

International Journal of Nursing Education Scholarship

Volume 6, Issue 1

2009

Article 31

Students' Perception of Faculty Involvement in the Rural Hospital Preceptorship Experience

Monique Sedgwick*

Olive Yonge[†]

*University of Lethbridge, monique.sedgwick@uleth.ca

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

Students' Perception of Faculty Involvement in the Rural Hospital Preceptorship Experience*

Monique Sedgwick and Olive Yonge

Abstract

Faculty in Canadian undergraduate nursing programs have come to rely on preceptorship as the primary model for teaching and learning during the final clinical course. A focused ethnography was completed in order to examine undergraduate nursing students' experience of rural hospital preceptorship in western Canada. Data analysis revealed that students perceive nursing faculty involvement and support to be peripheral to the clinical experience. Strategies aimed at clarifying the faculty role and nursing programs' involvement are presented as a means to enhance the rural hospital learning experience.

KEYWORDS: rural hospital, preceptorship, teaching, learning, faculty

*The authors would like to acknowledge Quinn Grundy, Research Assistant, for her assistance with this manuscript.

In Canadian undergraduate nursing programs preceptorship is generally described as involving a nursing student, a preceptor, and a faculty member. The degree to which the experience is successful is based on the strength of the relationship among this triad (Myrick & Yonge, 2005). Indeed, students frequently voice that the support and role modeling faculty provide is important to their development as competent registered nurses (Cassimjee & Bhengu, 2006). The purpose of this paper is to present undergraduate nursing students' perceptions of faculty involvement during a rural hospital preceptorship, and thus, to generate discussion about how faculty involvement can enhance the rural hospital preceptorship experience. These findings are part of a larger study that explored undergraduate nursing students' experience of undertaking a rural hospital preceptorship.

LITERATURE REVIEW

Broad themes pertaining to faculty involvement in the preceptorship experience evident in the nursing education literature are: preceptors' and students' perceptions of faculty support; administrative expectations of faculty, and faculty responsibilities. These are summarized below.

From the preceptor perspective, faculty involvement occurs when faculty provide educational opportunities that help preceptors develop their teaching skills (Henderson, Fox, & Malko-Nyhan, 2006; Phillips, 2006; Pickens & Fargotstein, 2006; Smedley, 2008), and when they provide tangible support for the preceptors by being a visible and continued presence during the experience (Yonge, Myrick, & Haase, 2002). To support students, faculty members' involvement has tended to focus on assisting students learn how to manage the stress associated with undertaking a preceptored clinical experience (Yonge et al.), and how to deal with interpersonal conflict (Mamchur & Myrick, 2003). Faculty support of students has also included teaching students theoretical and psychomotor skills that are relevant for the rural hospital context (Sedgwick & Yonge, 2008).

At the administrative level, faculty members are encouraged to establish collaborative partnerships with hosting facilities by developing and maintaining effective communication. For example, faculty provide clear learning objectives and statements of student outcomes for specific clinical learning placement experiences (Burns & Paterson, 2005; Edmond, 2001; Leners, Sitzman, & Hessler, 2006).

Individual faculty members' responsibilities throughout the preceptorship have been reported. Because faculty members need to be cognizant of the course objectives for the preceptored clinical experience, they must carefully assess the clinical placement for the availability of relevant learning experiences, and communicate these potential learning opportunities to the preceptor and student (Hartigan-Rogers, Cobbett, Amirault, & Muise-Davis, 2007; Udliis, 2008). McCarty and Higgins (2003) encourage faculty to conduct frequent site visits so they can support and guide the preceptor during the evaluation process. To socialize students into the professional nurse role, faculty are also encouraged to create opportunities for discussion of nursing knowledge, communicate respect and caring, and be available to assist with difficult or unusual teaching situations (Nehls, Rather, & Guyette, 1997).

However, there is a need for increased faculty involvement. At times, faculty support is perceived as insufficient because of limited visibility on the unit, preceptors' lack of knowledge about whom to contact and how to contact university faculty, and the lack of timely feedback to assist preceptors in teaching students (Bourbonnais & Kerr, 2007; Gleeson, 2008; Levett-Jones, Fahy, Parsons, & Mitchell, 2006). In a descriptive study, Cassimjee and Bhenju (2006) found that 74% of students surveyed believed the visits they received from supervising faculty were inadequate in their number, length, and purpose. These students also perceived that some students were visited in the clinical area regularly, while others had not had a visit in more than three months. From their quantitative findings, Seldomridge and Walsh (2006) concluded that faculty role confusion and unclear expectations for student performance resulted in faculty and preceptors experiencing difficulty in evaluating student performance. Thus, the role of faculty regarding their contribution to clinical learning experiences has the potential to be perceived by students and preceptors to be minimal and their participation in the teaching and learning process to be regarded as peripheral (Papp, Markkanen, & vonBonsdorff, 2003).

While it may not be necessary for faculty to be involved in the daily teaching and monitoring of students and preceptors, there remains a clear need for faculty involvement in the preceptored clinical experience. Faculty members bring their teaching and learning expertise to the experience and are ultimately responsible for students' final evaluation (Myrick & Yonge, 2005). Indeed, preceptors report they are more likely to make critical decisions about student performance when they are supported by faculty through ongoing contact and continuous monitoring of the experience by faculty (Luhanga, Yonge, & Myrick, 2008).

Only one study was found that addressed faculty preparation for preceptorship teaching (Yonge, Myrick, Ferguson, & Haase, 2003). In this study, the focus was on preparing faculty to support students and preceptors in any general clinical setting. No studies were found that addressed the preparation of faculty for preceptorship teaching in the rural hospital setting even though this setting may require specialized preparation. A research question that guided this study was: *What are undergraduate nursing students' experiences and perceptions of faculty involvement during a rural hospital preceptored clinical practicum?*

BACKGROUND

The setting for this project was rural, northwestern Canada. Defining criteria for the term *rural* have included population parameters and distance from urban centers (Canadian Institute for Health Information, 2002), limited access to health care services and lack of qualified health professionals (Romanow, 2002), rural postal codes and number of persons per square kilometer (duPlessis, Beshiri, & Bollman, 2001). It is our perspective that the rural setting also has social, economic, and political characteristics that influence the perception of *being rural*.

For the purposes of this study, self-identification of being rural yielded participants who were located in 11 communities geographically dispersed over a 640,000 square kilometer area. These communities were between 1 ½ hours' to 16 hours' driving time from large urban centers. Populations within the communities ranged from 1,800 to 15,000 people; most communities had a population of less than 5,000 people.

In general, rural hospitals in western Canada have only a limited number of clinical placements for nursing students. Of the 11 hospitals that hosted the student participants of this study, only three were able to accommodate more than one preceptoring student at the same time because of small patient care units with a limited number of patients, the presence of other learners from other disciplines, and at times, limited learning experiences. The smallest hospital comprised 20 inpatient beds and the largest, 72 beds; most had 20 to 30 inpatient beds.

THEORETICAL FRAMEWORK

Naturalistic inquiry recognizes that people construct reality in many ways, resulting in multiple realities (Lincoln & Guba, 1985). This theoretical framework was well suited to guiding the study since the overarching purpose was to explore

the experience of undergraduate nursing students and rural hospital preceptors who were geographically dispersed and linked by their experiences during a rural hospital preceptorship. Thus, both tacit and explicit aspects of the preceptorship experience across multiple sites could be investigated for their meaning.

METHOD

Design

A focused ethnography which is time-limited, and topic- or experience-specific (Morse & Richards, 2002; Muecke, 1994; Robinson Wolf, 2007) was completed. Ethical approval was obtained from the Health Ethics Review Board of the university. Consent was obtained prior to and throughout the interview process. To ensure anonymity and confidentiality, participant names were removed from all data sources and replaced with pseudonyms. Patient names, diagnoses, and recognizable traumatic community events were modified to protect the anonymity of people living and working in the communities where preceptorships occurred.

Participants

Fourth-year undergraduate nursing students from a large western Canadian university and three affiliated colleges undertaking rural hospital preceptorships were invited to participate in the study. Two recruitment sessions were conducted outside of classroom time while one session was incorporated into classroom activities. All students undertaking a rural hospital preceptorship received an invitation letter from the program clinical coordinators. The inclusion criteria were: undertaking a rural hospital preceptorship of 340 hours (ten weeks); ability to reflect on and discuss the experience; and ability to give consent to participate in the study by signing a consent form. Of the 36 potential participants who met the inclusion criteria, 12 students participated in this study.

Data Generation

Data generation occurred during the ten-week preceptored clinical experience in the students' senior year. Twenty-four individual semi-structured ethnographic interviews were conducted at a mutually convenient time and location outside participants' scheduled work time. All participants were interviewed once using descriptive, structural, and contrast questions (Spradley, 1979.) An example of a descriptive question was: *Could you describe for me what the rural hospital preceptorship experience was like for you?* A structural

question that was used was: *What are the roles and responsibilities of the preceptor, student, and faculty?* Lastly, a contrast question that was used was: *How does faculty involvement differ between urban and rural preceptorships?* To further explore emerging categories and verify data interpretations, five students participated in a second interview. Because of travel considerations and weather conditions, some interviews were conducted by telephone or videoconference.

Data Analysis

Data collection and analysis occurred simultaneously, beginning with the first interview. To uncover the system of cultural meaning engendered by students throughout the preceptorship, four kinds of ethnographic analysis were used: domain, taxonomic, componential, and theme (Spradley, 1979). Domain analysis was achieved by examining each line for folk terms like *a doe in the headlights*. We then searched for semantic relationships that existed for the folk term. Categories were developed. An index for each category within the domain uncovered subsets of symbols. The relationships between these symbols then became evident and allowed us to produce taxonomies (Spradley). By using contrast questions, in our componential analysis we were able to systematically search for the attributes associated with cultural symbols. For example, attributes for a typical and atypical shift were identified.

Verification strategies established reliability and validity (Morse, Barrett, Mayan, Olson, & Spiers, 2002). For example, investigator responsiveness was established by asking analytical questions of the data and by seeking a student whose experience of the rural hospital preceptorship was less positive than that of other student participants. In consultation with each other, our theoretical thinking and theory development were supported by moving from the raw data to abstract theoretical understanding and by capturing the story line across all participants' experiences.

FINDINGS

Through inductive analysis, the domain, *Rural Preceptored Students' Perception of Faculty Involvement*, was generated. Findings related to students' perceptions regarding the role and involvement of faculty in their preceptorship experience are reported.

Unlike other clinical experiences where the role of the faculty member is to provide direct supervision of the learning experience, the role of faculty members in the rural hospital preceptorship was perceived by students to be more

administrative in nature. Many students expressed neutral answers about how the faculty helped them prepare for their experience: *My instructor kind of prepared me for the preceptor experience before the ten weeks started by giving me feedback through my assignments* (Eleanor), but *they don't really know what you're going to experience* (Candace). In fact, faculty members were perceived as simply *doing more of the grading because they aren't with you on the floor* (Olenka). One student explained:

My instructor isn't really here. We have clinical conferences but it's kind of "how are things going?" She isn't really all that helpful for me so yeah, she just marks my papers (Cassie).

Another expressed comfort with being a self-directed learner while in the rural hospital preceptorship:

I haven't really been in contact with my instructor. But, I take responsibility for my learning. I'm the one that's transitioning not my instructor. If I was having trouble with it, I would contact my instructor and discuss the issue (Bob).

All but one student felt there was a lack of support from faculty as illustrated in the following comment:

I expected my instructor to be kind of like a liaison. I guess I expected her to come see me, take interest in my preceptorship, to meet the people who were helping me make this transition. Even my preceptors were a little bit surprised that she didn't come and see me at all (Sandie).

The lack of faculty support concerned students in two areas. First, they felt faculty members should be able to provide them with feedback if the preceptor feedback was inadequate, or if they were not receiving the necessary emotional support from their preceptor to facilitate a connection with staff. Consequently, a number of students expressed their feelings of isolation:

I just heard from my instructor for the first time last week. I'm now in the last week of the preceptorship. I know that I could have called her but it's a bit frustrating. Like, don't you want to know how I'm doing? (Patricia).

My instructor never did come and see me. It was almost like I was too far away. I guess if I would have stayed in the city things would have been different. One of my roommates did stay in the city and she said she had

lots of contact with our instructor. I wish I would have had at least one visit (Samantha).

The second area of student concern regarding the faculty members' involvement in the rural preceptorship related to the evaluation process. Students frequently stated dissatisfaction with the apparent incongruence about how the final grade would be determined and by whom. Although they knew their preceptor would provide input, students expressed their frustration at receiving a grade from someone who was perceived to be removed from the experience:

My instructor was kind of useless sometimes because her visits were only 15 minutes long; why come at all? If she's going to be grading me she should be going through the objectives and asking me if I'm meeting them; if I was having problems with anything; what's going on. I don't know how instructors evaluate students because they don't see any practice. It's all administrative stuff (Katie).

She was taking feedback directly from four people that she did not know or had even met. I think it would have been important for her to meet my preceptors (Samantha).

You kind of wonder how your mark is going to be assigned with so little contact (Sandie).

DISCUSSION

It is important for faculty to be perceived as valuing the rural hospital experience by being present during the experience. To stimulate discussion about how faculty involvement in a rural hospital preceptorship can be enhanced, we present four areas for consideration that arise from the findings.

Faculty Presence

Typically, preceptorships are designed to refine students' critical thinking, improve their psychomotor skill performance, build confidence, consolidate their theoretical knowledge, and facilitate their transition from the student to graduate nurse role while under the supervision of an experienced registered nurse (Udlis, 2008). To allow the student and preceptor the opportunity to develop a professional working relationship (Seldomridge & Walsh, 2006), faculty deliberately engage in indirect supervision of the clinical experience. This distance is favourably perceived by those students who feel comfortable with

learning at the preceptor's side and who take responsibility for the learning experience. However, not all students are psychologically prepared for a distant preceptorship experience where contact with faculty and subsequently clinical supervision might be limited to email, telephone, and videoconferencing rather than through face-to-face in-person visits (Yonge, 1997).

While the visible and continued presence of faculty members through regular visits to urban clinical sites in which a preceptorship is being undertaken is crucial for students (Bourbonnais & Kerr, 2007), faculty involvement in rural hospital preceptorships may be perceived as minimal, and may not meet the needs of the student. Students indicated that regularly scheduled site visits were considered a cornerstone of effective communication and involvement, and that without early and regular contact they experienced uncertainty about the learning experience. At issue might be faculty role confusion. That is, although faculty know their role during clinical experiences where they provide direct supervision of student learning activities, they may feel uncertain about their role in the rural hospital preceptorship experience where indirect supervision is frequently provided at long distances (Seldomridge & Walsh, 2006).

Student Feelings of Isolation

Physical distance creates some difficulty for faculty supervision (Seldomridge & Walsh, 2006). Since rural hospitals typically can host only a small number of students at one time, a number of rural hospitals are needed to host students for a rural hospital preceptorship. This results in students being dispersed over a wide geographical area. Developing and maintaining working relationships with hospital administrators and nurses at rural sites is time-consuming and labour-intensive, and may be challenging for faculty (Garbee & Killacky, 2008; Parsons, 2007). These barriers negatively impact faculty members' involvement in a rural hospital preceptorship. Indeed, in this study, faculty members whose initial contact was late in the preceptorship were perceived as being peripheral to the students' experience and transition to the graduate role.

Evaluation

Faculty visits that occur during regularly scheduled work hours are necessarily short due to unit activities and patient care demands. Despite the length or frequency of these visits, a final evaluation of students' performance is essential. Students in this study were aware that assigning the final grade for the course was a faculty responsibility and this caused them considerable concern.

According to these students, faculty visits either occurred too infrequently or too late in the preceptorship to be perceived as valuable. They expressed concern that they had not received enough feedback from the faculty member to feel certain they were meeting course objectives and that their performance was satisfactory. Consequently, these students felt uncertain about their final grade.

Student Perceptions of the Faculty Role

While the purpose for students' orientation to the preceptored clinical experience might be understood by faculty, the purpose of subsequent visits may be unclear for both students and faculty (Seldomridge & Walsh, 2006). Without doubt, for the students in this study, the question, *How are things going?* asked by faculty members, did not facilitate an in-depth exploration of their experience. Rather, students felt that questions pertaining to specific learning experiences and course objectives would help clarify the goals and expected outcomes of the clinical experience.

Coupled with a lack of understanding about the purpose of site visits, faculty who lack knowledge pertaining to rural theory and the nature of rural hospital nursing practice are faced with serious challenges in fulfilling the role of custodian of the teaching and learning process (Myrick & Yonge, 2005). Lack of knowledge about the context might make it impossible for faculty to identify potential learning experiences which might enhance students' learning about rural hospital nursing.

RECOMMENDATIONS

Recommendations for nursing program administrators and faculty supervising rural hospital preceptorships related to clarifying the role and involvement of faculty in a rural hospital preceptorship are offered:

Nursing Program Administrators

To prepare faculty who will provide supervision of students' in rural hospital preceptorships, we suggest nursing program administrators provide faculty with an orientation to rural nursing, as well as implement a mentoring program for faculty. We also suggest that, when possible, faculty should be provided the opportunity to develop working relationships with hospital personnel by being consistently assigned to supervise students in the same rural hospitals.

1. *Faculty orientation to rural nursing theory and practice:* Provision of resource material pertaining to rural theory and rural hospital nursing practice will help faculty gain a better understanding of what students might experience while in the rural hospital setting.
2. *Faculty mentoring, debriefing, and problem-solving:* Experienced faculty could mentor faculty new to the rural hospital setting by providing them with information about the hosting rural hospitals; the nature of rural nursing practice; and preceptors' teaching and nursing style. Mentoring about questioning strategies that address information-gathering and identifying student and preceptor learning needs will make visits meaningful. For example, to identify how the preceptor and student learner roles are being negotiated and actualized, questions such as the following might be suggested: *What is your student's strongest characteristic? What is your student's weakest characteristic? What learning experiences do you plan to organize with your student over the next few shifts? What learning experiences are essential in ensuring the student is able to provide safe, competent care?*
3. *Building relationships with rural hospitals and getting to know the preceptors:* Since knowing one another is a central characteristic of the rural setting, assigning faculty to the same rural hospitals will over time, support the development of working relationships between faculty and hospital administrators, staff, and physicians.

Faculty Supervising Rural Hospital Preceptorships

For faculty members who are responsible for supervising students in rural hospitals, we provide the following suggestions.

1. *Planning site visits:* Make time for pre- and post-preceptorship visits to clarify expectations and encourage dialogue and debriefing. Pre-arrange and clarify the purpose of the visit: some visits might be expressly for evaluation purposes, while others might be to identify strategies to meet learning needs. Indicate whether the meeting will be in-person or via telephone or videoconference. If at all possible, make at least one in-person site visit if the site is within 300 kilometers from the educational facility.
2. *Planning and evaluation of learning experiences:* Identify for preceptors specific student behaviours that should be observed during the preceptorship, such as medication administration or organizing patient care.

Develop a grading rubric to help reduce variability in evaluation. In this way, student progress and achievement of course objectives can be tracked more precisely (Seldomridge & Walsh, 2006). Articulate clear expectations for student performance using professional associations' competencies and annual appraisal instruments. Plan visits expressly for evaluation throughout the preceptorship and not only at the end of the experience.

3. *Reporting supervising activities accurately:* Faculty members teaching within the designated preceptored clinical course should develop a schedule of their anticipated site visits including time needed for travel, frequency and type of visits, travel distance, and costs associated with each visit. As well, the purpose of each visit and who is involved in the visit should be described. This type of information will help deans and other administrators determine appropriate faculty workload assignments that can effectively support rural preceptorships.

CONCLUSION

Participants in this study were recruited from one large western Canadian university and its affiliated colleges, and the findings may be unique to this nursing program. However, it is evident that faculty involvement in the rural preceptorship needs to be increased and improved to meet students' learning needs. Clarifying the faculty role will contribute to the solidification of faculty members' and nursing programs' involvement and commitment to the rural hospital preceptorship experience. Although the importance of the faculty role in the preceptorship experience is well recognized, implementing specific strategies for faculty to support students responsibly, provide students with psychological support, and reduce their sense of isolation will strengthen the rural proctorship experience. Further research might address the faculty experience of rural preceptorships, thereby leading to further evidence-based modifications to the rural preceptorship model.

REFERENCES

- Bourbonnais, F. F., & Kerr, E. (2007). Preceptoring a student in the final clinical placement: Reflections from nurses in a Canadian hospital. *Journal of Clinical Nursing, 16*, 1543-1549.
- Burns, I., & Paterson, I. M. (2005). Clinical practice and placement support: Supporting learning in practice. *Nurse Education in Practice, 5*, 3-9.

- Canadian Institute for Health Information. (2002). *Supply and distribution of registered nurses in rural and small town, Canada*. Ottawa, ON: Author. Retrieved April 7, 2009, from <http://secure.cihi.ca/cihiweb/products/NursingRuralSmallTownCanada2000.pdf>
- duPlessis, V., Beshiri, R., & Bollman, R. D. (2001). Definitions of rural. *Rural and Small Town Canada: An Analysis Bulletin*, 3(3), 1-17.
- Cassimjee, R., & Bhengu, M. P. (2006). Student nurses' perceptions of their contact time with stakeholders in their clinical instruction. *Curationis*, 29(4), 47-53.
- Edmond, C. B. (2001). A new paradigm for practice education. *Nurse Education Today*, 21, 251-259.
- Garbee, D. D., & Killacky, J. (2008). Factors influencing intent to stay in academia for nursing faculty in the southern United States of America. *International Journal of Nursing Education Scholarship*, 5. Retrieved September 20, 2009, from
- Gleeson, M. (2008). Preceptorship: Facilitating student nurse education in the Republic of Ireland. *British Journal of Nursing*, 17, 376-380.
- Hartigan-Rogers, J. A., Cobbett, S. L., Amirault, M. A., & Muise-Davis, M. E. (2007). Nursing graduates' perceptions of their undergraduate clinical placement. *International Journal of Nursing Education Scholarship*, 4. Retrieved September 20, 2009, from
- Henderson, A., Fox, R., & Malko-Nyhan, K. (2006). An evaluation of preceptors' perceptions of educational preparation and organizational support for their role. *The Journal of Continuing Education in Nursing*, 37, 130-136.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Leners, D., Sitzman, K., & Hessler, K. L. (2006). Perceptions of nursing student clinical placement experiences. *International Journal of Nursing Education Scholarship*, 3. Retrieved September 20, 2009, from
- Levett-Jones, T., Fahy, K., Parsons, K., & Mitchell, A. (2006). Enhancing nursing students' clinical placement experiences: A quality improvement project. *Contemporary Nurse*, 23, 58-71.
- Luhanga, F., Yonge, O., & Myrick, F. (2008). Preceptorship an unsafe student: The role of the faculty. *Nurse Education Today*, 28, 227-231.
- Mamchur, C. & Myrick, F. (2003). Preceptorship and interpersonal conflict: A multidisciplinary study. *Journal of Advanced Nursing*, 43, 188-196.
- McCarty, M., & Higgins, A. (2003). Moving to an all graduate profession: Preparing preceptors for their role. *Nurse Education Today*, 23, 89-95.

- Morse, J. M., & Richards, L. (2002). *Readme first: A user's guide to qualitative methods*. Thousand Oaks, CA: Sage.
- Morse, J. M., Barrett, M., Mayan, M., Olson, K. & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods, 1*. Retrieved September 19, 2009, from <http://ejournals.library.ualberta.ca/index.php/IJQM/article/view/4603>
- Muecke, M. A. (1994). On the evaluation of ethnographies. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 187-209). Thousand Oaks, CA: Sage.
- Myrick, F., & Yonge, O. (2005). *Nursing preceptorship: Connecting practice & education*. Philadelphia: Lippincott Williams & Wilkins.
- Nehls, N., Rather, M., & Guyette, M. (1997). The preceptor model of clinical instruction: The lived experiences of students, preceptors, and faculty-of-record. *Journal of Nursing Education, 36*, 220-227.
- Papp, I., Markkanen, M., & vonBonsdorff, M. (2003). Clinical environment as a learning environment: Student nurses' perceptions concerning clinical learning experiences. *Nurse Education Today, 23*, 262-268.
- Parsons, R. (2007). Improving preceptor self-efficacy using an online educational program. *International Journal of Nursing Education Scholarship, 4*. Retrieved September 20, 2009, from
- Phillips, J. M. (2006). Preparing preceptors through online education. *Journal for Nurses in Staff Development, 22*, 150-156.
- Pickens, J. M., & Fargotstein, B. P. (2006). Preceptorship: A shared journey between practice & education. *Journal of Psychosocial Nursing & Mental Health Services, 44*(2), 1-5.
- Robinson Wolf, Z. (2007). Ethnography: The method. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (4th ed., pp. 293-330). Toronto, ON: Jones and Bartlett.
- Romanow, R. J. (2002). Rural and remote communities. In *Building on values: The future of health care in Canada, final report*. Ottawa, ON: Commission on the Future of Health Care in Canada.
- Sedgwick, M. G., & Yonge, O. (2008). Undergraduate nursing students' preparedness to "go rural". *Nurse Education Today, 28*, 620-626.
- Seldomridge, L., & Walsh, C. M. (2006). Evaluating student performance in undergraduate preceptorships. *Journal of Nursing Education, 45*, 169-177.
- Smedley, A. M. (2008). Becoming and being a preceptor: A phenomenological study. *The Journal of Continuing Education in Nursing, 39*, 185-191.
- Spradley, J. P. (1979). *The ethnographic interview*. New York: Holt, Rinehart & Winston.

- Udlis, K. (2008). Preceptorship in undergraduate nursing education: An integrative review. *Journal of Nursing Education, 47*, 21-29.
- Yonge, O. (1997). Assessing and preparing students for distance preceptorship placements. *Journal of Advanced Nursing, 26*, 812-816.
- Yonge, O., Myrick, F., Ferguson, L., & Haase, M. (2003). Faculty preparation for the preceptorship experience. *Nurse Educator, 28*, 210-211.
- Yonge, O., Myrick, F., & Haase, M. (2002). Student nurse stress in the preceptorship experience. *Nurse Educator, 27*, 84-88.