Work-Based Learning in Nursing Education: The Value of Preceptorships

Andrea Morgan-Eason, Natural and Applied Sciences

In a constantly changing situation, where reliance on static knowledge does not make sense anymore, it is important to help students to develop autonomous ways of learning, which will be of vital value through their career. (Mantzorou 1)

Work-based learning (WBL) is not new in education. John Dewey had long argued that “life and learning should be uniquely integrated” (qtd. in Swail, and Kampits 1), and that the best way to achieve “the finest product of schooling” was “to integrate the working world with the education curriculum” (Swail, and Kampits 1). Work-based learning values learning that takes place outside of an educational institution, integrates practice with theory, encourages reflection, and contributes to the development of professional knowledge.

Various types of work-based programs include internships such as those offered by LaGuardia’s Cooperative Education program, job-shadowing, and youth apprenticeships. As a nurse educator, I see tremendous value in preceptorships for the ways they facilitate the clinical competence of nursing students and sustain nurses once they have entered the profession.

Originally, nursing schools were hospital-based programs with most of the education and training of nurses taking place in hospitals. With time, however, nursing schools became part of higher education institutions. Clinical instruction emerged as a way “to deal with the problem of the inconsistency of classroom teaching and hospital practice,” and the aim of higher education institutions to have “total control of their students” (Mantzorou 1). Although most nursing programs today are part of higher education institutions, they still require nursing students to get hands-on training in the hospital through clinical experiences. These clinical experiences are regarded as the heart of nursing education, providing students with the opportunity to apply classroom learning to real situations, and to develop core competencies needed to make the transition from the classroom to the workplace.
Clinical experiences are generally accomplished by two methods: clinical instruction and preceptorship. Clinical instruction is a period of training for student nurses under the guidance of a nurse-instructor for a period of thirteen weeks. The student/instructor ratio is 10:1 and the clinical instruction occurs in the hospital setting once per week for eight hours or twice per week for four hours. The majority of nursing courses have a clinical instruction component. In clinical instruction, teaching focuses on group learning and has a teacher-centered approach, in which the instructor guides the process, making sure that all students are highly engaged, at some level, in patient care. As a clinical instructor, if I have a student who is about to perform a procedure, I ask other students to observe the procedure, with the patient’s permission. At times, I partner two students to take care of one patient, especially if that patient has a diagnosis that meets the teaching objectives of the clinical day.

Preceptorship, on the other hand, is an “individual teaching and learning method, in which each student is assigned to a particular preceptor [a person experienced in the area] so that she/he can experience day-to-day practice with a role model and resource person immediately within the clinical setting” (Chickerella, and Lutz, qtd. in Wood 34). As a formal period of training for each student nurse under the guidance of an experienced nurse, the preceptorship is often tailored to meet the individual student’s needs. The preceptorship lasts for three to four months and usually occurs during the last semester of the nursing program, preparing students to assume full patient care as soon as they are employed. More than clinical instruction, the preceptorship is student-centered, with students becoming more deeply engaged in patient care by providing more hands-on care. This engagement promotes independence and autonomy in student nurses, qualities that will be important in their future work. Preceptorships provide “an individual learning pathway, not a generic way of learning, which [makes] the learning outcomes very personal” (Swallow et al. 821).

Preceptorship training is extremely useful in helping student nurses bridge the gap between theory and practice. The way a patient’s illness presents itself in the hospital setting can be completely different from what was taught about the illness in the classroom. This gap leads to the difficulty and disillusionment experienced by nursing students and constitutes one of the biggest challenges currently confronting the nursing profession. According to Wood, despite having a degree of knowledge and competence, many nurses may feel that they need
support and guidance from more experienced colleagues until they “find their feet” professionally (34). By providing increased exposure to medical situations and professional nurturing in day-to-day work, the preceptorship supports a smooth transition for the student nurse into the nursing profession.

The preceptorship can also be a valuable asset in “confronting the present day challenges of recruiting and retaining professional nurses in the hospital setting” (Allanach, and Jennings 27). Many newly graduated nurses who have completed preceptorships explore job opportunities at the hospitals where they trained. Most hospitals, when hiring nurses, give preference to those nurses who were involved in their preceptorship training program. “By easing the transition into the professional practice role, preceptorships may be useful in mitigating negative affective states which, in turn, may effectively reduce the premature exit of new nurses from the profession of nursing” (Allanach, and Jennings 27).

Jean Flanagan and her colleagues state in their article “Work-Based Learning as a Means of Developing and Assessing Nursing Competence,” that “[n]urse education needs to . . . move towards work-based approaches [which can be] crucial to the development of the profession” (367). Linda Chapman concurs: “Good clinical practice is closely linked to education, so one cannot be developed without the other” (41). LaGuardia’s nursing program, always open to innovation and improvement, is in an ideal position to embrace preceptorships and embark on the initiative of incorporating them into the nursing curriculum in the near future. The final clinical nursing course, Medical-Surgical Nursing II (SCR290), has the right components to include a preceptorship. SCR290 offers more clinical instruction hours, two eight-hour days per week, and the students are beginning to make their transition into the profession, exploring job opportunities.

Over the years, I have gained a deeper appreciation for preceptorship training. As a nursing student at Adelphi University, I participated in preceptorship training in my last semester. I had the opportunity to choose a specific area of nursing and a hospital. I chose the maternity unit at South Nassau Community Hospital in Oceanside, New York. Assigned to a preceptor on the unit, I was scheduled to work on the same shifts that she worked. I made my own objectives for the course and the preceptor made sure that all my objectives were met. The preceptor and I worked very closely together, yet she emphasized that I should emerge from her shadow and develop my own capabilities.
Thus, with her support, I became more independent, gaining confidence and competence.

More recently, while teaching one of my clinical rotations at Queens Hospital, I came across a student nurse from Adelphi who was involved in preceptorship training. We discussed our respective experiences in preceptorships. We both felt that our preceptors had created environments that provided a transition into nursing, and we each felt fortunate to have matured professionally in our preceptorships. Most importantly, each of us recognized that our training experiences had had positive effects on the quality of care for patients. I introduced this student to my first-semester nursing students and she began to share her experiences and knowledge with them. In observing how clearly and confidently the senior nursing student imparted her knowledge and experiences to my entering class, I imagined her as a future preceptor.

**Works Consulted**


