A PRECEPTOR CD ROM- A RESOURCE WITH A DIFFERENCE

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ABSTRACT

The clinical experience for final year undergraduate nursing students is pivotal to their preparation as beginning practitioners. Central to the clinical experience are the preceptors who take on the role to help facilitate the transition for these individuals from student to beginning practitioners. The preceptor however cannot take on this role in isolation. They require preparation for the role and ongoing support from both industry and the tertiary setting. This paper will present a unique multimedia resource aimed at supporting the preceptor from a tertiary perspective. The resource developed at Central Queensland University (CQU), enables preceptors to have access to a multiple information tool kit. This following paper will discuss the planning, the development and the implementation of this innovative multimedia resource which potentially can help prepare the preceptor for their role, thus enhancing a quality learning experience for the undergraduate nursing student and facilitating a positive professional development opportunity for the preceptor.
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INTRODUCTION

The clinical experience is a crucial component of any undergraduate nursing program. It is during the clinical experience that students gain the opportunity of developing their skills, applying scientific principles in providing patient care and to make clinical judgments in real situations (Mahat 1998). However the clinical experience has also been identified as a source of stress for students. Several studies (Melsendhelder, 1987, Pagana, 1988, 1989, and 1990) have revealed that clinical is anxiety provoking and of concern to undergraduate nursing students, with some indicating that stress and anxiety are significantly attributed to the new clinical setting (Kleehammer, Hart and Keck 1990, Selleck 1982, Lewis, Gadd and O'Connor 1987, Pagana 1988, Beck 1993). As such the clinical teacher plays a significant role in the students clinical experience, it is they who can facilitate the learning process and identify learning opportunities for students when in the clinical setting albeit new or not. O’Shea and Parson (1979), identified that the behaviours of a teacher that promoted learning included friendliness, being understanding, being supportive and being enthusiastic. Whilst effective clinical teachers can potentially allay student anxiety and fear, Mahat (1998), also highlights that the student-teacher relationship is one of the most important sources of stress among nursing students. Clinical teaching and learning is vital for the development of experiential nursing knowledge (White and Ewan 1991) hence to ignore the value of this would in-fact mean ignoring the student’s clinical learning. It is therefore important that faculty consider the value of clinical teachers, the support that they are given and the strategies that are employed to ensure that they are prepared for their roles. As argued by Beattie (1998), it is important that nursing education and service be both collaborative and proactive so as to develop effective clinical teaching strategies which contribute to positive learning environments.

The model of clinical teaching utilized by undergraduate nursing programs through Australia varies from institution to institution. At Central Queensland University (CQU), School of Nursing and Health Studies there are two types of clinical teaching models utilized - these being the facilitator and the preceptored relationships. The 'preceptor' model involves the student working on a 1:1 basis with an experienced clinical nurse (Myrick 1988 cited in Beattie 1998) during all clinical placements of the student's final year of their nursing program. The preceptor model acknowledges that the students learning is enhanced by the use of clinical nurse teachers who are
recognized as competent by their peers in the clinical setting (Paterson 1997) and the credibility of educators is measured in terms of competence (Lee, Cholowski, Williams 2002). The effectiveness of the actual process of clinical teaching is influenced by the individual's theoretical and clinical knowledge and their attitude towards the profession (Reilly and Oermann 1992). Whilst the clinical nurse acting as a preceptor seems ideal, the reality is that they play a dual role— that is preceptors continue to take on a patient load in an ever changing and complex clinical environment, whilst also providing direction to the undergraduate student on a one to one basis. Their role has many components including orientation, support, teaching and sharing of clinical experience (Bain 1996) and at times the relationship may be less than ideal if the preceptor is trying to deal with the demands in the clinical setting. Moreover the preceptor may not have had the time to prepare for the role or even seek support. Beattie (1998), argues that the changing demand of the clinical settings have implications for the preceptors preparation and faculty must be aware so as to develop appropriate support programs and quality preparation for preceptors. Neill (1998), highlighted the concern by both nurse educators and nursing service administration with regards to the preparation of nurses to function effectively in preceptor roles. Neill goes further to suggest that staff development educators are in an ideal position to promote collaborative efforts amongst the nurse preceptor, nursing faculty and nurse managers to create a positive climate that encourages participation in the relationship. Neill also argues that there is literature to support the need for preceptors to be orientated to their roles and this can be achieved through the collaboration of staff development educators, nurse managers and faculty. It is the preparation of preceptors that Central Queensland University takes seriously, however a significant obstacle that impacts on preceptor preparation is that of distance.

CQU has traditionally utilised a model of preceptor preparation and support, which incorporates hard copy resources, the conducting of preceptor workshops (up to 30 per year) and the identification of an on-campus academic support person to liaise with the preceptor and student during the clinical practicum. Whilst this traditional model has seemingly worked well for preceptors who are within the metropolitan regions of the CQU campuses, it has become evident that preceptors in rural and remote locations feel less prepared, unsupported and at times isolated. The diversity in locations is significant and means that the academics cannot realistically visit
Australasian Nurse Educators Conference, Rotorua, 2003

every healthcare agency prior to the commencement of the practicum. Similarly, some preceptors find that attending workshops is difficult. This impacts on the level of preparation and support for some preceptors who agree to take on students from CQU. These preceptors may enter into student relationships without optimal preparation. This in turn can have a cascading effect on the success of the placement and whether the student is successful in achieving competency.

In 1999, the idea for an innovative resource that preceptors in any area (remote, rural and metropolitan) could access was conceived by the Clinical Coordinator at the School of Nursing and Health Studies. This resource needed to be easily accessible, simple to use and informative, particularly in relation to the issues and concerns that preceptors experience. Many hours of brainstorming, reading, reviewing of existing resources, and feedback from preceptors developed into the concept of an interactive CD ROM. The plan evolved with a view to incorporating links to CQU and other relevant professional bodies as well as video and audio to portray different student preceptor situations, as well the capacity to print relevant components. This resource was to be self directed and self-paced. The use of CD ROM for resources of teaching is not new. Interactive, multimedia technologies were successfully utilised as learning mediums by Jeffries (2001) and Jeffries, Woolf and Linde (2003) via use of CD ROM’s for teaching medication and electrocardiography skills. Jefferies (2001) identified that students using the CD-ROM’s demonstrated significant cognitive gains when compared with a group who participated in lectures only. An additional advantage was identified by Shellenbarger (1999) in highlighting the benefits of using both visual and auditory information sources. It should be noted that up to this point in time, no research could be identified that specifically related to a design of a format to prepare preceptors for their roles with undergraduate nursing students in the clinical setting. Oliver (1999) reports on a self paced multi media learning environment in the format of a CD ROM to facilitate the transition of graduate nurses in the workplace- however the focus is not on the preceptors who support such graduates.
The advantages of developing a resource such as this included:
The preceptor could utilise the CD Rom according to their own level of readiness. The information could be accessed at any time and as often as desired.

- For preceptors with access to a computer which would be compatible to the CD Rom in their own homes, the information could be retrieved conveniently.

- Enabling preceptors to access the contents of the CD could allow them to pace and individualise their own learning about preceptoring, retrieve the content and work through it as they desired before and during the actual experience. The learning pace could be established and controlled by the users. Such is in contrast to having the information delivered via a lecture, such as occurs in preceptor workshops, where the lecturer can make little provision for individualisation of the pace and rate of information delivery (Grobe 1984 cited in Saba, Reider, Pocklington, 1989). Without individualisation of the pace the resultant effect can be frustration for the more capable and less capable learner and the information pace best serving only one third of the audience (Grobe 1984 cited in Saba, Reider, Pocklington,1989).

- Delivery via the CD Rom to local and regional organizations would ensure consistently of information being presented to all preceptors.

The design of the CD ROM began. At this stage, it became clear who would be needed on the team to ensure this resource became a reality. The Clinical Coordinator, who was already responsible for preceptor preparation, would be the content expert whilst input from multimedia design personnel would be essential to ensure that the concepts worked effectively. In addition to the content expert, the team consisted of two multimedia producers, a multimedia developer, an application specialist and a video producer. During the life of the project these individuals also took on additional roles as actors and in voice-overs for the multimedia elements of the CD ROM. It was realised that the project would be time consuming and thus a two-year time frame was planned as it was felt that anything less would be unrealistic. As a key support mechanism for our students this work was identified as complying with the criteria for full multimedia support from the Multimedia Design Centre, Central Queensland University. The cost of consumables was considered outside this brief and will be supported by the School of Nursing Studies.
Australasian Nurse Educators Conference, Rotorua, 2003

evaluating the consumable costs associated with production of the print alternative it was evident that the CD ROM option would in fact reduce expenses for the School. The development time however has equated to over 485 designer/developer hours (approximately $22,000 in labour costs).

In the initial brainstorming sessions, ideas were recorded on many metres of butcher's paper. Ideas were derived after reviewing existing resources, seeking peer input, reviewing preceptor feedback, and reviewing the literature on preceptor needs. After many months a site plan was developed. This proved to be a time consuming process because it soon became apparent that much of the ideas for content was repetitive, irrelevant or needed further development. The development of a site plan was eventually achieved and then distributed to staff in the School of Nursing and Health studies for review.

After feedback, further changes occurred to the site plan and the development phase began. This development phase involved a rewrite of the content from existing paper-based Preceptor Resources to suit the CD Medium. The final content headings and sub headings included:

**Prelude to Preceptorship:**
- Preceptorship defined
- Finding time
- Students clinical hours
- A planned approach
- Sharing preceptorship
- Contacts for help and support.

**The beginning relationship:**
- Breaking the ice
- Clarifying expectations
- Your rights
- The clinical experience

**The learning continues:**
- Regular recording
- Meeting learner needs
- Delegation and responsibilities
Australasian Nurse Educators Conference, Rotorua, 2003

**Your contribution to student standards:**
- Assessment strategies
- Tricky feedback situations

**Let CQU support you:**
- Accidents and incidents
- The challenging student

**Courses and Programs:**
- CQU programs specifications
- Competence assessment

**Valuable resources:**
- Abbreviations
- References
- WWW links
- Journals and texts.

A storyboard was compiled and the multimedia elements were determined. Print versions of the content were developed screen by screen with significant editorial changes. Scripts were prepared for the audio and video elements of the CD ROM. This component took many months and included capturing all of the audio and visual elements. In addition to the content links were made through the identification of key words which would link to other platforms as well relevant www sites. These sites could provide further information.

The authoring product Flash Micro was selected due to its ease of use across all platforms and its support for all media elements. All elements of the CD ROM were compiled onto a prototype CD and the product-testing phase began. Quality checking, peer review and feedback was sought with subsequent refinements being implemented. Again this proved to be a very lengthy and time-consuming process. What began in 1999 was finally completed in May 2003.

Whilst the project was exciting in all phases there were several issues which emerged. It became apparent that working collaboratively could have strengths and limitations. When a team involves a number of players who are not necessarily in the same profession, it is imperative that roles are clarified as well identifying the avenues to address issues throughout the life of the project. Members need to be
aware of each other's expertise as well the timelines, which must be realistic. The clarification of roles and identification of who is expected to take on each aspect of the project needs to be clearly stated at the outset of the project.

The Preceptor CD ROM is due to be delivered (by mid 2003) to all organizations that provide preceptor support for CQU students. Feedback will be sought after its implementation and further changes will be made to reflect that feedback. This CD ROM will further add to the model that CQU utilises to support preceptors in their important role.

CONCLUSION

Without doubt, preceptors are a valuable asset to any healthcare organization - they are the role models and can potentially have a direct impact on nurses of the future. They deserve support in their roles and so the development of resources to facilitate their role should be a priority in any School of Nursing that utilises a preceptor–student model. Central Queensland University has embraced the preceptor model and will continue to take up the challenge to develop innovative resources for preceptors.
REFERENCES


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