

## **Formal preceptor programs and student nurse experiences**

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### **Clinical Question:**

Does educating preceptors with a formal preceptor program influence nursing student experiences in the clinical setting?

### **Articles:**

Haitana, J., & Bland, M, (2011). Building relationships: The key to precepting nursing students. *Nursing Praxis in New Zealand*, 27(1), 4-12.

Omansky, G. L. (2010) Staff nurses' experiences as preceptors and mentors: an integrative review. *Journal of Nursing Management* 18, 697-703.

Warren, A., & Denham, S. (2010). Relationships between formalized preceptor orientation and student outcomes. *Teaching and Learning in Nursing*. 5(1). 4-11. Retrieved from Mosby's Nursing Consult.

### **Synthesis of Conclusions:**

All three of the following studies addressed certain key points of the clinical question, "Does educating preceptors with a formal preceptor program influence nursing student experiences in the clinical setting?" The study by Haitana and Bland (2011) is a qualitative descriptive design appropriate to examine a known phenomenon in a new population, a level VI hierarchy of evidence. Haitana and Bland reported in their study that getting to know the student is an inherent part of the preceptor-preceptee relationship. At some stage in the relationship, preceptors needed to decide when it was safe to manage the nursing student from a distance and to allow them greater autonomy. Frustration can arise for both preceptor and student when they work together for only a short period of time. In order for the above findings to be met, Haitana and Bland (2011) recommend the need for student nurses to work with their preceptor on rostered rotating shifts. The preceptor-student nurse relationship is one support-system that must be nurtured if it is to achieve its full potential. Increasing support for preceptors must come from within the clinical agencies, and the respective nursing schools. Only then can the preceptor and student nurse develop the partnership necessary to develop and maintain quality nursing care, now and in the future.

The study by Omansky (2010) is a level V hierarchy of evidence; a systematic review of descriptive and qualitative studies. Omansky (2010) thinks that clarifying the definition of the preceptor role would reduce role ambiguity and allow for advancement. The review also recognizes that a

preceptor plus a student is not equal to one and one half nurses; this is a starting point to reduce role overload. Due to the demands of the preceptor/mentor role, there have been preceptor/mentor programs that have been established in response to the faculty shortage and the student's difficulties in the professional role. Recommendations for nurse managers are to: decrease patient assignments for the mentor/student; advocate scheduled teaching time for the mentors/preceptors; be aware of mentor overload; have ongoing education and formalize the role giving the preceptor or mentor more control over their practice.

The final study by Warren and Denham (2010) is a level V, systematic review of qualitative and descriptive studies. Warren and Denham (2010) reported that preceptor programs provide students with opportunities to build trusting relationships and gain valuable insight into the real world of nursing. They concluded that nurse educators need to assume responsibility and assure that preceptors are adequately orientated and evaluated, as well as verify that student outcomes have been achieved. They recommend that a well prepared, competent preceptor is essential, but clear expectations, guidelines and tools are needed to assist them in their roles. Research confirms that preceptors play a vital role in preparing students for nursing practice; therefore, the need for adequate preparation to assume supervising, educating, and evaluating tasks of nursing students is needed (Warren & Denham, 2010).

The overall quality of the studies is good; each study meets all of the research design-specific criteria well. The results are consistent indicating a relationship between nurse/preceptorship programs and positive student experiences/outcomes. Two of the articles were systemic reviews; with a range of 20-30 articles reviewed. The third article had a sample size of 5, which is an adequate sample size, considering the criteria needed to be met to be a part of the study (their practice experience ranged from less than one year to over twenty years, and they had to be working full or part time rostered rotating shifts. All had preceptored undergraduate student nurses at least four times, and had completed a formal preceptorship course. The studies have the following similar recommendations: a well prepared, competent preceptor is essential, ongoing education and formalizing the role of the preceptor, and preparing student nurses to work with their preceptor on the same scheduled shifts.

**Bottom Line:**

The evidence suggests that student nurses would have a more positive clinical experience if nurses/preceptors take a formal preceptor class.

**Implications for Nursing Practice:**

To see a higher rate of satisfaction among student nurses and preceptors, the evidence states that; the workload needs to be decreased when a preceptor is with the student, a trusting relationship needs to be built, and there needs to be guidelines for a consistent preceptor program. It's also very important to educate other staff, clinical instructors, and nursing students about the importance of understanding the term "preceptor" and the duties included.