Preceptored Students in Rural Settings Want Feedback

Olive Yonge[*]   Florence Myrick[†]

Linda M. Ferguson[‡]

[*]University of Alberta, olive.yonge@ualberta.ca

[†]University of Alberta, flo.myrick@ualberta.ca

[‡]University of Saskatchewan, linda.ferguson@usask.ca

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Abstract

The purpose of this article is to report the perceptions of students regarding evaluation when placed in a rural setting for their final preceptorship course. The research question was: "What are students' perceptions of preceptor evaluation?" Thus, a grounded theory method was employed. Twenty-three nursing students placed in rural settings for their precepted practicum experiences were interviewed regarding the evaluation process during their preceptorship experience. The core variable was that feedback is critical for students, much more so than the formal evaluation; and, that students viewed informal evaluation as meaningful and formal evaluation as superficial. The implications are that strategies are required to make students truly authentic partners in evaluation and to make evaluation a useful process in their eyes. The role of the faculty in this process must be reviewed. Feedback is key for students, thus preceptors need educational development in this area.

KEYWORDS: preceptorship, evaluation, rural, nursing student

Increasingly, rural clinical placements are recognized as rich learning grounds for nursing students owing to the nature of the generalist practice, the breadth of learning opportunities, and the potential for career development (Schoenfelder & Valde, 2009; Sedgwick & Yonge, 2008). In Canada, living in a rural area can mean geographic isolation resulting in problems with access to care and a shortage of health care providers (Canadian Institutes of Health Research, 2006). In 2001, for example, 21% of the general population lived in rural areas, but only 18% of all Registered Nurses (RNs) worked there (Canadian Institute for Health Information, 2007). Because preceptored student experiences are effective in nurse recruitment, nursing faculty and practitioners are motivated to provide quality learning experiences in rural settings (Sedgwick & Yonge, 2008; Shannon et al., 2006). However, little is known about how students perceive the advantages and disadvantages of such placements.

Evaluation of students is challenging for preceptors, requires support from faculty, and greatly impacts students (Yonge, Krahn, Trojan, & Reid, 1997). The rural setting, while highly valuable for student learning, may produce additional challenges in relation to evaluation, for example, the lack of faculty physical presence. A grounded theory study was conducted to understand the process of evaluation during preceptorship in a rural setting. In this article, the experiences of students placed in rural settings throughout the evaluation process are reported. This article emanates from the first phase of a study entitled "Developing an Evaluation Model with Rural Preceptors", funded by the Social Sciences and Humanities Research Council of Canada.

LITERATURE REVIEW

Nursing faculties rely heavily on clinical preceptors to provide accurate evaluations of students' clinical performance (Dibert & Goldenberg, 1995). To facilitate the evaluation process, preceptors must be provided with a framework for evaluation as well as appropriate tools (Qualters, 1999) for formative and summative evaluation. Formative evaluation, also known as *feedback*, is "essential for the student's growth, provides direction and helps to boost confidence, increase motivation and self-esteem" (Clynes & Raftery, 2008, p. 406). Summative evaluation, or grading, is a responsibility often shared by preceptors and faculty members alike, and one in which preceptors require a great deal of support (Dolan, 2003; Walsh, Seldomridge, & Badros, 2008; Yonge et al., 1997).

The relationship between preceptor and preceptee is of utmost importance in ensuring: a) the success of the experience in relation to student learning

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(Vallant & Neville, 2006); b) recruitment (Sedgwick & Yonge, 2008); and c) satisfaction of all stakeholders. In a preceptorship model designed by Blum (2009), preceptors were encouraged to develop a personal relationship with students and although final grading remained the responsibility of the faculty, greater involvement of preceptors in evaluation was a way of honouring their contributions to the students' education and socialization. Conversely, Walsh et al. (2008) hypothesize that the preceptor-preceptee relationship gets in the way of objective evaluation and they suggest a depersonalization of the evaluation process whereby faculty deliver both the preceptor's and the faculty's formal evaluations.

Although there is considerable literature about preceptorship, there is a paucity of research about the student's role in evaluation during a rural preceptorship experience. The two processes of formative and summative evaluation have been identified in the literature, with formative evaluation described as highly effective for student learning. Lastly, the student-preceptor relationship impacts the evaluation process, though researchers offer differing perspectives on the value of this impact.

METHOD

The research question for this phase of the study was: "What are students' perceptions of preceptor evaluation?" Grounded theory emanates from symbolic interactionism in which the processes of interaction between people's social roles and behaviours are explored. Although individuals may have unique experiences, individuals sharing common circumstances may experience common perceptions and thoughts, and display common behaviours: the essence of grounded theory (McCann & Clark, 2003).

Ethics

Ethical approval was granted in both provinces where the research was conducted. To ensure confidentiality, the names of participants were removed from tape recordings, transcripts, and field notes, and replaced with code numbers. All data were retained in a locked cabinet. Upon completion of the study, code sheets containing participants' demographic information were destroyed.

Sample

Participants were recruited from fourth-year practicum students of two major universities in two western Canadian provinces. Clinical placement coordinators provided the researchers with the names of students assigned rural placements. Students were approached by the researchers through visitation in class and an information letter. None of the researchers taught the practicum courses or were responsible for student evaluation.

The sample size was dependent upon student volunteers willing to participate. These students provided their assigned preceptor a letter of invitation which was followed by an introductory telephone call from the research team. In the twin study, preceptors were interviewed but the preceptors and students were not matched or paired to ensure that neither students nor preceptors felt obligated or coerced to participate.

Twenty-three nursing students participated: 22 female and the majority (96%) aged 22-29 years. Placements included rural hospitals (medical, surgical, and obstetrical units), public health clinics, and community health centers. Students were interviewed regarding the evaluation process during their rural preceptorship experience.

Data Collection

Data were collected primarily through face-to-face interviews, field notes, and documents such as evaluation forms. Interviews were conducted during the preceptorship, mainly near the end of the experience. Initial interviews were approximately 90 minutes in length and were guided by open-ended questions. Examples of guiding questions include:

- *Tell me about your role as a preceptee.*
- *What does evaluation mean to you?*
- *If your preceptor assists with grading, what are the issues with this?*
- *If your preceptor does not grade you, should they?*

These questions facilitated systematic data collection from all participants in the first interview. In subsequent interviews, explanations were sought about areas that lacked clarity.

Data Analysis

Data analysis began simultaneously with data collection. This immediate analysis was used to direct the study by using theoretical sampling to fully explore issues and patterns (Glaser, 1978). Researchers inductively generated substantive categories and their attributes. These were coded and clustered; then relationships among clusters were examined (Stern, 1980). Next, data were organized around the interrelation of the substantive codes (Glaser, 1978), and dimensions of the categories were established.

The next level of analysis, selective coding, was restricted to only those categories that related specifically to the core variable, which became the guide to further data collection and theoretical sampling (Stern, 1980). Saturation of the data occurred when major recurring themes emerged and further incidents did not help to explain the emergent theory. The core variable that resulted from the study was *feedback*. For students, with graduation approaching, feedback was found to be meaningful for their transition to the graduate nurse role whereas formal evaluation was not.

Rigour

Rigour was addressed by establishing creditability, fittingness, auditability, and confirmability (Guba & Lincoln, 1989). The interviewees were sent a summary of the transcripts, following the interviews, to validate the findings as representative of their own experience (Streubert & Carpenter, 1999). Fittingness or transferability was built into the design of the project; for example, all interviews were conducted by two people based at two universities. An audit trail was established and provided guidance to the researchers during the second stage of the research, which involved developing a framework for evaluation. When the previous three criteria were ensured, then confirmability was also achieved.

FINDINGS

In reflecting upon the process of evaluation in a rural preceptorship, students identified several reasons for the need for evaluation and included *gatekeeping*, the need to ensure that they and their peers would be safe, competent practitioners. The overarching theme of the preceptee transcripts was that evaluation, both formal and informal, takes place within the context of the preceptor-preceptee relationship. Faculty members were perceived to play a very

small role in the evaluation process and thus the appropriateness of their involvement in formal evaluation was frequently questioned by students.

Evaluation in the Context of the Relationship

Students described the essence of the preceptorship relationship as *one-to-one* and *side-by-side*. One student elaborated:

"I think that you have to have a relationship with your preceptor. . . And I would just wonder what that relationship is like if you don't have that ongoing dialogue about how you're doing, your expectations . . . what he or she is doing that helps you learn".

A good relationship with the preceptor, one built on honesty and trust, could evolve into a "team" or "collegial" relationship.

For all students, the faculty member was exclusively responsible for assigning the final grade. A number indicated they would prefer their preceptor be responsible for this. Their rationale was they had a good relationship with their preceptor, but no relationship with the faculty member. Thus, some students questioned the appropriateness of the faculty member's role in assigning their final grade. One explained, "My instructor [faculty] has never seen me on this floor. And how can she evaluate what I'm doing if she's never seen me do something?" Other students understood that while the success of informal evaluation was dependent on the relationship, the formal evaluation could also be impacted by the closeness of the relationship. They felt it was appropriate that faculty assign the final grade as it would allow for greater objectivity in the grading process. Additionally, they commented that faculty were more familiar with grading and could compare students across individual experiences. It was commonly felt, however, that the final grade should largely be based on preceptor feedback and that the preceptor's input was most important because of the one-to-one relationship. This finding was particularly evident if faculty assigned a grade lower than what the student expected.

Roles in the Evaluation Process

With the understanding that evaluation takes place within the relationships that comprise the preceptorship triad, students outlined their perceptions of the roles of the faculty and their preceptor in the evaluation process.

Role of the faculty. Students described the role of the faculty member in rural preceptorship evaluation as peripheral: "She came once and we were busy in emerg (sic) so she just left and came to drop off an assignment and came for two minutes and that's it. Like she's never there very long. She doesn't really ever have anything to say". Faculty became a part of the process only at the final, formal evaluation and when the student was assigned a final grade. Students felt that formal evaluation exists to meet the faculty's and not the student's needs. Some viewed it as a communication tool between the preceptor and the faculty. Many would prefer, in place of a formal, written evaluation followed by a grade, that the preceptee-preceptor-faculty triad sit down and engage in a dialogue regarding final evaluation and that preceptorship be a pass/fail experience.

Students perceived the faculty member to be difficult to contact, and felt isolated from the university during the rural preceptorship. One remarked, "She didn't use my name until I did my presentation and she knew who I was, so that part was hard I think. [Their] not knowing who you are." The reality for students was that preceptors met with faculty only once during the rotation for 10-15 minutes, or not at all, depending on the distance of the placement from the university. In these instances, only telephone contact was used. Generally, students expressed their desire for greater contact with faculty if they are to continue to be primarily responsible for student evaluation. Students suggested the use of teleconferences to involve faculty more for debriefing and giving feedback.

Role of the preceptor. Students viewed preceptors as the caretakers of the evaluation process. They looked to preceptors for insight and perspective on their strengths and areas requiring improvement. They also perceived that preceptors struggled with aspects of the process, particularly the formal evaluation. Some students had to explain the evaluation form to their preceptors. Students perceived that the greatest challenge for preceptors during formal evaluation was time, in that preceptors usually completed the evaluation forms on personal time. Students also identified strategies that preceptors use to make formal evaluation easier, including the documentation of behaviours throughout the preceptorship, having other staff at the site also documenting, and viewing the student's written self-evaluation before completing their own forms. One student commented on the challenges posed by formal evaluation for her preceptor:

> Because taking time is an issue, and a lot of these preceptors don't want to take these home and spend it on their days off. . . And they don't want to try and remember back to 15 examples that they did or have to write anything.

Students suggested that preceptors be provided with evaluation training, prompting questions on the form, and guidelines for completing the evaluation form.

Feedback

Students identified feedback, or informal evaluation, as the most frequently used and effective form of evaluation in the rural preceptorship experience. They described effective feedback in great detail as an ongoing dialogue about progress and expectations and thus, students perceived evaluation to be happening all the time. Many students identified feedback as happening daily or occurring in the form of an informal, weekly debriefing session. They found the most effective feedback was delivered immediately or in a timely fashion. One student explained, "feedback [came] after everything I did, and if they didn't give it right away, then I would ask for it". Students stressed the importance of delivering feedback in private, especially not in front of patients. Also, for students placed in rural public health or home care rotations, 'car time' proved to be a built-in time and place for feedback to occur. Feedback for students assumed different forms including direct observation of practice immediately followed by feedback, the editing of written work or presentations, and questioning, debriefing, or discussing.

Students had diverse opinions about who was responsible for seeking and delivering feedback. Three students felt that the onus was on the student and that when students proved receptive, preceptors were more willing to provide feedback. Students received feedback from a variety of sources: from others on the healthcare or nursing team, and occasionally from multiple preceptors and patients. Another noted the inconsistency of feedback when assigned to multiple preceptors. Students perceived feedback to be a two-way street and some gave their preceptors feedback on their teaching and evaluation style as well, usually on invitation from the preceptor to do so. Feedback played the role of providing reassurance, ensuring there were no 'surprises' at the time of formal evaluation, letting students know if they were "on the right track". In this manner, feedback served as a guide through the preceptorship.

Most students emphasized the need for feedback to be delivered in a constructive manner. One student explained, "I don't like to receive criticism as nobody does. So I don't like to hear that kind of stuff, and like you know, your initial reaction is anger." But realizing the importance of constructive feedback for personal growth, one student stated, "I really respect her for having the guts to

say that to me because some people aren't comfortable". Students recognized the need for both positive and negative feedback although positive feedback tended to be delivered through global statements while negative feedback was detailed. In summary, students felt feedback should be either positive or helpful.

Tools of Evaluation

Lastly, students described tools used in the formal evaluation process that are common to all students and mandated by the university. They characterized the formal evaluation tools as generally difficult and time-consuming to use, and artificial measures of clinical competence. An exception was the recognized benefit of developing a set of learning objectives collaboratively with preceptors.

Learning objectives. Students perceived value in creating learning objectives as they realized that evaluation is partially based on the initial learning contract and expectations. The learning contract allowed students to define their personal needs including learning style, need for independence, and need for feedback. They generally described learning objectives as: "What I thought I would get out of this and experiences I wanted to have." Objectives were often created collaboratively with the preceptor and were compared with the course objectives to ensure course and personal objectives were met. Learning objectives, for some students, acted as a motivator for learning.

Self-evaluation. Students were required to complete a midterm and final self-evaluation. The self-evaluation took place both formally and informally. The formal, written self-evaluation was difficult to complete owing to their perceptions of vaguely-worded competencies. Some were unaware it had to be completed. Students felt their self-evaluation focused on self-reflection, but that it was not necessarily an accurate measure of ability. Students indicated that informal self-evaluation happened constantly and at the end of every shift. They described the process of constantly self-evaluating "in my own head".

Clinical logs. Students were also required to complete a clinical log or clinical journal for the instructor, a theoretical assignment that was intended to demonstrate the ability to link theory and practice. This log was weighted up to 40% of the final preceptorship grade as assigned by the faculty member. Students felt strongly that this focus on written, theoretical assignments tended to eclipse the clinical experience and self-reflection. They stated that logs were time-consuming and difficult to accomplish due to lack of academic resources in a rural area. On the other hand, logs tended to be a source of positive feedback for academically-oriented students.

Formal evaluation. Lastly, students commented on the formal evaluation tool which was completed by them, the preceptor, and the faculty. The formal evaluation is used to provide a 'big picture' summary of a student's strengths and areas that require improvement. Students felt it was important to be provided concrete evidence of competence in written form, especially for the final course in their degree. When students completed a midterm and final self-evaluation on the formal evaluation tool, completion of the tool at midterm was a "heads up" for students having difficulties, and was valued as a formal warning sign of significant performance challenges. For most students, the midterm evaluation completed by the preceptor was a confirmation of the informal feedback and a reassurance of success in the experience. One student explained: "I'm going to be on my own with all this responsibility, and if I'm not doing something right I want to know before I go out and I'm doing it."

Students stressed the need for the final evaluation to be detailed to be useful and if so, believed it could allow for the tracking of progress and recommendations for practice. Some students felt it to be completely redundant following regular and effective feedback. One student explained:

I think if I wasn't getting feedback I would need somebody to sit down and be like, 'Okay, tell me something here, I need to know where I stand with you.' But I know exactly where I stand with her, so it's not an issue.

Students found the tool itself, however, very challenging and described it as *vague*, *broad*, *fluffy*, *time-consuming* and *wordy*, indicating "there's the literal descriptors but those don't even make sense to normal people".

Students readily shared their insights into the evaluation process. Generally, they found informal evaluation to be effective and formal evaluation to be cumbersome. They situated the evaluation process within the context of their relationship with their preceptor and thus noted the apparent lack of relationship they had with the faculty. Students also perceived a variety of areas in which their preceptors required greater support during the evaluation process.

DISCUSSION

Preceptees, as the recipients of evaluation, had varied perceptions regarding the roles that preceptors and faculty members play in this process. They did not directly address their own role in the evaluation process but alluded to the role in being receptive to feedback and in assisting preceptors in the formal

evaluation process. Preceptees are perhaps in the best position to determine whether evaluation is effective and they provided insight into where this process requires greater attention and support.

Preceptees characterized the evaluation process as being situated within the preceptor-preceptee relationship. They correlated the quality of the relationship with the quality of the evaluation process and the impact evaluation had on their clinical practice and subsequent socialization into the nursing profession (Blum, 2009; Vallant & Neville, 2006). Recognizing the importance of the relationship for effective evaluation, a continued focus on building, maintaining, and sustaining the formal preceptor-preceptee relationship should be addressed in preceptor preparation and education. To strengthen the evaluation process at rural sites, however, this focus could be extended to include the preceptorship triad, i.e., the preceptee, preceptor and faculty member.

Students recognized the tension between objectivity and being 'known' to the evaluator when a final grade is determined. Although Walsh et al. (2008) suggest the evaluation process be de-personalized to ensure objectivity, this may come at the cost of the benefits of evaluation occurring within the preceptor-student relationship. In a study by Yonge (2007), students in rural settings recognized when the preceptor-preceptee relationship had shifted from *friendly* to *friends* and the impact this shift had on evaluation. Thus, relationship development should be encouraged, but preceptor and student awareness of professional boundaries is critical, particularly in the rural setting where boundaries are more frequently challenged due to high visibility and multiple role relationships (Yonge, 2007).

Currently, students perceive the role of faculty in the rural preceptorship as peripheral. Although the physical presence of a faculty member is often an impossibility owing to distance, this does not preclude the possibility of faculty presence and the existence of a preceptor-faculty relationship (Yonge, Ferguson, & Myrick, 2006). Teleconference and telehealth equipment, or face to face visualization via the computer, could be used to maintain contact between students and faculty or preceptors and faculty.

Students acknowledged that many preceptors struggle with their role as evaluators. Once these challenges were perceived, students themselves often attempted to support preceptors through the process of explaining the formal evaluation tool, and using their completed self-evaluation forms as templates. This process requires further exploration to ensure that objectivity and accuracy

are maintained as it may not be appropriate for students to provide the primary support for preceptors in their evaluation role.

Consistent with the literature, preceptees in this study described effective informal evaluation as daily, immediate, and ongoing (Clynes & Raftery, 2008; Glover, 2000; LeBaron & Jernick, 2000; Lee, 2005; Qualters, 1999; Yonge, et al., 1997). Some felt that feedback should be two-way and some provided their preceptors with both informal and formal evaluation. Two-way dialogue makes the recipient of evaluation a true partner in the process (Lee, 2005). According to Hallin & Danielson (2009), preceptors have requested that they also receive feedback so that they can better identify strengths and areas for growth in their role as preceptors. Perhaps this process could be formalized so it too is constructive and consistent. Faculty need to recognize, however, that a formal evaluation of the preceptor may place undue pressure on students related to their dependent roles in the teaching-learning relationship with their preceptors (Yonge et al., 2006).

In contrast to the detail and enthusiasm with which students described informal evaluation throughout their rural preceptorship, formal evaluation was described as time-consuming, superficial, unrelated to the clinical experience, and redundant. With graduation approaching, many students were no longer concerned about grades, but found that meaningful evaluation should include recommendations for practice. If facultyact as interpreters for preceptors and students in translating competencies into clinical behaviours, perhaps evaluation can be more meaningful for students.

Students felt that formal self-evaluation was not particularly useful, but described an informal, ongoing self-reflection throughout the preceptorship as preferable. Just as preceptors are encouraged to document throughout the rotation, perhaps students could be encouraged to journal reflectively (Epp, 2008). Similarly, the clinical log assignment was felt to detract from the clinical experience because students became mostly concerned about generating 'marks'. Hallin & Danielson (2009) describe a preceptorship model in which the faculty member's role is to work with students during the preceptorship to link theory and practice, rather than simply generating written work. Combined with ongoing reflective journaling, dialogue with faculty could complement the preceptorship rather than eclipse it.

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Limitations

Since the participants of this study were recruited from two large western Canadian universities and their affiliated colleges, the findings may be unique to these nursing programs and the geographical regions which they span.

CONCLUSION

Although preceptees had insight into the evaluation process, they did not describe their own role in the process in much detail. They self-identified as recipients of evaluation, rather than partners. For students, with graduation approaching, feedback was meaningful for their transition to graduate nurses whereas formal evaluation was superficial. Preceptors, therefore, need greater preparation for delivering effective and meaningful feedback. Students identified challenges of the evaluation process unique to the rural setting such as multiple role relationships, suggesting that both student and preceptors need rural-specific preparation for these experiences. Given the difficulties of maintaining a physical presence at rural placement sites, currently, faculty are not perceived as involved in the preceptorship experience. Further research is needed to explore the ways in which faculty can engage and support both students and preceptors through the rural preceptorship in the areas of feedback and evaluation.

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