PRECEPTORSHIP IN NURSING EDUCATION: IS IT A VIABLE ALTERNATIVE METHOD FOR CLINICAL TEACHING?

M., Mantzorou, RN, Msn, Laboratory Associate in Nursing Department B, HTEI of Athens.

Abstract: Education is challenged nowadays with the important for survival goal of facilitating change and learning. New meanings are now attributed to education such as learning how to learn rather than acquiring new knowledge (Rogers, 1983). In a constantly changing situation, where reliance on static knowledge does not make sense anymore, it is important to help students to develop autonomous ways of learning, which will be of vital value through their careers (Slevin & Lavery, 1991).

Preceptorship has the potential to facilitate the clinical experience of the students by encouraging reflection and enhancing their ability of critical thinking.

In this paper, the author will examine the available data in literature with regard to the principles, roles and appropriate preparations for the preceptors. Moreover, the available research data concerning its effectiveness will be reviewed and evaluated. Finally, an alternative hermeneutic approach will be presented for a more extended understanding of preceptorship as an educational process.

Key words: Preceptorship, mentorship, clinical teaching, postgraduate education, practice-theory gap

INTRODUCTION

Since the first nursing school was established by Nightingale, clinical teaching has been one of the most important but at the same time problematic areas of professional education.

Stritter et al (1975), define clinical teaching as the teaching which takes place near a patient either for an individual or a group of people. Clinical experience, which has been regarded as the heart of nursing education can reinforce and strengthen knowledge, facilitate the professional socialization of students to the nurse's role and provide students or orientees with the values of the profession (McCabe, 1985,).

However, clinical knowledge rarely corresponds with the theoretical knowledge that students acquire in classroom contributing to the theory-practice gap in nursing. This gap leads to the difficulty and disillusionment experienced by nursing students in assuming the graduate role and constitutes one of the biggest challenges currently confronting the nursing profession. What makes this challenge more intense is the technological development, the complexity of health care and the increasing consumer demand for competent practitioners (Myrick, 1988).

Preceptorship has been suggested as an acceptable alternative for clinical teaching and adopted by many institutions in United States and Britain.

Historical development of clinical instruction.

Historically, nursing education was conducted under the principles of the first Nightingale school where first year student nurses were supervised in the hospital by nurses who were "trained to train" (Palmer, 1983). .Students were learning from experienced practical nurses but chiefly they were learning out of trials and error sharing at the same time the workload of the hospital as employees (Stewart, 1943, cited by Wong & Wong, 1987). Teaching was incidental as the need of the students to learn was dependant on the needs of the patients (Myrick, 1988).

In the late 19th century, the schools of nursing were established as a result of the complexity of the industrial society. By the 1950's nursing education had been transferred into the general education system and separated from service. At that time clinical instruction was introduced in order to deal with the problem of the inconsistency of classroom teaching and hospital practice. This idea flourished even more when nursing entered the academic world with the first university courses which aimed at a total control of their students (Wong & Wong,1987).

The faculty had to fulfill both students and patients needs, so, the role of the faculty instructor was difficult as he had to face these conflicting demands of the service and education (Ellis, 1993). At that

time the student /faculty ratio was ten to fifteen students per instructor (Stuart-Siddel, 1983).

In the clinical areas the students had a kind of support which became stronger as the role of he clinical teacher shrank and was transferred to the ward sister and gradually, to the staff nurses through the emergence of the mentor and preceptor role (Ellis, 1993).

Problems of clinical teaching.

According to Myrick (1988), the fundamental problem of clinical teaching is why nursing students are still encountering difficulties in role transition especially soon after graduation. This problem is very obvious in graduates of project 2000 programs who are experiencing difficulties when they try to apply their theoretical knowledge into real clinical situations (Brennan, 1993).

In the same way, Limon et al (1981), indicates the same lack of balance between the theoretical base and the practical skills of students in United States. One major factor contributing to the problem is that clinical teaching in the baccalaureate nursing programs is undervalued compared with other intellectual pursuits such as research and publishments (Wong &Wong, 1987).

Very often the clinical experience of faculty members, who are responsible for the clinical teaching of students, is not the most important requirement (Myrick, 1988). Usually this position is given to inexperienced sessional or part time faculty members who are unfamiliar with the curriculum of the school and the clinical setting (Karuhije, 1986). It could be argued that it is very difficult for faculty members of university courses to maintain their clinical skills in light of the demands laid upon them. They are expected to be expert clinicians, teachers and productive researchers so as to contribute to the discovery of knowledge as members of the scholarly community (Wong &Wong, 1987).

What is more, there is a lack of peer support and feedback from administrators which makes faculty indifferent in clinical teaching (Wong & Wong, 1987). Many educators view the "reality shock" of students as to be caused by the transferal of nursing education to colleges which excludes students from the benefits of the close association with the hospital environment (Myrick, 1988).

On the other hand, the nursing service members attribute the problem to the lack of clinical skills in university teachers who can not act as role models (Limon et al, 1981). However, in the same way that teachers can not maintain their clinical skills, faculty service disciplines have shown an inability to teach (Stritter et al, 1975).

In addition to the problems of who can teach students in the ward, the economic restraints and cutbacks in nursing programs lead to the need for an alternative method. Preceptorship has been recommended as a way to maintain expenses. The traditional system of an instructor-student ratio 1:10, is expensive to run but it also allows very little time for individual teaching. In Wangs and Blumberg's (1983) cited by Peirce (1991), research study, it was found that a third of the interactions between instructors and students were less than a minute long which allows very little in depth instruction.

Another problem in the clinical area is the conflict between long term educational needs and unpredictable needs of clients which need reflection so as to be turned to learning experiences (Jinks, 1991).

Many universities in United States and UK have adopted very keenly the preceptorship method for their programs although this has been criticized as an action with no support by substantiate data.

Emergence and evolution of preceptorship.

The term preceptor was first used in 15th century meaning tutor or instructor (Peirce, 1991). In nursing, it was first used as a method of clinical teaching by the late sixties while in 1985, 109 generic BSN programs included preceptorship programs in the curriculum (Spears, 1986). Preceptorship emerged as the "reality shock" that students were experiencing at the transition phase from a student to a professional nurse, became the focus of concern for the profession (Kramer, 1974, McGrath & Koewing, 1978). Preceptorship was adopted as a way for preparing clinically competent graduates who would be able to assume full patient care as soon as they are employed (Myrick, 1988).
In education preceptorship is usually defined as an individualized one to one learning and teaching interchange between a student and a staff nurse who supervises the student and acts as a role model and a resource person who is available any time during the clinical instruction (Chickerella & Lutz, 1981).

Preceptorship or mentorship?

The English National Board (1987) recommended the use of mentorship for the support and facilitation of learning of students and orientees in the wards. On the other hand, the Post Registration Education and Practice Project (PREPP 1990) proposed the

use of preceptors for newly qualified nurses in new areas of practice (Ellis, 1993).

Many authors use the two terms of mentorship and preceptorship as synonymous while others believe that there are fundamental differences in these two concepts. However most of them agree that the term of mentorship is surrounded by lack of clarification and ambiguity (Ellis, 1993, Brennan, 1993, Armitage & Burnard, 1991). Brennan, (1993), argues that this is the reason for the confusion about the distinction between the terms.
In literature though, it appears that there is a common agreement that mentorship focuses on the interpersonal elements of the relationship, while preceptorship focuses on the teaching and instruction issues. For example May et al, (1982), define mentorship as an intense relationship which requires involvement between a novice and an expert nurse. In the same way, Darling, (1984), refers to mentorship as a relationship where "attraction, action and emotion" meet.

However, this kind of relationship grows after a long period of time. This makes difficult its application to nursing as it is difficult for a student to have the same mentor during different placements or for a nurse to have the same mentor throughout her career. As a matter of fact it can be argued that preceptorship is a more appropriate method for clinical instruction.

In addition, Morle, (1990), suggested that preceptorship is a more valuable concept in nursing. Burnard (1990), argues that mentorship is less likely to promote independence and autonomy as the mentor is "older and wiser" which may cultivate a power-dependency relationship. On the other hand, preceptorship involves a more equal relationship, incongruent with the principles of adult education. Moreover, the preceptor is more clinically active and can act as a model of appropriate nursing behaviors (Perry, 1988).

Benner (1984), suggests that expert clinicians can augment clinical instruction as they can demonstrate themselves advanced levels of clinical judgment. Provided of course that they are carefully selected so as to have the required skill levels, since it is very often found that the preceptors do not always have the necessary skills contributing to the practice theory gap (Burnard & Armitage, 1990).

The role of the preceptor.

Most of the research carried out for clarification of the role of the preceptor found multiple tasks and functions in it (Burke, 1994). Firstly the orientation of the student or staff nurse to the work environment which can decrease the "reality shock" so that he/she can assume full responsibility of the patient earlier (Chickerella & Lutz, 1981).

Many studies indicate that preceptor should familiarize the student or orientee with the unit's policies and procedures and also teach the specific clinical skills required (Shamian & Inhaber, 1985).This orientation includes hosts responsibilities such as introduction to the environment, orientation to organizational policies, acquaintance with the key persons of the agency, planning of the assignments, and protecting from unnecessary stressors (Hayes, 1994).

PREPP (UKCC, 1990), suggests that the main responsibilities of the preceptor are supporting students to set their own goals and identify their own learning needs, socializing them with the ward and their role, and help them apply their theoretical knowledge into practice.

A major role for the preceptor is that he/she is expected to show appropriate nursing behaviors and act as a role model both for the students and the staff nurses who observe this practice (Edmunds, 1983).

Kramer (1974), defined the role of the preceptor as: the integration of both the educational and nursing practice values so that the conflict will be dealt with realistic plans. This relationship offers the trainee a role model to work with, provided, that he/she is not just observing but exchanges approaches and evaluations as well (Armitage & Burnard, 1991). This role modeling includes sharing of beliefs and attitudes including legal, ethical and political extensions (Hayes, 1994).

Some of the functions of the preceptor though, create a dichotomy in authors' views. Piemme et al (1986), advocates that the role of the preceptor mainly includes "goal setting, value clarification, and evaluation". The same functions are recommended by the UKCC (1990).

However, Parsons et al (1985), cited by Burke (1994), believes that preceptorship is a more equal relationship. This view is more congruent with the adult learning theory since there is a parity and the preceptor is not domineering because of wisdom and experience. So, the preceptor and the preceptee are communicating openly, support and accept each other in an equal basis (Armitage & Burnard 1991).
Another point of controversy is the supervision, assessment and counseling elements of the role as well as the intensity of the relationship. Davies &

Barham (1989), believe that peer evaluation is more appropriate for adults. In the same way Burke (1994), argues that the preceptor should not be a cheaper ineffective version of the clinical teacher and therefore he should not be responsible for the supervision and assessment of the student, but for supporting him/her instead, to identify objectives and approach assessment in a new perspective.

With regard to the intensity of the relationship, Clayton et al (1989), argues for a less intimate one. Finally, the preceptor can bring improvements in patient care by achieving high standards of practice. So, he/she can implement changes leading to the development of primary nursing and then, support the primary nurses to adapt in their new roles (Armitage & Burnard, 1991). Recent research by Armitage (1990), has shown that the preceptorship by implementing changes towards the development of primary nursing, can really narrow the practice theory gap (Armitage & Burnard, 1991).

Advantages

The preceptor model has a lot of advantages for the student or orientee, the preceptor himself and the institution.

For the student, the preceptorship experience offers first of all, a professional nurturance. This nurturance contributes to student development of socialization and professional roles which can decrease the "reality sock" that most of them experience.

Linn (1975), in his study found that the family nurse practitioners experience less physiological and psychological stress at a preceptorship experience compared to their training.

Donius (1988), found an increase of confidence in the professional role between students of the Columbia University in a preceptorship experience in leadership. Andrusyszyn & Maltby (1993) argue that the students feel that preceptorship gives them independence and they expand their knowledge with someone experienced enough to steer them in the right direction.

Harris & Bluhm (1977), found that students were feeling confidence in performing the nursing procedures under their preceptor's supervision. In another study by Wilson (1977) preceptorship was found to offer professional maturing and competency in their responsibilities.

Other advantages for the students are the opportunities to be exposed to the everyday practice and frustrations of nursing, as well as to the bureaucratic conflicts of an organization, having at the same time the opportunity to discuss them with a role model such as the preceptor. Finally, the preceptorship experience is generally flexible and helps students progress in their own rate so that they can build upon their knowledge and gradually assume increasing responsibilities. (Collins, 1993).

For the preceptors, the role constitutes a professional challenge and offers stimulation and motivation (Bizek & Oermann, 1990). Preceptorship helps them develop their skills in mentoring students as well as improve their professional and leadership roles. The discussion with students about common concerns is an intellectual stimulation for them as students can help them reflect on habitual practices or introduce new ideas (Andrusyszyn & Maltby, 1993).

The role of participating in the development of new practitioners offers satisfaction for the preceptors. In addition, the promotion of higher standards of practice results from preceptorship as well as a reward and recognition of their own skills (Bizek & Oermann, 1990).

For the institution, a preceptorship program is a potential recruitment tool as many students are more probable to seek employment in the same hospital (Chickerella & Lutz, 1981). It is also cost-effective. As Mooney et al, cited by Bizek & Oermann, 1990) reported after a study in intensive care units, the less time needed for orientation resulted in huge savings per orientee. Ellis (1993), argue that preceptorship assists in personal development and staff appraisal, encourage a learning climate and lead to higher standards of care.

Although the hospitals may gain from improved staff retention and development, there are advantages from a faculty perspective as well. During the discussions with the students placed in preceptorship programs in different settings, the faculty can capture the strengths of the clinical community using the experience of the practitioners. What is more preceptors expand university networks in the community and bring community networks in the university. This mutual exchange of information and resources keep both fields in tune with each other (Andrusyszyn & Maltby, 1993).

Ultimately, the advantages of preceptorship can enhance patient care which is supposed to be a vital part of preceptorship through the efforts for a better informed nursing practice (Cerinus & Ferguson, 1993).

Disadvantages

Although preceptorship offers many advantages, some drawbacks may be the extra responsibilities and time required from the preceptor (Chickerella & Lutz, 1981). In a post RN degree program in W. Canada, preceptors found it some times difficult to cope with the demands of their own position. If this matter fails to be acknowledged then preceptorship will be limited to a paper work with just assessment functions which will create frustration to students and fatigue and unfulfilled experiences to preceptors (Brennan, 1993).
In the same program in Canada, the students because of their eagerness to spend as much time as possible with the preceptors were found to be in a very dependant position. Moreover, the preceptors were sometimes uncertain of their role in students' evaluation.

However, the assessment should count upon the feedback of the preceptor, the students' self evaluation and a faculty advisor's contribution (Andrusyszyn & Maltby, 1993). With regard to student learning, some potential drawbacks could be the semester breaks of the students as well as absences of the preceptors, which don't allow students to have a consistent resource person and role model (Chickerella & Lutz, 1981).

Review of available data about the effectiveness of preceptorship.

Although the reports about the effectiveness of preceptorship are mostly positive, the limited empirical data results in controversial views about the effectiveness as an alternative clinical teaching method. The concepts which have been mostly studied are the effect on the clinical competence of the students and their professional socialization (Ouellet, 1993).

Clinical competence is defined by Scheetz (1989), as the ability to be involved in the problem solving process, apply theory to practice and perform psychomotor skills. With regard to clinical competence, Huber (1981) and Marchette (1984), compared the clinical performance of preceptorial students to those who received a traditional orientation. Huber(1981) attempted to examine if graduates after a hospital based preceptorship viewed their performance more positively compared to students after a hospital-based internship experience. Marchette (1984) also compared self-perceived clinical performance, but they both found no differences between the two groups (Myrick, 1988).

Olson et al (1984), examined the effect of an 8-week undergraduate clinical preceptorship on students' self concept and perception of competence but they did not find any differences in the compared groups.
Myrick (1986), compared in a quasi experimental study, the performance of students clinically taught by a faculty member of the university, to this of students assigned to a preceptor but she did not find any overall differences after 3 weeks of clinical experience. Olson,Greasley & Heater (1984), found the same results in students after an 8 week preceptorial program.

On the other hand, Shamian & Lemieux (1984), in their study, evidence a superiority of the preceptor over the traditional teaching model. Their first questionnaire, immediately after the teaching showed no differences but the second one, 3 months later, showed 50% more correct answers from the preceptorial group about the assessment and management of confused patients. They concluded that preceptorship helps with the reinforcement and internalization of knowledge (Peirce, 1991).

In the same way, Sheetz (1989), Clayton et al (1989), and Jairath et al (1991), as well as Infante et al (1989), provided evidence for the effectiveness of preceptorship on performance of students.

In a quantitative study by Corlett et al (2003) it was found that preceptors were more effective than nurse teachers in increasing theoretical knowledge relevant to their specialty. Collaboration between preceptors and nurse teachers on the teaching content was ineffective in increasing theoretical knowledge.

Another study by Myrick & Yonge (2004) was designed to examine the role of the preceptorship experience in enhancing the critical thinking skills of graduate nurses. Using semi-structured interviews, the researchers found that "a complex, ongoing, interpersonal, and dynamic" process between the preceptor and the graduate nurse enhanced indeed the critical thinking of the nurses.

The most important behaviors of the preceptors which contribute towards increasing the students critical thinking ability are: role modeling, facilitation, guidance and prioritization (Myrick,2002).
Professional socialization is defined by Goldenberg & Iwasiw (1992), as a complex interactive process of learning the skills, knowledge and behavior required by a role, and internalization of the values and goals of the profession.

With regard to professional role socialization, Dobbs (1988), found a significantly decreased total role deprivation and conception and a significant increase in work-centered role. In contrast, Itano et

al (1987), who also used the Gorwin's Nursing role conception scale, found no differences in students role conception and role deprivation.

With regard to recruitment and staff retention, the evaluation of a graduate nurse preceptorship program about home care, showed that preceptors helped experienced nurses to see their work from a different perspective, their skills were improved and they felt rejuvenated (Lawless et al, 2002).
Considering the controversial results of the studies, it could be argued that they did not use a consistent pattern for examining competency, either a consistent instrument. Moreover, the sample sizes, and the length of preceptorship were different in the studies (Ouellet, 1992).

It is apparent that the results of the research studies should be treated cautiously because of the flaws of the projects (Peirce, 1991). However the lack of measurement of students' performance, is ignored by nursing educators who eagerly adopt the preceptorship method. More research is needed, to provide evidence for the effectiveness, so that it will not result in an escalation of the problems of clinical teaching instead of solving them (Myrick, 1988).

Selection of preceptors

If preceptorship is to be effective, then it is vital that selection must be careful and criteria are established. Research indicates that the most important features of a preceptor are: personal qualities, clinical and teaching skills and motivation (Burke, 1993).

Many programs set as a criterion for selection a baccalaureate degree. Davies and Barham (1989), argue that this excludes the students from settings where baccalaureate graduates are not available, and isolates them from the real heterogeneous world of nursing.

Moreover Burke (1993), advocates that knowledge can not be only acquired by taking additional qualifications but by experience as well. However, Myrick & Barrett (1994), believe that the fact that diploma prepared preceptors teach baccalaureate prepared students does not advance the nursing practice but preserves the status quo. They say that basic elements that constitute baccalaureate education, such as application of critical thinking, nursing theory and researched based practice, can not usually be expected by diploma prepared nurses. In this occasion, they argue that preceptorship can not promote the teaching learning process and both the preceptors and preceptees who come from differently ideologies are disadvantaged.

PREPP (UKCC, 1990), recommends a 12 month post registration experience in primary nurse level, while ENB (1991), leaves the criteria to be decided by colleges. Many researchers however, believe that this experience should be in the area that the preceptor is working (Burke, 1993).

Moreover, Myrick & Barrett (1994), believe that selection should be based on both the quality and quantity of the nurse's expertise. Therefore they disagree with the twelve month experience that UKCC recommends as they believe that additional years of experience would be a more appropriate criterion.

However, the preceptorship experience of many students has been proved to be disappointing despite the expertise and knowledge of the preceptor (Lewis, 1986, cited by Myrick & Barrett, 1994). This leads to inquiry about other equally essential qualities of the preceptor. Students also value some personal qualities such as being helpful, empathizing, human, humorous, flexible, dependable and enthusiastic. According to the relationship with them, they value being respectful., showing commitment to the student, willing to work with novice and enjoying teaching (Hayes, 1994).
With regard to professional qualities the ideal preceptor should have self confidence, leadership skills, peer respect, knowledge of own strengths and weaknesses (Goldenberg, 1987, Cahill & Kelly, 1989).

Helmuth & Guberski (1980), believe that the preceptor needs to be self confident so as to be able to be responsible and accountable for education/service oriented practice, to be able to adapt to changes and feel secure as a practitioner and role model. They also think that the preceptor must be able to demonstrate analyse, critique and act skills in new primary care clinical situations and finally he must be able to relate to patients especially in educative services.

In addition to them, Shamian & Inhaber (1985), believe that other criteria for selection should be his decision making ability and interest in professional growth. Finally, teaching skills are regarded important (Chickerella & Lutz, 1981), but Davies & Barham (1989), believe that these skills can be developed, provided interest and motivation exist.
On the other hand, according to Myrick & Barrett (1994), the fact that teaching skills is regarded as an "optional criterion" undervalues the importance of the teaching/learning process in the role of the preceptor.

Another criterion for the selection should be a matching of working and teaching/learning styles between the preceptor and the preceptee as well as a common interest in a particular specialty (Davies & Barham, 1989).

However according to Myrick & Barrett (1994), an appropriate matching rarely occurs in reality and the precept ends up with different persons during the preceptorship according to availability and not suitability. This can affect the outcomes of the experience in a negative way as there is no congruency of teaching and the precept is experiencing extra stress trying to adapt to different preceptors having already the stress of the clinical experience (Myrick & Barrett, 1994).

Preparation of preceptors.

Although selection is important, the subsequent preparation of the preceptor needs attention for the ensurance of the effectiveness of the model. According to Shamian & Inhaber (1985), in order to prepare the preceptors, it should be made clear to them what constitutes their role. In their literature review, they conclude that preparation should include a description of this role and the expectations from it, introduction to adult teaching and learning theory, teaching theories, and the art of giving and receiving feedback as well as evaluation.
Dolan (1984), recommends the Dreufys model to be used in preparation. This model suggests that a nurse in the competent level of skill acquisition should be taught by demonstration and case studies from proficient or expert level practitioners (Benner, 1984). in order to help preceptors understand the behaviour of new nurses, and appreciate the skill and knowledge gaps between preceptors and beginners. She argues that with this model, nurses will recognise themselves in the different stages from novice to expert, something which will provide them with sensitivity in their new role.

UKCC recommends a specific preparation for the role which will provide the preceptor with knowledge of the student's program so as to be able to identify his current learning needs and also help the practitioner apply theory to practice, understand how the integration into a new setting happens and understand and assist the student with the problems of the transition and help him set objectives.

However, UKCC suggests a two day program which is obviously a very limited preparation time for all these different and demanding functions. It is suggested that the preparation should be planned in collaboration with the education faculty which should play an important role in the development and selection of the role with managers and preceptors themselves who should negotiate the planning of the program.

Support and reward.

In order to ensure that the preceptorship program continues to function and develop, preceptors should have the nurturance they need and support from the college, management and peers (Davies & Barhmam, 1989).

Myrick & Barrett (1994), recommend the use of an experienced faculty member with clinical and teaching skills to act as a preceptor for the preceptor. He should act as a role model especially for a preceptor lacking clinical teaching experience and assist him with the socialisation into the new role.

Cerinus & Ferguson (1993), argue that this involvement of a faculty member in the support of preceptors is a generally more collaborative approach in education and may help to the narrowing of the practice-theory gap through the recognition of the skills and contribution of both preceptors and lecturers.

With regard to rewards, preceptors get satisfaction by assisting a student grow, and from the intellectual stimulation and responsibility of their role (Chickerella & Lutz, 1981). However, it has been suggested that more tangible rewards such as promotion, status, educational development and financial gains, would be a fair recognition of their demanding role (Goldenberg, 1987). Bizek & Oermann (1990), in their study found a strong relationship between the support that preceptors receive and the level of job satisfaction. So, they concluded that role recognition, benefits and guidance for their efforts can help hospitals retain competent practitioners.

An alternative approach to precepting.

The behavioristic conception of precepting, focuses on technical competencies and principles of adult learning as the most important issues in precepting. However, this model is unable to unfold all the meanings and complex skilled practices such as reflex and intuition that are involved in precepting (Rittman, 1992).

Benner (1982), describes how frustrating could be trying to describe verbally or teach an expert performance as it comes from a deep

understanding of a patient situation which results in quick problem solving.

Benner (1984), and Benner & Wrubel (1989), are offering an interpretative or hermeneutic method to understand the complexity of precepting: the narratives. Diekelmann (1990, 1991), cited by Rittman (1992), believes that preceptors bring with them into teaching, memories and meanings of stories which happened when preceptors were students. These stories when narrated can be valuable ways of getting insight into nursing education (Rittman, 1994). Understanding precepting from the "insight out", is an exciting alternative approach in preceptor development programs.

Cainesville Medical Centre in California is using narratives as the central strategy to reveal hidden skills in precepting. Narratives can help preceptors provide backup and support to orientees and avoid domination, control or depersonalised and disrespectful approaches that they may have experienced as students.

Moreover, precepting as viewed through narratives can lead to creating a sense of community of care in nursing practice. When nurses share thoughts they can transform them and help a sense of community to develop. Narrating stories not only create bonds with the past but also is a way forward to communities of hope (Bellah, Madsen, Sullivan, Swindler & Tipton, 1985, cited by Rittman, 1992).

Conclusion

Controversial views, conflicting research results and ambiguity in the definition and clarification of the role of the preceptor are recurrently emerging from literature review on preceptorship. Preceptorship has been regarded an exciting, innovating and challenging clinical teaching strategy. It has also been recognized as a unique individualizes way of learning and developing interests in a versatile and stimulating way which builds on the strengths of all participants (Andrusyszyn & Maltby, 1993). On the other hand, it has been considered as a short term solution because of the inadequacy of educators for clinical teaching and role modeling arising from the very low status of clinical teaching in universities (Myrick, 1988).

However, there is a rather common agreement, that what is questionable in not the strategy itself but the implementation which need more intense monitoring, guidance from the faculty, support and collaboration of educators and practitioners (Myrick & Barrett, 1994).

Preceptorship has always been a vital part of the practice of nursing providing backup, support and learning to both patients and colleagues. It takes advantage of the principles of adult education but is mostly shaped by the nursing practice. Precepting is caring for patients, each other and other members of the health care team (Rittman, 1992).

If caring and nursing can arguably be considered as synonymous, then precepting is a way of nursing and needs nurturance and support to flourish and develop.

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