

Grampians Clinical Training (Nursing) Capacity Building Project
Preceptor training program
Evaluation Report¹
April 29 2013

Executive Summary

The Grampians Clinical Training (Nursing) Capacity Building Project is a collaborative initiative by the Australian Catholic University (ACU) as lead agency and the University of Ballarat (UB), together with the Grampians regional health services, to increase the capacity of clinical training in the region.

This project has many components, one of which is to deliver preceptor training for staff who provide clinical support and supervision for students in placements across the Grampians region. This preceptor training comprises the development of three online modules, which is supplemented by a one-day workshop which has been delivered across the Grampians region.

This evaluation has two parts. The first includes a series of interviews with Clinical Teachers/Educators from the health services and the second part includes a survey of training participants. The results from both evaluation components are included in this report.

Individual interviews were conducted with 18 staff and included participants in health services, universities and the Clinical Liaison Nurse (CLN) roles. These interviews were conducted primarily in December 2012- January 2013. Some additional later interviews were completed in March - April 2013.

A survey about the online modules was completed in February 2013, which specifically evaluated the outcomes of the preceptorship training in the medium term (1-3 months after training) and explored how the learnings have been implemented in different local health services. When the survey was conducted, only the first online training module had been available (since October 2012). The second online module is now available and the third online module is in the development phase.

The following is a summary of outcomes from the interviews (primarily health services staff):

- Training has been very well received with consistent positive feedback.
- There was a need to establish a “critical mass” of preceptors within each health service who had completed the training. This supported challenging some of the “cultural resistance” within health services with staff who did not see that they had a role with students.
- There were some “mixed messages” about the online training. It was well received, but some staff preferred the interactive workshop model as a learning style. This appeared to be a personal preference, and staff who were more familiar with online training (e.g. those in the Wimmera) were consistently very positive about the availability and access to the online modules. Shorter sections in the online modules would be helpful.
- There were consistent reports that preceptors were now more confident in their own preceptor skills. They were able to deliver messages to students in a positive and constructive way. There were challenges for preceptors in being able to deliver more difficult messages to students, which were often left for the CT/C Ed to deliver. Participants indicated that preceptors were able to identify “struggling students” more quickly.

¹ This evaluation was undertaken by Springtech Services Pty Ltd

- There were consistent reports that preceptors were not completing student assessments and evaluations. The preceptors were more confident in providing verbal feedback but were hesitant in providing written feedback.
- Several health services indicated that they were now more confident in accepting students from other disciplines e.g. medical, allied health or Personal Care Assistant (PCAs). The preceptor skills could be generalised to a range of other disciplines.
- There were consistent messages that the preceptor training was playing a role in challenging the “cultural resistance” within some organisations. This included developing a positive and supportive culture for students, and accepting that preceptorship is part of the staff role.
- Some of the barriers identified included time, access to backfill staff and finding appropriate staff who were able to provide preceptor support to other staff and students.

The following is a summary of outcomes from the online survey (training participants):

- Nearly half (46%) of respondents had completed both the online module and the workshop. (Note: It is now a requirement for participants to undertake the first online module prior to attending the workshop).
- All respondents who had completed the online training modules indicated that it had met their needs.
- Over 90% of respondents indicated that they were able to apply the learning from the course to their practice/role within the health service.
- Respondents generally indicated that they had improved communication skills and attitudes with students, and that they were more confident in their role and skills as an educator.
- Key messages received through the training included encouraging/supporting students and developing preceptor skills.
- The most meaningful learning from the training was identified as an enhanced understanding of the preceptor role.
- The impact of training was identified as increased confidence and passion for working with students, followed by an increased understanding of the preceptor role.
- There was a significant improvement in confidence in several areas, including:
 - Giving feedback
 - Determining learning styles
 - Conducting assessment
 - Creating a positive learning environment, and
 - Recognising adult learning principles
- Most respondents (88%) indicated that they could apply learning to their own clinical support and supervision practice.
- Half of all respondents (50%) indicated barriers to implementing this learning to their practice. The perceived barriers included time constraints, heavy workloads and resourcing.
- The most common change from the training that was identified by respondents included implementing a different attitude/approach.

Acknowledgement:

The development and delivery of the preceptorship training workshops has been jointly funded between the Grampians Clinical Training Project and the Grampians Clinical Placement Network's Clinical Support and Supervision Project.

The development of the preceptorship online modules, as well as this evaluation, has been funded by the Grampians Clinical Training Project. This Project was possible due to funding made available by Health Workforce Australia as an Australian Government Initiative.



An Australian Government Initiative

PART 1: INTERVIEWS (Health Services, CLNs, University staff)

A series of interviews were conducted with staff in health services from late December 2012 to mid-April 2012. A total of 18 interviews were conducted, including 13 staff from 12 health services, 3 staff from the universities (both ACU and UB) and 2 Clinical Liaison Nurse (CLN) staff. There was representation from health services staff based in all areas across the region, with 3 participants from the Central Highlands, 4 from the Grampians Pyrenees and 6 from the Wimmera.

Perspectives have been included from the CLN and university staff if they related primarily to the preceptor training program (workshops and online modules). Interviews were conducted with CLN and university staff but were focused on a range of issues and not specifically for the preceptor training. Further details of the CLN role in relation to preceptor training and support have been included in the CLN report.

Two health services indicated that they implemented their own preceptor training programs. SJOG Ballarat has implemented a preceptor training program and has not been involved in the training developed through this project. Wimmera Health Care Group (WHCG) is based in Horsham and had participants who attended one workshop at the end of 2012 (September). WHCG now provides its own preceptor training program, and a requirement of the WHCG preceptor training program is to complete the online training modules developed as part of this project. In April 2013, approximately 80 WHCG staff (estimate only) had completed the online preceptor training modules.

Note: "Participants" indicate interview respondents and "Preceptors" indicate staff who have attended training.

Participation in preceptor training

Health service perspective: Most participants from the health services reported that they had small numbers (and percentages) of preceptors who had participated in the workshops. This was particularly relevant for participants interviewed in late December 2012 and in early January 2013 (estimates of approximately 10% of staff having attended at that time). As expected, participants who were interviewed later (March 2013) reported more preceptors had attended the training.

Participants from health services also reported that they had a range of staff who had attended the workshops, including RNs, ENs and some PCAs.

When participants reported that small numbers of preceptors had completed the training, they also commonly indicated that preceptors were having more difficulties in implementing the learnings from the training e.g. completing student assessments. This was reported more frequently in the earlier interviews (December 2012 and early January 2013).

Participants in health services based in the Wimmera indicated that they generally had low numbers of preceptors who had attended the workshops. These participants also indicated that they had some preceptors who had completed the online training. One Wimmera based health service had significantly more preceptors who had completed the online training as compared to the workshops. As noted earlier, WHCG includes the online training modules as a requirement for their preceptor training workshops. Feedback about the online training has been positive and access to e-learning training is part of the normal practice.

Feedback about the training

Health service perspective: Participants consistently reported that preceptors who had attended the workshops or who had completed the online modules were very positive about the content:

- Fabulous – very good – enjoyed it
- Staff indicated that they thoroughly enjoyed the workshops and had very good feedback to the CT
- There was a fantastic response to preceptorship workshop and staff can relate to it
- Worked really well – lots of positive feedback
- Commend those that have put it together – feedback has been positive
- Very good feedback – high quality preceptorship education program
- Resources online have been high quality and challenging – anyone who is involved in preceptorship role needs to do the training
- Very high quality and appropriate for content

CLN perspective: Very positively received by DoNs and staff

University perspective: It is important to consider the skills levels which are being targeted through the preceptor training (both workshops and online learning). Health services will continue to focus on being “skills oriented”, and need to be extended in their skills development to work with students at a Baccalaureate level. This will be an ongoing challenge, as health services may not recognise this skills gap. Training which is offered is good to engage as a starting point, and then needs to extend preceptors further as some RNs are not aware of the required standards. Among some RNs there may exist a culture of being resistant (particularly among some RNs who have been “hospital trained” and who are not trained in the academic environment). This is an integral part of challenging the “cultural resistance” within health services.

Structure of training

Health service perspective: Participants were positive about the availability of both the workshops and the online modules. Participants reported that the workshops had been delivered in a range of locations, with preceptors attending within their own health service and also some preceptors travelling to other health services. Participants indicated that preceptors were very positive about the opportunity to engage with other preceptors in other health services and to discuss similar issues. One preceptor indicated that many preceptors in the health service (Wimmera based) had been hospital trained and that preceptoring students was a “very new” skill that was being developed.

There was a suggestion for the workshop to continue to be available approximately twice per year. It is not always possible to send all preceptors to the one day, and having ongoing workshops available would be well received.

It was also noted that the lectures delivered in the workshop were received more positively than similar messages delivered through the CT or C Ed roles within each health service (Note: this was identified as a very good complementary approach and helped to keep momentum and enthusiasm with preceptors).

There were some “mixed messages” about the online training, which appeared to be related to individual preceptor learning preferences. Some participants indicated that preceptors had completed the online training module and that this was challenging and had good content. Preceptors who had completed the module were very positive about the opportunity to undertake

this using an online format. In contrast, some preceptors indicated a preference to participate in workshops rather than the online modules, and wanted the face to face discussions and engagement. There were some comments that preceptors had indicated that the online training was “onerous” and “long”. There was one suggestion that the online training could be separated into smaller/shorter sections which would support more preceptors completing individual components.

Participants were very positive about the opportunity to include both RNs and ENs in the training program. Many participants indicated that ENs often had a role in clinical support and supervision practice, but that the universities required RNs to preceptor RN students.

Applying learning gained from training to clinical support and supervision practice

Health service perspective: Interview participants were asked if preceptors who had attended training were able to apply this learning to clinical support and supervision practice. The majority of participants were positive about this, but within specific constraints.

Some participants (particularly in the early interviews) indicated that more staff needed to complete the training and this would support ongoing cultural change with preceptors within the health service e.g. if only 5-10% of preceptors had attended training, then there was little impact on practice and on preceptors being more engaged with students. One participant indicated that the higher number of preceptors who had completed the training generated a “critical mass” which was then able to create a synergy with other preceptors.

Many participants indicated that preceptors were now more confident in writing assessments and were “stronger” (i.e. more confident) in giving feedback to students. Preceptors were reported to be able to use the right language and to be able to give students appropriate examples. Some participants indicated that preceptors had now indicated that they were more willing to allow a student to learn from their own mistakes and to change their approach to intervention rather than the preceptor stepping in as quickly as they might have done in the past. Some participants indicated that they had received fewer complaints from students about preceptors.

Participants consistently indicated that preceptors who had attended the training were more engaged and happier to work with students. There were also many comments that preceptors now included working with students as part of their role. Participants were encouraging this group to be more involved with the assessment process for students.

There was a consistent theme/comment from participants that many of the preceptors were not willing to complete assessments and to sign books for students. In some cases, participants indicated that preceptors waited for Clinical Support or Clinical Teachers/Educators to attend and complete these tasks. This seemed to vary across the health services, and often appeared to depend on previous practice. In some situations, preceptors were waiting for the CT/C Ed to attend and deliver “bad news” messages to students i.e. preceptors were able to give good feedback but struggled with delivering constructive or challenging feedback. Participants also indicated that preceptors may not be initiating a referral to the CT/C Ed with a student who was struggling, including not writing/documenting appropriate constructive comments (e.g. preceptors would discuss the student issues with the CT/C Ed, but not put comments in writing).

CLN Perspective: The preceptor training workshop and online modules encourages management within health services to support initiatives that continue to improve preceptor practice and supports ongoing cultural change. Some preceptors are reluctant and the availability of high quality training encourages some staff to participate more competently in preceptor roles. This also supports the application of theory into practice and supports the development of strategies which

supports student learning. There has been good support for the preceptor training from CT/C Ed staff in health services.

Changes observed in the quality of clinical support and supervision practice

Health service perspective: Participants in the interview process were asked if they could identify some examples of changes in clinical support and supervision practice that had taken place with preceptors. Some of the examples included:

- There were many comments that both staff and preceptors were actually seeing engagement with students as part of their role and were positive about working with students. This has been a change to a more positive perspective, and has not changed with the increased numbers of students that are now involved in some health services.
- Preceptors are more confident, giving students more time and have improved clinical appraisal skills. This includes better communication with students, including revisiting objectives more consistently and more formally than in the past. Preceptors are able to use the right language, have a better connection with students and are more willing to sign off student books. Preceptors were able to identify struggling students more quickly and to intervene more appropriately at an earlier time.
- Some health services have established preceptor support groups which continue to promote good clinical support and supervision practice on an ongoing basis.
- There were comments that indicated that staff are now actively seeking verification of methods that can be used with students, with an increased awareness and questioning about how to deliver messages.

Many participants indicated that they were now receiving more students, however, some health services indicated that they were close to capacity and were **not** accepting more students. Participants from the health services who were accepting more students consistently indicated that preceptors had better skills and were more able to work with students. This included preceptors working on weekends and night shifts. There was a consistent theme/comment that there was less resistance to having students and that health services were generally more welcoming to students.

University Perspective: University staff indicated that they had not yet seen clear outcomes from the preceptor training program. Early anecdotal information indicated that there had been a reduction in the number of students coming back and complaining about clinical education placements. It was acknowledged that this may be due to the preceptor training program or it may also be due to this particular student cohort.

One comment indicated that preceptors should be working with CT/C Ed staff and the CLN staff and that the university staff should not be the first point of contact. This would be consistent with the process that has been established. There was strong support for the workshops and the online modules as a great resource for preceptors.

Barriers within the health service impacting on staff being able to implement good clinical support and supervision

Health service perspective: Participants in the interviews raised a range of barriers for preceptors. The most commonly identified theme was difficulties with managing time, both generally and particularly to complete the online modules. Some participants identified barriers in getting other staff to backfill so that preceptors could attend the workshops.

Some participants indicated that demands on staff for training were perceived as being “overwhelming”, particularly when considering accreditation requirements as well. There are a lot of expectations on staff and preceptors to undertake education and training, including mandatory requirements and other processes e.g. open disclosure. Individual health service policies were not a barrier to implementing good clinical support and supervision.

Some participants identified that preceptors were finding it challenging to complete the student assessments, and that this involved several factors e.g. being able to “stop and have the head space” to complete the task and not leaving it until the last minute.

Some participants indicated difficulties in finding appropriate staff who were able to become preceptors, including preceptors that were working on weekends and who were able to support students in the flexi model placements. There was also a difficulty identified with supporting staff consistency, particularly with the high numbers of part time staff employed within a health service. Some health services specifically identified “cultural resistance” that impacts on implementing good clinical support and supervision. Good resources are available and are provided, but there are ongoing challenges in developing and supporting a positive culture towards supporting students. In some situations, the number (and percentage) of staff who are very resistant is small, but this group is often very vocal. This is exacerbated by having two assessment tools (e.g. ACU and UB with separate assessments) which can be confusing for preceptors.

Some participants identified specific issues with space e.g. office space and access to computers to complete the online modules. One participant identified difficulties in getting access to appropriate space to undertake the training due to capital works processes at this time. Another participant indicated that the designated space to undertake the online preceptor training was in a completely different section of the health service, and that it would be better if there was a space closer to the acute ward.

Some staff and preceptors raised concerns about staff anxiety and attitudes in completing preceptor roles e.g. filling out books and signing off. Concerns could be addressed through further training (currently being planned as part of this project). There was also strong support for the establishment of a preceptor support group model, where staff are able to discuss issues and different strategies. This would be enhanced when more staff have also finished the preceptor training. One participant identified difficulties in working across several campuses. This was exacerbated by having a small number of preceptors who had completed the training. This was consistent with needing to establish a “critical mass” of preceptors who could support each other.

The online training was well regarded and was very accessible as a “quiet training” program. Some preceptors completed this training in the work environment but other preceptors struggled to complete it within the designated work time, particularly with the amount of pre-reading and reading materials. Participants also indicated that some staff would not complete the online training in their own time.

Other comments

Health service perspective: One participant was very positive about the increased engagement between health services and the two universities. In particular, there was strong positive support for the February 7 Forum.

There were some additional comments about the “cultural resistance” of some staff in accepting a role with students, and that this training had been very effective in preceptors feeling more supported and more engaged in a positive way with students. This seems to be having an impact on the culture within the organisation. There was also support for the CLN role in supporting preceptors on an ongoing basis. This will continue to support the cultural change that is required. It is acknowledged that many CT/C Ed staff are delivering messages that encourage the development of good preceptor skills, but that the CLN is able to support these messages and can follow through on messages delivered through the workshops and online training modules. This will support embedding of skills into practice.

Participants were also asked if they had been able to increase the number of student placements in the health service. Many indicated that placement numbers had increased, but that this was not due to the preceptor training. However, there were several comments that indicated that preceptors were now more confident, and that when student placements were offered that they were able to accept additional students as preceptors now had more confidence in their own skills.

There were some comments in later interviews that the increased confidence from preceptors supported health services to increase the numbers of other students, e.g. medical students from Deakin or Melbourne universities or allied health students. The Deakin students were specifically involved for a 1 week vocational training program which engaged students within the health service as well as with medical staff. It was also recognised that the preceptor training was also very relevant and applicable to students in the Personal Care Assistant (PCA) program. A question was raised about the need for specific Midwifery preceptor training which is now being offered from BHS. The current preceptor training can be readily generalised to the other disciplines and was very relevant, so it was not clear about the specific need for a designated Midwifery preceptor training program.

There were requests for a preceptor workshop to be held in Edenhope and also in the Minyip/Murtoa/Rupanyup area, where preceptors from the West Wimmera, Horsham and Yarriambiack areas could attend. This would support more staff being able to attend the training locally.

There were some comments that CT/C Eds in small rural health services were now more aware of “alternative” opportunities for students to learn in different settings. In some cases, this included other sites or areas within the health service. In one example, it included working with the vet for the day which brought an increased understanding of working in a rural environment as well as a very different learning experience.

PART 2: SURVEY RESPONSES (Participants who have attended/completed training)

This survey is specifically evaluating the outcomes of the preceptorship training in the medium term (1-3 months after training) and exploring how the learnings have been implemented in different local health services.

This survey was made available online to nursing staff on the 10th of December, 2012 and was closed on the 13th of February, 2013. There were a total of 24 responses.

Question 1: In what type of health service are you employed?

Table 1: Type of service

	n	%
Regional health service	10	41.7%
Rural health service	9	37.5%
Small rural health service	5	20.8%
	24	100.0%

Question 2: What preceptorship training have you completed?

Table 2: Training completed

	n	%
Preceptorship in the Clinical Environment Module 1 (online learning module)	4	16.7%
Workshop	9	37.5%
Both, the online learning module and the workshop	11	45.8%
	24	100.0%

Question 3a: Did the online module meet your needs for preceptorship training?

Table 3: Needs met

	n	%
Yes	15	100.0%
No	0	0.0%
	15	100.0%

Question 3b: Comments

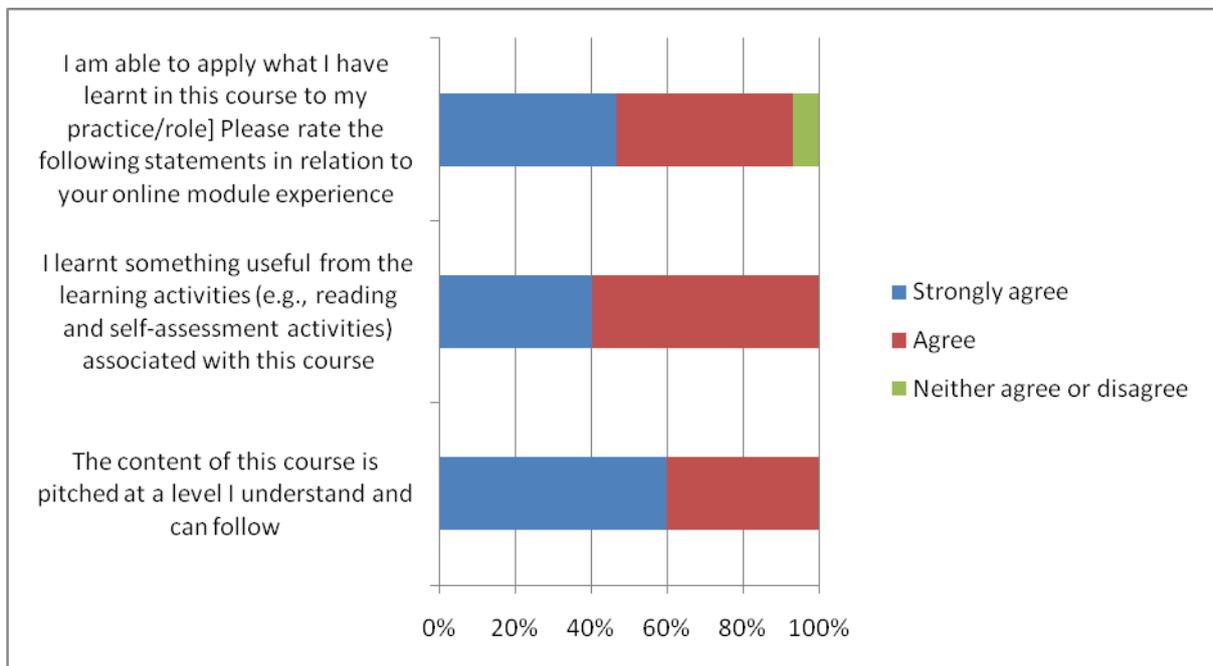
- “Good - very similar information as presented in workshop, but in written form.
- Would like some experience in the practical application of theory. Like what to do in difficult situations. How to communicate the importance of nursing role to those who have little understanding of nursing etc.”

Question 4: Please rate the following statements in relation to your online module experience.

Table 4: Rating of experience

	Strongly agree	Agree	Neither agree or disagree	Total
The content of this course is pitched at a level I understand and can follow	9	6	0	15
I learnt something useful from the learning activities (e.g., reading and self-assessment activities) associated with this course	6	9	0	15
I am able to apply what I have learnt in this course to my practice/role	7	7	1	15

Figure 1: Rating of experience



Question 5: In relation to the statement above (I am able to apply what I have learnt in this course to my practice/role), briefly explain what you applied or what changed as a result of doing the on-line course.

Table 5: Outcome of course

	n	%
Improved communication and/or attitude with students	8	36.4%
Role/skill as educator	7	31.8%
Refreshed prior/current education	2	9.1%
Recognition of learning theories and types	2	9.1%
Evaluating experience skills of students	2	9.1%
Other	1	4.5%
	22	100.0%

*Some respondents specified more than one change (i.e. 14 respondents and 22 key changes)

One quote of interest:

- Great ideas for delivering feedback to students, and using terminology for feedback that is consistent. Also provided a good intro into teaching/demonstration methods.

Question 6: What are the key messages from the preceptorship training that are relevant in your workplace today?

Table 6: Key messages

	n	%
Encouraging/supporting students	10	23.3%
Preceptorship skills	9	20.9%
Other	8	18.6%
Evaluating/assessing students	7	16.3%
Adaptation of teaching style	6	14.0%
Feedback to students	3	7.0%
	43	100.0%

* Some respondents specified more than one message (i.e. 24 respondents and 43 key messages)

Some specific quotes of interest:

- Being explicit when teaching new methods of practice
- Since in the years to come there will be a huge increase in the number of nursing students coming into [XX health service], I realise my responsibility in not passing those who are not competent to be a nurse if absolutely necessary.
- How to write clinical appraisals in an objective manner
- It was good to see a set program to follow for what could or could not be taught at each level of training
- Peyton's model for teaching clinical skills
- Pendleton's method for feedback

Responses grouped under 'other' identified a number of messages:

- Preceptorship not as useful in environments with limited staff/no new staff
- Interdepartmental communication is crucial to monitor student progress
- Many comments referred to the standardised methods of teaching, as well as the appropriate structure/method of providing feedback and evaluating student skills.

Question 7: What has been the most meaningful learning experience you have taken away from the preceptorship training?

Table 7: Meaningful learning experiences

	n	%
Enhanced learning/understanding	10	32.3%
Help with assessments/appraisals	6	19.4%
Importance of supporting students	5	16.1%
Importance of the preceptor role	4	12.9%
Importance of providing feedback/assistance	4	12.9%
Other	2	6.5%
	31	100.0%

* Some respondents specified more than one experience (i.e. 24 respondents and 31 experiences)

Some specific quotes of interest:

- We are always learning and can learn from each other
- The most meaningful experience was breaking down the barriers which prevented good learning.
- Provide lots of feedback regularly and allow students to voice their opinion

For responses grouped under 'other':

- Learning that there are similar problems with student learning in all areas
- The use of Peyton's teaching model

Question 8: How has the training impacted on you in the workplace?

Table 8: Training impacts

	n	%
Confidence with/passion for working with students	8	27.6%
Increased understanding/importance of role as preceptor	6	20.7%
Provided additional tools	5	17.2%
Yes (positively, without qualification)	4	13.8%
Other	4	13.8%
It hasn't	2	6.9%
	29	100.00%

* Some respondents specified more than one impact (i.e. 24 respondents and 29 impacts)

Some specific quotes of interest:

- It has made my life a lot easier
- I have more confidence in working with students, and I am now more willing to let students make mistakes, as long as it doesn't affect patient care.
- It has taught me the importance of breaking down barriers which prevent effective learning as well as the effectiveness of good clinical support
- It has increased my confidence when working with and assessing students

For responses grouped under 'other':

- Removed the 'judgement' feeling from preceptorship and allowed the preceptor to give more constructive feedback to both student and staff.
- Better understanding of how to support students
- Created a much more positive attitude towards students

Question 9: How confident did you feel about your skills in these clinical support and supervision areas before training and now, after training?

Table 9: Confidence before and after training

	Before training				
	Very confident	Confident	Had some confidence	Not at all confident	Total
Giving feedback	2	6	13	3	24
Determining learning styles	0	8	11	5	24
Conducting assessment	1	7	13	3	24
Creating a positive learning environment	6	11	6	1	24
Recognising reality shock	1	10	10	3	24
Recognising adult learning principles	2	10	7	5	24
Total	12	52	60	20	
	After training				
	Very confident	Confident	Have some confidence	Not at all confident	Total
Giving feedback	9	12	3	0	24
Determining learning styles	8	14	2	0	24
Conducting assessment	11	11	2	0	24
Creating a positive learning environment	14	8	2	0	24
Recognising reality shock	6	14	4	0	24
Recognising adult learning principles	11	11	2	0	24
Total	59	70	15	0	

Figure 2: Confidence before training

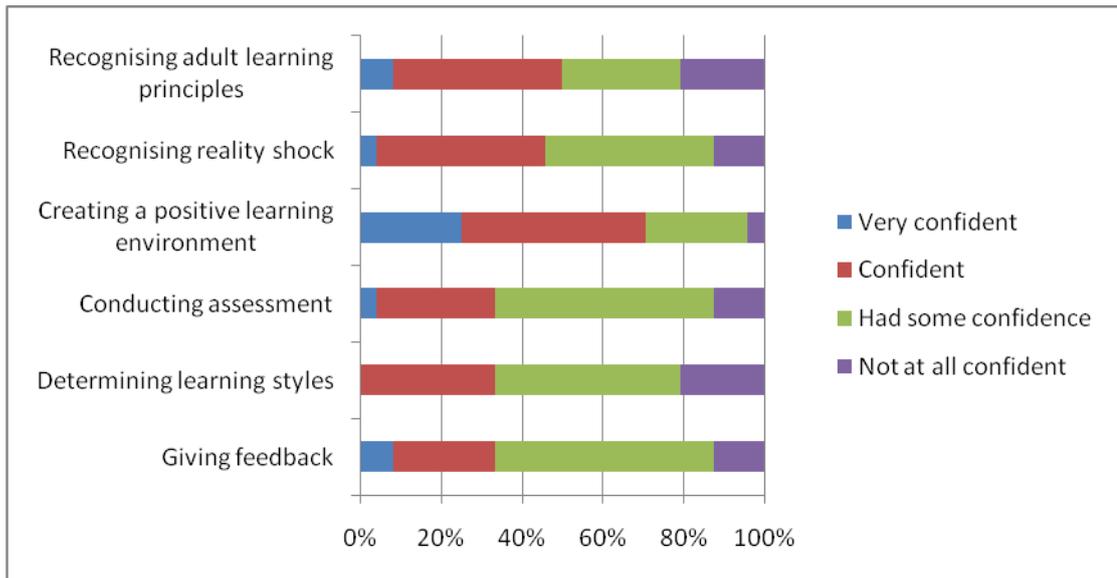
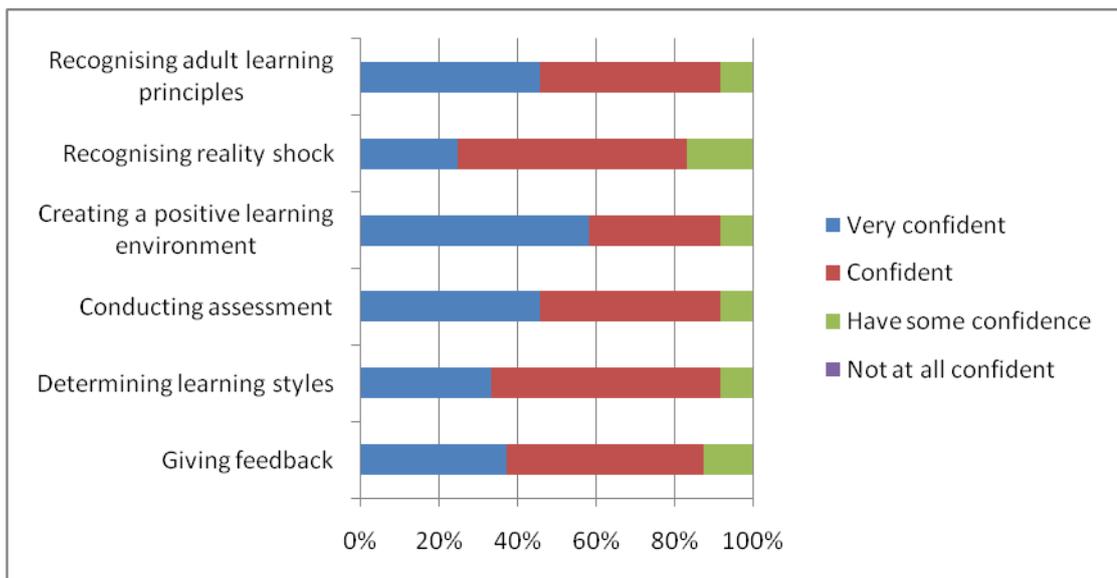


Figure 3: Confidence after training



Question 10: Have you been able to apply this learning to your clinical support and supervision practice?

Table 10: Application of learning

	n	%
Yes	21	87.5%
No	3	12.5%
	24	100.0%

Question 11: Please describe where you have been able to apply this learning to your clinical support and supervision practice.

Table 11: Place of learning application

	n	%
Preceptor skills/confidence	7	24.1%
Student learning styles	6	20.7%
On wards (either one or any)	6	20.7%
Providing feedback	3	10.3%
Writing assessments	3	10.3%
Providing support	2	6.9%
Approaching students	2	6.9%
	29	100.0%

* Some respondents specified more than one change (i.e. 21 respondents and 29 changes)

Some specific quotes of interest:

- I have better, less judgemental, questioning & feedback styles, which encourages people to think about the 'why' of a task, not just 'how' and also the 'why' of choosing one method over another method.
- I can now organise student tasks effectively and not in jumbled or disorganised way.

Question 12a: Are there any barriers in your health service that are impacting on your ability to implement good clinical support and supervision?

Table 12: Barriers present

	n	%
Yes	12	50.0%
No	12	50.0%
	24	100.0%

Question 12b: Please comment.

Table 13: Perceived barriers

	n	%
Time constraints	7	35.0%
Heavy workload	4	20.0%
Resource problems	4	20.0%
Other	3	15.0%
No problems	2	10.0%
	20	100.0%

* Some respondents specified more than one barrier (i.e. 13 respondents and 20 barriers)

Some specific quotes of interest:

- Often time stops me from being able to make students learning as productive and beneficial as possible--my ratio of high care aged care residents is 7 or 8 residents to one nurse
- Acuity/'heaviness' of the ward, patient workload, multiple responsibilities, conflicting timing with in-services/timing of student debriefs, etc.

For responses grouped under 'other':

- Experienced ENs in aged care are unable to complete 1st year RN student assessments even though they are providing the supervision. This doesn't reflect the nature of aged care. Better to have 3rd year RNs learning the role of RNs in aged care, or to allow ENs to complete the assessments of 1st year RN students.
- In a small health service, there isn't always much happening
- Staff reluctance to assess

Question 13a: Can you provide any examples of changes in your own practice of clinical support that you have implemented after the preceptorship training?

Table 14: Changes to practice

	n	%
Yes	14	58.3%
No	10	41.7%
	24	100.0%

Question 13b: Please describe the changes you have implemented.

Table 15: Types of change

	n	%
Different attitude/approach	9	42.9%
Improved administration/inter-staff processes	4	19.0%
Acknowledging different knowledge levels	4	19.0%
Better assessment/evaluation strategies	3	14.3%
Other	1	4.8%
	21	100.0%

* Some respondents specified more than one change (i.e. 14 respondents and 21 changes)

Some specific quotes of interest:

- When I first meet students/new staff, I now assess their prior learning and skill level before allocating patients/tasks where previously I made assumptions such as "now they are 2nd year, they would have experience at showering, bathing & sponging patients". I have learnt not to assume, but to ask.
- I now let students make mistakes and go along with their mistakes right until the last minute (take them out on the edge) - as long as it doesn't affect the patient's care.
- Focusing on education about one skill/task/theory at one time as opposed to trying to cover multiple things all at once.

For responses grouped under 'other':

- Encouraged socialisation
- Increased awareness by placing posters in the wards

Question 14a: Have you experienced any challenges in completing the online module? (e.g. Internet access, access to computers, computer skills)

Table 16: Challenges present

	n	%
Yes	5	20.8%
No	19	79.2%
	24	100.0%

14b: Please comment on the challenges you experienced.

Table 17: Type of challenge

	n	%
Time	3	60.0%
Other	2	40.0%
	5	100.0%

Comments in 'other' were:

- Required to print the articles in order to read them in my own time.
- Would have liked a completion certificate.