaison support during their senior integrative practicum.

The current study findings offered interesting results for nursing faculty to review as a matter of interest and consideration for future appointments as faculty liaison. In the

same context, a study focusing on senior student views of faculty liaison support should prove equally interesting and provide valuable prospective information for faculty liaison. Students often encounter issues in the senior integrative practicum as they relate to relationship concerns with the preceptor. Clinical placements have been known to change in order to give the student due process when difficult relationship issues arise that are the result of personality conflicts or differences in learning styles between student and preceptor. Issues such as these would be important to study, by faculty liaison personnel. Preceptorship is among the most common reasons of stress for students and preceptors. This stress can result from a variety of sources which include, among those already mentioned, a new learning environment, increased visibility, demands and information required by students (Yonge, Myrick & Haase, 2002). Faculty liaison support would be needed on these occasions.

Furthermore, one of the participants in the current study felt she no longer wished to continue in the preceptor role. Of interest, would be research specifically focused on reasons for discontinuance and on ways to meet the concerns of practicing nurses, so as to retain their interest in accepting preceptor responsibilities. An investigation into preceptor teaching processes is also worthy since such findings might lead to improved teaching methods and more effective results.

Another study of interest could deal with preceptor satisfaction related to a variety of variables including workload issues; student performance concerns; learning opportunities available for preceptors and for students; as well as support offered from coworkers, clinical agency management and the educational institution. A quantitative study could compare preceptor preparation with levels of satisfaction in the role; determine the level of education of the preceptor compared with the number of years

acting in the role, number of years in nursing and number of years in the current work setting. If the goal of the preceptorship is to maintain a supply of satisfied, seasoned preceptors then further research in any of these areas would be beneficial.

Implications for Nursing Administration

Nursing administrators have the opportunity to observe senior students during the senior integrative practicum and can use this opportunity to make hiring decisions.

Administrators have seen the benefits of preceptorships in that they increase new staff potential and decrease orientation needs (Myrick & Yonge, 2005). Accordingly, support for preceptors should be available not only from nursing faculty, but from nursing administrators, and various clinical agencies. Nursing administrative staff plays a vital role in the success of the preceptorship model, which can be accomplished in a variety of ways, including:

1. becoming involved in the preceptor orientation
2. establishing a connection with preceptors and nursing faculty liaison
3. establishing and communicating their commitment and role in the process
4. being available for guidance and support for preceptors
5. being aware of the role strain placed on preceptors in order to do their own work and be responsible for a senior student
6. acting in the liaison role between the preceptor and the nursing faculty if need be, in order to set up communication strategies.
7. finding ways to recognize the value preceptors offer to the recruitment of staff and potential retention of staff ,and
8. initiating methods of acknowledging preceptors.

By supporting preceptors, nursing administrators show they value and respect the role, and their involvement indicates this positively to students. All nursing students are potential employees, and as such, would benefit from participating with a cohesive team of workers dedicated to the goal of optimal patient care and respectful working relationships. This could be conceived of as welcoming to potential new employees.

Collaborative efforts between schools of nursing and administrators from the various clinical agencies reflect well on the mission, vision and values of most institutions. Preceptorship allows nursing education and practice to merge “their respective strengths to achieve compatible objectives while they retain their individual identities and share in risks and rewards (Puetz & Shinn, 2002).

Recruitment and retention of nursing staff is a significant and current issue of concern. Involvement in preceptor programs on the part of administrators could be seen as contributing to hiring competent nursing practitioners.

Conclusion

In the past, several quantitative and qualitative studies have focused on various aspects of the preceptor-student relationship and preceptor programs in general. However, prior to this current study, examination and documentation of preceptor needs and their subsequent experiences with nursing faculty liaison support, appear to have been non-existent or minimal.

Results from semi-structured interviews in the current study with six experienced preceptors from four hospitals in Southwestern Ontario, led to two themes, namely, exploring the challenges faced by preceptors, and assessing the value of faculty liaison support and guidance during the preceptorship process.

Overall, participants demonstrated a positive approach to precepting and accepting responsibility for the development and success of the students assigned to them. However, the addition of a 'challenging' student to their already heavy workload was often close to overwhelming, and in such circumstances, the preceptors found that support and guidance from the faculty liaison was indispensable.

Findings from the current study may alert nurse educators and administrators to be more cognizant of the considerable stress placed on registered nurses in the preceptor role. Such insight could lead to a better supportive working relationship with faculty liaison, and preventative measures such as increased face-to-face connection.

Nurse educators play a vital role in preparing students, preceptors, and faculty liaison for the challenges inherent in the senior integrative practicum. The importance of meaningful support and guidance, which contribute to the growth and confidence of all concerned, should be valued. Students undoubtedly benefit from enhanced knowledge and wisdom derived from confident preceptors and/or supervisors. Similarly, preceptors benefit from faculty liaison knowledge, support and guidance. Effective relationships among faculty liaison, preceptor and students are essential ingredients in the preceptorship experience.

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Appendix A: Ethics approval UWO



Office of Research Ethics

The University of Western Ontario
 Room 00045 Dental Sciences Building, London, ON, Canada N6A 5C1
 Telephone: (519) 661-3036 Fax: (519) 850-2466 Email: ethics@uwo.ca
 Website: www.uwo.ca/research/ethics

Use of Human Subjects - Ethics Approval Notice

Principal Investigator: Dr. M.A. Andrusyszyn

Review Number: 11922E

Revision Number:

Protocol Title: A phenomenological study of preceptor views of nursing faculty liaison support.

Department and Institution: Nursing, University of Western Ontario

Sponsor:

Ethics Approval Date: December 21, 2005

Expiry Date: August 31, 2006

Documents Reviewed and Approved: UWO Protocol, Letter of Information & Consent

Documents Received for Information:

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted expedited approval to the above named research study on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the HSREB except when necessary to eliminate immediate hazards to the subject or when the change(s) involve only logistical or administrative aspects of the study (e.g. change of monitor, telephone number). Expedited review of minor change(s) in ongoing studies will be considered. Subjects must receive a copy of the signed information/consent documentation.

Investigators must promptly also report to the HSREB:

- changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- all adverse and unexpected experiences or events that are both serious and unexpected;
- new information that may adversely affect the safety of the subjects or the conduct of the study.

If these changes/adverse events require a change to the information/consent documentation, and/or recruitment advertisement, the newly revised information/consent documentation, and/or advertisement, must be submitted to this office for approval.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB

Chair of HSREB: Dr. John W. McDonald

Deputy Chair: Susan Hoddinott

Ethics Officer to Contact for Further Information

<input checked="" type="checkbox"/> Karen Kueneman	<input type="checkbox"/> Janice Sutherland	<input type="checkbox"/> Jennifer McEwen
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This is an official document. Please retain the original in your files.



Office of Research Ethics

The University of Western Ontario
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 Website: www.uwo.ca/research/ethics

Use of Human Subjects - Ethics Approval Notice

Principal Investigator: Dr. M.A. Andrusyszyn

Review Number: 11922E

Revision Number: 1

Protocol Title: A phenomenological study of preceptor views of nursing faculty liaison support.

Department and Institution: Nursing, University of Western Ontario

Sponsor:

Ethics Approval Date: September 12, 2006

Expiry Date: December 31, 2006

Documents Reviewed and Approved: Revised Study End Date

Documents Received for Information:

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted full board approval to the above named research study on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the HSREB except when necessary to eliminate immediate hazards to the subject or when the change(s) involve only logistical or administrative aspects of the study (e.g. change of monitor, telephone number). Expedited review of minor change(s) in ongoing studies will be considered. Subjects must receive a copy of the signed information/consent documentation.

Investigators must promptly also report to the HSREB:

- changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- all adverse and unexpected experiences or events that are both serious and unexpected;
- new information that may adversely affect the safety of the subjects or the conduct of the study.

If these changes/adverse events require a change to the information/consent documentation, and/or recruitment advertisement, the newly revised information/consent documentation, and/or advertisement, must be submitted to this office for approval.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

Chair of HSREB: Dr. John W. McDonald

Deputy Chair: Susan Hoddinott

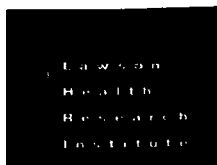
Ethics Officer to Contact for Further Information

Janice Sutherland (jsuther@uwo.ca) Jennifer McEwen (jmcewen4@uwo.ca) Denise Grafton (dgrafton@uwo.ca)

This is an official document. Please retain the original in your files.

cc: ORE File
LHRI

Appendix B: Ethics Approval LHSC/ SJHC



The research institute of London Health Sciences Centre
and St. Joseph's Health Care London



16 January 2006

Dr. Mary Ann Andrusyszyn
Faculty of Health Sciences
School of Nursing
UWO

Dear Dr. Andrusyszyn:

**"A phenomenological study of preceptor views of nursing faculty liaison support"
REB# 11922E**

I am pleased to inform you that the Parkwood Hospital Clinical Research Impact Committee (CRIC) has approved the above-mentioned project and you may now proceed with the study.

Yours sincerely,

M. Gail Woodbury, PhD
Chair, LHRI Clinical Research Impact Committee

cc: ARGC Program Administration Office
Lawson Research Office, S. Paiva

Appendix C: Letter of Permission to Clinical Agency Manager

A phenomenological study of preceptor views of nursing faculty liaison support

Dear Colleague:

I am completing my studies in the Master of Science in Nursing at the University of Western Ontario. I am conducting a research study as one of the requirements for the MScN degree. This qualitative research study using a phenomenological methodology will be under the supervision of Dr. Mary-Anne Andrusyszyn and Dr. Dolly Goldenberg. The purpose of this study is to describe the experiences preceptors have of nursing faculty liaison support during the students' integrative practicum. The ultimate purpose of this study is to contribute to the knowledge base of nursing education and understand preceptor experiences of support.

I am asking you to forward the attached letter of information describing my study to registered nurses employed in your agency. Potential participants must have acted in the preceptor role as the sole preceptor with the student within the last five years. Those nurses who are interested will be asked to contact me by phone or email.

This research will **not** be conducted during work hours and will not interfere with nurses' employment responsibilities at any time, nor will it require the release of any confidential documents. Participants will be interviewed privately using a semi-structured format and all interviews will be audio taped with permission of the participants.

If you have any questions regarding this study, do not hesitate to contact my faculty advisors or me.

Yours sincerely,

Janice MacIntosh RN BScN MScN (c)

Dr. Mary-Anne Andrusyszyn: 519-661-2111

Dr. Dolly Goldenberg: 519- 661-2111

Appendix D: Letter of Information to Nurses

Study Title: A phenomenological study of preceptor views of nursing faculty liaison support

Date:

Dear Colleague:

I am a graduate student at the University of Western Ontario conducting a research study to fulfill my requirements for the Master of Science of Nursing degree. I wish to study preceptor views of nursing faculty liaison support while preceptors are engaged in a students' integrative practicum. I will be asking preceptors to tell their stories in order to develop an understanding of the way they have experienced nursing faculty liaison support. Knowledge gained from this inquiry may increase awareness into preceptors' experience of nursing faculty liaison support during the senior clinical practicum.

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time without any effect on your employment status. I will be conducting one on one, audio taped interviews at a time and location that is convenient to you. Each interview may last approximately one hour. Audio taped information will then be transcribed verbatim. Your employer will not be notified of your participation or non-participation in this research. You may be asked to participate in a second interview or a follow up telephone conversation to confirm the interpretation of the information.

There are no known risks to participation in this study. All information will remain confidential to the research team and any published work would use your selected pseudonym. This will make it impossible to attach names or places of employment to any responses that may be used. All information will be kept in a locked filing cabinet and on password secured electronic devices. All data will be destroyed once the study is completed.

If you are a registered nurse and have worked as a sole preceptor in the last five years with students completing their integrative practicum and wish to participate, or if you have any questions about this work, please call me by phone or email. You may also contact my faculty advisors Dr. Mary-Anne Andrusyszyn or Dr. Dolly Goldenberg at the phone numbers or email addresses listed below.

Representatives of The University of Western Ontario Health Sciences Research Ethics Board may require access to your study-related records or may follow up with you to monitor the conduct of the research. If you have any questions about your rights as a research participant or the conduct of the study, you may contact: Dr. Joe Gilbert, Administrative Officer, Lawson Health Research Institute- 519-667-6649.

Thank you for considering my request. Please keep a copy of this letter for your records.

Janice MacIntosh
Dr. Mary-Anne Andrusyszyn – 519-661-2111
Dr. Dolly Goldenberg – 519- 661-2111

Yours sincerely,
Janice MacIntosh, RN BScN, MScN (c)

Appendix E: Guiding Questions for Interview

A phenomenological study of preceptor views of nursing faculty liaison support

Thank you for consenting to participate in this interview. As a preceptor, you are in a unique position to describe what it is like for you to perform this role and to give voice to the experiences you have had of nursing faculty liaison support during the senior clinical practicum.

You have read the letter of information concerning this study and signed the consent. The information obtained from this interview will be strictly confidential. I will be interviewing six to ten preceptors for this study and all comments will be combined, therefore, nothing you say can be identified. You may refuse to answer any question and if you would prefer the tape to be turned off for you at any time during the interview, this shall be done.

1. Tell me a bit about yourself.
2. What does being a preceptor mean to you?
 - a. How is the preceptor role different from being a buddy or mentor?
3. What preparation did you receive for the preceptor role?
 - a. Did the preparation help prepare you for the preceptor role?
 - b. What teaching strategies or information would have helped prepare you for the role?
4. Did you have questions related to your roles and responsibilities as a preceptor?
 - a. Were these questions answered to your satisfaction and did they meet your needs?
5. What kind of support did you expect to have from various areas, i.e. management, faculty, other preceptors etc.
 - a. Did you collaborate with other preceptors for feedback or guidance?
 - b. Can you talk about Staff /management support strategies?
6. Are you able to recall an example of a situation whereby you received faculty liaison support? Please elaborate.
7. Are you able to recall an example of a situation when you would have appreciated faculty liaison support?
 - a. How did you manage the situation?
8. What benefits do you receive from your role as preceptor?
 - a. How do you feel the role of preceptor affects you personally and professionally?
 - b. What are the tangible and intangible rewards to you when acting in a preceptor role?
9. Did you receive feedback on your ability as preceptor?
 - a. If so, from whom?
 - b. What was the nature of the feedback?
 - c. Was there other feedback you would have found helpful?
 - d. Are there support strategies you feel could be more effectively utilized?
10. Can you tell me what, if anything caused stress for you in your role as preceptor? (Get specifics)
11. How can schools of nursing best help you establish a good working relationship with your preceptee? For example...let you choose a student based on previous working relationship during a clinical placement. Encourage consistent /open communication between faculty liaison, preceptor and preceptee.
12. How does faculty liaison support or lack thereof influence your decision to offer to precept nursing students?

Appendix F: Consent Form

A phenomenological study of preceptor views of nursing faculty liaison support

I have read the letter of information, have had the nature of the study explained to me, and I agree to participate. All questions have been answered to my satisfaction.

Name: (please print) _____

Signature: _____

Date: _____

Name: (please print): _____

Signature of Person Obtaining Informed Consent: _____

Date: _____