Guiding students through reflective practice — The preceptors experiences. A qualitative descriptive study

Anita Duffy *

Lecturer/Course Co-ordinator, School of Nursing and Midwifery, Trinity College Dublin, 24, D'Olier St. Dublin 2, Ireland

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Summary
Background: Nurse Education in Ireland has experienced a significant change over the last 10 years. As a consequence staff nurses must be prepared to support student learning and enable student learners obtain an optimum educational outcome, thereby enriching the students' clinical placement. 'Reflective time' has been included in the rostered year to enhance the consolidation of theory and practice. The nurse preceptor can facilitate students to reflect on their practice through guided reflection. This study presents the experiences of seven preceptors towards guiding student nurses through reflective practice in the clinical practice area.

Methodology: A qualitative descriptive research methodology was chosen to research this phenomenon. Semi-structured qualitative interviews were undertaken with a purposive sample of seven student nurse preceptors. All the interviews were transcribed verbatim and analysed using Burnard's [Burnard, P., 1991. A method of analysing interview transcripts in qualitative research. Nurse Education Today, 11(6), 461–466] 14-stage method of thematic analysis.

Results: Analysis of the data revealed that preceptors had little or no experience of using guided reflection within the preceptorship process. Factors, which contributed to these findings included the training and development of preceptors, the critical relationships within the preceptorship process, and the preceptors' experiences of reflection in the past and present, not withstanding the anticipated future benefits of using guided reflection to aid student learning.

Conclusion: Guided reflection is a relatively new concept in Irish nursing with this study generating data on seven preceptors’ experiences of using guided reflection in the preceptorship process. The study caused the participants to deeply reflect...
Background to the study

The concepts of reflective practice and preceptorship have attracted substantial discussion in the field of nursing over recent years. This study took place during an era of significant change in nurse education in Ireland. Nurse education is currently in a transition stage having evolved from certificate to diploma level, with student nurses now undertaking a degree level of education. The need for increased research regarding guided reflection has been highlighted in the nursing literature (Smith, 1998; Duke and Appleton, 2000; Johns, 2001). There has been a paucity of empirical research in relation to the factors which impede or facilitate guided reflection. Currently anecdotal evidence suggests that the application of reflection to practice is poorly developed in the clinical practice area, with further research strongly recommended.

The role of the preceptor in facilitating guided reflection

The concept of preceptorship originated in the 15th century and filtered into nursing to support the graduate nurse. The education of neophyte nurses was seen to lack reality orientation leading to reality shock (Kramer, 1974) subsequently reflected through the difficulties newly qualified nurses experienced in their transition from an educational to a real work situation. A preceptor was described by Kramer (1974) as one who has the ability to integrate education and practice, to set realistic goals and resolve conflicts. In 1993, the United Kingdom Central Council introduced preceptors to nursing to act as a role model, teaching the neophyte nurse, passing on professional standards of nursing, offering reassurance and enhancing the formal educational process. In 1993, the United Kingdom Central Council introduced preceptors to nursing to act as a role model, teaching the neophyte nurse, passing on professional standards of nursing, offering reassurance and enhancing the formal educational process. However, there has been considerable confusion in relation to the definitions of "preceptor" in the literature; with the interchangeable use of terms such as facilitator, mentor and preceptor, arguably highlighting the perplexity that abides as to what exactly is implied by the term.

There is an abundance of literature pertaining to the theory–practice gap in nursing (Rafferty et al., 1996; Rolfe, 1998) with a belief that reflective practice bridges the gap (Johns, 1995; Carr, 1996; Fealy, 1999). In terms of guided reflection the preceptor acts as a critical friend questioning the student, supporting and assisting students’ demystify practice related issues, hence bridging the perceived gap between theory and practice (Johns, 2002). Preceptors have a major influence on the outcomes of reflective practice (Atkins and Murphy, 1993; Reid, 1993; Johns, 1995). Today, more than ever before, with the introduction of reflective practice into the undergraduate curriculum, preceptors need to find time to support students through their clinically based reflections to help students question, analyse, reflect upon practice in order to become safe, caring, competent nurses or midwives (An Bord Altranais, 2003). It evidently is the responsibility of all registered nurses to support student learning in the clinical learning environment. Preceptors are in an ideal position to undertake guided reflection with student learners. Preceptors can relate to the students experience, enabling students to decipher and achieve ongoing clinical learning needs.

Consequently a pertinent question arises – have preceptors the experience and knowledge to facilitate guided reflection? Atkins and Murphy (1993) carried out a literature review to identify the skills necessary to become reflective. The principle skills outlined were self-awareness, critical analysis, synthesis and evaluation. The ability to ask stimulating challenging questions is perhaps the most valuable skill that a preceptor can display. Competent questioning can trigger preceptees to think critically and thus improve problem-solving and clinical decision making skills. Furthermore, critical thinking enables preceptees to translate complex ideas, assess and analyse information concerning clinical events and distinguish what is reasonable from what is not. Preceptors must therefore be taught how to ask higher order questions in order to incite critical thinking (Myrick and Yonge, 2001; McCarty and Higgins, 2003).

Lyth (2000) contends that clinical supervision, preceptorship and mentorship are all concepts germane to reflective practice. Encouraging guidance through clinical supervision and preceptorship is imperative in a world that is complicated and considered 'swampy' (Schon, 1987). Guided reflection is a supportive collaborative process – a journey of...
now to where one wants to be (Johns 2002). The process can be structured or informal, but there is little clarity about how the necessary skills are developed and refined. From a comprehensive literature review a lack of focus on guidelines for preceptors conducting guided reflection was observed, with the significance of guidance for preceptors evidently under-emphasised in the current literature.

Practitioners require guidance and support to critically analyse and develop their practice (Johns, 1993). Guided reflection has the potential to assist student learners gain a deeper understanding of practice related issues, thereby enhancing and encouraging life-long learning in nurse education (United Kingdom Central Council (UKCC), 1996; Maggs and Biley, 2000). Moreover it is evident that there is scope to develop guided reflection in the preceptorship process, particularly as a therapeutic way of helping student nurses contrive strategies to prepare them for the challenges of clinical practice. It is evident that the process, in order to be worthwhile must be formally integrated into the clinical practice area. In this way it becomes part of the continuous reflection in and on action (Schon, 1987) that professionals engage in when they work. Impartial reflections on action have little value and therefore facilitators of reflection are essential in today's health-care environment.

The literature review offered a comprehensive description of the benefits of using guided reflection in the preceptorship process in nurse education. Preceptors are in an ideal position to guide student nurses through clinically based reflections. Considering the paucity of empirical research in relation to guided reflection, this study aimed to capture the preceptors’ views and experiences of using guided reflection as a learning tool in the clinical practice area.

**Methodology**

The purpose of the study was to uncover the nature of seven preceptor’s experiences of guiding undergraduate student nurses through reflective practice in an attempt to determine how their experiences affected their practice and added to the preceptorship process. A qualitative descriptive methodology was employed to answer the research question – “What are nurse preceptors’ experiences of guiding students through reflective practice?” The chosen methodology facilitated data collection and analysis in a naturalistic fashion, allowing the researcher to focus completely on the individuals involved in the study and their experiences of the phenomenon in question.

**Sample**

A combination of convenience and purposive sampling was used to recruit subjects to gain a broad range of perspectives on the preceptor’s experience of guiding student nurses through reflective practice. A convenience sample of eight preceptors volunteered to participate. One chose to withdraw during the study for personal reasons. The preceptors were undertaking a post registration educational programme in nursing at the time of the study. The researcher contacted all the potential participants by e-mail explaining the inclusion and exclusion criteria. The eight preceptors that participated were female, employed as student nurse preceptors from three nursing disciplines in a number of teaching hospitals in Ireland. Participants were required to have completed a Teaching and Assessing course or a Preceptorship course. Three of the participants had formal education in relation to reflective practice. Each of the participants had experience of preceptoring more than one student nurse with an average experience of preceptoring five undergraduate student nurses. The preceptors in the study had between one year and four years experience of Preceptorship. All participants consented to be involved in the study.

**Data collection and analysis**

The method of data collection chosen was a semi-structured interview, beginning with some general questions on the preceptors experiences of preceptorship and then further exploring the participants understanding of guided reflection (Table 1). Data was collected over a period of three weeks. The interviews took between 20 and 40 min. Analysis commenced immediately using Burnard’s (1991) framework for data analysis (Table 2). Burnard’s method of data analysis comprises of 14 stages adapted from Glaser and Strauss’ grounded theory approach and from various other works on content analysis (Burnard, 1991). The aim of the analysis was to produce a detailed and systematic record of the themes and issues addressed in the interviews,

**Ethical considerations**

Ethical permission was sought and obtained from the local University’s ethics’ committee. Access was gained from the head of the Nursing depart-
ment. The study was governed by the principles of informed consent, confidentiality, beneficence, non-maleficence, respect and justice. The participants were given both verbal and written information regarding the study and informed that they had the freedom to withdraw from the study at any stage, which sanctioned them to voluntarily consent to participate (Polit et al., 2001). Following the interviews one participant chose to withdraw. Each participant chose a pseudo name. The researcher was cognizant of her relationship with the students, firstly as a lecturer in the college and secondly as the module co-ordinator for the reflection on practice module. It was explained to the participants that there was no correct answers to the questions asked, rather, the researcher

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<tr>
<td><strong>General Question:</strong></td>
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<td>1. Tell me very briefly about your nursing qualifications and background</td>
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<td>2. Did your Nursing education include reflective practice?</td>
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**Topic domain one: Preceptorship**

1. Approximately how long have you been a preceptor?
2. And in that time how many students have you preceptored?
3. Tell me a little about your training to prepare you for your role as preceptor?
4. What did the day/days cover?
5. How do you think the course prepared you will prepare you for your role?

**Understanding and experiences of concepts**

6. What do you understand about the term Preceptorship?
7. What does preceptoring students involve for you? — Can you give me an example from practice?

**Topic domain two: guided reflection**

8. It has been suggested that Preceptorship often involves guided reflection. What would your experience of that be?
9. As a preceptor how would you feel about using guided reflection with students?
10. *(If the preceptor has not used guided reflection —)* why do you feel that is?
11. What training opportunities would you like to further your role as a preceptor?
12. Is there anything else I haven’t asked you that you would like to tell me about?

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<td><strong>Stage 1:</strong> Read all data; transcripts, field notes and memos.</td>
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<td><strong>Stage 2:</strong> Re-read the data and make notes throughout the reading, generate general themes. Become immersed in the data. Become aware of the life world of the respondent.</td>
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<td><strong>Stage 3:</strong> Re-read the transcripts and identify specific headings and categories. Exclude ‘dross’. This stage is known as OPEN CODING. Generate categories at this stage.</td>
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<td><strong>Stage 4:</strong> Sort out the categories into precise groups. Collapse some of the similar categories into broad categories.</td>
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<td><strong>Stage 5:</strong> Re-sort categories, similar headings are grouped to form a final list and remove any extraneous categories.</td>
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<td><strong>Stage 6:</strong> Two colleagues are invited to blindly validate the researcher’s findings. The three lists of categories are discussed and adjusted as necessary.</td>
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<td><strong>Stage 7:</strong> Transcripts and categories are examined identifying the data relating to each category.</td>
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<td><strong>Stage 8:</strong> Data is linked to category headings: Colours are used to distinguish between each piece of the transcript allocated to a category and sub-heading</td>
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<td><strong>Stage 9:</strong> Multiple Photocopies of the transcripts are made. Coded sections are cut out of the transcripts but kept in context. All items of each code are grouped together. A complete copy of the transcripts is kept for reference purposes.</td>
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<td><strong>Stage 10:</strong> The cut out codes are pasted onto coloured sheets with the appropriate headings and sub headings.</td>
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<td><strong>Stage 11:</strong> Respondents are asked to validate and check the categories. Adjustments are made as necessary. This is to check the validity of the findings.</td>
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<td><strong>Stage 12:</strong> All data is collected before writing the research findings. Anything that appears unclear should be referred back to the original transcripts or recording.</td>
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<td><strong>Stage 13:</strong> The researcher begins to write up the findings, section by section. The researcher must be prepared to return to the original transcripts at each stage.</td>
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<td><strong>Stage 14:</strong> Research findings are written up linking findings to the literature.</td>
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wished to gain an understanding of their experiences and understanding of the phenomenon being researched.

Trustworthiness

Lincon and Guba (1985) recommend specific measures in terms of credibility, dependability, confirmability and transferability. The researcher attempted to confirm the credibility of the findings with the respondents by enquiring if the analysis described their experience (Burnard, 1991; Ingleton and Seymour, 2001). An audit-trail was documented to assure dependability. In order to confirm the validity of the findings two independent colleagues further analyzed the data for the purpose of objectivity. This is in line with step six of Burnard’s analysis framework (1991). Lincon and Guba (1985) imply that conformability is a measure of neutrality in qualitative research. Auditability, truth-value, and applicability are channels to achieve conformability. The findings of this study cannot be generalised to the larger population due to the small sample size and the fact that attitudes, beliefs and behaviours change over time.

Findings

Three themes resulted from the data analysis process. Theme one reflected the participant’s experiences and evaluation of the training and development of preceptors; theme two emulated the critical relationships within the preceptorship process, and finally, theme three described the preceptors’ experiences of guided reflection in relation to the past, present and the anticipated future benefits of using guided reflection in the preceptorship process.

Training and development

This theme described the preceptor’s experiences of the educational preparation and ongoing development of the preceptorship role. Theme one was further divided into four sub themes — academic education and training of preceptors, traditional training as a barrier, the role of the preceptor, and time constraints. In effect, there was a significant difference in the education and training each of the preceptors underwent in preparation for their role. The training methods included — undertaking a ‘teaching and assessing’ course only, a one, two and three-day ‘preceptorship’ course. Four of the seven participants had not undertaken a ‘teaching and assessing’ programme. These preceptors were depending on the ‘preceptorship’ course to provide them with the educational theory and background knowledge to preceptor student learners in the clinical area. The various preceptorship programmes the participants undertook covered a variety of content, with no general curriculum design available. According to the participants some courses were well organised whilst others were considered disappointing.

Niamh: “The day that I actually did the course; they [the lecturers] didn’t even have the booklet. They had never even seen the booklet. The day that we did it there was a lot of questioning and they were not even able to answer the questions.”

However, not all the preceptors had a negative evaluation of the preceptorship course. Emma explained how the preceptorship programme she undertook benefited her:

Emma: “It was in two stages. The first stage we did for our diploma students. And then a year later there was a second phase, which added on preceptoring degree students. They [the lecturers] covered what the students’ outcomes were. It [the study days] did cover what stages their [the students] assignments were coming up at and what they needed to have ready for those assignments. That was very good. Then it covered the assessment forms in great detail, how we were to advise the student. It also covered that there was support for the preceptors as well within the hospital.”

When undertaking the Preceptorship programme a further difficulty was expressed as a consequence of the preceptors’ perceived lack of understanding in relation to the terminology used in formal nurse education documentation. All the preceptors expressed a difficulty interpreting the ‘new language’ of ‘clinical domains, exposures, and competencies’ in the ‘student booklet’, which they expressed, caused them further discord.

Rita: ”the language was new ‘their domains’ ‘their exposures’. It took a long time for everybody to grasp what the domains were and then you’ve all the different parts of the domain. This booklet was the ‘be all and end all’. I suppose because that’s how I was trained”…

Susan: “I initially found the terminology difficult- I had to go back and look it up; I hadn’t come across domains as a student myself…”

All the preceptors in this study agreed that their traditional apprenticeship training had an impact on their ability to guide student learners in the
practice area. Having confidence in their teaching ability, an in-depth knowledge in relation to the new degree programme and a sound theoretical knowledge base were concerns for each of the participants. However, all the preceptors demonstrated absolute clarity in relation to their role as a preceptor. The participants had a well-developed vision of the attributes, skills and knowledge base necessary to fulfill the role. Moreover the preceptors were aware of their limitations; how they required a good foundation of knowledge and practical experience to fulfill the preceptorship role as both Niamh and Mary explained:

Niamh: "Because I was traditionally trained I think I am at a stage where I can’t remember why it is that way…but I know it’s correct, for me that’s not enough, it’s not good enough to simply know how, I need to be able to explain how…"

Mary: "Our practice is there to give the best possible care to the patient. For us to continue that, hopefully the students that we are guiding can be taken under our wing and be shown what you would feel the best practice is, to answer questions, to encourage them to get involved where appropriate, to get hands-on experience. You would really have to be able to find out information for them even if you didn’t know yourself”.

Time was identified and described as a discerning barrier to fulfilling the role of the preceptor. Time in relation to the amount of time the students spent working with preceptors in clinical practice, to time managing other nursing responsibilities, to having time for themselves.

Rita: "you’re there with your group of patients. You have junior staff. You’re maybe managing the ward on that day. You just haven’t the time unfortunately to do it."

Ruby: "We’re all so busy, we don’t really have the time to preceptor students…to do [sic] Preceptorship days- we just don’t have the time”.

Critical relationships

It was within this theme that the critical relationships in the preceptorship process became apparent. The preceptors claimed to be experiencing difficulties with support networks. Furthermore, the role of the student in the preceptorship process became evident. The preceptors also reflected on their experiences of being a student and described how they empathised with the students. The three main supports the preceptors in this study relied on included: their manager, the clinical placement co-ordinator and their peers, however they felt support was not always evident.

Managerial support affected the participant’s views of their role as a nurse preceptor. Only two participants positively acknowledged the support they received from their managers. Mary and Emma agreed that nursing management effectively supported and developed their role, working closely with them and encouraging ongoing staff development.

Mary: "we have a lot of nurse managers — there is one on every shift, so they try to allocate a staff nurse and a nurse manager to work with the student."

Emma: When we did the Preceptorship study day, it was the first time the diploma students were coming to the hospital so there was a big push from the management to make them feel welcome, to get the best out of us and them…probably because they wanted to promote the hospital as a good place to work…that’s why we are encouraged to attend Preceptorship study days and undertake further education”

Both Mary and Emma received support from their managers and accordingly were passionate about their role as preceptors in comparison to those who lacked support. Hence, support from line managers could be perceived as having a positive impact on preceptor’s job satisfaction. Four of the preceptors worked with clinical placement co-ordinators (CPC’S). The clinical placement co-ordinator in Ireland acts as a link between the student nurse and various groups that provide student support (Drennan, 2001, 2002). In this study this was not the case

Mary: "I think that there could be a bit more visible support, say from CPC’s as regards the guidance of staff. It is the nurses working on the floor who are expected to do all of the facilitation and the guidance of students when they are in.”

Of the four preceptors who worked with the CPC’s only one claimed to feel supported by the CPC’s. In three of the preceptors practice area the role of the CPC did not exist. One of these three preceptors worked with a clinical facilitator who supported both the preceptors and the students. The four preceptors who worked with CPC’s mentioned the fact that the CPC’s took the student’s away from the ward and when the student returned the preceptor/preceptee relationship was disjointed. Margaret worked as a preceptor in a paediatric unit where general students
were seconded on placement. She was extremely disappointed regarding the CPC’s relationship with her students:

**Margaret:** We’re responsible for the students’ seconded placement as is their own hospital. The CPC may only see them once in their five week placement. At ward level there is no dialect between the preceptor and the CPC – we post the assessment forms to them [the CPC’s], basically the only real support I see the students having from their own hospital is from the other seconded students.

These issues contributed to feelings of frustration and isolation. The preceptors also relied on local networks of support, rather than highlighting difficulties to their managers. There was evidence that once the preceptorship-training course was complete the preceptor’s were left feeling isolated in their role:

**Ruby:** ''Sometimes I feel isolated, I suppose we all work in isolation.''

**Rita:** ''...bar maybe two of the students I can’t say I enjoyed being a preceptor...I found it draining at times, I remember going to the loo a couple of times just because I wanted five minutes to myself''

**Emma** intuitively discussed how her peers supported her and the limitations of peer support:

**Emma:** You’d be aware of the other girls who have done the preceptorship days with you. You’re talking to them...asking them how they got on — you support each other. In the hospital I’m working in the preceptors would be around my own age, we’ve all been trained the same way, if everyone around you is like minded, you don’t change, you stay the way they are’’

The lack of formal support for preceptors has been the greatest barrier in the implementation of preceptorship (Young et al., 1989; Dilbert and Goldenberg, 1995; Stevenson et al., 1995; Coates and Gormley, 1997; Charnley, 1999; O’Malley et al., 2000). Yonge et al. (2002) furthermore add that preceptors require a great deal of support from management, faculty and administrative personnel. It appears that once support mechanisms are in place, the preceptorship process would considerably develop by enabling preceptors to feel competent and supported within their role. Issues also emerged in relation to the preceptees. Challenging students were a common concern. Usher et al.’s (1999) study echoed the feelings of negativity of the preceptor towards the preceptee, due to perceptions of disinterest, work overload and lack of formal support. Similarly this was evident in this study.

**Mary:** ''I am working with a student who kind of has this ‘hands folded across the chest’ attitude. I can’t bribe them to be interested. I had two students and it was like pulling teeth’’! I always tell the students that they are grown adults and that they have to ask questions if they are unsure about anything, as we are not mind readers. You feel angry; you think ‘what are you doing here then!’ It’s wasting my time. It’s so...frustrating sometimes’’

**Niamh** ''...some of the degree students look down their noses on some of the preceptors—some of them have a chip on their shoulder’’.

If the preceptors had formal support systems they may not have been so negative about the preceptor/preceptee relationships. The participants in this study did admit to lacking a sound theoretical base, which impinged on their confidence to preceptor the ‘degree student’. As a result of their difficulty all of the preceptors were undertaking further education.

**Susan** ''...that’s why I’m doing this educational programme — I feel that it may help my confidence. I suppose your qualifications reflect the amount of information you can give...you mightn’t know a thing but if you’ve done a course people give you credit for it’’

**Margaret:** ''It’s great when students challenge you — believe me the degree students are challenging — it gets your brain going...I want to be able to give them the correct information — that’s why I’m doing this course’’

It was evident that the preceptors in the study were self-aware and as a result of the preceptorship process had decided to undertake further studies. Similarly, McLean (1987) and Young et al. (1989) also found that preceptors had an increased desire to learn as a result of preceptorship.

**Guided reflection — the past, the present and the future**

A favourite story by Dickens (1843) — ‘A Christmas Carol’, reflects some meaning to the journey of guided reflection. ‘Scrooge’ eventually rejoiced following some painful reflections guided by his ‘critical ghosts’. The theme of dealing or failing to deal with past memories may be overcome by guided reflection. Guided reflection is a mutually supportive relationship where an individual is challenged, enabled and supported to undertake the
process of self-enquiry — to empower the individual to realise desirable and effective practice within a reflective spiral of being and becoming (Johns, 2002). The preceptors in this study revealed past difficulties, present understanding and future expectations of guided reflection as a means of preceptoring student nurses through clinical learning. The participants claimed to be empowered to utilise reflection both personally and with students. The research question was answered in this section — the preceptors had little or no experience of guiding students through reflective practice due to a lack of knowledge regarding the process. However all the preceptors valued guided reflection as a positive teaching and learning tool.

Susan: I wouldn’t really have seen reflection as a way of teaching my students until I started this course and now it’s obvious, I can now say to the student there’s an incident here now...what have you learnt from that, come here and lets use a framework to evaluate it — I wouldn’t have done it that way before but yes its something I will use with the students in the future.

In this study the preceptorship preparation process did not entail guided reflection as a means of preceptoring student learners. Reflection was however identified by the preceptors as a key attribute in teaching and assessing student learners; with the preceptors acknowledging it was their role to guide students through reflection. However, each of the participants considered they required more formal education and support in order to facilitate the process due to their perceived lack of knowledge and experience assisting students to reflect on practice. The preceptors further acknowledged that reflective skills were necessary to preceptor student nurses. The participants were currently undertaking further education, which involved a ‘reflection on practice’ module’, requiring them to reflect on their own practice and develop a reflective portfolio during the programme. The preceptors articulated that the module was a useful medium to enable them to bridge the theory/practice gap. Each of the participants believed that the 'Reflection-on-Practice Module' would benefit their ability to reflect which in turn they could use with student nurses. The module explores strategies for reflection through critical incident analysis and problem based learning; assessed through the development of a reflective portfolio:

Emma: ‘...it's [reflection] something I wasn’t aware of within a structured framework before and now I am from doing this [the reflection on practice module] and immediately you can see how useful it is. Doing this programme now I feel that I may be more in tune with the way that they’re [the students] learning things. ... Now I feel more enabled to do it than before.”

What emerged from the data was that the preceptors were informally evaluating their practice with the students — however they were not encouraging, developing or enabling students to reflect. The main reasons included a lack of knowledge, lack of awareness, lack of time and lack of critical thinking skills. Developing higher order cognitive skills was one of the greatest difficulties the preceptors experienced when guiding students in practice. One of the participants highlighted a benefit of reflection as developing critical thinking skills in order to enable her to critically question student learners in practice:

Emma: “It would definitely be useful for questioning the students. Before my practice would have been where they [the students] ask me questions and I answer them back and tell them what I have done/haven’t done/should have done. I can turn the question back to them in some way now, and maybe get more down to the root of what they’re asking me.”

Whilst each of the preceptors had their own attitude towards reflection — they did evaluate it as a necessary medium for preceptoring student nurses. It emerged from the study that guided reflection has a place in student learning in the clinical area. Guided reflection is a problem-solving approach to learning, in order for students to develop confidence and understanding in managing practice related issues. Williams (2001) further advocates that critical reflection enables the achievement of clinical competence and professional development. The theme guided reflection — the past, present and future described a deficit in the preceptor’s knowledge base due to their 'traditional training' and 'poor understanding' of the concept of reflective practice. On a positive note, the reflection on practice module was identified as an opportunity for preceptors to develop and manage student reflections. Guiding student nurses through reflective practice may lead to a better understanding of the students experience of nursing; developing trust, supporting and challenging student learning and taking responsibility for student learning, which in turn may even heal the rift that appeared within the student — preceptor relationship. Guided reflection has been identified as a powerful educational tool and instrumental in fulfilling the preceptor/preceptee relationship.
Discussion

It emerged from this small study that there was a need for ongoing educational support to enable preceptors to fulfil their role. Preceptorship involves more than attending a study-day; it is an experimental ongoing educational process that is best learnt on the job through collaboration with the support networks in place. Research denotes that many preceptors feel unprepared for their role (Wilson-Barnett et al. 1995; Philips et al., 1996a,b; Watson, 1999); hence, preceptors require ongoing formal educational support regarding the use of higher order questioning skills that reflective practice can develop. McCarty and Higgins (2003) furthermore imply that simply assigning students to a preceptor cannot guarantee a successful placement, and preparation for the role is essential. Moreover Feldt et al. (2002) recommend that preceptors are given an overview of the student’s syllabus, outlining the objectives, assignments, reading lists and expectations to develop confidence in their role and reinforce the faculty’s expectations, which also emerged from this study.

Coates and Gormley (1997) agree that because preceptors are knowledgeable in their field of practice does not mean that they can automatically function as preceptors — as often they lack the fundamental teaching skills necessary to preceptor learners. The preceptors in this study neglected to understand that learning is a two way process where the teacher has as much to learn from the student and vice versa. The participants were in effect creating a theory–practice gap as they were not empowered to learn from the students, but rather felt challenged by the learner due to their perceived lack of theoretical knowledge. Fealy (1999) further concurs and argues that theory is often awarded a more distinguished status within the theory–practice relationship.

The Reflection on Practice module had a positive impact on the preceptors knowledge and perception of reflective practice as a valuable tool for teaching student nurses. The Portfolio development process that the preceptors in this study were undertaking was seen as a positive means to enable the preceptors in this study learn from their own reflections and furthermore learn from being facilitated and guided through reflective practice. This was a new finding in comparison to the empirical research available. Non-the-less, further research is required to evaluate the impact of portfolio development and use of facilitators to develop reflective practitioners.

Conclusion

The qualitative findings of this study are not presented as undeniable declarations of truth, but the researchers venture to achieve a greater understanding of the experiences of utilising guided reflection within the preceptorship process. The role of the preceptor as a guide to reflection in Ireland is in the early stages of development. This study highlighted the experiences of seven Irish preceptors towards guiding students through reflective practice. The preceptors’ main concerns included the lack of organisational support to engage in preceptorship; a lack of theoretical knowledge in comparison to the degree student nurses with the preceptors perceiving reflective portfolio development as an effective means of developing their preceptorship skills. What is required now is for nurse educators to consider the value of guided reflection and encourage its application to student learning in practice. Preceptors require follow up professional development study days to continually address the role of the preceptor. The study days should cover professional, clinical and theoretical aspects of the role, time and stress management strategies, dealing with student issues and provide an overview of the degree programme for the preceptors. Ongoing workshops on the development of reflective skills and guided reflection would be beneficial to the preceptorship process and to establish the skills necessary to be and become an effective guide.

Acknowledgement

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