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Perceptions of Nursing Student Clinical Placement Experiences

Debra Leners* Kathleen Sitzman†

Karen L. Hessler‡

*University of Northern Colorado, deb.leners@unco.edu

†Weber State University, ksitzman@weber.edu

‡University of Northern Colorado, karen.hessler@unco.edu

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Abstract

There is an unprecedented shortage of registered nurses (RNs) in the United States of America. Efforts to educate more RNs have been limited by a shortage of both clinical placements and preceptors for nursing students. The purpose of this study was to examine nursing education issues associated with student clinical placement as experienced by hospital personnel who coordinate the placements with various schools of nursing. A qualitative study involving 15 state-wide participants directly associated with clinical placement of nursing students was conducted. Emergent themes from the data included lack of consistent terminology and definition of student and preceptor roles, preference of clinical scholars, process of site placements, rewards for supervision of students, dis-satisfiers to the supervision of students and suggested strategies for change. Recommendations which developed from the research are summarized and discussed.

KEYWORDS: nursing education, clinical placement, preceptor perceptions

The largest health care discipline in the United States, nursing, is experiencing an unprecedented shortage of registered nurses (RN). The National Bureau of Labor Statistics estimates there will be more than one million vacant positions by 2010 due to increasing demands for health care and the aging of nursing workforce (Hecker, 2001). At the state level, one Western state is currently experiencing an 11% shortage in nursing workforce, twice the national average. Western states are losing RNs to retirement faster than new ones can be produced (Miller, 2003).

Beyond the staff nurse shortage, the existing shortage of qualified nursing faculty is of grave concern at both the state and national nursing levels. A survey by the American Association of Colleges of Nursing (AACN) cited insufficient numbers of faculty as the primary reason for inability to accept 5,283 qualified applicants to baccalaureate, master's, and doctoral nursing programs in the United States (Berlin, Stennett, & Bednash, 2003). In addition to lack of qualified nursing faculty, programs are turning potential students away due to shortage of clinical preceptors, and clinical placement sites (AACN, 2003; National League for Nursing, 2005). Even after students have been admitted to a nursing program, progress toward degree requirements can be hampered by lack of teaching faculty (Colorado Commission on Higher Education, 2003). Similar alarms have been echoed nationally by associations who monitor nursing faculty shortages (National League for Nursing, 2003; National League for Nursing, 2002; AACN).

Staff nurse shortages and faculty shortages significantly impact the way in which nursing students are educated for clinical experiences. Capacity for student placement in agencies becomes an issue of great concern with a lack of staff available to serve as clinical preceptors and insufficient faculty to oversee clinical student experiences. Given these concerns, the nursing leadership in one Western state undertook a research study, the purpose of which was to examine issues associated with student clinical placement experienced by hospital personnel who coordinate these with schools of nursing. The overarching research question was as follows. Given the known capacity issues associated with the shortage of staff nurses and nursing faculty, what are the perceptions and experiences of hospital clinical placement coordinators as they work with nursing schools to deliver undergraduate nursing student clinical preceptorships? Collaborative support for this research project was provided by a state-wide agency alliance (ACE -Alliance for Clinical Education) and a state-based Center for Nursing Excellence.

REVIEW OF LITERATURE

Clinical experiences for undergraduate nursing students are central and significant to the development of each student's quality professional development. Historically, an integral part of clinical preparation in nursing education has been precepting of students by seasoned RNs. This precepting experience typically takes the form of either a formal, long-term assignment with one nursing student to one staff nurse, or a less formal interaction where students and staff RNs share patients for a specified period of time. The former preceptorship typically occurs with senior student nurses, and the nurse-student interaction is focused on mentoring, role modeling and refinement of clinical skills. The latter scenario involves a short term nurse-student interaction with the circumstances of that particular day, and personalities of the nurse and student dictating a range of experiences from quality mentorship to simple delegation.

Staff nurses typically assume a heavy responsibility for precepting nursing students. The time and energy required for teaching and monitoring students is added to their already overburdened, overscheduled workday (Ryan-Nicholls, 2004). In light of the shortage of nurses and nurse educators, clinical precepting has become a progressively pressing issue for educators and clinical administrators. Locating and maintaining adequate numbers of preceptors for nursing students in a variety of settings presents an increasing challenge, in large part due to lack of experienced staff nurses and associated heavy patient assignments. Collaboration between academia, clinical settings, nurse educators, and preceptors regarding distribution of precepting workloads, scheduling, education for preceptors, and ongoing support, is recognized as significant to successful precepting endeavors (Frame, et al., 2002; Freiburger, 2001; Haas, et al., 2002; Hildebrandt, 2001; Ihlenfeld, 2003; Ohrling, & Hallberg, 2001; Sowan, Moffatt & Canales, 2004). Preparation for clinical preceptors is required to clarify and support their clinical teaching role and maintain strong preceptor programs (Baltimore, 2004; Frame et al.; Freiburger; Ihlenfeld; Neumann, et al., 2004; Ohrling & Hallberg). Ongoing evaluation of preceptor effectiveness has been shown to strengthen preceptor programs by providing positive feedback and assistance where needed (Billay & Yonge, 2004; Yonge, Krahn, Trojan, Reid & Haase, 2002; Boyer, 2002; Hildebrandt).

Problems related to faculty shortage have been well documented. These include low salaries, competition with industry for doctoral-prepared nurses, increasing faculty workloads, retirement of aging faculty, and long lead times for developing qualified educators (Dierker, 2005; Kelly, 2002; Oermann, 2004; Thrall, 2005). However, there is little evidence in the literature that describes the

capacity issues of quality preceptors, difficulties with clinical placements and number of clinical sites.

RESEARCH DESIGN

In order to investigate the impact of staff and faculty shortages on clinical placement of undergraduate nursing students, an inductive approach was undertaken to provide an in-depth, current description of the experiences of hospital personnel who coordinate clinical placements in one Western state. The population sampled included hospital agency personnel in the state who work with Associate and Baccalaureate schools of nursing for quality clinical student experiences. A qualitative approach was used to uncover the lived experiences of hospital agency personnel who coordinate clinical student placements. Specific research questions included:

1. What is the experience of clinical placement personnel with respect to the process of placing undergraduate nursing students in hospitals?
2. What do hospital clinical placement coordinators perceive as rewards, benefits and satisfiers for those who preceptor students?
3. What do hospital clinical placement coordinators perceive as dis-satisfiers for those who preceptor students?
4. What is the experience of hospital clinical placement coordinators with respect to education or staff development opportunities for those who preceptor nursing students?

Methods, Setting and Sample

The method for the study involved basic or generic qualitative research as described by Merriam (1998). The basic or generic method is used when researchers seek to discover and understand a phenomenon, process or informant perspective. Data are gathered primarily through interviews (Merriam).

Data for the study were gathered using qualitative interviews of personnel directly associated with clinical site placements in acute care agencies throughout the central and northern section of a Western U.S. state. Personnel who coordinate clinical nursing student experiences regularly attend ACE (state-wide) meetings to collaborate with nurse educators. The invitation to participate in the study was issued at an ACE meeting, and the sample included all volunteers.

The study was reviewed by the authors' University Institution Review Board (IRB) and approved. The lead author organized and completed all

interviews. A description of the study along with risks, benefits, time commitments, confidentiality issues and consent procedures were explained during an initial telephone contact between the authors and the participants. Participants were informed of the interview procedure.

After signed consent was obtained, appointments were scheduled for individual, semi-structured interviews conducted with an interview guide that followed the research questions previously identified. Interview guides provided a consistency and initial structure to the interview process, while allowing the researcher to expand beyond the guide questions (Merriam, 1998). Interviews were audio-taped and transcribed verbatim by the researchers, allowing for immersion in the data. Anonymity was provided by the use of pseudonym rather than actual name when transcribing all interviews.

The initial tape-recorded interview was conducted to collect data; a second interview was for the participant to review and reflect on the data gathered. Both interviews were estimated to be 60 minutes in length. All study interviews and any field notes were kept confidential and securely stored by the researcher. At the conclusion of the study, audio-taped interviews and any other study material linking participants directly to the data were destroyed.

TRUSTWORTHINESS

Lincoln and Guba's (1985) trustworthiness criteria were used to evaluate rigor of study findings. Credibility was established through member checks where data, analytical categories, and interpretations were reviewed by the informants during the second interview. Member checking allowed the participants to correct errors, clear up misunderstandings, volunteer additional information, challenge wrongly perceived interpretations, confirm individual points and give an overall assessment of adequacy. Dependability was established through the use of peer review by the research team. The research team was consulted regularly during data gathering and analysis to explore any questions or inconsistencies perceived in the data. Confirmability, the extent to which data and interpretation of data are grounded in events rather than the researcher's personal biases and perspectives, was adhered to. The lead author completed initial data analysis of the interviews with an audit trial for the research team to review, examine and discuss for accuracy. A team discussion of experiences and perceptions of the research topic prior to data collection allowed the authors to identify and guard against inherent biases in researcher perceptions. Lastly, transferability was obtained when findings were found to fit other contexts as judged by the reader, and achieved

through rich descriptions of data, and use of informant language. Data were reported using words, and language used by the participants.

DISCUSSION

A total of fifteen individuals volunteered for interviews. All participants were nurses except one (one hospital agency employed a non-nurse for the coordinator role). From a demographic perspective, nine of the participants held master's degrees in nursing and five had bachelor's degrees in nursing. Four participants held advanced degrees outside of nursing, three at the master's level and one with a Ph.D. The range of years in current position was 0.5-18 with a mean of 4.75. Participants had been nurses for an average of 23.32 years (range 10-36). An average of 125 student placements per semester was reported (range 50-350) with an average of 60 staff nurses per semester involved as student preceptors (range 8-170). All participants held roles as hospital employees directly involved in clinical placement of nursing students. There were unique titles associated with all fifteen individuals; however, all were associated with education departments. None of the participants were administrators, nurse managers or clinical nurse specialists. One participant additionally provided direct clinical supervision of students as an adjunct faculty for a School of Nursing.

Categories and Inherent Themes

Data were analyzed by categories and themes, according to Merriam (1998) and Creswell (1998). Seven categories and seven themes were discovered in the data (Table 1). Each category and theme was analyzed and summarized, with informant language and direct quotations to provide rich description of the themes.

Table 1
Categories and Themes

Category	Theme
1. Lack of consistent terminology and definition of roles	"A preceptor is not always a preceptor"
2. Quantity and quality of schools placing students in the agency	"Too many students, too many schools, too many levels of preparation"
3. Quality of clinical scholars, clinical faculty and preceptors	"More engaged with the students"
4. Process of site placements: manager controlled	"Unit Managers are key to placement"
5. Rewards for supervision of students	"Tokens of gratitude"
6. Dis-satisfiers to the supervision of students and clinical placement	"It's like an assembly line – too many students, too often"
7. Suggested strategies for problem solving	"We are in this together"

1. Lack of consistent terminology and definition of roles. Informants used terminology about clinical placement for nursing students that was confusing and often carried more than one meaning. The most relevant example involved the terms preceptor and preceptorship, each meaning being different depending on the agency. The most consistent definition of terms is shown in Table 2. At times, RNs had to precept new hires and students simultaneously, the new hire taking priority, leaving the student to seek alternative clinical experiences.

Table 2
Definition of Terms by Informants

Term	Meaning	Observations
Preceptor	Staff nurse supervision. These nurses are responsible for new RN hire orientation as well as student supervision. Number of students per RN depends on census and acuity level in facility.	Not usually rewarded; expected part of RN role, the "best" preceptors have been out of school less than 1-2 years. Formal education not provided for this role.
Clinical Preceptor / Clinical Teaching Associates	Preferably an experienced RN (may mean only year of practice) who can role model 'good practice' to the student.	These individuals are rewarded financially - were usually required to complete formal hospital based preceptor training. The ratio of staff to students was consistently 1:1.
Clinical Educator	Typically RN; coordinates nursing student clinical placement sites for agencies.	Role is best filled by RN due to need for knowledge of preceptor issues.
Clinical Scholar	RN with a minimum of a BSN, preferably MS; direct supervision of students in clinical. Hired by agency, "dual" role capacity.	If masters-prepared, may be a coordinator or facilitator for several BSN-prepared RNs who do 'hands on' work of precepting (under supervision of MS RN).
Clinical Faculty	RN minimum MS hired by school, not agency employee	More respected if demonstrate clinical competence to staff.

Overwhelmingly, precepting senior student interns was deemed a much more rewarding and satisfying experience for the staff nurse (versus supervising non-senior students), with an ideal ratio of one RN to one student. For students in short term clinical rotations, the preferred assignment is one student to one patient. Problems develop when two or more students are assigned to one nurse's patient load. Some agencies requested that faculty assign students to nurses rather than to patients to avoid this problem, as one wrote: "I ask that [faculty] only assign one student to one nurse, and when the [patient] assignments are made, whatever patients have the student's assigned nurse, the student picks up as their patient assignments for that day." Significant problems were also identified when

staff nurses are assigned to precept nursing students along with new hires in an agency, often in the same period of time.

A variety of educational programs are required and/or provided by clinical agencies for clinical scholars, and for preceptors of senior student interns. In some cases, additional classes are offered by the schools as well, but this cannot always be relied upon. Unfortunately, staff nurses who supervise clinical students on a short term basis are not accorded preparation for the experience, the assumption being that short term clinical supervision of nursing students is inherent in their role, and that they possess the skill set to adequately fulfill this expectation.

Baccalaureate-prepared preceptors were generally preferred for senior students, but this was not always achievable. The priority was placement of baccalaureate students with baccalaureate staff nurses, and associate degree students with associate-degree staff. Nonetheless, some participants expressed that level of education was less important than preceptor ability to teach and nurture students.

2. Quantity and quality of Schools Placing Students in the Agency. Two issues identified as detrimental to quality student placement and precepting in clinical rotations were the number and different preparation level of students. Having more than three to four nursing schools placing students in one agency was considered highly problematic, not only due to numbers of students, but to different expectations of each school, rotation, and level of student. Informants offered very direct statements regarding the quality of students, identified by the program in which they were enrolled. Some staff nurses refused to precept students from certain programs, stating poor quality or lack of clinical preparation. One respondent indicated:

> I filter out schools that are more work than they're worth. If they continually send us instructors that are not appropriate, forget to hire an instructor, hire somebody the night before, and send somebody that knows nothing about the unit, or doesn't even have a license in this state, I have just stopped working with them. They may have an affiliation agreement, but I have the right to make sure there are quality instructors coming into the hospital.

Another participant shared the following story representing how disorganization can reflect poorly upon of any school of nursing, "…these students showed up at [our agency] one morning not knowing where their rotation was or who their

instructor was. We later found out no instructor had been hired so we had to send them away."

Some agency informants clearly designated the schools they would work with, and the limited number of schools from which they would take students. Lack of consistency between schools in terms of faculty and student expectations, paperwork, and required preparation of students prior to entering the clinical area, were reported as troublesome. Some agencies set their own standards for faculty and students, requiring schools of nursing to comply. This was the case relative to faculty-student ratios. Reported faculty to student ratios varied from 1:6 to 1:12, but when agencies decided to dictate the ratio for schools of nursing, the standard was consistently 1:6. Lastly, having students placed in an agency on back-to-back shifts was identified as highly problematic and contributed to staff burnout. Staff nurses and patients were noted to both require a 'break' from constant exposure to students.

3. Quality of clinical scholars, clinical faculty and preceptors. Informants provided enthusiastic agreement that clinical faculty supervision of students by RNs who are agency employees (clinical scholar model) was far superior to supervision by school-based clinical faculty. In the experience of the informants, the dual role of an agency employee being leased to a school as clinical faculty creates an ideal situation for students, staff, the school and the agency. This model assures that agency policies, protocols, practices, preferences and required documentation would be in compliance with standard expectations. Informants felt that clinical scholars were "more engaged" with students compared to clinical faculty and preceptors. The following participant comment typifies the consensus regarding the role of the clinical scholar. "Students and staff love have the clinical scholars. They have no problem communicating, asking questions, complaining, advocating, doing the paperwork, getting through procedures and talking to the docs or the ancillary services."

Academic clinical faculty hired by schools were labeled as, "typically in observation mode", "hands off", "less comfortable with procedures", "removed from the bedside", and "intimidated by staff", in essence, "not engaged". One common complaint about academic faculty was captured in the following quote: "Instructors should be out there with their students somewhere, doing something, not just hanging out at the desk, sitting in the lounge grading papers, surfing the internet or in the library reading".

Another stated, "If faculty are not engaged clinically, it makes staff very apprehensive. The more engaged the faculty, the happier the staff". Being

"engaged" requires instructor visibility and availability to students, preceptors and staff, not only when students are physically on the units, but also before and after students are in clinical.

Preceptors for senior student internships are consistently chosen for their ability to provide high quality role modeling to the student, for their ideal positive attitude toward nursing, and their ability to recruit for the agency. The shortage of quality preceptors was apparent in the following comments: "We don't just want to place students with anybody, and not all nurses are cut out for teaching. Some have a great attitude and some are just burned out". Another participant stated, "Some of our best preceptors are nurses that have only been out of school one year. They know the ropes, and they still remember what it was like to be a student, and they are still enthusiastic about what they do."

4. Process of site placements: manager controlled. The process of placing students in clinical sites was ultimately controlled by unit managers. Clinical coordinators, clinical scholars and clinical nurse educators were all noted to be involved in the negotiation of site placements for nursing schools. Clinical managers were reported to refuse student access to units during high census and high acuities, if training a large number of new hires, staff morale was of concern, or if major changes were being experienced on a particular unit. Some informant comments were: "Managers of the units have a huge role, a pivotal role"; "The unit manager is the critical player in clinical placements"; and "Unit managers are key to placement".

Clinical managers most often identified which staff nurses would be best for student precepting and were noted to greatly appreciate hearing/receiving documented feedback from students about clinical experiences. One informant stated:

> Some managers really like to have control over that; using it as a kind of staff development piece, kind of a clinical ladder piece, 'cause we don't really have a clinical ladder. Other managers do it (decide which nurses should precept) collaboratively with me; they will say I think this person is ready, why don't you talk to them, and see if you feel like they are ready. So it is really individually based, depending on the manager.

5. Rewards for supervision of students. Interviews revealed various rewards for precepting students (Table 3). Most informants believed in a monetary reward and a decrease in workload; however this is not the typical practice. Financial compensation through differentials was the norm, but only

preceptors supervising senior nursing student interns are provided monetary rewards. A wide range in actual dollar amounts was reported, from $1.25 per hour to $3.00 per hour. Workload for preceptors is generally negotiated on an individual basis. Participants revealed that some RNs categorically refuse to participate in any kind of student supervision experience.

Education was perceived as both a pre-requisite to precepting students and as a reward. Agency education ranged from one to series of classes. All informants mentioned some kind of "token of gratitude" for preceptors (Table 3). Hourly differentials and 'university credit' for senior internship preceptors, were clearly the rewards most appreciated; however, all rewards were deemed as important to staff nurse satisfaction.

Table 3
Rewards for Precepting Students

Monetary Rewards	Workplace Recognition	Institutional Recognition	"Tokens"	"Personal Rewards"
Differential of $1.25, 2.00 or 3.00/hr + 5% /hr precepting hrs +$1.25/hr + $2.00/hr for being clinical scholar $300.00 for every 120 hrs • + 5% for Sr. Practicum students • $50.00 certificate	Preceptor Excellence Program (PEP) • Clinical ladder + staff evaluations • Informal recognition as "expert." • Recognition for new RNs hired • Education/ Preceptor workshop • Center for excellence membership	• ACE certificate • School certificate • School in-service, or program • Input on school curriculum changes • Free University. credit toward a higher degree	• Gift cards • Thank-you's • "Points" given for precepting • Candy • Pizza • Movie tickets • Scheduling • Pins & certificates for preceptors as "scholars." • Lab coats	• Personal satisfaction "molding" a student • Alumni working with students • Creating future • Recruiting a student to unit • Sense of engagement • Mentor role satisfaction • Personal thank-you's from students

6. Dis-satisfiers to the supervision of students and clinical placement. The volume of students needing placement in clinical facilities leads to the main dissatisfaction of 'too many students, too often'. One informant described the

placement of students as an assembly line: “We have had students every day during the day and evening shifts for the past month. Sometimes we book 4-5 days per week on all shifts and we have 4-5 students per shift. It’s like an assembly line”.

The workload of the supervising staff nurses was of great concern given the high volume of students in clinical facilities. Units that are already short staffed cannot manage a difficult patient load with the addition of several students. The burden of students is related to the extra responsibility of supervising student activities, and the additional stress associated with this responsibility. Nurses who really enjoy clinical teaching are described as those needing protection from overuse by schools of nursing. Burnout was revealed as a great concern for staff constantly exposed to students: “There are only so many RNs that enjoy working with students and new hires, so they’re the ones we call on first and they are getting burned out”.

Another resounding dissatisfaction with precepting involved the attitudes of students and perceived clinical capability of academic faculty. Reports included: “a lack of trust of the faculty and student clinical ability”. As one informant stated:

> Staff nurses are very protective of their patients, and they have to have trust in faculty and students that they will do a good job. They need to know that they (faculty and students) understand procedures and how to take care of the patients.

Clearly, clinically adept nursing faculty are a must, from the perspective of nursing staff. Some disconcerting stories were shared about faculty who were never oriented to the clinical units, who did not show up for clinical, or who thought it was fine to go out of town and have students on the unit ‘observing’ in their absence. “If the faculty are not at the bedside and capable of patient care, staff get irritated. Why are they here taking up space if they’re not going do anything?”

“Not knowing what to expect of the student” was a repeated problem voiced by staff. Informants identified that nursing staff often do not understand what they can expect of students, and when they attempt to clarify these expectations, students reportedly become intimidated or aggressive, which is not appreciated. Lack of communication about level of students, their capabilities, and expectations, are obviously important for preceptors in any clinical placement. As reported, students were perceived as being focused on themselves

rather than on the realization that, “they need to see things to do, be helpful, pitch in and be part of the team”. Identified also was that staff prefer to work *with* students not *for* students, that there is a chain of command that students should be aware of, and direct communication about student dissatisfaction rather than contacting the nursing supervisor or other authority figure is preferred. When students go to faculty with a concern or straight to a manager without discussing the issue with the assigned staff nurse, trust is broken. Nursing staff are unappreciative of faculty who do not “deal with problem students”, the latter being those described as demanding; poor communicators; self-centered; unprepared; rude; lack interest in learning from RN.

Informants identified the process of student placement as confusing or often lacking communication, preparation and organization. When this “struggle” with the process is observed by staff, the experience is seen as negative and “(staff) feel very badly for the students”. One informant stated: “We hate feeling badly about the fact that an experience didn’t go well. We want to feel like we did a good job by them, and offered them a positive experience”.

The final dissatisfying element of precepting noted by informants was the misconception that nurses precepting students have an ‘easy’ workload due to ‘help’ from students. “There is this perception that if you’re a preceptor life is a piece of cake because you have all these helpers. Well far from it- the reality is that there’s twice as much work and twice as much responsibility”.

7. Suggested strategies for problem solving. Suggestions for problem solving issues that surfaced are presented in Table 4. The clinical scholar model was a very popular and appreciated approach to dealing with the lack of high quality clinical faculty. Receiving college credit for precepting students was a model that informants felt would highly motivate staff. Schools of nursing currently providing this incentive was very much appreciated.

Informants also recommended increasing awareness from nursing as a whole about the critical clinical role preceptors play. One informant stated that without such awareness and increase in status, “the well is going to run dry”. It seems apparent then that nursing recognize and revere those in the precepting role, or risk losing those willing to participate. Informants did identify that some nurses refuse to work with students, feeling that preceptor responsibility is not part of their professional staff nurse role.

Table 4
Strategies for Problem Solving

Issue	Suggested Strategy
Lack of adept clinical faculty	Promote Clinical Scholar model implemented by Center of Excellence Labor Grant: "It works, and it's the only way to go"
Incentives for staff to precept students	Schools provide free credit for education in return for certain number of hours precepting students. Encourage and educate students about importance of positive feedback to staff "Recognition from the students directly is always wonderful" Educate staff how to interact and work with students rather than only clinical scholars or those who precept seniors.
Staff understanding student role	Handbooks, tables, checklists to help staff know what to expect from all levels of students.
Student preparation for clinical	Educate students about the realities of clinical experience Students need to come to clinical prepared, with positive attitude and willingness to be team player. Have beginning students use things like simulation labs to learn the basics. The hardest types of students to work with are the "new babies" (informant language), it takes so much extra time.

CONCLUSIONS AND RECOMMENDATIONS

The study uncovered data that highlight necessary changes required for the process of clinical placements of undergraduate nursing students. Strategic rationales for problem solving was readily identified by the participants. Given the informant insights, it may be helpful to create a primer for academic faculty, clinical staff, clinical scholars and students alike, to include the following:

1. Definitions and clear descriptions of role expectations for precepting/preceptors.
2. Appropriate training, education, and compensation for preceptors.
3. Outline of relevant procedures for student placement and communication of problems.
4. Guidelines for ensuring adequate faculty engagement within agency facilities.

5. Preferred workload assignments for preceptors when working with students.

In addition, collaboration between nurse educators and clinical leaders for effective nursing student placements is a must. In order to minimize or eliminate unsatisfactory preceptoring experiences, issues should be addressed such as, providing back-to-back shifts, and overwhelming patients and nurses with constant student involvement. Furthermore, lack of educational preparation and guidance for the day-to-day preceptoring of short term student placements, needs to be discussed. Obviously, recruitment of quality preceptors for students is essential, and providing them with clear expectations, guidelines, and tools to assist them in this process, should make precepting any nursing student, an enjoyable, fulfilling part of their responsibility to the profession.

Administrators and faculty in schools of nursing need to be organized, have clear expectations for clinical faculty, and consistently communicate student expectations in the clinical setting. Creation of a clinical coordinator role in the school of nursing, to work with clinical placement leaders would be beneficial. Furthermore, competitive salaries for clinical faculty and clinical preceptors should be reviewed. As previously identified, instructor documented certificates for clinical preceptors acknowledging their knowledge, and value to students and to the profession, would serve as an enhancement and reward. Satisfied clinical instructors and students could have a positive effect on the current and future nursing workforce.

A final recommendation pertains to a shift in paradigm to the clinical scholar approach. Perhaps schools of nursing should collaborate with hospitals and other agencies to develop this model. Clearly, however, more research is required to assess this model, and that of clinical placements of students in order to provide rich and meaningful learning opportunities. A collaborative faculty-agency approach to encourage innovative ideas for improving clinical experiences is warranted.

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