Creating a Collaborative Partnership Between Academia and Service

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ABSTRACT

This article discusses how the experience of instituting preceptor clinical experiences throughout an undergraduate baccalaureate nursing curriculum resulted in a partnership between academia and service. The collaboration between academia and service built on the strengths of each institution to reach a common goal. Integration of the preceptor clinical model is unique in that implementation occurs in the second semester of a four-semester curriculum. Advantages and disadvantages to the model for students, preceptors, and faculty are presented. Unanticipated benefits to both institutions and ideas to help other programs and facilities develop a collaborative partnership for the education of baccalaureate nursing students are provided.

At The University of Texas at Tyler, changing the nursing curriculum resulted in a monumental leap from a traditional method of conducting clinical experiences to a collaborative partnership between academia and service. Curriculum planning began in 1997, based on faculty desire and graduate evaluations. Reports and recommendations from national and state organizations, such as the National League for Nursing (1990), Pew Health Professional Commission (1995), U.S. Department of Health and Human Services (1998), and the Nursing Education Advisory Committee (1993), further stimulated faculty recognition of the need for change.

According to the American Association of Colleges of Nursing (AACN) (1998), graduates of baccalaureate programs are expected to enter practice able to perform at a higher level and with more knowledge in structured and unstructured settings. Anderson (1996) noted that “good teachers expect students to take an active role in the teaching-learning process” (p. 257). In a rapidly changing health care environment, the need to know how to learn has become more critical for nursing graduates than the acquisition of specific knowledge. Based on these recommendations, the faculty at The University of Texas at Tyler focused on ways to integrate active learning into the new curriculum.

Although the use of preceptors in the clinical setting was not a new concept and several advantages were expected (McGregor, 1999), the unanticipated benefits to those involved continue to delight faculty. The degree to which the preceptor program was implemented is also unusual. This article describes the development, implementation, and evaluation of a preceptor program and how this program resulted in a collaborative partnership between The University of Texas at Tyler and area agencies.

HISTORICAL PERSPECTIVE

The University of Texas at Tyler admits students to the nursing program at the beginning of their junior year after prerequisites have been met. The junior and senior years are divided into four levels that must be completed.
sequentially (i.e., Level I = first semester junior; Level II = second semester junior; Level III = first semester senior; Level IV = second semester senior). Students move from basic concepts toward increasingly complex nursing care. Traditionally, for the clinical experience, students were assigned to a particular faculty on a particular day with a designated clinical faculty. The focus was on exposing all students to the same wide range of clinical experiences. Students at Level IV were expected to care for a minimum of four patients.

Based on the evaluations of alumni, employers, and current students and faculty, the faculty recognized that this traditional system of providing clinical experiences was not meeting the needs of students, employers, or faculty. Students stated they felt ill prepared to enter the nursing profession. Employers voiced concerns that new graduates from the baccalaureate program were deficient in clinical skills and judgment and had unrealistic expectations of the work environment. Faculty were concerned that a threshold for safety had been reached and were unsure how to improve students’ clinical skills without jeopardizing patient safety.

Based on ideas presented at the AACN Inaugural Baccalaureate Education Conference held in November 1998, a pilot project was developed to explore a different approach to clinical experiences. The focus was to provide an in-depth clinical experience by immersing students in a reality-based setting with expert nurses as preceptors. This approach provided students the opportunity to actively participate in identifying and meeting their individual learning needs. The pilot project was implemented in the spring of 1999.

**PILOT PROJECT**

Initial steps in developing the pilot project involved discussions with the dean of the College of Nursing and inservices for faculty. Nursing administrators at area agencies then were approached for permission to implement the project on specific units. Managers of participating units helped identify nurses to serve as preceptors, who then were contacted to determine their willingness to participate. Inservices were provided to the selected preceptors of the units. The content covered during the inservices included: forces driving nursing education and health care; teaching principles; learning styles; roles of students, preceptors, and faculty; anticipated advantages and disadvantages of preceptored experiences; and examples of student-preceptor interactions. Sample scenarios also were presented to help preceptors determine how they could actively engage students to meet clinical objectives.

Each preceptor received a packet that was reviewed with the faculty. The packet included the College of Nursing philosophy, a description of the preceptor responsibilities as defined by the Board of Nurse Examiners for the State of Texas (1996), a description of the prerequisites students had completed, the course objectives, student accountability, a student evaluation form, a skills checklist, contact information for the faculty, and a preceptor contract as required by the Board of Nurse Examiners for the State of Texas. The project was piloted in two courses—Adult Health I in Level II, and Care of the Childbearing Family in Level III.

**FORMAT**

At Level II, students assigned to one of the seven clinical groups in Adult Health I were approached for their willingness to participate. The nine students in the group did not hesitate to volunteer. Students were asked to complete a form that indicated their hours available, clinical interests, and work experience. The clinical faculty then matched students with preceptors, taking into consideration personal and students’ interests and experience. All nine students in the experimental clinical group were assigned to preceptors at the same institution.

The design of the preceptored clinical experience for students in Care of the Childbearing Family course at Level III was slightly different. These students, who were first semester seniors, had more flexibility in their experiences and location than students at Level II. Faculty at this level also worked with nurse managers to identify expert nurses. In addition, several students were permitted to identify their own preceptor, based on their identified clinical needs, which was subject to approval by faculty. Believing strongly that nursing care occurs at the patient’s side, regardless of the patient’s location, experiences at Level III varied widely. Students were paired with staff nurses in labor and delivery, postpartum and nursery, and community agencies, following midwives and certified lactation consultants. One student expressed an interest in industrial nursing. Faculty developed a clinical experience with the occupational nurse at a local distribution center, and the student followed the employees who were pregnant.

**Students’ Role**

Students no longer were in clinical settings on preassigned, designated days. The only restriction was that students could not attend clinical experiences during class times. Students worked weekends, nights, and evenings, as well as the traditional day shift during the week. To promote active learning, students were expected to identify two or three goals they planned to address each clinical day. Each student was able to individualize his or her clinical experience. There were no restrictions on the number of patients for whom a student could care. Students no longer visited the agency the evening before the clinical experience to select patients and prepare care plans. Students were assigned to their preceptor, rather than specific patients. Learning to look up information quickly and use available resources was essential to students’ success. To enhance critical thinking, students also were asked to self-reflect at the end of each clinical day (Figure 1). Sharing clinical experiences with their peers...
The University of Texas at Tyler College of Nursing Evaluation of Clinical Preceptor Program

Please complete the following questions. Your thoughtful responses will be used to direct nursing student education in East Texas in the future. Thank you so much for your participation and time!

1. Role (check one)
   - Preceptor
   - Student
   - Administration
   - Faculty

2. What do you feel were the advantages of the preceptored clinical experience? (Please include what you perceive as advantages for all parties concerned, but especially those advantages that affected you in your role.)

3. What do you feel were the disadvantages of the preceptored clinical experience? (Please include what you perceive as disadvantages for all parties concerned, but especially those disadvantages that affected you in your role.)

4. What would you change about the experience?

Question 5 for students only:

5. Please rate your preceptor on the following attributes:
   - 4 = Excellent
   - 3 = Above Average
   - 2 = Average
   - 1 = Needs Improvement

The clinical preceptor:
   - Demonstrated clinical competency
   - Stimulated critical thinking through interaction
   - Was available for guidance and supervision
   - Conveyed feedback in a constructive manner
   - Demonstrated an organized approach to precepting
   - Demonstrated respect for the student as an individual
   - Promoted a conducive environment for learning
   - Helped the student meet clinical objectives

Name of preceptor (optional): _________________________________

Additional comments: _______________________________________

Figure 2: The University of Texas at Tyler College of Nursing evaluation of preceptor pilot project form.

through weekly clinical conferences and case study presentations provided students the opportunity to practice their presentation skills. In addition, the other students were able to ask questions and provide feedback to presenting students regarding patients' care plans.

Preceptors' Role

Preceptors functioned as role models in their designated clinical areas. No schedule or staffing changes were made to accommodate students. Preceptors oriented students to the clinical area and helped students identify and monitor available nursing activities that would accomplish the clinical objectives and students' goals. Preceptors ensured safe nursing practice by supervising students' performance of clinical skills, assessment, communication, and development of care plans. Each preceptor-student dyad decided how best to meet the student's objectives. Some preceptors assigned students a particular patient from their assigned group. Others had students gradually take on increased responsibility for the entire team of patients. Preceptors provided feedback to students and faculty regarding students' performance.

Faculty's Role

Faculty monitored students' progress through clinical rounds on the units, students' participation in clinical seminars (i.e., grand rounds), student/preceptor/faculty conferences, and students' assignments and activities. Faculty were still responsible for the overall teaching and evaluation of students. They did collaborate with the preceptors to complete the written student evaluations at the midpoint and end of the rotation. Any time students were

in a clinical facility, faculty were available by pager. It was made clear to preceptors that faculty were available for consultation at any point, whether or not students were in the clinical setting.

EVALUATION

Evaluations of the pilot project by students, preceptors, and participating faculty were overwhelmingly posi-


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<tr>
<th>Participants</th>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td><strong>Students</strong></td>
<td>• Increased clinical experiences</td>
<td>• Long days</td>
</tr>
<tr>
<td></td>
<td>• Increased confidence</td>
<td>• Limits students to one patient population</td>
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<td></td>
<td>• Continuity</td>
<td>• Scheduling sometimes difficult</td>
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<tr>
<td></td>
<td>• Better time management</td>
<td>• Clinical experience cancelled if preceptor is ill or canceled from schedule</td>
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<td></td>
<td>• Real world expectations</td>
<td>• Time</td>
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<td></td>
<td>• Validation of chosen profession</td>
<td>• Added stress/responsibility</td>
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<td></td>
<td>• Flexibility</td>
<td>• More organizational time, expertise</td>
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<td></td>
<td>• Increased responsibility for own learning</td>
<td>• On call</td>
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| Preceptors   | • Stimulate own growth                           | • Time                                                          |
|              | • Personal satisfaction/rewarding                | • Added stress/responsibility                                  |
|              | • "Help" toward end of rotation                  | • More organizational time, expertise                          |
|              | • Continuity—knowing students’ capabilities      | • On call                                                       |

| Faculty      | • Increased collegiality                         | • More organizational time, expertise                          |
|              | • Flexibility                                    | • On call                                                       |
|              | • Increased individual time with students who need it | • More organizational time, expertise                          |

TABLE
Participants’ Identified Advantages and Disadvantages of the Preceptored Clinical Experience

UNANTICIPATED BENEFITS

After four semesters of using preceptored clinical experiences, several additional unanticipated advantages have become evident. During the project, it was observed that in preceptored clinical experiences students could assume more responsibility, manage time more effectively, prioritize more acutely ill patients, and perform a greater number of skills. This was in sharp contrast to traditional clinical experiences in which students had difficulty assuming care of more than three patients, struggled with time management and setting priorities, and did not have the opportunity to perform some skills prior to graduation. For example, students in the preceptored clinical experience routinely manage a team of four to six patients, even at Level II. Whereas previously students required 20 minutes to prepare and administer one intravenous piggyback (IVPB) and had the opportunity to administer only three or four IVPBs in one semester, students currently are completing the task more quickly and confidently and administering as many as 75 IVPBs per semester.

Faculty also noted that students previously required more guided learning, suggestions of resources, and encouragement to explore patient needs with other health care providers. In the preceptored clinical experience, faculty report that students are actively seeking information from their preceptors, physicians, and the literature, and then sharing their “discovery” with faculty. Students are demonstrating the need to be accountable for their own learning and are “...learning how to learn” (Anderson, 1996, p. 258). The fact that students no longer have the evening prior to the clinical experience to prepare means they have had to learn to use their resources.

Faculty were unprepared for the level of camaraderie that developed between students and preceptors. Many students expressed feeling they were a part of the unit. Staff included them in activities, such as potluck dinners, staff birthday parties, and holiday celebrations. The nurturing atmosphere created a better learning environment. It provides students with a sense of inclusion that refutes the myth that “nurses eat their young.”

Hospital administrators noted there have been unanticipated benefits to the service institutions as well. For example, because the program permits students to participate in clinical experiences 24 hours per day, 7 days per week, nurses on the evening and night shifts have the opportunity to become preceptors. Spreading student experiences over several days and shifts eases the burden often placed on nurses working the day shift during the week. In addition, smaller institutions that cannot support an entire clinical group of students are able to participate in providing clinical experiences. For all institutions, the preceptor program enables them to preview future employees and recruit those who appear well matched. In addition, managers and administrators have noted an increased level of professionalism among staff.
For example, nurses were noted to be performing more patient teaching, and end-of-shift reports were more concise and were presented in a more professional manner.

The preceptor clinical experience has been embraced by students and local agencies. The leap from traditional clinical experiences to preceptored clinical experiences integrated throughout the final three semesters of the curriculum has provided students the opportunity to participate more actively in their own learning. It has also resulted in a collegiality that was not present with the traditional model. That collegiality has led to several additional benefits.

COLLABORATION TOWARD A COMMON GOAL

Since the preceptor project began, there has been increased discussion between academia and service. The common purpose of developing graduate nurses who are ready to assume the professional role has demanded that educators and agency personnel work closely together. It became evident during early discussions that neither academia nor service had been optimally fulfilling their role. Over time, several ideas that build on individual strengths and resources were generated and implemented.

Since the inception of the program, preceptors have voluntarily participated in the project. No incentive was offered other than the opportunity to work with students one on one. Although it was never requested, the University of Texas at Tyler nursing faculty and administration opted to provide benefits to the preceptors to express their thanks. The dean of the College of Nursing polled faculty, students, and preceptors for ideas. She then worked with appropriate university personnel to provide a package of benefits. Each semester, participating preceptors receive a formal letter of appointment to the university as a “Clinical Education Specialist.” This non-paying, non-tenured position entitles preceptors to library privileges at the university, faculty discounts at the Fine and Performing Arts Center, one free continuing education program sponsored by the College of Nursing after one semester of service, and one free nursing course after 1 year of service. The free course has enabled preceptors to test their readiness to further their education, and several currently are enrolled at the university. This, in turn, has aided recruitment efforts at the university.

The service institutions also have recognized the additional effort put forth by the preceptors. Agencies have incorporated the preceptor role into evaluations and career ladders. One institution also provided preceptors with a gift certificate to an area store as a means of thanking preceptors for their participation.

At one point, discussion centered on the lack of learning laboratory space for a growing student population at the College of Nursing. One institution responded by converting an abandoned intensive care unit into a learning laboratory for students. When the laboratory is not in use by the university, the institution uses it as a training center for employees.

Recognizing faculty expertise in education and research, area agencies have enlisted the help of faculty in presenting continuing education programs and conducting research within the institutions. Three studies have been completed, two are ongoing, and another is in the planning stage. Faculty have donated their time to present several continuing education programs at collaborating agencies. Reciprocally, several of the nursing service participants have served as guest lecturers to undergraduate and graduate classes, offering insights into administration and specialty areas.

Networking opportunities have increased and resulted in additional joint projects. Agency and academic personnel attend conferences together and have collaborated in conducting presentations. Faculty are included in agency celebrations of nurse’s week. Agency personnel were an integral part of the planning and execution of the 25th anniversary celebration at the College of Nursing. As a direct result of networking, area hospitals are in the process of developing a standardized nursing documentation format.

The renewed sense of pride in nursing for both academia and service is the most rewarding ongoing consequence of implementing the preceptor program. The mutual respect that existed has deepened. This collaborative effort has created a new sense of professional relationships among agency administrators, staff nurses, College of Nursing administration, and faculty. The barriers that often occur in these relationships have been removed as the parties recognized the possibilities when academia and service join together.

FUTURE DIRECTIONS

The preceptor program was implemented during a 2-year period. It is anticipated that the students who participated in the initial pilot project, and who have recently graduated, will have an easier transition to the role of the professional nurse. They are graduating with more realistic expectations of the work setting and with increased clinical expertise. In several situations, students are working at institutions in which they were preceptored. It is anticipated that orientation time will be decreased for those new graduates. Results of evaluation research currently are being analyzed.

A second study that compares the performance of graduates who were preceptored with those who were not is also in analysis. Questions addressed are related to recruitment, graduate expertise and expectations, and the degree of ongoing professional development. Results of the study hopefully will provide the assurance that graduates have achieved the desired outcomes of the preceptored program.

CONCLUSION

Shifting from traditional to preceptored clinical experiences offers an exciting opportunity for academia and ser-
service to collaborate toward a common goal. Students are being prepared to meet patient needs in an ever-changing health care environment with competence, confidence, and enthusiasm. They are entering the profession with realistic expectations and ready to assume the role of the professional nurse. The unique partnership between academia and service has resulted in unanticipated benefits, exceeding all expectations. The collaborative model continues to evolve as it positively affects the nursing community of East Texas.

REFERENCES