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MODULE 1: The Role of the Clinical Preceptor and Clinical Environment in Student Learning
2nd Semester 2024-2025

STUDY GUIDE

INTRODUCTION

Hello, everyone!

Welcome to Module 1. This module describes and provides an overview of teaching in clinical settings and presents nurse preceptors with challenges that are unique to the setting, differing from those encountered in the classroom. In nursing education, the classroom and clinical environments are linked because students must apply in clinical practice what they have learned in the classroom, online, and through other experiences. However, clinical settings require different approaches to teaching. The clinical environment is complex and rapidly changing, with a variety of new settings and roles in which nurses must be prepared to practice.

In the next sections, as a beginning nurse preceptor, you will discover your philosophy in teaching and hopefully apply this to your new role. The first module comprises concepts that provide a background for clinical teaching and guide the preceptor's planning for clinical learning activities. This also discusses various elements of the context for clinical teaching and presents a philosophy of clinical teaching that provides a framework for planning, guiding, and evaluating clinical learning activities.

LEARNING OUTCOMES
Upon successful completion of this module, students must be able to:
1. Discuss creating a learning environment in the clinical context, establishing a culture for learning, and managing areas

2. Examine the issues of teaching and learning in terms of clinical preceptors' responsibilities for ongoing clinical learning
3. Appreciate your teaching philosophy in the context of teaching and learning in the clinical setting
4. Describe the roles, responsibilities, and attributes of a good clinical preceptor

Bachelor of Science in Nursing Program

This course will mainly focus on clinical teaching for undergraduate BSN students and to better understand the program, you need to appreciate the design and purpose of the BSN Curriculum. The degree is a four-year program offered by a college, professional institution, or university duly recognized by the Commission on Higher Education, and this is equivalent to Level 6 of the Philippine Qualifications Framework. It consists of general education and professional courses. The professional courses are threaded through from the first year through the fourth year with an emphasis on nursing concepts with corresponding clinical experiences. For more information, check this document [CMO 15 Series of 2017](.).

Teaching Philosophy

In this module, the integration of what you have learned in the previous courses and how we can integrate and apply teaching philosophy in teaching. As we have learned, philosophy is a system of enduring shared beliefs and values held by members of an academic or practice discipline. Philosophy as a comprehensive scientific discipline focuses on more than beliefs, beliefs determine the direction of science and thus form a basis for examining knowledge in any science.

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Contemporary nursing curriculum philosophies often are a blend of philosophy, nursing theory, and learning theory. Among others, these blended philosophical approaches include:
- Apprenticeship or cognitive apprenticeship
- Collaborative inquiry
- Constructivism
- Critical social theory
- Feminism
- Humanism
- Interpretive inquiry
- Phenomenology
- Pragmatism

To gain more insight on the teaching philosophy in nursing, you can read the article [Constructing a teaching philosophy: Aligning beliefs, theories, and practice.](.) This article

presented a model for constructing a teaching philosophy in consideration of the organization's mission, personal beliefs, and educational theories. Hopefully, this model helped you appreciate the significance of a teaching philosophy and inspired you to create your own.

Activity 1.

Recognizing the education philosophy you believe in is important in constructing your own. You can perform a self-assessment through this questionnaire using a scoring guide.

Instructions:
1. Respond to the given statements on a scale from 1, "Strongly Disagree," to 5, "Strongly Agree."
2. Record the number of your answer along with the question number for scoring.
3. Record the number you chose for each statement in the self-assessment in the spaces given.
4. Add the numbers for each section to obtain your score for that section.
5. The highest score(s) indicates your educational philosophy and psychological orientation.

Every clinical preceptor has a philosophical approach to clinical teaching, whether or not the preceptor realizes it. That philosophical context determines the teacher's understanding of his or her role, approaches to clinical teaching, selection of teaching and learning activities, use of evaluation processes, and relationships with learners and others in the clinical environment. These may serve as a guide to action, and they profoundly affect how you as the clinical preceptor practice, how your nursing students learn, and how learning outcomes are evaluated.

The philosophical context of clinical teaching provides the framework that includes beliefs about the nature of professional practice, the importance of clinical teaching, the role of the student as a learner, the need for learning time before evaluation, the climate for learning, the essential versus enrichment curricula, the espoused curriculum versus curriculum-in-use, and the importance of quality over quantity of clinical activities. Each of these elements serves as a guide to action for clinical teachers in nursing.

Understanding the Context for Clinical Learning Activities
To begin the preparations for clinical teaching and learning, you should reflect on the context in which these activities take place. Preceptors and learners use an established health care or community setting for a learning environment, thus becoming strangers within that setting. So I would like you to reflect on this question:

What are the implications for clinical teaching and learning effectiveness under these conditions?

Being good strangers involves knowing and adhering to the clinical setting's established routines, policies, and practices. Clinical preceptors negotiate with the staff members for access

to learning opportunities and resources while simultaneously protecting students from criticism and preventing errors. These will be discussed in the next modules.

Clinical Learning Environment

One of the most important responsibilities of a clinical teacher is selecting clinical assignments or the clinical area. Why is this important? When you select or choose an area for clinical learning, the areas you will consider are:
- This should be related to desired outcomes,
- Appropriate to students' levels of knowledge and skill, and
- Challenging enough to motivate learning.

Although directing a learner to provide comprehensive nursing care to one or more patients is a typical clinical assignment, it is only one of many possible assignments, and not always the most appropriate choice.

In our onsite session, the discussion will emphasize the importance and nuisances of having the actual clinical area be used for clinical learning. Also, the BSN Curriculum will be briefly discussed to put a context in clinical teaching and learning.

To further appreciate the session, you can access the following learning materials:
- [AMEE Guide no. 34: Teaching in the clinical environment](#)

Activity 2.
Share your latest experience on how the clinical area is an advantage and a disadvantage to student learning. Please upload your responses in our discussion forum in the UPM VLE.
Don't forget to respond to at least two (2) other participants' responses.

Looking forward to your response.

When selection of the clinical area or areas is complete, the nurse preceptors must prepare for the teaching and learning activities that will take place there, Areas of preparation that must be addressed include clinical competence, familiarity with the clinical environment, and orientation to the agency or setting.

Let us begin with preparing the clinical preceptors for the job that they are expected to do. Clinical preceptors, clinical teachers, or clinical instructors are considered expert nurses in the clinical setting, who will work closely with the student on a one-to-one basis in the clinical setting. Preceptors are staff nurses and other nurses employed by the hospital where the nursing students will be deployed.

In addition to their ongoing patient care responsibilities, nurse preceptors provide on-site clinical instruction for the assigned students. In addition to one-to-one teaching, the preceptor guides and supports the learner and serves as a role model.

To give you an idea of how the preceptor works and the framework that explains it, you can read more about the preceptor model. The preceptor model involves sharing clinical teaching responsibilities between nursing program faculty members and expert clinicians from the practice setting. One strength of the preceptor model is the consistent one-to-one relationship between the student and preceptor, providing an opportunity for the student to work closely with a role model. This close relationship promotes professional socialization and enables students to gain an understanding of how to function in the role for which they are being prepared. Other advantages of preceptorships are that students can work closely with a clinical expert in the field, develop self-confidence, improve their critical thinking and decision-making skills, and learn new clinical skills under the guidance of the preceptor

The Clinical Preceptor

Being a clinical preceptor, you are expected with clinical competence since this is one of the essential characteristics to make you an effective teacher. Clinical competence includes theoretical knowledge, expert clinical skills, and judgment in the practice area in which teaching occurs. In the Philippines, approval of nursing education programs may require nurse faculty members to have advanced clinical preparation in graduate nursing programs in the clinical specialty area in which they are assigned to teach. In addition, faculty members should have sufficient clinical experience in the specialty area in which they teach. This is particularly important for faculty members who will provide direct, on-site guidance to students in the clinical area; the combination of academic preparation and professional work experience supports the teacher's credibility and confidence.

In our onsite session, we will discuss the specific roles and responsibilities of the clinical preceptor as well as the characteristics of a good preceptor.

To better appreciate the onsite session, here are some references which may be helpful:
- How to choose a preceptor: aspects to consider based on a grounded theory study
- Feedback vs. evaluation: Getting past the reluctance to deliver negative feedback
- Key tips for teaching in the clinical setting
- The Competencies of the Culturally Responsive Teacher: What, Why and How?
- The Importance of the Preceptor-Preceptee Relationship in Creating Well-Prepared Professionals: A Make-or-Break Experience
- The clinical learning environment, supervision and future intention to work as a nurse in nursing students: a cross-sectional and descriptive study

Here are some things that every clinical preceptor should be prepared for:
- Preparation of the clinical preceptor
  - Clinical competence
  - Familiarity with the Clinical Environment
- Preparation of the hospital staff
  - Clarification of roles
  - Level of learners

- ○ Learning outcomes
- ○ Need for positive role modeling
- ○ Role of staff members in evaluation
- Preparing the learners (cognitive, psychomotor, and affective)

Activity 3.

Identify your concern about being assigned as one of the clinical preceptors. E.g. I am too shy and think that I will have challenges in communicating with student nurses.

Write your answers in our discussion forum. Please feel free to respond to the other participants' answers with your suggestions or recommendations to address their concerns.

Process of Clinical Teaching

Clinical teaching is a complex interaction between students and teachers. Influencing the clinical teaching process are characteristics of the teacher and learner; the clinical environment and nature of practice within that environment; patients, families, and others for whom students are caring; agency personnel and other health care providers; and the inherent nature of clinical practice with its uncertainties.

The process of clinical teaching will be further discussed in the next modules, but everyone should be aware that this process is not prescriptive. Instead, it provides a framework for the teacher to use in planning clinical activities appropriate for the learning outcomes and students, guiding students in the practice setting, and evaluating clinical performance. A framework assists clinical preceptors in creating an environment and opportunities for students to learn; the outcomes of those experiences, however, may vary considerably among students because of the many factors that influence the learning process. This will also describe the characteristics of effective clinical teachers and models of clinical teaching, such as traditional, in which one teacher guides the learning of a small group of students; preceptor; and partnership.

SUMMARY

This module described the roles and responsibilities of faculty, staff members, and others involved in clinical teaching and suggested strategies for preparing students and staff members for clinical learning. The teacher and learners comprise a temporary system within the permanent culture of the clinical setting. Negative consequences of this relationship can be avoided by establishing and maintaining regular communication between the instructor and staff members. Clinical teachers function as culture brokers and border spanners to help integrate students more fully into the real world of nursing practice.

Settings for clinical learning should be selected carefully, based on important criteria such as compatibility of school and agency philosophy, licensure and accreditation, availability of opportunities to meet learning objectives, geographical location, availability of positive role models, and physical resources. Selection of appropriate clinical settings may be complicated

by competition among several nursing programs for a limited number of agencies. Specific criteria for assessing the suitability of potential clinical settings were discussed. When clinical sites have been selected, educators must prepare for teaching and learning activities. Areas of preparation include clinical competence, familiarity with the clinical environment, and orientation to the agency. Clinical competence has been documented as an essential characteristic of effective clinical teachers and includes knowledge, expert skill and judgment in the clinical practice area in which teaching occurs. Teachers may maintain clinical competence through faculty practice, joint appointments in clinical agencies, part-time clinical employment, and continuing nursing education activities. The teacher may become familiar with a new clinical setting by working with or observing the staff for a few days prior to returning to the site with students. The clinical agency may require faculty members to attend an orientation program that includes introductions to agency staff, clarification of policies concerning student activities, and review of skills and procedures.

Preparation of the clinical agency staff usually begins with the teacher's initial contact with the agency. The roles of teachers, students, and staff members should be clarified so that staff members have guidelines for their participation in the instruction of learners. An important point of role clarification is that, although students are accountable for their own actions, the responsibility for patient care remains with staff members of the clinical agency. Staff members also need to be aware of specific learning objectives, the level of the learner, the need for positive role modeling, and expectations concerning their role in evaluating student performance. Although staff members' feedback is valuable in formative evaluation, the teacher always is responsible for the summative evaluation of learner performance.

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