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An Ethnographic Study of Pre-Graduate Precepted Nursing Student Clinical Placements  
in Long-Term Care Homes

By

Fran Meloche

A Thesis  
Submitted to the Faculty of Graduate Studies  
through the Faculty of Nursing  
in Partial Fulfilment of the Requirements for  
the Degree of Master of Science in Nursing at the  
University of Windsor

Windsor, Ontario, Canada

2016

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by

Fran Meloche

APPROVED BY:

---

V. Paraschak  
Faculty of Human Kinetics

---

L. Patrick  
Faculty of Nursing

---

L. de Witt, Advisor  
Faculty of Nursing

March 10, 2016

## AUTHORS DECLARATION OF ORIGINALITY

I hereby certify that I am the sole author of this thesis and that no part of this thesis has been published or submitted for publication.

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## ABSTRACT

Long-Term Care (LTC) home recruitment challenges and nursing student disinterest in such clinical placements and careers, underscore this study's urgent need. This qualitative focused ethnography explored preceptor, faculty advisor, and pre-graduate student beliefs, values, and practices contributing to positive LTC home clinical placements. Upon receiving research ethics board clearance, six participants were recruited through purposive sampling in southern Ontario. Using Spradley's (1980) method, data were collected and analyzed from January-April, 2015 through: (a) 17 semi-structured interviews; (b) observation field notes; (c) journal entries and (d) document examination. Thematic analysis revealed implicit practices for realization of positive experiences: (a) *intentional shaping*, (b) *getting familiar*, (c) *transitioning to independence*, and (d) *showcasing accomplishments*. A valued relationship quality was a *blend of personal and professional*. Document use promoted valued placement preparation. The findings address a gerontological literature gap, providing initial insights about *how* positive experiences happened and *what* contributed to them.

## DEDICATION

This thesis is dedicated to my family. I am thankful for your perseverance, understanding, and ongoing commitment to support my education endeavours. To my husband: Thank you for your words of encouragement and motivation throughout this journey. On many occasions you have put my needs before your own- I am so grateful to have you in my life.

I am hopeful that this research will encourage positive change in long-term care homes in our community and many other communities across Canada.

## ACKNOWLEDGEMENTS

I would like to extend a special note of thanks to my thesis committee. First and foremost, to my supervisor Dr. Lorna de Witt. She has encouraged and mentored me for the last six years. Through our conversations, she has stimulated my interest in qualitative research and has been an exemplary role model. Throughout this experience, she has inspired me to stay focused and be creative with my learning. She continually goes above and beyond to ensure our work is of the best quality. I would also like to thank Dr. Linda Patrick, my internal reader. She has provided me with flexibility to complete my thesis, always encouraging me maintain a working balance in my life. Finally, I would like to thank Dr. Sean Horton and Dr. Victoria Paraschak for their work as external readers.

## TABLE OF CONTENTS

AUTHORS DECLARATION OF ORIGINALITY	iii
ABSTRACT	iv
DEDICATION	v
ACKNOWLEDGEMENTS	vi
LIST OF TABLES	ix
LIST OF FIGURES	x
LIST OF APPENDICES	xi
CHAPTER 1: STUDY BACKGROUND AND SIGNIFICANCE	1
Challenges with Recruitment and Retention in Long-Term Care	1
Historical Context of Gerontology Integration in Nursing Curricula	3
Student Placement in Long-Term Care Homes	4
Culture Change in Long-Term Care	5
Partnerships	6
Summary	6
Study Purpose	7
CHAPTER 2: REVIEW OF LITERATURE	8
Analysis of Reviewed Literature	10
Summary	13
CHAPTER 3: STUDY METHODOLOGY AND METHODS	15

Study Methodology	15
Study Methods	23
CHAPTER 4: FINDINGS	34
Participant Characteristics	34
Locating a Social Situation	36
Domain Analysis: Relationships	44
Taxonomic Analysis: Documents	55
Thematic Analysis	62
CHAPTER 5: DISCUSSION	74
Significance of Study Findings	74
Positive Aspects Occurred Over Time	74
Valued Relationship Qualities	76
The Implicit Value of Documents	82
Rigour	84
Study Limitations	89
CHAPTER 6: CONCLUSION	92
Contribution of the Study Findings	92
Next Steps: Building on the Study Findings	96
REFERENCES	98
VITA AUCTORIS	158

## LIST OF TABLES

TABLE 3.1: KEY CHARACTERISTICS ATTRIBUTED TO FOCUSED ETHNOGRAPHIES	18
TABLE 3.2: ADAPTED ETHNOGRAPHIC METHOD	24
TABLE 4.1: PARTICIPANT CHARACTERISTICS: AGE AND GENDER	34
TABLE 4.2: PARTICIPANT CHARACTERISTICS: BACKGROUND	35
TABLE 4.3: SECONDARY COMPARISON ANALYSIS OF DOCUMENTS	58

## LIST OF FIGURES

FIGURE 4.1: SOCIAL SITUATIONS: OBSERVATION 1	38
FIGURE 4.2: SOCIAL SITUATIONS: ORIENTATION	41
FIGURE 4.3: TAXONOMY OF DOCUMENTS USED IN POSITIVE CLINICAL PLACEMENT EXPERIENCES	60
FIGURE 4.4: TAXONOMIC ANALYSIS OF DOCUMENTS	144

## LIST OF APPENDICES

APPENDIX A: SEARCH STRATEGY: KEY TERMS	109
APPENDIX B: COMPARISON OF REVIEWED LITERATURE	110
APPENDIX C: LETTERS OF INFORMATION AND CONSENT	115
APPENDIX D: INTERVIEW GUIDES	125
APPENDIX E: SOCIO-DEMOGRAPHIC QUESTIONNAIRES	136
APPENDIX F: TAXONOMIC ANALYSIS OF PLACES AND SPACES	139
APPENDIX G: TAXONOMIC ANALYSIS OF DOCUMENTS	144

## CHAPTER 1

### STUDY BACKGROUND AND SIGNIFICANCE

Canada's population is aging at an unprecedented rate. The number of people 65 years of age and older is predicted to double from five to ten million by 2036, and by 2051, approximately one-quarter of the Canadian population will be older than 65 years (Statistics Canada, 2013). In Ontario, many older adults are reported to be living longer, healthier lives, requiring minimal assistance with health care (Sinha, 2012). At the same time, people who are admitted into long-term care (LTC) homes struggle with increasingly complex health conditions (The Conference Board of Canada [CBC], 2011; Hirdes, Mitchell, Maxwell, & White, 2011; Sinha, 2012). An "estimated additional 127,000 more LTC beds will be needed in Ontario by 2035, and Registered Nurse (RN) staffing in these homes will need to increase at least five percent per year to meet projected trends" (CBC, 2011, p. 13). These trends suggest that over time, LTC settings will increasingly require professionals, including RNs, who are educated to deliver highly skilled gerontological care.

#### **Challenges with Recruitment and Retention in Long-Term Care**

**Difficulty with recruitment and retention.** Despite this clearly documented projected need, recruitment and retention of RNs into LTC settings is fraught with challenges. Across Canada, RN employment in LTC is stagnant. The Canadian Institute for Health Information (CIHI) reports that 9.6% of the RN workforce employed in LTC homes has remained unchanged between 2008 and 2012 (2013). Many RNs working in this specialty are approaching retirement age (Canadian Nurses Association [CNA], 2012; Health Force Ontario, 2014). Also, the percentage of newly graduated RNs

employed in the LTC sector dropped from 15.7 % (2012) to 13.1% (2013) in only one year (College of Nurses of Ontario [CNO], 2013). Evidence from literature strongly suggests a disinterest among new RN graduates to work in this area and a lack of preparedness to undertake the RN role in a LTC home (Prentice, 2012; White et al., 2012).

**Preceptor shortage.** Historically, LTC placements in nursing programs were limited to first-year students in order to facilitate learning of basic nursing care and assessment skills (Abbey, Abbey, Bridges, Elder, Lemcke, Liddle, & Thornton, 2006; Neville, Dickie, & Goetz, 2014; White et al., 2012). Over the past 15 years, it has become more common for pre-graduate students to have precepted clinical experiences in LTC homes (Lane & Hirst, 2012). These students are under the direct supervision of a preceptor in the clinical setting.

Unfortunately, many nursing schools find it difficult to find nurse preceptors who are in LTC homes (Carlson & Idvall, 2014; Neville, Yuginovich, & Boyes, 2008). Reasons for this worldwide issue are not well understood; however, Carlson and Bengtsson believe it may be related, in part, to the growing demand and specialized skill needed to care for individuals that have complex health conditions and who require services in a LTC home environment (2013). The shortage of RNs in LTC often means that first-year nursing students are paired with health care aides for their clinical placement (Abbey et al., 2006; Lane & Hirst, 2012). Thus, Lane and Hirst (2012) propose that a disconnect exists between nursing theory and practice because nursing students are not directly learning from a RN who is employed in the LTC home (p. 146). To avoid this, Lane and Hirst suggest preceptorship or mentorship opportunities for fourth year (pre-graduate)

nursing students with RNs in LTC homes in order to enhance the student's leadership and management skills (2012, p. 147).

### **Historical Context of Gerontology Integration in Nursing Curricula**

Gerontological education has changed over time from a traditional medical model, or illness focus, to a wellness focus in nursing curricula (King, 2005). Previous to this philosophical shift, “opportunities to address wellness in older adults were ignored, and opportunities to optimize function devalued” (King, 2005, p. 3). Currently, many nursing programs across Canada aim to emphasize wellness and healthy aging throughout the curriculum, promoting the use of best practice guidelines and current research evidence when planning and implementing care for elders (Canadian Association of Schools of Nursing [CASN], 2014). Although this is positive, King (2005) identified nursing programs as populated with students and clinical instructors who have negative attitudes towards the care of older adults, noting further change is still necessary.

Hence, the quality of gerontological education is a focus of intense interest in the province of Ontario because RN recruitment challenges continue to exist in LTC homes and nursing programs continue to improve gerontological curriculum and clinical experiences for nursing students. In February 2014, the Ontario Ministry of Health and Long-Term Care (MOHLTC) hosted the *Better Aging: Ontario Education Summit* (Council of Ontario Universities [COU], Baycrest, & Ministry of Health and Long-Term Care [MOHLTC], 2014) to respond to seven recommendations for the future education of health and social care professionals (Sinha, 2012). One of these recommendations specifically addresses the requirement “that core training programs in Ontario for... nurses... should include relevant content and clinical training opportunities in geriatrics,”

thereby demonstrating MOHLTC support for clinical experiences in gerontological settings such as LTC homes (Sinha, 2012, p. 203).

### **Student Placement in Long-Term Care Homes**

**Lack of interest in gerontological clinical placements.** Worldwide, very low proportions of newly graduated registered nurses choose to be employed in gerontological settings in countries including Canada, the United Kingdom (UK), Australia, the United States of America (USA), Sweden, Norway, and Finland (Abbey, et al., 2006; Baumbusch & Andrusyszyn, 2002; Berntsen & Bjork, 2010; Fagerberg, Winblad, & Ekman, 2000; Gillespie, 2013; Stevens, 2011; Storey & Adams, 2002; Williams, Nowak, & Scobee, 2006). Some scholars have explored possible reasons for this concern (Baumbusch & Andrusyszyn, 2002; Meloche & Freeman, 2014; Storey & Adams, 2002; Williams et al., 2006). Baumbusch and Andrusyszyn (2002), for example, investigated how many students chose gerontological placements in their final year of the nursing program. They discovered that out of twenty-one nursing programs across Canada, only 5.5% of enrolled students selected a gerontological setting for their fourth year clinical placement (Baumbusch & Andrusyszyn, 2002).

Gerontological nursing scholars propose several explanations for lack of interest in gerontological placements among pre-graduate BScN students. Some explanations are related to physical environment (poor building conditions), or human resource issues, such as insufficient staffing ratios (Berntsen & Bjork, 2010; Brown, Nolan, Davies, Nolan, & Keady, 2008; Koh, 2012; Prentice, 2012, Storey & Adams, 2002). Another proposed explanation is internalized ageist or negative attitudes toward, or perceptions of, the care of older adults (Fagerberg et al., 2000; McLafferty & Morrison, 2004; Moyle,

2003). Also, some pre-graduate student nurses may perceive the potential to lose their acute care assessment and intervention skills in LTC settings (Gillespie, 2013; Prentice, 2012). Two other explanations for lack of interest in gerontological placements are related to nursing education issues. These include: (a) lack of expert role models, preceptors, or mentors for pre-graduate students (Deschodt, Dierckx de Casterlé & Milisen, 2010; Fagerberg et al., 2000; Milisen, Schuurmans & Hayes, 2006) and (b) feelings of unpreparedness in LTC clinical settings related to minimal gerontological information provided in undergraduate nursing programs (Baumbusch & Andrusyszyn, 2002; Hirdes et al., 2011).

**Fostering student interest in gerontology.** A small body of literature reports on ways that student interest in LTC homes may be fostered. Strong support for the effectiveness of positive clinical experiences in LTC homes, especially for pre-graduate students, is evident in multiple studies (Alabaster, 2007; Banning, Hill, & Rawlings, 2006; Baumbusch & Andrusyszyn, 2002; Berntsen & Bjork, 2010; Carlson & Bengtsson, 2014; Hirst & Lane, 2005; Koskinen, Hupli, Katajisto, & Salminen, 2012; Moyle, 2003; Prentice & Black, 2007; Skalvik, Norman, & Henriksen, 2012; Williams et al., 2006).

### **Culture Change in Long-Term Care**

In a recent national conference, *Walk with Me*, leaders in elder care settings across Canada expressed their commitment toward culture change, putting an emphasis on de-institutionalization and flexible living spaces for older adults (Research Institute for Aging [RIA], 2014). Themes within the conference strongly reflected a sweeping Western world trend to change the current institutionalized model of care to a social

model that better supports the individual's choice and freedom of lifestyle while preserving their dignity (Miller, Miller, Jung, Sterns, Clark, & Mor, 2010; RIA, 2014).

### **Partnerships**

Partnerships between LTC homes and nursing programs are mutually beneficial because they provide: (a) clinical placements for students, (b) venues for short-term or long-term research studies, and (c) valuable connections among students, faculty, and LTC staff (White et al., 2012). Also, partnerships create innovative, inter-professional learning opportunities for pre-graduate students, benefitting faculty, LTC staff, and residents in LTC (Campbell & Jeffers, 2008; White et al., 2012). These partnerships are crucial for securing quality preceptors and placements, thereby supporting earlier discussed provincial gerontological educational recommendations (Sinha, 2012) and contributing to the LTC culture change movement.

### **Summary**

In summary, Canada's population is aging, and the projected RN staffing need in Canadian LTC homes is challenged by aging of the nursing workforce and the identified new pre- and new graduate disinterest in LTC, well documented in the literature. Collectively, these trends and issues provide a description of the study context, and support further investigation of pre-graduate student experiences in LTC homes as the focus of this study. Furthermore, the value of positive gerontological clinical placements and preceptors for pre-graduate nursing students, and provincial educational initiative, clearly support the selection of a nursing educational topic as the distinct problem of this focused ethnographic study (COU, Baycrest, & MOHLTC, 2014; Higginbottom, Pillay, & Boadu, 2013).

**Study Purpose**

The purpose of this focused, ethnographic study was to explore the beliefs, values, and practices of key informants (preceptors, faculty advisors, and pre-graduate students) that contribute to positive clinical experiences for pre-graduate nursing students, during precepted clinical placements in LTC homes.

## CHAPTER 2

### REVIEW OF LITERATURE

Consistent with the study purpose, the aim of this literature review was to synthesize and analyze what is known, and discover gaps in knowledge about precepted, clinical experiences of pre-graduate BScN students in LTC homes, from the perspectives of the student, preceptor, and faculty advisor. Findings of this review further supported the pressing need for this ethnographic study, and explained how and why its completion is valuable for advancing nursing education and practice.

This literature review contains a general overview/representation of what is known about this topic of interest in order to help to shape the research question and support the selected research method (Richards & Morse, 2013; Struebert & Carpenter, 2011). An in-depth, comprehensive review was not recommended and is not provided at the outset of this qualitative study as it may have lead me to develop biases, which may have influenced the quality of the data that was collected (Struebert & Carpenter, 2011, p. 25). Minimizing bias during the conduct of the study allowed for the emergent discovery of information (Creswell, 2013; Morse, 1991) that is based on current values, beliefs and practices, and not influenced by other literature on the topic that I have read prior to data collection (Struebert & Carpenter, 2011). After the analysis was complete, I reviewed the literature once more (see Chapter Five, Discussion) in order to compare and contrast how the current study findings contribute to the existing body of knowledge (Morse, 1991, p. 310).

**Search strategies.** An extensive search of the literature was undertaken to locate publications that exist on the topic of precepted, clinical experiences of pre-graduate

BScN students in LTC homes. Electronic databases including the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, ProQuest and the Cochrane library were searched to retrieve peer-reviewed articles with an emphasis on Canadian literature, systematic reviews, literature reviews, and longitudinal studies. Search terms are listed in Appendix A.

Ancestry and citation-index methods were used as secondary search strategies (Burns & Grove, 2009; Conn, Isaramalai, Rath, Jantarakupt, Wadhawan, & Dash, 2003). Canadian grey literature including government reports, conference proceedings, and media releases was retrieved through Internet search engines: Google, Google Scholar, and Bing. After searching the literature from May to June 2014, inclusion and exclusion criteria were defined.

This search strategy located several peer-reviewed articles concerning the preceptorship of nursing students in pre-graduate clinical placements, but lacked a LTC setting focus. For this reason, the search was expanded to include articles that discussed: (a) pre-graduate students and gerontological role models within LTC homes, (b) preceptorship of pre-graduate nursing students in gerontological clinical placement settings (e.g., retirement homes), and (c) clinical placement experiences among pre-graduate nursing students or preceptors in LTC homes.

**Inclusion criteria.** Inclusion criteria were: (a) English language-only literature, (b) international peer-reviewed journal research articles, conference proceedings, published Masters theses, doctoral dissertations; (c) government and professional association reports and publications, (d) Canadian professional practice standards, competencies and guidelines; (e) integrative literature reviews and systematic reviews, (f) mentorship

and/or preceptorship experiences of undergraduate and/or pre-graduate nursing students in gerontological care settings, and (g) articles from the United Kingdom that use the word *mentor* because this term is relatively equivalent to Canadian usage of the term *preceptor*. Literature was included if it was more recent than 1994 because limited information exists on this topic.

**Exclusion criteria.** Exclusion criteria were: (a) reports of clinical placement in hospital-based or non-community gerontological care settings, (b) preceptorship of graduate nurses, advanced practice nurses, or nurse practitioners; (c) preceptorship of nursing students with learning challenges, (d) preceptorship and the effects of racism, and (f) editorials.

### **Analysis of Reviewed Literature**

A main focus of research in this body of literature describes innovative or creative clinical placement ideas such as the addition of a “clinical education liaison” (White et al., 2012, p. 43), a “gerontological nurse specialist” (Karam & Nies, 1995, p. 48), or completion of an evidence-based practice assignment (Schoenfelder, 2007). Another thread of literature addresses the appropriateness of, or need for pre-graduate placements in LTC. Canadian authors, Hirst and Lane (2005) theorized that students would respect and learn from RNs who work in gerontological settings, specifically knowledge and skills related to complex care, leadership, and policy development (Lane and Hirst, 2012).

Despite the widened search scope, a dearth of literature related to the current study topic was evident. The literature search yielded only 11 peer-reviewed articles that described precepted clinical experiences in LTC settings either from a pre-graduate

nursing student, preceptor, or educator perspective. A table that provides readers with a visual comparison of the reviewed literature is located in Appendix B in order to supplement the following literature review discussion.

**International scope.** The literature in this review is international in scope and represents Canada (Hirst & Lane, 2005; Lane & Hirst, 2012), the United States (Karam & Nies, 1995; Matzo, 1994; Sears & Wilson, 1996; Schoenfelder, 2007; White et al., 2012; Williams et al., 2006), Sweden (Carlson & Bengtsson, 2014; Fagerberg et al., 2000), and Australia (Neville et al., 2014).

**Study purpose.** The purpose of each article is described in column two of each table in Appendix B. The predominant purpose, recruitment of new RNs to work in gerontological care settings, such as LTC homes, was explored in seven of the 11 reviewed articles. For example, Carlson and Bengtsson (2014) studied RN's perceptions about precepting. Fagerberg and colleagues (2000) investigated reasons why students did not choose gerontological employment settings for employment post-graduation. Williams and colleagues (2006) explored stimulation of student interest in gerontology through an enhanced placement orientation program. Four of these seven articles were either theoretical in nature, containing discussion that expressed the need for preceptors in LTC (Hirst & Lane, 2005), or partnership models between nursing educational programs and LTC homes (Lane & Hirst, 2012; White et al., 2012). Neville and colleagues (2014) completed a literature review of reasons why nursing students did not choose to work in gerontological settings and student recruitment strategies.

The purpose of the remaining four reviewed articles involved strategies to improve gerontological student preparation. These included innovative projects (Karam and Nies,

1995; Schoenfelder, 2007), and activities focused on leadership, case management, and teaching skill development (Matzo, 1994; Sears & Wilson, 1996).

**Study design:** The majority (8/11) were qualitative research studies (Carlson & Bengtsson, 2014; Fagerberg et al., 2000; Hirst & Lane, 2005; Lane & Hirst, 2012; Neville et al., 2014; Sears & Wilson, 1996; Schoenfelder, 2007; Williams et al., 2006). Three used a quantitative design (Karam & Nies, 1995; Matzo, 1994; White et al., 2012). The research methodology was unspecified in five of the articles (Carlson & Bengtsson, 2014; Karam & Nies; Sears & Wilson, 1996; Schoenfelder, 2007; Williams et al., 2006). The remainder included: (a) a literature review (Neville et al., 2014), (b) a phenomenological study (Fagerberg et al., 2000), (c) theoretical articles based on research (Hirst & Lane, 2005; Lane & Hirst, 2012), and (d) descriptive statistical studies (Matzo, 1994; White et al., 2012).

**Perspectives comparison.** Comparison of which perspectives on clinical practicum experiences in LTC settings from the reviewed articles were reported and are located in the last three columns of the tables in Appendix B. While all of the articles were written from the educator perspective, none of them described the faculty advisor viewpoint. Further, it is noteworthy that only four of the 11 articles described these experiences from a student perspective (Fagerberg et al., 2000; Karam & Nies, 1995; Matzo, 1994; Williams et al., 2006). Two articles were also written from the preceptor perspective, however, only one of those described examples of precepted clinical experiences with preceptors (Carlson & Bengtsson, 2014).

**Value of positive experiences.** The reviewed literature provides evidence that strongly supports the value of positive clinical practicum experiences for pre-graduate

nursing students, and in turn, a focus on positive experiences in this study. Positive outcomes for students included: (a) stimulated interest in gerontology with addition of creative, clinical activities in their placement (Neville et al., 2014; Sears & Wilson, 1996; Schoenfelder, 2007; White et al., 2012; Williams et al., 2006); (b) feelings of support, increased confidence and independence (Karam & Nies, 1995; Matzo, 1994; Schoenfelder, 2007); and (c) opportunities to apply research and evidence-informed knowledge application (Karam & Nies, 1995; Schoenfelder, 2007).

A few studies reported on positive outcomes of preceptorship for preceptors, including feelings of satisfaction about preceptorship (Hirst & Lane, 2005) and increased feelings of commitment towards the student's learning experience (Carlson & Bengtsson, 2014). However, positive outcomes of preceptorship for faculty advisors were not identified, thus revealing a knowledge gap in this body of literature.

**Summary.** Findings from the literature were supportive of precepted placements in LTC homes, emphasizing that LTC is an appropriate educational setting (Lane & Hirst, 2012; White et al., 2012) where students may creatively apply knowledge and skills (Schoenfelder, 2007). Discussion in most of the articles focused on recruitment strategies or the importance of gerontological preparation for employment in a LTC context (Carlson & Bengtsson, 2014; Hirst & Lane, 2005; Neville et al., 2014; Williams et al., 2006). However, none of the articles described how precepted clinical placements happen or explored what contributes to positive experiences for pre-graduate nursing students in LTC. This study addressed these knowledge gaps. Further, few of the scholarly discussions in the reviewed literature focused on student, preceptor, and faculty advisor experiences of positive clinical practicum experiences in LTC. Although some

researchers maintained that precepted placements were necessary (Lane & Hirst, 2012), or discussed preceptorship as a strategy for recruitment (Williams et al., 2006), there is little evidence to show they have been investigated (Neville et al., 2014). Lastly, the published literature is valuable knowledge that identifies *what* some of the positive outcomes of preceptorship are. However, the reviewed findings do not describe the processes involved in preceptorship or *how* those positive outcomes were realized.

Therefore, the findings of this literature review support the need for: (a) more research on *how* positive nursing pre-graduate, precepted clinical experiences in LTC settings occur; and (b) concurrent investigation from multiple perspectives (student, preceptor, faculty advisor).

The current study addressed knowledge gaps through an ethnographic study design (Creswell, 2013; Streubert & Carpenter, 2011) and an adaptation of Spradley's method (1980). Justification for this choice of study design and a description of the study methods are located in Chapter 3.

## CHAPTER 3

### STUDY METHODOLOGY AND METHODS

This chapter is separated into two parts, the *study methodology* and the *study methods*. The methodology explains how the qualitative approach used in this study is grounded in philosophy. The study design describes and explains the study methods.

#### **Study Methodology**

The qualitative methodology informing this research is focused ethnography (Higginbottom et al., 2013).

**Methodological background.** Traditional qualitative research methodologies are linked to specific academic disciplinary origins (Guba & Lincoln, 1994, p. 105). Ethnography is a qualitative research methodology with roots in the discipline of cultural anthropology (Burns & Grove, 2009; Creswell, 2013). Anthropology is an academic discipline that focuses on the study of cultural observation and comparison (Agar, 1986). Spradley's definition of culture, "the acquired knowledge that people use to interpret experience and generate social behaviour" informs this study (1979, p. 5).

Ethnography is the study of the cultural meanings of everyday life, from the "emic" perspective, or the perspective of members of that culture (Richards & Morse, 2013, p. 56; Spradley, 1979, 1980). Researchers conducting ethnographic studies investigate what members of a culture "do, know, make, and use" in order to organize their world into "systems of meaning" (Spradley, 1980, p. 5). Ethnographers also observe language use and patterns of interaction, such as cultural norms, rules, and/or customs, among members of a defined cultural group (Spradley, 1979, 1980).

Ethnography is the qualitative research methodology that best answers research questions that “describe experiences within cultural contexts or specific groups/sub-groups” (Higginbottom et al., 2013, p. 4). The research question guiding this ethnographic study was: *What are the shared beliefs, values, and practices that contribute to positive experiences for pre-graduate nursing students during precepted clinical placements in long-term care homes?*

Multiple variations of the terms “culture” and “groups” within the ethnographic methodology literature have contributed to the evolution and differentiation of this methodology over time to include three distinct approaches: (a) traditional, (b) medical/health sciences, and (c) focused ethnography (Higginbottom et al., 2013; Morse, 1987; Roper & Shapira, 2000). The ethnographic approach guiding this study is focused ethnography (Higginbottom et al., 2013).

**Focused ethnography.** Readers are referred to Table 3.1 for a summary of the key characteristics of focused ethnography that supplements the following discussion. In healthcare research, focused ethnography has evolved into a more practical and time-limited approach that focuses on a clearly defined problem in a specific healthcare cultural context and a discrete cultural sub-group (Higginbottom et al., 2013; Morse, 1987, 1994; Richards & Morse, 2013; Roper & Shapira, 2000).

Published focused ethnographic study findings in the academic discipline of nursing provide examples of the value of this qualitative approach for individual and population health outcomes. For example, Higginbottom (2008) sought to find effective ways to care for hypertensive African-Caribbean migrants within primary care services in England. A prominent finding identified that nurses should use common language in order for clients

to understand the concepts of health and illness. Also, Kelley, Parke, Jokinen, Stones, and Renaud (2011) addressed the issue of senior-friendly care within emergency departments (ED). Their findings validated the need to develop senior-friendly policies and procedures in the ED to better support members of that cultural sub-group's complex care needs.

Table 3.1

*Key Characteristics Attributed to Focused Ethnographies*

<b>Nature of Context</b>	<ul style="list-style-type: none"> <li>• Flexible: can be in urban, rural, or institutional settings; can be “used in academia as well as for development in healthcare services” (Higginbottom et al., 2013, p. 3).</li> <li>• Focuses on a single group or sub-groups such as a community or an organization (Higginbottom et al., 2013).</li> </ul>
<b>Culture</b>	<ul style="list-style-type: none"> <li>• Focus of the study is on a sub-group or a group’s culture (Higginbottom et al., 2013)</li> <li>• The ethnographer has a specific research question formulated in response to a specific problem (Higginbottom et al., 2013).</li> </ul>
<b>Relevance to Nursing Practice</b>	<ul style="list-style-type: none"> <li>• “Topics of inquiry are pre-selected” and purposeful and done “within specific timeframes (Higginbottom et al., 2013, p. 3).</li> <li>• Findings are anticipated to reveal cultural behaviours and norms in response to a specific question and will either contribute to cultural theory development and/or improve professional practice (Higginbottom et al., 2013, Roper &amp; Shapira, 2000).</li> </ul>
<b>Participant Observation</b>	<ul style="list-style-type: none"> <li>• Various / flexible levels of involvement as either a participant or observer according to nature of the study and the ethnographer’s own discretion (Spradley, 1980; Roper &amp; Shapira, 2000; Higginbottom et al., 2013).</li> <li>• Field visits may or may not be purposeful (Higginbottom et al., 2013).</li> <li>• Ethnographer uses <i>reflexivity</i> to acknowledge own role and recognize potential bias that could influence data analysis and interpretation (Roper &amp; Shapira, 2000; Higginbottom et al., 2013).</li> </ul>
<b>Participants</b>	<ul style="list-style-type: none"> <li>• “Participants hold specific knowledge” related to the problem being studied and are called ‘informants’ (Higginbottom et al., 2013, p. 3).</li> <li>• Purposive sampling is used because of their specific knowledge of the problem (Higginbottom et al., 2013).</li> <li>• Smaller, intentional numbers of informants to create sample size as generalizability is not necessarily sought as an outcome for focused ethnography.</li> </ul>

	<ul style="list-style-type: none"> <li>• Data saturation occurs when there are “no new interpretations” from the informants (Higginbottom et al., 2013, p. 5). This dictates sample size for the study.</li> </ul>
<b>Interviews</b>	<ul style="list-style-type: none"> <li>• One-on-one interviews have specific questions and are directly related to the experiences/problem being studied (Higginbottom et al., 2013).</li> <li>• Questions can be formulated for interviews according to type: descriptive, structural, contrast (Spradley, 1980).</li> <li>• Interviews can be formal or informal, usually semi-structured (Higginbottom et al., 2013; Muecke, 1994).</li> <li>• Open-ended questions are developed and used for interviews (Higginbottom et al., 2013).</li> </ul>
<b>Analysis</b>	<ul style="list-style-type: none"> <li>• Used for analysis: audio recordings and scripts of one-on-one interview sessions, journal entries, field notes, selected observations as well as any ancillary documents or additional notes (Spradley, 1980).</li> <li>• Data analysis is done through the categorization of data in an inductive (Roper &amp; Shapira, 2000), “iterative”, and “cyclical” process (Higginbottom et al., 2013, p. 6). The goal is to focus on the specific research question during the analysis (Higginbottom et al., 2013).</li> <li>• These categories of data help to perform domain, taxonomic, and thematic analyses (Spradley, 1979, 1980). These analyses are done to identify patterns and specific observations which may lead to identify cultural themes (Spradley, 1980, Higginbottom et al., 2013).</li> <li>• More than one researcher may do analysis if they are knowledgeable about the problem and/or research goals (Higginbottom et al., 2013).</li> <li>• Researchers use interpreting skills and their own level of knowledge to form the etic view or <i>outsider perspective</i> (Roper &amp; Shapira, 2000).</li> </ul>
<b>Validity</b>	<ul style="list-style-type: none"> <li>• Validity is achieved through triangulation of more than one method of data collection such as from observations, interviews and ancillary documents collected throughout the research study (Roper &amp; Shapira, 2000; Muecke, 1994; Higginbottom et al., 2013).</li> <li>• Ethnographic researchers can ask participants to verify data (Roper &amp; Shapira, 2000).</li> </ul>

**Methodological relevance for this study.** Focused ethnography was the selected methodology informing this study because of its consistency with the topic of interest. First, the study focus was the defined cultural phenomenon (Roper & Shapira, 2000) of pre-graduate nursing student precepted gerontological clinical experiences. Second, a specific cultural sub-group was studied. These participants were individuals who were part of the clinical practicum experience, namely: students, preceptors and faculty advisors. The methodology supports investigating the cultural phenomenon of interest with these participants, who may be considered to form a “[group] of participants who share some [common]...features” that may be studied together (Richards & Morse, 2013, p. 59).

Third, focused ethnographic studies investigate the meaning of the shared beliefs, values, and practices within a specific sub-cultural context that in this study is a LTC home (Richards & Morse; Roper & Shapira, 2000; Spradley, 1979, 1980). Fourth, social interactions or behavioural patterns resulting from the aforementioned beliefs, values and practices contributed to knowledge about how positive pre-graduate nursing student placement experiences in LTC settings occur, with implications for education and professional practice (Roper & Shapira, 2000). Finally, as suggested by the word *focused*, data collection was conducted over a much shorter timeline (over thirteen weeks) compared to traditional or medical ethnography [over several months or years] (Roper & Shapira, 2000).

Methodological relevance for this study also existed because it had a specific research question within a defined group of people (preceptors, faculty advisors, and students) which aligned with focused ethnography as a method of inquiry (Higginbottom

et al., 2013; Roper & Shapira, 2000). In addition, this study explored multiple perspectives (student, preceptor, and faculty advisor); thereby, aligning with the constructivist ontological assumption that multiple realities exist, and epistemological assumption that knowledge is co-constructed (Guba & Lincoln, 1994).

**Constructivist worldview.** The ontological and epistemological assumptions of the constructivist paradigm or worldview (Guba & Lincoln, 1994) aligned with this qualitative study methodology and methods as follows.

**Ontological assumptions.** Ontology may be defined as the nature of, or what is known about reality (Guba & Lincoln, 1994). Within the constructivist paradigm, multiple alternative realities coexist, co-constructed in part through social context and past experience (Guba & Lincoln, 1994). Therefore, there is not one single “true” reality (Guba & Lincoln, 1994).

Ethnography was used as the lens for data collection and analysis in the study. For example, collecting multiple sources of data was consistent with the notion of multiple realities (Guba & Lincoln, 1994). Consequently, perspectives on the study topic were sought from representatives of three key informant groups: nursing students, preceptors, and faculty advisors. This approach addresses a current gap in nursing literature as many were written from a single perspective (see Chapter 2).

**Epistemological assumptions.** Epistemology is a term that refers to knowledge, or the findings of a research study (Schultz & Meleis, 2009). Epistemology involves the relationship between the knower and what can be known (Guba & Lincoln, 1994). In the constructivist worldview, “the investigator and the object of investigation are assumed to

be interactively linked so that the “findings” are *literally [co]-created* as the investigation proceeds” (Guba & Lincoln, 1994, p. 111). In this study, knowledge was co-created with the participants through conducting face-to-face interviews, observations, and validating the study findings with the participants (see Study Methods). The data that was collected addresses gaps that were identified from the literature review and suggests contributions to nursing literature moving forward (see Chapter 2).

**Ethnography and symbolic interactionism.** Key ideas or tenets of the philosophy of symbolic interactionism (Blumer, 1969) inform ethnographic research. These tenets are important to consider because of their implications for the study methods and rigour. Further, the tenets of symbolic interactionism are consistent with the ontological and epistemological constructivist worldview assumptions (Guba & Lincoln, 1994). The following explanation of symbolic interactionism is based on a synthesis located in a study by de Witt, Campbell, Ploeg, Kemp and Rosenthal (2013).

A key tenet of symbolic interactionism is that people interpret, or make meaning, through interacting with one’s self and/or with others (Blumer, 1969, p. 61). Further, self-interaction, or self-communication is a reflexive process (Blumer, 1969). This reflexive process entails a “taking into account” or “making indications” to oneself about the meaning of “objects” (Blumer, 1969, pp. 68-70). Blumer describes objects in diverse ways, such as “physical,” “ideas and thoughts,” “imaginary,” “natural,” and “man-made” (1969, p. 68).

Spradley further defines objects as what people “do, know, make, and use” in order to organize their world into “systems of meaning” (1980, p. 5). People interact with objects based on the meaning that the objects are interpreted to hold (Blumer, 1969).

These interactions with objects are shaped, or constructed, by what a person “takes into account” (Blumer, 1969, p. 74). In an ethnographic study, people may take into account or interpret language use, cultural rules, norms, and/or customs, “man-made” objects, and “ideas and thoughts,” in order to make meaning of social interactions (Blumer, 1969, p. 75; Spradley, 1979, 1980; de Witt et al., 2013). For example, during the data collection phase of the study, documents that were used during the student’s clinical placement were discussed in interviews and if appropriate, were collected to support analysis and discussion (see Chapter 4, Taxonomic Analysis: Documents).

### **Study Methods**

The purpose of this focused, ethnographic study was to explore the shared beliefs, values, and practices of key informants (pre-graduate nursing students, preceptors, and faculty advisors), that contributed to positive experiences during clinical placements in LTC homes.

The focus of the study and study methods was on positive aspects of clinical placement experiences because although several studies have reported on negative clinical placement experiences in LTC homes (Fagerberg et al., 2000; Neville et al., 2014; Williams et al., 2006), little is known about positive clinical placement experiences, particularly from multiple perspectives (student, preceptor, faculty advisor). Further, the study took place in a small community and we reasoned that people may be more likely to participate in a study if positive elements were the focus (see also *Individual interviews*). The following section of this chapter describes the methods that were utilized to achieve the study purpose noted above.

**Overall study method.** Spradley’s work is well established in nursing research (Morse, 1991, 1994; Roper & Shapira, 2000; Spradley 1979, 1980; Streubert & Carpenter, 2011). An adaptation of Spradley’s (1980) ethnographic method, the “developmental research sequence” (p. 37) guided the study to best fit the scope of the research project and a master’s level thesis (see Table 3.2). The steps in the adapted method were not necessarily followed in sequence due to the inductive nature of the data collection. For example, if something was said during an interview, that was found to validate an observation or something another person said, it triggered me to investigate further into what was happening in the social situation. We were unable to complete all of the steps in Spradley’s method (see Chapter 5, Study Limitations). Spradley’s steps were adapted to include only those listed in Table 3.2. Although the steps are listed linearly, they were not necessarily followed in sequence.

Table 3.2

*Adapted Ethnographic Method*

Steps
Locating a Social Situation
Doing Participant Observation and Interviews
Making an Ethnographic Record (field notes, journal writing- after field observations and interviews)
Making Descriptive Observations (from field notes after field observations)
Making a Domain Analysis (from interviews, social situations, and observations)
Making Focused Observations (from interviews, observations, to inform the domain analysis)
Making a Taxonomic Analysis (from interviews and observations)
Discovering Cultural Themes (thematic analysis based on previous analyses in chapter 4, the findings but focused on the meaning associated with identified themes)
Writing an Ethnography (writing chapter 4 in the master’s thesis, the findings)

**Ethical clearance.** Ethical clearance to conduct the study was received from the university Research Ethics Board (REB) and research ethics teams/committees at each of

the two participating LTC homes. Clearance was granted by the university on January 14, 2015, and shortly thereafter from the two LTC home sites.

**Setting.** The study was conducted at a university and two LTC homes in a city in southern Ontario.

**Recruitment inclusion and exclusion criteria.** Participants who were students had to: (a) be a nursing student in the final year of his/her nursing program, (b) be registered in the clinical course, and (c) have a preceptor and a placement in a LTC home that was cleared to be part of the research study. Participants who were preceptors had to be: (a) a Registered Nurse, (b) a preceptor for a nursing student enrolled in the clinical course, and (c) employed in a participating LTC home. Participants who were faculty advisors had to have an employment contract to be a faculty advisor for precepted students in a participating LTC home.

Students were excluded if they were: (a) not in their final year of their nursing program, (b) students in their final year who were placed in non-participating LTC sites, (c) students who I previously taught in my role as a clinical instructor. There were no exclusion criteria for faculty advisors and preceptors.

**Recruitment process.** A total of six informants were recruited to participate in the study: two preceptors, two faculty advisors, and two pre-graduate students.

***Students and Faculty Advisors.*** A designated staff representative from the university was asked to contact the students and faculty advisors who were assigned to the participating LTC homes, using an REB-cleared script. The script directed potential participants to contact me by email if they were interested in participating in the study.

Two students and two faculty advisors contacted me, expressing interest to participate. I met with each of them individually to review and sign the “Letter of Information for Consent to Participate in Research & Consent to Participate in Research” (see Appendix C).

***Preceptors.*** An REB-cleared email script was sent to preceptors in both LTC home sites. Two preceptors responded in favour of participating in the research study. I arranged a meeting with them to review and sign the “Letter of Information for Consent to Participate in Research & Consent to Participate in Research” (see Appendix C).

**Participation incentives.** At the conclusion of the third interview, each participant received a \$25.00 gift card for groceries or shopping at a mall in appreciation of giving of their time and sharing their experiences and knowledge about pre-graduate precepted clinical placement experiences. Each participating LTC home received a one-time \$50.00 donation for resident programs when the data collection was completed.

**Sampling.** Purposive sampling (Patton, 2002) was used in this study. This type of sampling entails “selecting information-rich cases whose study will illuminate the questions under study” (Patton, 2002, p. 59). For this study, the research question sought to explore pre-graduate, precepted clinical experiences in LTC. Therefore, preceptors, faculty advisors and students were approached to participate on the study if they were placed for the clinical experience in a LTC home which cleared the research study.

Criterion sampling is a sub-type of purposive sampling, where “all cases meet some predetermined criterion of importance” such as the inclusion criteria for this study

(Patton, 2002, p. 67). Thus, criterion sampling was used to invite potential participants to take part in the study.

*Sample size.* The total sample size was six participants: two pre-graduate students, two faculty advisors, and two preceptors. However, qualitative research sample sizes are not solely based on numbers of *participants* (Morse, 2000). Another determinant of sample size is the number of *interviews* (Morse, 2000). Each participant (n=6) was interviewed three times during the clinical placement with the exception of one participant who was interviewed twice, leading to a total of 17 interviews.

Another factor that determines sample size is the richness of the collected data, including observations, specifically the *quality* of the interviews, demonstrated by the richness of the events, incidents, and examples shared by the interviewed participants (Morse, 2000; Sandelowski, 1986). Throughout the clinical placement, each participant openly shared about their clinical experiences during interviews. They also invited me to the LTC home(s) for special events or to observe on a regular day. Additionally, students, preceptors and faculty advisors did not hesitate to provide me with documents that were used or made. This was helpful for the data collection phase of the study and to conduct the analysis phase.

Higginbottom, Pillay, and Boadu (2013) explain that “data saturation” is another factor that dictates the size of the sample (p. 5). They suggest that participants should be recruited until the data collected and analyzed starts to repeat, meaning the data is saturated and no new information is found on the topic (Higginbottom et al., 2013). This was a limitation of the study as there were six participants and new information was discovered in all phases of the study (see Chapter 5, Study Limitations).

**Data collection.** The study was initially designed to include two cycles of data collection (January-March & September-December, 2015). However, it was only possible to do one set of data collection (see Chapter 5, Study Limitations).

At the beginning of the first interview, each participant (n=6) was asked to complete an optional sociodemographic questionnaire (see Appendix E). A summary of participant characteristics can be found at the beginning of Chapter 4.

**Data collection methods.** Data were collected using Spradley's (1980) method, through: (a) interviews; (b) field notes including raw field observations and journal entries; (c) descriptive observations; (d) artifacts, including ancillary documents; and (e) a socio-demographic questionnaire. According to Spradley (1980), field notes and artifacts make up the researcher's *ethnographic record* which helps to understand the *language* that participants use and *events* that occur within the culture studied.

**Organization of data collected.** An electronic fieldwork notebook was used based upon Spradley's (1980) recommendation. The fieldwork notebook contained: (a) a condensed account (shortened description of the observation) if many events were occurring, (b) an expanded account (lengthier version of interactions and events written after the observation), (c) journal entries (helped to address researcher bias and thoughts during observations), and (d) an analysis and interpretation (used occasionally if I wanted to remember something in particular).

**Individual interviews.** Participants were invited to take part in three individual, face-to-face, audio-recorded interviews conducted by me lasting from 20-60 minutes. The first interview was held during the third and fourth week (the beginning) of the student's

clinical placement, and the second interview was held during the seventh and eighth week (the middle) of the student's clinical placement. The third interview was held about two or three weeks after the student's clinical placement had ended (the end).

A total of 17 interviews were conducted between January and April, 2015. Preceptors and faculty advisors each completed three interviews at the beginning, middle, and end of the clinical placement experience. One student was interviewed twice; once between the beginning and middle of her clinical experience and once at the end. This happened because one participant was recruited two- three weeks after her clinical placement began, and she preferred to combine her first and second interviews into one interview. All other participants completed three interviews; one at the beginning, middle and end of the clinical experience. Each participant consented to be audio-recorded before each interview, knowing they had the right to refuse at any time during the interview (see consent form, Appendix C). Participants were reminded at the beginning of each interview that there were no right or wrong answers to the interview questions and that interview questions would not be used to assess, test knowledge, or evaluate the participants.

Participants were also reminded to focus on positive aspects of their clinical placement experiences. For example, I began each interview with the following preamble statement: "To begin, let me explain what I'm interested in. I would like to find out what positive experiences as a preceptor is like here in this clinical placement, everything positive that goes into being a preceptor" (Appendix D). The purpose of each interview and interview techniques are discussed in the following paragraphs.

The purpose of the first interview was to learn about what the participants did, how they talked with others, and what they used during everyday experiences while they were at the LTC home at the beginning of the student's clinical placement. The purpose of the second interview was to continue to learn about the student's precepted clinical experiences after the placement was about half-way completed. The purpose of the third interview was to reflect back on the last weeks of the placement, share the study findings with participants, and gain feedback about them. Participants each had an opportunity to review and edit their previous transcripts at each subsequent interview.

Spradley's (1979, 1980) developmental research sequence guided the shaping of the interview guide questions. Open-ended questions used during the first interview asked participants about what they did, said to each other, and used during the first week of the clinical placement, or the first times the LTC home was visited. Open-ended questions used during the second interview continued to ask about what the participants did, said to each other, and/or used during the precepted clinical placements after the student's placement was about half-way completed. Open-ended questions asked during the third interview asked the participant to reflect back on the precepted clinical experiences at the end of their clinical placement.

Thus, open-ended questions were used in all interview guides to allow participants to freely discuss their clinical experiences. This was helpful to gain their feedback on the emerging analysis of the study findings. Prompts were also used in order to assist the participants to fully explain their experiences using their own words. Additionally, prompts were used to keep the interview conversation focused on positive aspects of clinical experiences (see Appendix D). Other questions asked during the interview arose

based on participants' responses to the interview guide questions both during the interviews and as a result of the concurrent analysis of the interviews (see Interview Guides, Appendix D).

*Observations and field notes.* Observation is a data collection technique that is traditionally used in ethnographic studies (Roper & Shapira, 2000). Researchers may have different degrees of involvement and participation as an observer for diverse reasons (Spradley, 1980, p. 59). In this study, I was not permitted to provide hands-on care to residents because I was not employed by the LTC home. Therefore, I adopted an indirect observer-as-participant role (Higginbottom et al., 2013). Field notes were written after each observation experience. A journal was also kept as well as notes about insights which were sometimes valuable for analysis.

*Scheduling observations.* The timing and the duration of each observation was negotiated with each of the participants (faculty advisors, students, and preceptors). Each observation lasted approximately 40-60 minutes. Ongoing verbal consent from preceptors, students, and faculty advisors was sought before each observation. Participants were all respected during the point of observation. For example, it was outlined in their consent form that: "if one of the participants withdraws from the study or one aspect of the study (such as observation) and then refuses to be observed with another participant, observations will not be done as a part of data collection" (see Appendix C).

A total of four descriptive observations were completed at two LTC homes between January and April, 2015. The purpose of each observation was to help me to learn about what happened during the everyday precepted clinical placement and how it happened.

During the study, everyday work routines and activities of students, preceptors, and faculty advisors were observed as well as objects they interacted with (people, assessment tools, equipment, or software programs). For example, in one of my observations, I observed a student giving a presentation to a group of people. Her preceptor was there and I was able to observe the interaction between the student and the rest of the people in the room (see Chapter 4, Thematic Analysis, p. 71)).

*Recording observations.* Observations were recorded using an audio-recording device, or in writing, as soon as possible following the observation, alone in a private space at the long-term care home or shortly after at the university. While observing, I never wrote notes or used my digital audio recorder in front of study participants or any other people in the LTC home. I only observed participants when they were in communal areas such as the dining room, living room, or any other common areas of the LTC home, in order to respect the privacy of the residents who were living in the LTC home. The focus of the observations was the interactions between/among the student/preceptor/faculty advisor. Residents were not the focus of observations and were not observed in this study.

*Journal entries.* Journal entries were made throughout the study including directly after an observation experience or interview. Journal writing enabled reflexivity, helping me to reflect on and record how my past experiences could have influenced observations and insights gained when collecting and analyzing the data (Struebert & Carpenter, 2011). Journal writing also helped me to record these “introspective” thoughts which may come from my past experiences as a faculty advisor, preceptor, student, and LTC home employee (Spradley, 1980, p. 58).

**Documents.** Documents are examples of artifacts which are valuable in ethnographic studies (Spradley, 1980). They were collected intentionally in order to broaden understanding of the cultural/social study context rather than the content (Miller & Alvarado, 2005). Many types of documents were collected during the clinical placement. Some were created, used, seen, or exchanged during precepted clinical experiences.

Documents were particularly important to collect because they contributed to improving the understanding of shared beliefs, values, and practices during precepted clinical placements in LTC homes. Because of this identified importance of documents for this study, a taxonomic analysis was done to explore how they were developed, used, or exchanged within the student's clinical placement, or from information gained from interviews (Spradley, 1980).

**Socio-demographic questionnaire.** At the end of the first interview, each participant was invited to complete a brief socio-demographic questionnaire (Appendix E). The purpose of completing the socio-demographic questionnaire was to assist with describing the study sample in aggregate terms in planned future publications and presentations, in order to facilitate conveying information concerning the transferability of the study findings to others in similar circumstances. A summary of the participant characteristics can be found at the beginning of Chapter 4.

## CHAPTER 4

### FINDINGS

Spradley's (1980) developmental research sequence was adapted to analyze the findings of this Masters thesis. The adaptation was necessary in light of the study limitations (see Chapter 5, Study Limitations). Four distinct types of analysis that characterize his method are presented, including: (a) locating a social situation, (b) making a domain analysis, (c) making a taxonomic analysis, and (d) making a thematic analysis/discovering cultural themes. Each will be discussed in the findings as follows.

#### **Participant Characteristics**

A socio-demographic questionnaire was given to each participant to complete after the first interview. There were six participants in the study (two pre-graduate students, two preceptors, and two faculty advisors). Each of the six participants completed the questionnaire. A summary of the participant characteristics is provided below.

Table 4.1

#### *Participant Characteristics: Age and Gender*

Participant Characteristics	Students (N=2)	Preceptors (N=2)	Faculty Advisors (N=2)
Age			
25-29		1	
30-34	1		
35-39	1		
40+		1	1 <sup>a</sup>
Gender			
Female	2	2	2

*Note: Participant Characteristics, specifically age and gender*

<sup>a</sup> One participant did not authorise the release of her age

Table 4.2

*Participant Characteristics: Background*

Participant Characteristics	Students (N=2)	Preceptors (N=2)	Faculty Advisors (N=2)
Prior Clinical Experience in Gerontological Care (by program year) <sup>a</sup>		NA	NA
1	3	--	--
2		--	--
3	2	--	--
4		--	--
Location of Prior Gerontological Clinical Placements		N/A	N/A
LTC Home	1	--	--
Retirement Home	2	--	--
Complex Continuing Care	1	--	--
Palliative Care	1	--	--
Years of Experience as an RN	NA		
0-9	--	1	
10-19	--	1	
40-49	--		1
50+	--		1
Total Career Number of Students Precepted/Advised	NA		
0-5	--	1	
6-10	--	1	
100-200	--		1
1300-1400	--		1 <sup>b</sup>
Nursing Practice Clinical Focus	NA		
LTC	--	2	
Community Nursing	--		2
Mental Health	--		2
Medicine	--		1

*Note:* <sup>a</sup> Both students were registered full-time in the nursing program with prior experience of having a preceptor and faculty advisor. <sup>b</sup> This total career number reflects the number of years as a faculty advisor and class size

## **Locating a Social Situation**

**Places and spaces: taxonomy used to locate a social situation.** In order to locate a social situation, it was helpful to review interviews and observations, specifically the places where students, faculty advisors, and preceptors interacted and spent time with each other. To organize the data, a taxonomic analysis was done. This approach was useful to explore relationships between places and spaces, people, and the activities or events that occurred. The analysis was further organized in the following domains: (a) places and spaces where students spent time with their preceptor and faculty advisor, (b) places and spaces where preceptors spent time with preceptors and faculty advisors, and (c) places and spaces where faculty advisors spent time with students and preceptors (see Appendix F). When this analysis was completed, it helped to locate social situations and provided context for where positive clinical experiences occurred.

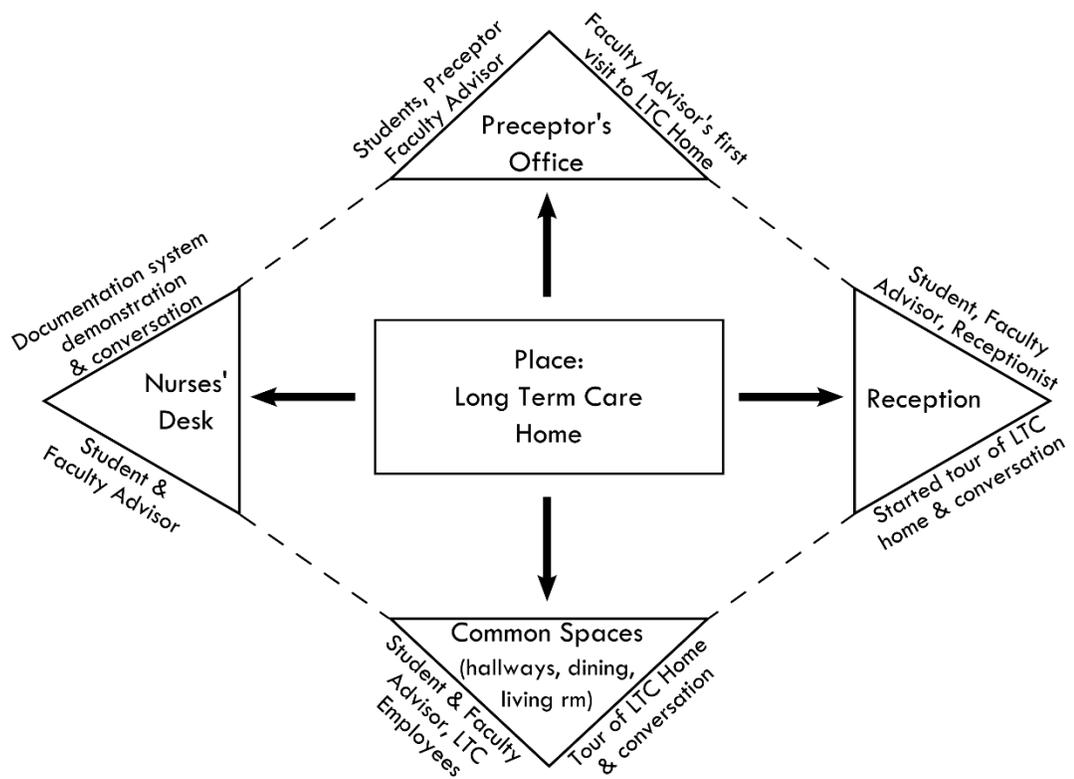
## **Taxonomic Analysis: Findings Summary**

The analysis revealed that the preceptor's office was a common place for students and preceptors to meet, especially when they needed to do or say something that was confidential or private. Faculty advisors and preceptors also gathered in the preceptor's office when they visited the LTC home. During my first observation, I shadowed a faculty advisor who was visiting the LTC home for the first time. Shortly after her arrival, she was given a tour through the LTC home. This was identified as a positive clinical experience because of the nature of the conversation between the faculty advisor and the student. Also, the faculty advisor was able to see what clinical activities the students were involved in and where students spent their time in the LTC home. Figure 4.1 (below) depicts that social situation.

At the beginning of the placement, it was found that students and preceptors spent most of their time together at the LTC home, while students and faculty advisors spent most of their time together at the university. I chose to focus on orientation as the next social situation because each of the participants spoke of orientation, the activities involved, and the places where those activities happened. Analysis of the interviews revealed that the orientation process was valued among preceptors and faculty advisors as a way to help students to get to know them, the course, and the LTC home. Furthermore, orientation was identified as a very important part of getting themselves ready and preparing the student for a positive clinical placement. Orientation is further explored in other analyses within this chapter. Figure 4.2 (below) shows the activities and people involved in orientation as well as the places and spaces where those activities happened. Further explanation follows the diagram.

Figure 4.1

*Social Situations: Observation 1*



This diagram is an example of Spradley's (1980) first step in his developmental research sequence, *locating a social situation*. It depicts four main places/areas within the LTC home. These areas were all encountered during my first LTC home observation. Spradley (1980) calls this a "cluster of social situations" (p. 42). Each triangle in the diagram represents a social situation: the place it happened, who was involved, and the activities that took place. The triangles are all related because they took place on my first observation day, while I was shadowing the faculty advisor.

In this diagram, situations, starting with the triangle on the top, move clockwise as time progresses during my observation. Within the triangle, the area within in the LTC home is identified. One side of each triangle identifies the actors/ people who are in the social situation. The nature of the situation or activities experienced by the actors are identified on the other side of the triangle.

The student and preceptor were in the preceptor's office at LTC home when I joined them for my observation. When I got there, another manger and two other students were present in the room. The manager and preceptor were having an open discussion about when it was appropriate to transfer a resident to hospital when the faculty advisor arrived. The conversation changed to greetings as the faculty advisor organized her visit. She decided to go on a tour to get acquainted with the home. One of the students (not in the study) took her on the tour. I followed the faculty advisor, so this part of the observation does not share specifics about the student giving the tour.

The tour started at the reception area. The faculty advisor exchanged pleasantries with the receptionist and heard about the physical space of the main entrance while they

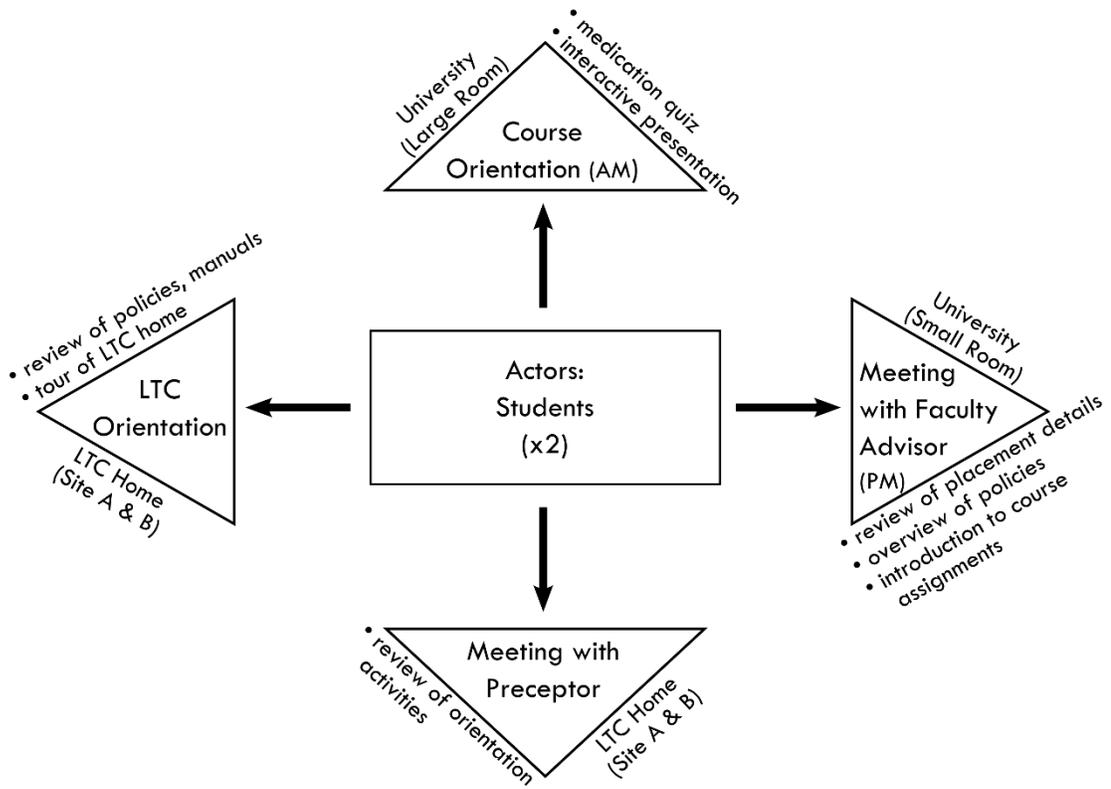
moved on. The faculty advisor also answered questions the student had regarding course assignments.

The tour continued in the common spaces of the home: hallway, dining room, living room. The faculty advisor engaged in conversation about the building near the dining room and then found an employee that she recognized. After their interaction, the faculty advisor walked with the student back to the preceptor's office. On the way, the faculty advisor asked more questions about the building, and then talked with the student more about clinical activities in which she was involved.

The faculty advisor then stopped at the nurses' station on the way back to the preceptor's office. The faculty advisor watched what the student was involved in at the nurses' station and continued to ask and answer questions about the clinical course and activities.

Figure 4.2

*Social Situations: Orientation*



Spradley (1980) also discusses another way to identify multiple social situations as they relate to the actors involved. He calls this a “*network of social situations*” (Spradley, 1980, p. 43). Each triangle represents a social situation that linked to the other through the actors that were involved. This diagram is different from the cluster of social situations diagram because the people involved in the activities and social situation identified do not change- they stay constant. Spradley (1980) notes this is important to ethnographers especially if you want to see “where the same group of people share in the activities” (p. 43). The middle of each triangle names the social situation in which the students took part. Social situations and activities were chosen that were common among both LTC homes.

In clockwise order starting from the top: The two students who were participants in the study went to an orientation about the community clinical course at the university. During this time, they participated in an interactive presentation and wrote a medication quiz with all of their peers in a large room. If passed, this enabled them to give medications if necessary at their placement.

The next triangle shows that students met with their faculty advisor in the afternoon on the same day, at the university in a smaller room. During this time, students met their faculty advisor, reviewed details of their placement, had an overview of university policies, and were introduced to some of the course assignments.

The triangle at the bottom of the diagram shows that the students met with their preceptor at the LTC home, reviewing the activities that would be involved in orientation.

Finally, the last triangle represents the students' actual LTC orientation where students reviewed LTC home manuals, policies, and both had a tour of each respective LTC home.

## **Domain Analysis: Relationships**

A domain analysis is the first analysis in Spradley's (1980) developmental research sequence. Data for this analysis were reviewed from interviews, observations, and documents that were collected during the clinical placement. Spradley (1980) discusses that a domain analysis is done in order to "search or discover the patterns that exist in the data" so that inferences about the topic can be made (p. 85). A domain analysis for relationships was necessary to identify these patterns and discover how they related to positive clinical placement experiences.

Analysis of the findings revealed that the domain of relationships was essential for positive clinical experiences among students and preceptors, and less so, faculty advisors. Within this domain, six key relationship qualities were identified including: (1) blend of personal and professional, (2) openness, (3) feelings of involvement and belonging, (4) being approachable and available, (5) mutual/bi-directional, and (6) built over time.

**Blend of personal and professional.** It was evident that a blend of personal and professional qualities existed within all of the relationships and helped to contribute to a positive clinical placement experience. While students thoroughly enjoyed learning clinical activities with preceptors, they valued conversations that were more personal in nature, such as talking about "*shopping or the latest fashion trend*" (Student B) because they supported learning:

*It was a very slow process of getting to know her outside of the preceptorship. She was professional right up until... the last two weeks...she opened up a little bit more.... By the last few weeks I was comfortable approaching her whereas previous I was still nervous. (Student B)*

Early on in one of the LTC homes, an experienced preceptor talked about making it a priority to get to know the students. By the end of the clinical placement, both preceptors conveyed the importance of sharing personal and professional aspects of their relationships with students. When asked about what advice she would give to a new preceptor, a first-time preceptor shared:

*I would also suggest spending time getting to know them personally and making that personal connection because I feel that if you have a personal connection with the student and you... take a willingness to learn more about them and their dreams and aspirations, you can really have... a more meaningful experience for the both of you and develop a good... not friendship but a good relationship with them. (Preceptor B)*

Relationships between faculty advisors and students were different. Faculty advisors prioritized the modelling of professionalism, expecting students to demonstrate this behaviour in the clinical setting. For example, students were reminded to address the faculty advisor as “Professor xxx” when in front of other professionals including preceptors. However, faculty advisors felt more comfortable with students addressing them on a first name basis when they were together in less-formal settings, such as clinical conferences.

By the end of the placement, some faculty advisors shared more on a personal level with students. For example, one faculty advisor and student shared a common interest in the symphony orchestra. The student explained the meaning of this personal sharing as follows:

*We discussed social things as well... it wasn't always just focussed on school... I got to learn about my faculty advisor as a person outside of just being a teacher and she got to do the same with me. (Student B)*

From the perspective of the preceptor and faculty advisor, the professional relationship that existed between them also contributed to a positive clinical experience. This may have been less obvious to students as they did not comment on this dynamic. For example, when faculty advisors visited, they focused on student involvement and learning activities, advocating for them when necessary to ensure they were in a safe work environment, engagement in appropriate clinical activities, and following university and LTC home policies.

**Openness.** Openness is another quality that was valued within relationships among most of the study participants. This quality became evident through one preceptor's open-door policy:

*I have an open door policy... I'm including them [in my office] as we work....when I get an email in and I feel that it might be of interest to them or they could learn from it, I ...share it with them... and staff that come in the door, [the students] would sit and listen and observe the interactions... after the interactions, sometimes we'll have dialogue about it or sometimes not or if they say hey that was really interesting then it tweaks me to say well I guess we should talk about that more. (Preceptor A)*

The quality of openness also emerged in a preceptor's description of her style of interacting with students. *"I've always been very open with them, very candid... so I think*

*it's been a very comfortable relationship from the beginning*” (Preceptor A). A student further conveyed the effect of the quality of openness on the resulting learning environment as follows: *“she was very open... joke[d] around with people... and made it sort of like a family environment”* (Student A).

Students brought out other nuances of the quality of openness. One student referred to her personal attitude and how she needed to keep an *“open mind”* in order to get the most out of her placement experience.

*When [registering for the course] we read the description to this place... [it read] you'll be working with the DOC and you'll be doing some hands on stuff and we really didn't expect to be working... with the staff...in the office. Some of the other students had told us some not-so-nice things about that place but I think that's where the open mind has to come in because you have to start, go into it thinking that you're going to get something out of it and then looking for what you can pull from that and overall... it was a benefit to everybody there. The residents learned stuff, we learned stuff, the staff learned stuff, we taught them stuff.* (Student A)

Student B conveyed how her preceptor's personal openness enabled her to feel more comfortable in the LTC home, *“...the last two weeks... [my preceptor] opened up a little bit more.... By the last few weeks I was comfortable approaching her whereas previous I was still nervous.”*

One faculty advisor emphasized the importance of openness and transparency for student learning, in the context of the professional aspect of relationships.

*I think we all expect each other to remain professional and be open with comments and questions. If I do have any concerns about the student's work, it is on the evaluation and we do talk about it and how they can improve on it but it's done in a professional manner and an open, transparent way that we can all discuss the matter really. I think students appreciate that and it helps all of us... keep a positive attitude towards learning. (Faculty Advisor A)*

**Feelings of involvement and belonging.** After orientation, students became increasingly involved in a wide variety of clinical activities, which helped to foster the students' feelings of involvement and belonging. Preceptors verified that students were highly engaged in clinical activities such as auditing or monthly reporting. Preceptor A pointed out that it was important to get students involved in selected processes and clinical activities in the LTC home but she was careful "not to overwhelm them [because] they are trying to stay focused". One student reflected on how she felt a sense of belonging and accomplishment grow as the clinical placement progressed:

*When I think back and I watch it and it's kind of like watching a little baby, they're born, they don't know what to do, they're helpless and then as they start to grow they hit those milestones and you see them becoming their own person and although we did it in 12 weeks it was sort of that same process. We come in... we understand assessment... we have no idea what your paperwork is or how to do this or work with your computer system or why this is even done. We can't really help you with anything except assessment you know week one went by and week two and then it's like oh I know how to do this and I should learn to do this and so we would start to learn things and ask questions and start opening things and playing with them and*

*figuring it out and then as we went along we just sort of knew how to do it and she'd be like... you can do this and this... and you just open it and click, click, click, it's done.... I have some down time maybe I should go see if somebody needs something. You just sort of becoming that leader... owning what needs to be done and that's sort of what was happening. (Student A)*

Belonging and involvement also occurred in other ways. Preceptor B thought about this in terms of feeling connected. She commented:

*By asking those questions they got a more enriching experience and they got to learn more and participate in lots of things because they showed interest and other leaders saw that and asked them to help with certain tasks and things so overall it just helped with making them feel connected in the placement and not just a temporary student. They really got integrated into the team. (Preceptor B)*

Student B conveyed how valuable collaboration skills elicited feelings of involvement and belonging to a team as follows:

*My overall experience was a positive one in that... I evolved as a student in the way of self-delegating, coming up with my own activities, implementing this fourth year intervention... and actually ensuring that it was passed along to the [type of] team. It was positive that I took on... extra responsibility.... I think it was also a good way to see how the registered nursing staff delegates to the unregistered staff and ...working as a collaborative team because that's what you do in a long term care home so I think the most experience was doing that collaboration. (Student B)*

**Being approachable and available.** To facilitate positive relationships with students, analysis of the findings showed that preceptors discussed their desire to be *approachable* while faculty advisors talked about the importance of being *available*. Both preceptors wanted to make sure the students felt welcome and comfortable enough to ask them questions. One preceptor used questioning as an approach to engage the students in clinical activities at the LTC home and get to know them better, fostering a “*comfortable relationship from the beginning*” (Preceptor A). One student gave an example of how her preceptor used questioning to engage her at the LTC home:

*The [preceptor] was not this I'm high and mighty... 'I hover over you and you can't do that' because.... even when we were doing something business-like, like an interview...as soon as the interview was done, [she would ask], 'so what did you think?' ....it felt like she was legitimately asking for our opinion on...the interview, 'you asked all these questions, you had really great questions... Did those questions help you resolve any concerns that you had about this individual and how do you think you would proceed in the future'?* (Student A).

Faculty advisors made it a priority to provide students with their contact information, letting them know they were available if they had any concerns about the placement or questions about assignments. Faculty advisors continued to convey this message to students throughout the semester.

*I think that... [the student's] relationship became stronger with me understanding what their needs were... I need to look at each individual and what their needs are and then try to reach out and meet those needs. Some students for whatever the reason may not be coming for the help and all that and sometimes I need to reach out*

*to them to say how are you doing? How are you feeling? How are things going? Can I help you? So be available and from beginning to end I think our relationship grew quite well... (Faculty Advisor A)*

**Mutual/tri-directional.** Analysis of the findings also suggested a mutual or tri-directional component within some of the relationships among students, preceptors, and faculty advisors. All of the participants mutually benefitted from the clinical experience in their own way. For example, students learned from the course assignments, including their faculty advisor's feedback as well as the clinical activities that the preceptor approved for them to work on. Beyond that, Student A discussed how her relationship with the preceptor was strengthened when her preceptor encouraged her to learn, by *"giving you information and helping you understand why you do certain things."*

Both faculty advisors expressed how much they benefitted from learning about the LTC home and the everyday processes that took place. During an interview, one faculty advisor explained:

*As a faculty advisor, I need to be aware of what's going on- the bigger picture. I learned a great deal from the preceptor and my students of how you develop policies and how changes take place and everything that entails step by step...*  
(Faculty Advisor A)

Preceptors felt a personal sense of fulfilment in their role when they precepted students: *"It's a delight. It gives me great pleasure to be a teacher as our students that are going to be working with our community have a better understanding of how to work*

*in a professional manner...*” (Preceptor A). The same preceptor spoke about the benefits of having students at the LTC home with her:

*It was extra helpful hands to work through all of these assignments because more eyes and different viewpoints looking at something is definitely worth the while and only benefits everybody as a whole to enhance the quality through it.... They have a lot of investment and it showed, making the improvements through and their eye for detail on areas where I would maybe take it for granted because I've worked with this policy or program or this process for so long, they had the eye for detail and for a person that's never read the policy how things could look a little bit differently, was definitely refreshing- so very helpful. (Preceptor A)*

**Trust.** One preceptor conveyed mutuality through experience of building trust with her student: because “[*the student*] built their confidence and I built my confidence within [*him/her*]” (Preceptor A). Student A shared:

*It was, initially it started as an exercise in building trust both with her and with us. She needed to trust us with some of this information and we needed to trust her that she was going to provide us an education that was suitable. (Student A)*

**Built over time.** The domain analysis revealed that relationships among preceptors, students, and faculty advisors evolved over time. Each informant shared how their relationships changed during the clinical placement. At the beginning, faculty advisors made it a priority to visit each agency, including the LTC home in order to meet with

each student and preceptor. During their first visit, faculty advisors were present to answer any questions that arose about the course.

During the first few weeks, preceptors remained very close to students. “*The first week is definitely very close contact- like a new employee, a lot of direction and one-on-one*” (Preceptor A). One preceptor said this was important because she wanted to ensure students were connected with appropriate resources and familiar with their new clinical activities. As the students became more comfortable with the LTC home and their work, the preceptors stepped back from that initial close contact and started connecting them with other team members.

After the students had their mid-term evaluations, they described how their relationships continued to develop. One student reflected on her relationship with her preceptor, stating, “*I think it evolved a little bit more, more like a colleague*” (Student A). Some preceptors and students felt that an increasing level of trust within the relationship enabled the student to be more independent.

By the end, every participant described their relationships as more *comfortable* (Faculty Advisor A; Faculty Advisor B; Preceptor A; Preceptor B; Student A; Student B). Students described their relationships with their preceptors as *professional* (Student B); *fun* (Student A), *like a mother-daughter type relationship* (Student A), and *encouraging* (Student A). Preceptor B highlighted that her relationship with students felt *more relaxed* and *friendlier* by the end of the placement while Preceptor A explained how her relationship with the student felt like a “*partnership... moving in tandem... to work through processes together*”.

Each participant valued their relationships with one another at the end of the placement. Preceptors and faculty advisors, for example, made a dedicated effort to encourage students' professional endeavours. Students gave their preceptors cards to thank them for the experience and faculty advisors presented preceptors with a certificate of recognition for their contribution throughout the semester.

## **Taxonomic Analysis: Documents**

Spradley (1980) calls the things that people make and use “cultural artifacts” (p. 5). This includes documents that were used, made, and exchanged during the semester by students, preceptors, and faculty advisors. According to Spradley’s (1980) method, a taxonomic analysis is done to organize cultural domains (p. 87).

In this analysis, the taxonomy of documents was explored within the domain, *documents used in positive placement experiences* (see Figure 4.3). The rough work for the document taxonomy was organized by time according to their creation and/or use when: (a) preparing for the clinical placement, (b) taking part in orientation, and (c) at the beginning, middle, and end of the clinical placement. This larger taxonomy can be found in Figure 4.4 (Appendix G).

In the following discussion, I will explain how the taxonomy showcases the use of documents among preceptors, students and faculty advisors, and how usage patterns emerged over time during positive clinical placement experiences. At the end of this document analysis, Figure 4.3 presents the taxonomy that focuses on the domain, *documents used in positive placement experiences*. Additional insights concerning the taxonomy analysis are discussed in Chapter 5.

**Getting ready.** The first section within this taxonomy shows how all study participants prepared for the clinical placement experience. Analysis of column two revealed that students, faculty advisors, and preceptors initially prepared for the placement independently. The third column shows what they were getting ready for. The fourth and fifth columns demonstrate which documents were made or used to help them

to get ready. Students, for example, used a clinical placement database to first select a LTC home clinical placement, and then become more familiar with the setting.

Column three highlights that while getting ready, a variety of documents were made and used by faculty advisors and preceptors for multiple reasons: (a) to be a preceptor or faculty advisor, (b) for orientation, and (c) for their first meeting with each other and with the students. The fourth and fifth columns list the kinds of documents that faculty advisors and preceptors either made or used, (but did not exchange), to get organized for orientation and the clinical placement, such as agendas, checklists, policies, and PowerPoint presentations. Those documents also helped to establish expectations of the course/clinical placement experience.

**Orientation.** The first and second columns of this section of the taxonomy indicate the documents that were made, used, and exchanged during orientation at the university and LTC homes. At the LTC home orientation, preceptors used policy manuals, legislation, and privacy and confidentiality waivers to introduce students to the workplace. One preceptor at a LTC home chose to deliver this in a PowerPoint presentation format while the other preceptor chose to highlight what students needed to know from each manual.

It was noticed that many of these policies were centered on how the LTC home was legislated (LTC homes act, Residents Bill of Rights), as well as policies that support a safe workplace environment (emergency preparedness, health and safety). Continuing with safe work practices, students also needed to submit medical documentation mandated by the LTC home homes such as their up-to-date TB skin test.

**Beginning of placement.** The second column of this taxonomy section demonstrates the increased use of documents by preceptors, students and faculty advisors when compared with the *orientation* or *getting ready* phases. A dense list of documents used for course assignments and clinical activities that the students made, used and exchanged is noteworthy in the last two columns of this section. For example, the learning plan is accounted for in three different spots in column four, corresponding to times when learning plan draft submission and review occurred.

One pattern that emerged in this section of the taxonomy was the large and broad variety of documents used by preceptors to introduce students to their use in application to clinical activities. These included: electronic charting systems, medication administration records, auditing worksheets/tools, and monthly statistical worksheets/reports for specific programs (e.g. infection control).

Another significant pattern discovered was the continued, more frequent use of emails. This was a primary way for students and faculty advisors to communicate through discussions about progress at the LTC home and course assignments. Preceptors and faculty advisors also regularly communicated by email concerning student progress and meeting arrangements. Students used email to contact their preceptors less frequently because they met with their preceptor regularly.

**Middle or mid-way.** Mid-way through the placement, it was noticed that some documents used to complete course assignments and clinical activities were continued from the beginning of the clinical placement, such as journals and auditing. However, many others appeared to be new, and more complex in nature such as a gap analysis (see column four under student-preceptor). It seems these new, more complex documents

required the student to use additional documents as resources, such as a swim lane diagram, to help with the gap analysis (see column 6 under student-preceptor).

Additionally, frequent email use continued between students and faculty advisors, and between preceptors and faculty advisors (see taxonomy chart, column three).

From here, a secondary comparative analysis was done to determine: (a) a subtotal and total of all documents, and (b) a subtotal and total of unique documents listed on the taxonomy for the beginning, middle, and end of the placement (see Table 4.3). It was confirmed that there were many more new documents used, made, or exchanged mid-way through the clinical placement (n=21). Additionally, it is important to highlight that only four documents (25-21) were not new. This may reflect the student’s workload in the middle of the placement.

Table 4.3

*Secondary Comparison Analysis of Documents*

	Beginning	Middle	End	Total
Subtotals of all documents mentioned (observations and interviews)	27	25	12	64
Subtotals of unique documents mentioned (observations and interviews)	27	21 (new)	9 (new)	57

**End.** In this section of the taxonomy, two major patterns were noted. First, all participants made, used and exchanged documents to ‘wrap up’ the clinical placement. In particular, student final evaluation documents demonstrated ‘wrap up’ (see column four). Second, clinical activities provided opportunities for document creation by students (see column two, student-preceptor section, clinical activities). Some examples included: (a)

quick reference tools and guides, and (b) a user-friendly elimination screening log for non-regulated staff.

These findings were confirmed by the secondary comparative analysis done in Table 4.3. The total number of all documents mentioned was much less (12) compared to the beginning (27) or middle of the placement (25). At the end of the clinical placement, nine of the documents were new. Three of those nine were created by students (see Figure 4.3). This is reflective of the taxonomic analysis findings mentioned in the previous paragraph.

One student discussed how the documents that she created contributed to a positive clinical placement experience:

*The quick reference... was extremely helpful because I was going through those psychotropic meds...there's...so many new ones and they all have different side effects...making...and...reviewing it actually helped me realize and learn what the side effects are so that it's easier for me to recognize too... I'm sure it's going to become helpful for example with the NCLEX or maybe if I'm in that situation where I have to monitor side effects...because maybe we are starting somebody on a new psychotropic [medication] but...it was the most helpful because it was extremely concrete what I was learning. (Student B)*

**Summary.** Documents were arranged in broad categories that represented the totality of positive clinical experiences (Figure 4.3). Spradley (1979) discusses that taxonomic analyses are always “approximate” and “not exact replicas of knowledge” (p. 150). This

means that although this may not be an exact, comprehensive list, it does help to us to see how participants used these documents during clinical practice (Spradley, 1979).

Figure 4.3

*Taxonomy of Documents used in Positive Clinical Placement Experiences*

Documents used in Positive Clinical Experiences	Orientation	Documents used for Organization	Master Database of Clinical Placements	
			Preceptor Folder	Library Access Form
				Course outline
				Pamphlet about the course
				Clinical Evaluation Tool
				Nursing theory/model
				Website resource for new preceptors
				Faculty Advisor's business card
				Agenda
			Various resources (textbooks, articles, online)	
			Orientation checklist	Manuals (health and safety, nursing, emergency procedures)
				Information about the facility
				Confidentiality policy
				Abuse policy
				Resident's Bill of Rights
			Course Outline	Course Assignments
				Monthly Time Log (student record)
		Emails		

		Documents used to Communicate	Announcements	
	Evaluation	Mid-term Evaluation	Learning plan	
			Clinical Evaluation Tool	Preceptor copy
				Student copy
		Faculty advisor copy		
		Final Evaluation	Learning plan	
			Clinical Evaluation Tool	Preceptor copy
	Student copy			
		Faculty advisor copy		
	Student Projects	Existing	Course Assignments	Community Process Assignment
			Presentations	
Auditing				
Gap Analysis				
Created		Quick reference guide (for incontinence product selection)		
		Elimination screening log		
	Quick reference for psychotropic medication for the electronic medical record			

## **Thematic Analysis**

This thematic analysis is an adaptation of Spradley's (1980) highest level of analysis, *discovering cultural themes* (p. 140). Spradley (1980) describes a cultural theme as "any principle recurrent in a number of domains, tacit or explicit, and serving as a relationship among subsystems of cultural meaning" (p. 141). Because of the limited sampling in this study, and the reporting of only one cultural domain (relationships), this thematic analysis is considered to be preliminary and an adaptation of Spradley's notion of thematic analysis. As such, themes identified in this analysis are based on previous analyses in this chapter (e.g. locating social situations using a taxonomic analysis for places and spaces, relationship domain analysis, document taxonomic analysis).

The study purpose guided the inductive approach to thematic analysis that is, to express thematically, the beliefs, values, and practices that contributed to positive clinical experiences for pre-graduate nursing students, during precepted clinical placements in LTC home. The themes also reflect the beginning, middle, and end of the process of realizing positive precepted clinical experiences in LTC homes.

**Findings.** Study findings clearly demonstrate that preceptors, faculty advisors and students all worked towards achieving a positive clinical placement experience. They did this through (a) intentionally shaping, (b) the practice of getting familiar, (c) the practice

of transitioning to independence, and (d) the practice of showcasing accomplishments. These themes are explored in the following discussion.

***Intentionally shaping.*** Students, preceptors, and faculty advisors intentionally worked throughout the duration of the placement to shape a positive clinical experience. This occurred as they (a) planned and organized in advance of the clinical placement, (b) took part in orientation that was customized to student needs, and (c) invested in the student experience.

***Preparing is valuable and valued.*** Students, preceptors and faculty advisors intentionally planned and prepared for the clinical placement in different ways. For example, one student used the clinical placement database to learn more about the LTC home and prepare for a positive experience:

*I read back over the description of what we'd be doing... working with the DOC and learning how to do auditing... looking at how to use best practice and evidence based [research]... incorporating that into the care of the resident.... I just did a lot of research and I asked a lot of questions. Initially it came off as negative but then in my research I found that it would be more of a positive experience. Something I've never really experienced before. (Student A)*

Preceptors reviewed various documents to become more familiar with their role and the course. One preceptor commented: *“I reviewed the resources that were given... how to be a positive mentor, how to guide students in terms of critical thinking autonomously and I also reviewed CNO documents... and standards”* (Preceptor B). The preceptor

explained this was valuable “*to ensure that I knew... the expectations*” (Preceptor B). Further, this contributed to a positive placement because the preceptor felt prepared:

*I think if you're not prepared and...not really aware of what the students' expectations are or what their responsibilities are then... it's not really respecting their time... you're less prepared to provide them with a very good clinical experience... so for me it's very valuable to spend that time preparing- for that reason.* (Preceptor B)

Similarly, Preceptor A added that planning and preparing for the clinical placement was an important way to build a relationship with the student: “*that planning component is definitely the first step of the course load to start to build interactions.*”

Faculty advisors felt it was absolutely necessary to be prepared and organized for the placement because “*the success of the semester lies in the planning*” (Faculty Advisor A). For example, due dates needed to be created and communicated to the students as early as possible so that students would know what was expected of them. Faculty Advisor B shared that on-time completion of assignments was the student’s responsibility and reflected in the course evaluation. If students were not provided with those due dates far enough in advance, it would be unreasonable to hold them accountable.

***The practice of mandatory, customized orientation.*** Student orientation at the university and LTC home was communicated to the students with the term “*mandatory*” (Faculty Advisor A). As such, faculty advisors and preceptors knew this would be the first time they (a) met their students (Appendix G, Orientation), and (b) were introduced to the course and LTC home (Figure 4.2). Therefore, this was a critical time for

preceptors and faculty advisors to (a) start building a positive relationship with the student (see Chapter 4, Domain Analysis: Relationships, Built Over Time), and (b) to relay all of the important information students needed to know about the course and LTC home (see Chapter 4, Figure 4.2 and Appendix G: Orientation). Therefore, preceptors and faculty advisors believed they needed to carefully plan and customize an orientation with activities to meet these needs.

***The practice of intentional student engagement.*** Even though there was much information for the students to learn, preceptors and faculty advisors valued student engagement during their orientation. For example, during the morning of the course orientation at the university, students participated in a medication quiz and an interactive presentation to learn about community nursing (see Figure 4.2 and Appendix G). Following the formal presentation on policies at one LTC home, one preceptor encouraged her student to shadow a registered nurse to become more familiar with the environment and routines. The student thought this shadowing opportunity was positive in the event she was asked to help staff care for residents (Student B). She also explained that it helped her to “*get to know all of the team members... their roles and because [everyone tries] to assist as much as possible*” (Student B). Preceptor B thought this was positive because the student started experiencing what was done on the floor and started to ask questions. Additionally, the practice of intentional student engagement also helped students to feel involved and build relationships with others (see Chapter 4, Domain Analysis: Relationships).

Preceptor A expected her students to be involved by asking them to come to orientation prepared with their personal objectives for the course. She elaborated:

*As much as I really look forward to the projects that I have for them, it may not be in an interest area or an area that they would like to strengthen or grow upon. So sharing from the students what they would like to learn and move forward with really helped. (Preceptor A)*

Because of this expectation, Preceptor A was able to align the students' interests with the selected clinical activities. Preceptor A shared her practice in selecting possible clinical activity choices based upon student interest:

*integrate them into our plans... be nursing related, and focus[ed] on many different modalities of nursing... [including] benchmarking, CQI [continuous quality improvement], incorporating best practices and all of what we do.... Looking at audits and reviews so that they can look at how instrumental it is for them to be very vigilant in assessments on the floor and follow through and how that comes full circle with the policy and procedure. A review of that program or that focus- an evaluation and then education and follow through from there. Incorporating also the statistics and the benchmarking and how we compare to other long term care homes. (Preceptor A)*

Preceptor A thought this contributed to a positive experience where the students “*get to see the full gamut really of how and what encompasses to be a nurse or a charge nurse and most and foremost a leader*” (Preceptor A).

Many of the examples provided in this thematic analysis so far demonstrate the high level of commitment that faculty advisors and preceptors had for the success of the student and the overall clinical placement experience. For example, it was highly evident

that faculty advisors and preceptors carefully planned, prepared for, organized, and customized the clinical placement for the student in many ways. Preceptor B believed *“it’s important to really invest the time in preparing so that the experience is more enriching for the students.”*

***A blend of personal and professional.*** Upon further investigation, it was also found that their level of commitment/investment was driven by their (a) professional nature related to their role as faculty advisor and preceptor, (b) their personal enjoyment for teaching students. For example, faculty advisors modelled professionalism and they expected this practice to be demonstrated by their students (see Chapter 4, Domain Analysis: Relationships). This practice of professionalism was modelled so that students could learn the profession of nursing. Additionally, faculty advisors made themselves available through office hours, field visits, email, and by appointment so that students could ask them questions related to course assignments or related clinical activities. Faculty advisors remained flexible as this was their way to build a positive relationship with the student (see Chapter 4, Domain Analysis: Relationships).

When asked if there was anything more they wanted to share about the placement experience, both faculty advisors made comments noting their enjoyment for teaching students. Faculty advisor A explained: *“I love working with students. I like to see them grow and learn... [it’s] a goal for me to help expand their knowledge and understanding of community health”.*

**The practice of ‘getting familiar’.** Students spent much of their time in their clinical placement becoming familiar with processes and LTC home routines, clinical activities, and evolving course assignments. Their involvement early on in their placement

experience helped them to learn about the LTC home, practices, and processes around selected clinical activities such as auditing (see Chapter 4, Domain Analysis: Relationships- Feelings of involvement and belonging; see Chapter 4, Thematic Analysis, The practice of mandatory customized orientation). They also spent time 'getting familiar' with new course assignments as they became due. The high number of new documents in the secondary document analysis (n=21) demonstrates they were still using, making or exchanging a high number of new documents in the middle of their clinical placement.

**Valuing of clinical activities.** Students were more excited to talk about their clinical activities compared to their course assignments. One student enthusiastically shared the value of her committee involvement during her placement:

*[The LTC home has] been seeing an increased number of falls monthly.... so they've created a falls committee which I was invited to join- and we're trying to look at all the interventions that we've got going on right now to help prevent falls. Because the physiotherapists and the kinesiologists... don't have the time to go floor to floor and evaluate everybody's footwear, everybody's bed alarm, everybody's personal alarm so they've asked me to do that and... verify that everything...[on the] care plan for falls prevention is actually being implemented... and if I notice anything that... isn't in the best interest... in terms of fall risk, to...report that. (Student B)*

**Resources are valued and valuable.** The students used many resources to support their learning (see Appendix G). Student A explained these included, but were not limited to (a) the computer/internet; (b) best practice guidelines, worksheets, and nurse educators

from the RNAO; (c) policies and procedures from the LTC home; (d) their own level of knowledge and clinical reasoning; and (e) discussion with preceptor or staff. She further explained that these resources were valuable throughout the clinical placement “*because we’re not extremely familiar with everything... not 100% confident*” (Student A).

**The practice of transitioning to independence.** The middle of the clinical placement differed from the beginning because students started to become more familiar with every day LTC home practices and routines and more independent with completing clinical activities and the large number of course assignments (see relationships domain analysis: feelings of involvement and belonging; see document taxonomic analysis and Appendix G). Mid-way through the placement, one preceptor noted the student’s point of transition as follows:

*The girls are starting to see quite a bit of transition... now with their routines here- that in a management or leadership role you have to go with the flow. The flow of the day is different every day and that can be a challenge for some. [The] students seem to enjoy it....roll with it, and understand that we may be working on different projects throughout the day. (Preceptor A)*

Student A contrasted this with her experience during the first few weeks when she was “*basically hand-held*”:

*[Now], [my preceptor] just likes to check in on us and find out what are our plans are and know what we have left to do and then tells us if there’s anything that she needs us to do... lets us prioritize the plans for the day and then move through each step as we go... (Student A)*

***Believing in self: increased confidence and trust.*** Mid-way through the clinical placement, students started learning more complex clinical activities as they gained familiarity with the LTC home, their clinical activities/projects and course work/assignments (see Appendix G: Middle or Mid-way). One preceptor commented, *“now with the interaction and the observation time that they’ve had to build their confidence, they’re now becoming more involved with processes and interacting and giving further feedback”* (Preceptor A).

The students shared how transitioning to independence contributed to a positive clinical experience. Student B stated, *“I’m more confident in self-delegating or starting or taking on a role that maybe I wouldn’t have done previous to my fourth year assignment”*. She also commented, *“we’re still in the process of collecting data but already seeing a positive impact kind of keeps you motivated”* (Student B). There was also a mutual level of trust that was identified which helped to strengthen the student-preceptor relationship (see relationships domain analysis: mutual/tri-directional and, built over time).

**The practice of showcasing accomplishments.** Towards the end of their placements, students were able to be creative. This contributed to a positive clinical experience because they were able to independently develop tools/documents and then showcase them for use in the LTC home (see Appendix G: End). On my last observation day at one of the LTC homes, Student A showed me the work she did to update a personal support worker flowsheet record. Student B was also innovative in the last two weeks of her placement. She worked with another student to create and circulate a quick reference card on common side effects associated with a specific class of medication for

registered nursing staff. She found this resource to be helpful for both the LTC home staff and her own learning:

*Overall... I got positive feedback.... it was extremely helpful because I was going through those psychotropic meds which... there's so many new ones and they all have different side effects but making this quick reference and going over it and over it and reviewing it actually helped me realize and learn what the side effects are so that it's easier for me to recognize too and... helpful for example with the NCLEX or maybe if I'm in that situation where I have to monitor side effects of it because maybe we started somebody on a new psychotropic... (Student B)*

**Valuing accomplishments.** Students were very proud of and valued the clinical activities and course assignments they had accomplished during the clinical experience, especially because many of them were complex in nature (see Appendix G: Middle and End). For example, when Student A was asked what clinical activities or experiences stood out for her in the last few weeks of her placement, she was very proud to list: (a) participating in the resident transfer process (between nursing homes), (b) conducting interviews of new staff (in consultation with her preceptor), (c) participating in decision-making and discussions surrounding conflict management. She explained, “*clinical [activities]...help you in the moment to understand how things are supposed to run and what you can expect in the future*” (Student A).

One student delivered a formal presentation to some people she was working with at the LTC home. She taught them about the progress she had made on her project and how the people could help to transition the project after the student was done her clinical

placement. I was invited to observe this student deliver her presentation during one of my field visits. I could feel her excitement about the project. Her preceptor later commented:

*We talked a little bit after about how the presentation went [and] how the intervention was going. She mentioned that she was happy to see other units were doing the same intervention which she didn't expect so she was excited about that.* (Preceptor B)

**Valuing course assignments.** By the end of the placement, students and faculty advisors affirmed the value of completing course assignments. Student A commented, “*in the long run, course assignments look like they're boring but in the end you can see how it draws everything together*”. Similarly, Student B discussed the value of completing her course evaluation and her journals:

*The CPEs [(clinical performance evaluations)] are positive in a way that you're able to reflect.... Once you're finishing that last CPE you kind of reflect and see how much you've accomplished in the semester.* (Student B)

*The way I approached my journal is always [with] something that interests me or [with] something that feels like I didn't know enough about... that impacted me positively in the way that I actually learned more on my own. I did my own research and... that's something positive... learning something on my own.... I also like that we had that ability to choose our own topic for the journals, based on our own experience.* (Student B)

One faculty advisor explained how course assignments and clinical activities complement one another:

*They are dove-tailed... the course assignments... for an example, let's take journals. Their journals are about... what they're doing in clinical or what they're learning in clinical. I want them to apply theory, community nursing theory, so that everything dove-tails together. (Faculty Advisor B)*

**Summary.** The findings in this chapter supported the purpose of the study. An adapted form of Spradley's (1980) developmental research sequence was followed in order to discover data and organize into a thematic analysis. Through this analysis, positive clinical placement experiences were explored (what these are and how they happened), while bringing to the surface participants' beliefs, values, and practices. Findings will be compared and contrasted in the following chapter to highlight dialogue about how the study addressed gaps that were identified in the literature review (Chapter 2).

## CHAPTER 5

### DISCUSSION

The purpose of this chapter is to showcase and discuss the findings from this study. Through comparison and contrast of the current study findings with those reported in the literature, I will demonstrate how the findings address a gap in the literature, contribute new insights to, and affirm what is known about positive clinical experiences for pre-graduate nursing students in LTC homes. At the end of the chapter, rigour and study limitations will also be discussed.

#### **Significance of Study Findings**

Although Canadian scholarly gerontological literature and policy recommendations support the need for, and appropriateness of senior-level clinical experiences for nursing students in gerontological placement settings, little research has been completed on this topic (Brynildsen, Torunn Bjork, Berntsen, & Herstetun, 2014; Council of Ontario Universities [COU], Baycrest, & Ministry of Health and Long-Term Care [MOHLTC], 2014; Hirst & Lane, 2005; Lane & Hirst, 2012; Sinha, 2012). The findings of this research study address this major gap in the gerontological nursing literature (Neville et al., 2014). The design of the study enabled the realization of initial insights concerning what contributed to positive clinical experiences in LTC settings and *how* those positive clinical experiences occurred from multiple perspectives (student, preceptor, and faculty advisor), thereby fulfilling the study purpose.

#### **Positive Aspects Occurred Over Time**

**Beginning.** The study findings suggest that positive aspects of clinical experiences were evident at the beginning, mid-way, and end point of the student placements. For

example, at the beginning, faculty advisors shared how careful organization and planning directly contributed to positive placement experiences (Chapter 4: Taxonomic Analysis, p. 57). Students valued conversations with their preceptor and getting to know them on a personal level, especially when they were just beginning to work in the placement (Chapter 4: Domain Analysis, p. 44). Preceptors intentionally fostered early student engagement by aligning students' expressed interest with assigned clinical activities and involving them in those decisions (Chapter 4: Thematic Analysis, p. 65).

**Mid-way.** Mid-way through the clinical placement, the practice of *transitioning to independence* contributed to increased personal feelings of trust and self-confidence among the participating pre-graduate students (Chapter 4: Thematic Analysis, p. 70). Other theoretical and research literature similarly reported student feelings of support, increased confidence, and independence as outcomes of positive clinical experiences (Brynildsen et al., 2014; Karem & Nies, 1995; Matzo, 1994; Schoenfelder, 2007). However, the study findings add to knowledge about what strategies may contribute to those feelings and when they could occur (Chapter 4: Thematic Analysis, p. 62).

**End.** Toward the end of the clinical placement, students demonstrated their ability to apply their knowledge in the LTC setting by creating and implementing innovative resources such as reference cards and flowsheets. Students shared a sense of pride when staff and preceptors used those innovative resources in the clinical setting and when they received positive feedback from their preceptors, staff at the LTC home, and/or from their faculty advisor (Chapter 4: Thematic Analysis, p. 71). Students also shared how those accomplishments led to an accompanying sense of belonging through working collaboratively with other LTC home staff (Chapter 4: pp. 48, 67-68).

The opportunity for students to apply research and evidence-informed knowledge has been identified as a key aspect of positive clinical placements (Brynildsen et al., 2014; Karam & Nies, 1995; Schoenfelder, 2007). Findings from this study affirm those findings. Students also valued their involvement in other innovative learning activities which included, but were not limited to: (a) participating in the resident transfer process between nursing homes, (b) conducting interviews of new staff in consultation with a preceptor, (c) participating in decision-making and discussions about conflict management (Chapter 4: Thematic Analysis, p. 71).

### **Valued Relationship Qualities**

Findings from this study contribute insights to knowledge about valued relationship qualities in positive clinical placements, from multiple perspectives. The domain analysis on relationships revealed that interactions and connections were essential for positive clinical experiences among students and preceptors, and less so, faculty advisors. Although previous nursing research, professional standards, and practice guidelines identified the importance of relationships (Carlson & Bengtsson, 2014; College of Nurses of Ontario [CNO], 2006, Hirst & Lane, 2005; White et al., 2012), findings from this study add insights to, and extend knowledge, about five key relationship qualities that inform positive precepted clinical experiences: (a) feelings of involvement and belonging, (b) building relationships over time, (c) openness, (d) support, and (e) a blend of personal and professional qualities.

**Feelings of involvement and belonging.** Hirst and Lane (2005) discussed the importance of student feelings of involvement and belonging and how preceptors take an active role engaging students in clinical activities. Findings from my study suggest that

student feelings of involvement and belonging are a key aspect of relationships that contribute to positive placement experiences. Before the onset of the clinical placement, preceptors and faculty advisors intentionally prepared customized orientation activities, course assignments, and individualized clinical activities that enabled students to become involved in and comfortable with their surroundings (e.g. completion of audit tools). Further, when appropriate, preceptors encouraged students to work with other staff, in turn contributing to students feeling connected to and part of a team.

When appropriate, preceptors included students in discussions about resident care issues, explaining how decisions were made. Similarly, other researchers reported that personal invitations to join activities, engagement of students in clinical activities (Hirst & Lane, 2005), and explaining/discussing patient situations, decision making, and clinical skills fostered realization of positive clinical experiences in LTC home settings (Carlson & Bengtsson, 2014; Hirst & Lane, 2005). Further, other published study findings describing students feeling excluded when preceptors gave them skills to observe, rather than actively participate, support the value of this relationship quality for contributing to a positive placement experience (Epstein & Carlin, 2012; Hartigan-Rogers, Cobbett, Amirault, & Muise-Davis, 2007).

**Relationships are built over time.** A key insight from this study was how relationships were built over time. We were unable to locate any similar discussion in either published gerontological literature or research. Some researchers emphasized the importance of establishing relationships (Hirst & Lane, 2005) and/or listed facilitating factors for effective relationships (Carlson & Bengtsson, 2014; Hirst & Lane, 2005), but did not describe how relationships evolved throughout the clinical placement. The design

of this study enabled discovery of this finding as participants (preceptors, students, and faculty advisors) shared at three points in time during the clinical placement experience, providing multiple perspectives.

Each relationship was unique and evolved differently during the clinical placement. Some students felt comfortable with their preceptor or faculty advisor at the beginning of the placement while others felt comfortable toward the end (Chapter 4: Domain Analysis, Relationships, p. 40-43). Findings suggest that a variety of qualities helped to contribute to positive experiences over time. Some of these were: (a) sharing personally and professionally, (b) the practice of finding appropriate clinical activities for students, (c) being approachable, (d) being available, (e) openness, and (f) trust (Chapter 4, Domain Analysis, Relationships, p. 39). Further research in this area may add to knowledge about other relationship qualities that contribute to positive clinical placement experiences in LTC homes.

**Valuing openness.** Openness was a key quality that facilitated positive relationships. Students valued an *open-door policy*, whereby their preceptors or faculty advisors openly shared decision making processes and personal experiences with them. A preceptor's office was the space where some students worked and were included in discussions concerning communication with families, hiring of staff, and resident care decision-making. Additionally, the preceptor's office space was visited by the faculty advisor and student at the beginning and end of a tour at the LTC home. In this space, the preceptor, student and faculty advisor could all touch base before and after the tour, which may have contributed to building positive relationships (Chapter 4: Locating a Social Situation, Figure 4.1). As a result of this openness, the preceptor's office was experienced as

*inviting, a place to meet, and a place to learn* (Chapter 4: Locating a Social Situation; Appendix F).

Openness was also valued in other ways. For example, a student shared the importance of being open-minded about what to expect from the placement at the outset of the experience. These findings add to existing nursing literature that reports on suggestions for successful fulfillment of the preceptor role in gerontological clinical practice settings (Brynildsen et al., 2014; Carlson & Bengtsson, 2014; Hirst & Lane, 2005).

Earlier research findings reported on students' negative feelings and impressions about LTC homes and older adults following placement completion in the first year of a nursing program (Abbey et al., 2006). Further research is needed to investigate whether or not positive precepted clinical experiences in LTC homes are influenced by student openness at the onset of the placement. This further research will address Lane and Hirst's (2012) suggestion that senior-level gerontological clinical placements may be more appropriate because of students' increased level of maturity, knowledge and nursing care skill (p. 147).

**Supportive relationships.** Findings in this study revealed that preceptors and faculty advisors were committed to supporting students with their course assignments and activities in the clinical setting, thereby laying a foundation for positive relationships and clinical experiences, through preparing for the placement, organizing a comprehensive orientation, and communication. The thematic analysis highlighted that their level of commitment was driven by their professional obligations and accountabilities, as well as personal enjoyment of teaching.

Students felt supported when they were able to: (a) connect with preceptors and faculty advisors on a personal level, (b) engage in a variety of clinical activities, and (c) discuss difficult client situations together. These findings affirm and extend those of earlier published work. For example, thirty nurse preceptors in Carlson and Bengtsson's (2014) study identified the importance of explaining how decisions were made to their students throughout each clinical day, including the need for nursing students to be "courageous" and confident" when discussing sensitive care situations, such as transitioning to palliative care (p. 571). However, specific qualities about student-preceptor relationships in that study were not explored. Therefore, further research needs to investigate relationships and how supporting learners can lead to positive and supportive relationships among pre-graduate nursing students, preceptors, and faculty advisors.

**A blend of personal and professional qualities.** Students described their relationships with preceptors and faculty advisors as *professional*. However, they valued getting to know them in a personal way, finding this helped to contribute to their learning and a positive placement experience. Preceptors valued this as well, clarifying that the relationship was not a "friendship" but "a good relationship" which helped to create "a more meaningful experience for both [of us]" (Chapter 4, p. 45). Another preceptor viewed the student-preceptor relationship as more of a *partnership*, that developed as the clinical placement progressed over time. A student described it as a mother-daughter relationship, conveying her ability to align the professional aspect with collegiality within the relationship. Faculty advisors worked hard to model professionalism and expected this relationship from their students. However, by the end of the clinical placement, one

student shared how a personal relationship aspect enabled her to have a more positive relationship with a faculty advisor, and better learning outcomes. Further research is needed to investigate the qualities of relationships among students, preceptors, and faculty advisors in positive clinical experiences, and their connection to successful learning outcomes.

These findings provide insights that may challenge the norm of professionalism that informs the practice of registered nurses (RNs) who work in preceptor or educator roles. As members of the CNO, every RN has an ethical responsibility to uphold standards of practice and demonstrate ‘professionalism’ to learners (CNO, 2009). Accountabilities and guidelines for all RNs, including educators and preceptors, are outlined in the CNO’s practice guideline, *Supporting Learners* (2009). What the findings of this study suggest is that RNs who are supporting learners may need to assess how they are applying the practice guideline juxtaposed with a consideration of what students value in a relationship.

Further research is also needed concerning the notion of what is meant by “professionalism” and “personal” in the relationships among students, preceptors, and faculty advisors in the context of gerontological clinical placement settings. The strong valuing and norm of professionalism in nursing practice standards (CNO, 2006) may create moral distress arising from the notion of therapeutic relationship boundaries that inform current nursing practice: “*A boundary in the nurse-client relationship is the point at which the relationship changes from professional and therapeutic to unprofessional and personal*” (CNO, 2006, p. 4). This norm of professionalism, and polarized conveyance of the professional and unprofessional in nursing practice, conflicts with

newly emerging insights concerning the beneficial outcome of a blend of professional and personal relationship quality on student learning.

### **The Implicit Value of Documents**

Several insights about nursing educational practice patterns emerged from the taxonomic analysis of documents (see Chapter 4, p. 55), suggesting the added value of documents and how they contributed to a positive placement experience. Specifically, these insights were about (a) the use of documents and how this contributed to practices of key informants; (b) experiences of pre-graduate students, preceptors, and faculty advisors during the clinical placement; (c) cultural behaviours associated with those who are interacting with them; and (d) interaction of documents over time, including how students continued to use, make, or exchange documents. These findings extend published literature that described specific assignments or projects that students completed during their clinical placement, rather than how a variety of documents were used, made, or exchanged (Karam & Nies, 1995; Matzo, 1994; Schoenfelder, 2007; Williams et al., 2006).

**The implicit value of documents used over time.** The document taxonomic analysis also revealed how the implicit value of documents became evident over time. At the beginning of the clinical placement, preceptors intentionally introduced students to documents used to complete clinical activities and routines at the beginning of the clinical placement (Chapter 4: Taxonomic Analysis, Documents, p. 55). As time progressed, students became more familiar with course assignments and were quickly able to learn how to complete new documents, such as audit tools or flowsheets. Therefore, document analysis findings revealed that over time, documents used, made, or exchanged in clinical

activities increased in complexity and required a high level of critical thinking and knowledge application (Chapter 4: Taxonomic Analysis, Documents, p. 57). These findings add to current knowledge found in scholarly literature. For example, Hirst and Lane (2005) recommended that preceptors involve and engage students in clinical activities but do not discuss how documents are used to support this process (p. 40). Further qualitative research is needed to investigate how documents are used, made, and exchanged and how these practices contribute to positive precepted clinical placements in LTC homes (qualitative methodologies to be explored).

## **Rigour**

Lincoln and Guba's (1985) criteria of rigour will be used to explain and demonstrate the overall rigour or trustworthiness of this qualitative study. These criteria include: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability (Lincoln & Guba, 1985).

**Credibility.** Credibility may be realized in a qualitative study in two ways when: (1) the findings are written in a way that people having the experience would immediately affirm it "as their own," and (2) "others can recognize the experience when confronted with it after having only read about it in a study" (Sandelowski, 1986, p. 30). Scholars propose that the application of specific techniques during the conduct of a qualitative study leads to achievement of credibility (Lincoln & Guba, 1985; Sandelowski, 1986). The techniques that were demonstrated in this study are now considered in turn.

**Member checking.** Member checking involves ongoing validation of the study findings with those who are experiencing the phenomenon of interest, that is, the study participants (Lincoln & Guba, 1985; Sandelowski, 1986). According to Lincoln and Guba, member checking, "is the most crucial technique for establishing credibility" (1985, p. 314). In this study, member checking occurred at the beginning of each of the participants' second and third interviews. For example, the third interview guide included the following questions: (a) "*After reading what you shared with us during the first two interviews, is there anything that you would add/change?,*" and (b) "*How does the overall summary of the experience of positive clinical placements that we've learned so far compare with your specific experiences?*" (Appendix D, Interview Guide 3). As a result of application of this technique, participants were provided opportunities to correct

or expand on responses to previous interview questions. Two out of six of the participants expanded on the transcript and analysis from the first interview and four out of six of the participants corrected and/or expanded on the transcript and analysis from the second interview. Participants were emailed a link to the posted website regarding preliminary findings of the study. Participants did not respond with any corrections or additions.

**Triangulation.** Triangulation is achieved through verifying/comparing insights from ongoing data analysis and representation of the study findings in order to determine “consistencies” (Lincoln & Guba, 1985; Sandelowski, 1986, p. 35). Scholars propose that several different forms of triangulation may occur. In this study, *triangulation of sources* (Lincoln & Guba, 1985; Sandelowski, 1986) was demonstrated through the collection of data from three different stakeholders (preceptors, students, and faculty advisors). Credibility of the study findings was also strengthened through *triangulation of study methods* (e.g. observation field notes, interview transcripts, reflexive journal entries, and document examination) (Lincoln & Guba, 1985; Sandelowski, 1986). Sandelowski (1986) maintains that separating the perspectives of the researcher from those of the study participants enhances credibility of qualitative research findings. To facilitate this, I kept a reflexive journal to increase my awareness of my own responses to what I saw or experienced throughout the study.

**Reflexivity.** The use of a journal helped to keep my views separate from those of the participants (Sandelowski, 1986). A total of 11 journal entries were documented. My thesis advisor reviewed and provided constructive feedback on the journal entries. A specific focus of the journal entry review concerned how interview guide questions were asked and how my experience with other roles as faculty advisor or sessional instructor

may have influenced participant actions and/or responses. After those meetings, I wrote a journal entry about what was discussed.

During my first interview with a student, I noticed that I wanted to give answers to the interview questions or correct the answers - especially related to the course assignments. I knew that this was not my role as a researcher, so afterward I wrote entries in my journal about the experience. Through this reflexive process, I realized that letting the student answer (even if it was not completely accurate), was part of the student's journey through the course and part of my learning as a novice researcher.

One journal entry helped me to recognize how previous experiences as a faculty advisor contributed to insights about the analysis and interpretation of how documents were made, used, and exchanged. During a meeting with my thesis supervisor, I noticed that several study participants provided me with documents during interviews and observations. Additionally, I noticed that interview transcripts from preceptors, students and faculty advisors contained several references to different types of documents (worksheets, resources, evaluation forms). My thesis supervisor and I discussed the volume of these documents and their importance. Based on my previous experience as a faculty advisor, I asserted that documents were used continually throughout the clinical placement for multiple reasons and were integral to the success of the clinical placement; thus, they were important to analyze. For reasons like this, reflexive journaling contributed to insights which influenced study findings. Journaling was also valued as it helped me to recognize, embrace, and feel more comfortable intentionally using my own researcher bias (past experiences as a faculty advisor) to achieve theoretical insights about the ongoing data analysis.

***Prolonged engagement and persistent observation.*** “Prolonged engagement” of a researcher in the conduct of a study, and “persistent observation” are also proposed as techniques that strengthen the credibility of qualitative study findings (Lincoln & Guba, 1985, pp. 303-304, 328). In this study, data were collected over three months and included observations when relevant throughout that time. Although this time frame was more limited in scope, it is consistent with the focused ethnography methodology (see Chapter 3, pp. 15-18). Further, the observation field notes contributed to the triangulation of data from other sources, including interview transcripts and reflexive journal entries.

**Transferability.** Lincoln and Guba (1985) describe transferability as the external “fittingness” of a study (p. 124). Fittingness is achieved when “findings can ‘fit’ into contexts outside the study situation and when its audience views its findings as meaningful and applicable in terms of their own experiences” (Sandelowski, 1986, p. 32). Lincoln and Guba (1985) propose that transferability may be assessed by readers of a study through judging the richness, or degree of “thick description” of the study phenomenon that is evident in participant quotes. Sampling techniques may also facilitate representation of a broad range of nuances of a phenomenon, thereby adding to the richness of the findings. In this study, purposive sampling (Patton, 2002) and open-ended interview questions were used to enable three groups of participants to share their experiences in their own words.

Challenges with sampling were a study limitation (see Chapter 5, Study Limitations) that influenced transferability of the findings. In acknowledgement of this, I endeavoured to use language that avoided overstating their transferability. Some examples are: (a) *The current study findings suggest* (Chapter 5, Discussion: pp. 1, 3, 4, 7), (b) *insights* (Chapter

5, Discussion: pp. 3, 7, 8, 12). Future studies could be designed to integrate additional sampling techniques such as snowball or theoretical sampling (Lincoln & Guba, 1985) or analysis of shadowed data for further sampling insights (Morse, 2000). This in turn could broaden the sample scope and increase the range and depth of experiences described by the study participants, contributing to achievement of data saturation (Morse, 2000).

**Dependability.** Dependability is the criterion that best represents consistency within a qualitative study (Sandelowski, 1986). Lincoln and Guba (1985) support the use of an audit trail to ensure achievement of consistency (pp. 317-319). Conducting an audit trail includes appraising the decisions and the appropriateness of decisions made during the conduct of the study (Lincoln & Guba, 1985). Auditing is carried out by another researcher who is “clearly [able to] follow the ‘decision trail’ used by the investigator” and arrive at similar conclusions (Sandelowski, 1986, p. 33). For this reason, an audit trail was kept throughout the current study. Decisions regarding interview guide question organization and development, variation in number of interviews for one participant, change in length of data collection, and cessation of data collection were discussed with my thesis supervisor and thesis committee internal reader.

During the data analysis, my thesis supervisor and I initially worked independently, followed by meetings to compare the ongoing analysis and interpretation. I used Microsoft Excel software to organize and code the data and record joint decisions about the ongoing analysis and representation of the findings. My thesis supervisor used NVivo software to organize the data and create a coding tree. My thesis committee internal reader reviewed and provided feedback concerning the findings.

**Confirmability.** Confirmability is described as the criterion that best represents neutrality or “freedom from bias” within the study (Sandelowski, 1986, p. 33).

Confirmability was demonstrated in this study each time attentiveness to sources of potential bias occurred. Potential bias was addressed through the use of techniques including: (a) keeping an audit trail (see Dependability); (b) triangulation of sources and study methods (see Credibility), and (c) by keeping a journal to promote reflexivity (see Triangulation) (Lincoln & Guba, 1985).

### **Study Limitations**

A limitation of this study was its relatively short duration, in turn affecting sampling and achievement of data saturation. An examination of factors that influence sample size proposed by Morse (2000) in application to the current study follows.

**Study scope.** “The broader the scope of the research question, the longer it will take to reach saturation” (Morse, 2000, p. 3). The study methodology was focused ethnography, supporting the short study duration of 12 weeks. The research question in this study explored beliefs, values and practices that contributed to positive clinical placement experiences from three participant groups (students, preceptors, and faculty advisors).

**Nature of the topic.** Morse (2000) asserts that to achieve data saturation, if the study topic is “obvious and clear... fewer participants are needed” (p. 3). However, if the nature of the topic is “awkward”, more participants may be required (Morse, 2000, p. 4). This study topic was obvious and the sample consisted of participants who were willing to share their experiences.

**Data quality.** Morse (2000) maintains that sample sizes may be smaller in number if participants “are able to reflect on the topic and express themselves... be more articulate... willing to share experiences with the researcher” (p. 3). The 17 interview transcripts of the six participants in this study contained thoughtful, articulate and insightful responses to the interview guide questions contributing to richness of the study findings (see Transferability). Also, the quality of the multiple data collection methods (observation field notes, interview transcripts, reflexive journal entries, and document analysis) supported the decision to stop data collection.

**Study design.** Morse (2000) argues that the number of “interviews per participant”, rather than the number of participants, contributes to achieving an optimum qualitative research sample size and ultimately data saturation (p. 4). The study was initially designed to conduct three interviews per participant over two 12 week periods, each corresponding to an academic semester. Given this relatively short period of data collection, and that a single novice primary investigator would be conducting the study, a decision was made to limit the number of potential participants to two participants per stakeholder group per 12 week period. At the study conclusion, a total of 17 interviews were completed with six participants, representing students (n=2), preceptors (n=2), and faculty advisors (n=2), during one 12 week period. (One participant consented to complete only the second and third interviews.) At the conclusion of the first 12 week data collection period it was determined that given the quality of other sources of collected data, the richness of the interview data supported a decision to stop data collection for this masters’ level study, but not the achievement of data saturation. The reason for this is that some insights from the analysis were not able to be used to guide

further sampling directed by the emergent findings, such as theoretical sampling, sampling for negative cases, and/or shadowed data (Morse, 2000).

## CHAPTER 6

### CONCLUSION

The purpose of this focused ethnographic qualitative study was to explore the beliefs, values, and practices of key informants (preceptors, faculty advisors, and pre-graduate students) that contribute to positive clinical experiences for pre-graduate nursing students, during precepted clinical placements in LTC homes. The importance of this study is supported by a disconcerting healthcare and educational context characterized by: (a) LTC home staff recruitment and retention challenges (Canadian Institute for Health Information [CIHI], 2013; Canadian Nurses Association [CNA], 2012; College of Nurses of Ontario [CNO], 2013; Health Force Ontario, 2014), (b) nursing student disinterest in LTC home final year clinical placements (Baumbusch & Andrusyszyn, 2002) and careers in LTC (Abbey et al., 2006; Baumbusch & Andrusyszyn, 2002; Berntsen & Bjork, 2010; Fagerberg et al., 2000; Gillespie, 2013; Stevens, 2011; Storey & Adams, 2002; Williams et al., 2006), and (c) nursing preceptor shortages (Abbey et al., 2006; Neville et al., 2014; White et al., 2012).

#### **Contribution of the Study Findings**

The study findings begin to address a gap in scholarly gerontological literature. Current research, literature, and government policy recommendations support the need for senior-level clinical placement experiences in gerontological care settings such as LTC homes. However, very little research explores *how* precepted clinical placements happen and *what* contributes to positive experiences for pre-graduate nursing students in LTC homes. Findings address this gap and the study purpose, suggesting several key insights about valued aspects of positive clinical experiences, including practices and values that

contribute to positive placement experiences for pre-graduate nursing students. Findings are summarized below which are expanded on in chapters four and five.

**Beliefs.** Findings suggest that students started to believe in themselves mid-way through the placement, thus increasing their level of confidence as they started to transition to independence (p. 69). Preceptors noticed this increased level of knowledge and confidence, trusting them to become involved in more clinical activities (p. 70).

**Valued aspects of positive clinical experiences.** An adaptation of Spradley's method for thematic analysis of the findings revealed several valued aspects of positive clinical experiences such as the value of: (a) being prepared/ preparation for the placement (p. 64), (b) clinical activities (p. 68), (c) blend of personal and professional in relationships (p. 67), (d) resources (p. 68), (e) increased self-confidence and trust (p. 70), and (f) accomplishments and course assignments (p. 71). This study suggests that these valued aspects of positive clinical experiences occurred in key areas within the LTC home (see Chapter 4: Social Situations, Figure 4.1 and 4.2) and over time; at the beginning, mid-way and end of the placement (see Chapter 5: Discussion).

**Practices inherent in positive clinical experiences.** Ethnography as a methodology enables new information to be learned (explicit knowledge) based on what is shared by the participant or observed by the researcher (implicit knowledge) (Spradley, 1980). In this study, an adaptation of the thematic analysis step of Spradley's (1980) analytical method facilitated the discovery of several key implicit practices that contributed to positive clinical placement experiences such as: (a) intentional shaping of positive clinical experience (through mandatory orientation, intentional student engagement) (p. 63), (b)

getting familiar (pp. 67-68), (c) transitioning to independence (p. 69), and (d) showcasing accomplishments (p. 70).

Similar to valued aspects of positive clinical placements, it was found that these practices occurred over time; at the beginning, mid-way and end of the placement (see Chapter 5: Discussion). Certain practices, such as mandatory orientation, were confirmed through analysis of the study findings to be valued practices. All participants discussed them during their first interviews and further analysis revealed more insights about those practices (Chapter 4: Locating a Social Situation, Figure 4.2). Hence, orientation was depicted from the student perspective in a social situation diagram that revealed the importance of planning and organization as a way to get ready for the clinical placement experience (Chapter 4: Taxonomic Analysis, Documents).

Findings from this study affirm published literature about student feelings of support, increased confidence, and independence as outcomes of positive clinical experiences (Brynildsen et al., 2014; Karem & Nies, 1995; Matzo, 1994; Schoenfelder, 2007) as well as the application of research and evidence-informed knowledge during the placement experience (Brynildsen et al., 2014; Karam & Nies, 1995; Schoenfelder, 2007). Findings extend published literature about what strategies may contribute to those feelings and when they could occur, and what other clinical activities are valued by students (see Chapter 5, Discussion).

**Valued relationships qualities contribute to positive placement experiences.** The domain analysis in Spradley's (1980) analytic method helped to discover patterns about relationships so that inferences could be made (p. 85). This process helped the discovery

of the findings about valued relationship qualities that contribute to positive placement experiences (see Chapter 4: Domain Analysis, Relationships).

Findings from the study add insights, extending knowledge particularly about relationship qualities in the clinical setting. Five key relationship qualities that inform positive precepted clinical experiences include: (a) feelings of involvement and belonging, (b) building relationships over time, (c) openness, (d) support, and (e) a blend of personal and professional qualities (see Chapter 5). This is significant as current literature and research explore the value of establishing relationships (Hirst & Lane, 2005) and/or list facilitating factors for effective relationships (Carlson & Bengtsson, 2014; Hirst & Lane, 2005), however, do not describe how relationships evolve throughout the clinical placement or where these experiences happen in the LTC home. Findings from the identified social situations (Chapter 4), add new insights about spaces in long-term care homes, such as a preceptor's office, that may be integral to building positive relationships.

The taxonomic analysis from Spradley's (1980) method helped to reveal the implicit value of documents and how they became evident over time. Insights from the study suggest that the use of documents is integral to the success of positive placement experiences and support values and practices related to preparation and organization for the clinical placement and evaluative measures. Additionally, findings identified documents that were used, made, or exchanged in clinical activities over time, revealing how they increased in variety, complexity and required a high level of critical thinking and knowledge application from pre-graduate students (Chapter 4: Taxonomic Analysis, Documents, pp. 57-58).

This extends what is currently known about documents and their use in LTC home clinical placement settings for pre-graduate nursing students. Scholarly literature describes specific assignments or projects that students completed during their clinical placement, rather than explains how a variety of documents were used, made, or exchanged (Karam & Nies, 1995; Matzo, 1994; Schoenfelder, 2007; Williams et al., 2006).

### **Next Steps: Building on the Study Findings**

Insights from this study provide opportunities to build a program of research focused on building positive clinical placement experiences, with an initial emphasis on (a) relationships and the (b) documents made, used and exchanged during these clinical placements. These areas are important to study because of the dearth of literature that presently exists, and the increasingly pressing need for highly skilled gerontological nurses in LTC homes and inspiring nursing students to care for older adults (Hirst & Lane, 2005; Neville et al., 2014; The Conference Board of Canada, 2011; Williams et al., 2006). Lastly, a focus on positive clinical placement experiences may further contribute to building and sustaining future collaborative research partnerships between nursing educational programs and long-term care home organizations.

Further qualitative research is needed to investigate whether or not positive precepted clinical experiences in LTC homes are influenced by student openness at the onset of the placement. This further research will address Lane and Hirst's (2012) suggestion that senior-level gerontological clinical placements may be more appropriate because of students' increased level of maturity, knowledge and nursing care skill (p. 147).

Specific qualities about student-preceptor relationships were not explored in this study. This introduces another topic for further research: The investigation of relationships and how supporting learners can lead to positive and supportive relationships among pre-graduate nursing students, preceptors, and faculty advisors. For example, a grounded theory study could enable the discovery of the process of relationship development during positive clinical placements over time (Glaser & Strauss, 1967). Application of that qualitative research methodology would enable the identification of different phases within the theory of relationship development, and articulation of the relationship qualities during each phase (Glaser & Strauss, 1967). Supportive educational interventions could in turn be discovered that may contribute to fostering those relationships during each phase, contributing to both positive placement experiences and positive student learning outcomes.

Further research is also needed concerning the notion of what is meant by “professionalism” and “personal” in the relationships among students, preceptors, and faculty advisors in the context of gerontological clinical placement settings. For example, a phenomenological study is well suited to investigating the meaning of what it is to be “professional” and “personal” from the viewpoint of nursing student, preceptor, and faculty advisor (Burns & Grove, 2009).

Another area where the study results clearly indicate further research is merited is in the investigation of how documents are used, made, and exchanged and how these practices contribute to positive precepted clinical placements in LTC homes. Further ethnographic research may provide more information about how these documents contribute to positive clinical experiences for pre-graduate students.

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APPENDIX A  
SEARCH STRATEGY: KEY TERMS

**The following key terms were used in various combinations:**

Qualitative, quantitative, mentor\*, nursing, nursing student, preceptor, faculty advisor, relationship, pre-graduate, final year, final-year, clinical, clinical placement, clinical experience, nursing home, elder care, gerontology, and long-term care.

APPENDIX B  
COMPARISON OF REVIEWED LITERATURE

Author(s), Year, Country	Purpose of Article	Qualitative	Quantitative	Perspective		
				Educator	Student	Preceptor/ Role Model in LTC
Carlson, E., & Bengtsson, M. (2014). <u>Sweden</u>	The purpose of this study was to explore RN preceptors' perspectives related to precepting pre-graduate students in elder care settings. These authors did this study in response to the nursing shortage and low numbers of students interested in gerontological care after graduation.	✓ Unspecified Methodology		✓		✓
Fagerberg, I., Winblad, B., & Ekman, S. (2000). <u>Sweden</u>	The purpose of the study was to explore, from past clinical experiences in elder care, reasons that lead students to make the choices they do regarding their first places of employment after graduation. This study was done in response to Sweden's recruitment challenges of new nurses to work in elder care settings after graduation.	✓ Phenomenology		✓	✓	
Hirst, S., & Lane, A. (2005). <u>Canada</u>	These authors recognized that gerontological nursing was not a first choice for most students after graduation. One purpose of this article was to encourage RNs, who are currently practicing in LTC, to undertake the role of preceptor. Another purpose was to educate RNs about the role of the preceptor and how to be an effective preceptor. It also describes from an education, staff nurse, and administrative perspective how to support preceptorship experiences.	✓ Theoretical article based on research		✓		

Author(s), Year, Country	Purpose of Article	Qualitative	Quantitative	Perspective		
				Educator	Student	Preceptor/ Role Model in LTC
Karam, S., & Nies, D. (1995). <u>USA</u>	The purpose of this article was to reflect on a case example where a clinical research activity was integrated in the students' senior-level clinical course with the guidance of a gerontological nurse specialist as a role model instead of a traditional nurse preceptor. Another purpose of the study was to report the level of involvement of the staff regarding the implementation of the assignment (bowel management protocol) and the reactions from the staff, students, and educators.		✓ Unspecified Methodology	✓	✓	✓
Lane, A., & Hirst, S. (2012). <u>Canada</u>	The purpose of this article was to discuss the LTC setting as an appropriate placement setting for students, as well as encourage the use of "the Brenda Strafford Centre for Excellence in Gerontological Nursing" model, to enhance and support the student's learning, knowledge and leadership application, and	✓ Theoretical article based on research		✓		

	generate interest among students to work with elders after graduation.					
Matzo, M. (1994). <u>USA</u>	The purpose of this study was to discuss an example of an assignment in the students' pre-graduate year where they participated in a group research project in a LTC home. LTC was chosen as the placement setting because of its complex nature. It provides an example of a creative assignment, which uses multiple role models in the LTC setting.		✓ Descriptive Statistics	✓	✓	✓

Author(s), Year, Country	Purpose of Article	Qualitative	Quantitative	Perspective		
				Educator	Student	Preceptor/ Role Model in LTC
Neville, C., Dickie, R., & Goetz, S. (2014). <u>Australia</u>	This review examined literature that focused on the difficulties surrounding recruitment of nurses in elder care settings after graduation. The purpose of the literature review was to synthesize reasons why new graduates were not choosing gerontological care settings after graduation, to discuss strategies that have been attempted, as well as suggest future actions that may help to address the issue of recruitment in elder care settings. Preceptorship was mentioned as a strategy to address recruitment.	✓ Literature Review		✓		
Sears, L., & Wilson, C. (1996). <u>USA</u>	The purpose of this article was to describe a creative approach that took place as a result of a curriculum change within a nursing leadership course. Pre-graduate students worked in teams to deliver complete care to a group of residents in a LTC facility instead of an acute care facility. Staff were the role models as they worked with them and at times, were evaluated by them.	✓ Unspecified Methodology		✓		
Schoenfelde r, D. (2007). <u>USA</u>	The purpose of this article was to describe an evidence-based assignment done by students in a LTC setting in order to better prepare nurses to take care of elders after graduation. The necessity of evidence-based assignments is emphasized as this may help students create positive behavioural patterns where they integrate research evidence into their future nursing practice.	✓ Theoretical article based on research		✓		

Author(s), Year, Country	Purpose of Article	Qualitative	Quantitative	Perspective		
				Educator	Student	Preceptor/ Role Model in LTC
White, D., Cartwright, J., & Lottes, J. (2012). <u>USA</u>	The purpose of this article was to describe a partnership model between the nursing program and LTC home, discussing their strategies and steps they have taken in program development to support shared knowledge between LTC staff and educators. As a result, they describe an improvement in role modelling and support systems for pre-graduate students in LTC.		✓ Descriptive Statistics	✓		
Williams, K., Nowak, J., & Scobee, R. (2006). <u>USA</u>	The purpose of this article was to address the challenges of recruitment in LTC homes and the challenges that surround gerontological preparation of pre-graduate students to work in elder care settings. The article explores the effectiveness of an extended orientation program and provides perspectives from educators, students, and staff at the LTC home.	✓ Unspecified Methodology		✓	✓	✓

APPENDIX C  
LETTERS OF INFORMATION AND CONSENT



LETTER OF INFORMATION FOR CONSENT TO PARTICIPATE IN RESEARCH  
&  
CONSENT TO PARTICIPATE IN RESEARCH (Students)

**Part A: LETTER OF INFORMATION FOR CONSENT TO PARTICIPATE IN  
RESEARCH**

**Title of Study:** An Ethnographic Study of Pre-graduate Precepted Nursing Student Placements in Long- Term Care Homes

You are invited to take part in a study led by Fran Meloche, RN MScN (candidate) and Dr. Lorna de Witt RN, PhD (Supervisor), **Faculty of Nursing**, University of Windsor. The study is Fran Meloche's Master's thesis work.

**If you have any questions or concerns about the research, please feel to contact:**

Fran Meloche - *Principal Investigator*

Dr. Lorna de Witt RN PhD - *Faculty Supervisor*

**PURPOSE OF THE STUDY**

The study purpose is to learn more about positive clinical placement experiences in long-term care homes for fourth year nursing students - *what* helps and *how* this happens.

**PROCEDURES**

You are invited to take part in three individual, face-to-face, interviews, lasting from 20 to 60 minutes. The first interview will be held during the third and fourth week of your placement, and the second interview will be held during the seventh and eighth week of your placement. The third interview will be held about two or three weeks after your clinical placement is over. Fran Meloche will conduct the interviews in a private space at either your placement LTC home or at a nearby university. The interviews will be audio-recorded so that information will be correctly recorded and no information will be missed. Your consent to take part in the interviews, and to be audio-recorded, will be sought immediately before each interview begins. Also, at the end of the first interview, your consent will be sought to share your contact information with Fran Meloche so that she may contact you to take part in the third interview, when the placement is over.

The purpose of the first interview is to learn about what you do, how you talk with others, and what you use during everyday experiences at the beginning of your LTC home placement. The purpose of the second interview is to continue to learn about your precepted clinical experiences after you have completed over half of your LTC home placement. The purpose of the third interview is to reflect back on the last weeks of your placement, share the study findings with you and gain your feedback about them. There are no right or wrong answers and the questions are not intended to test or grade you. You will have an opportunity to review and edit your previous transcripts at each subsequent interview.

At the end of your first interview you will also be invited to complete a brief questionnaire to collect general demographic and past clinical placement information.

Fran Meloche will also accompany, or shadow you during your LTC home placement. The purpose of the shadowing is to observe what happens during everyday clinical placement experiences and how it happens. Shadowing dates and times will be jointly negotiated with you, your preceptor, and faculty advisor. Fran will write notes or speak into her digital voice recorder to describe what she has observed when she shadows you but only afterward when she is alone in a private space.

Fran Meloche will ask for your consent to review documents that you may use during your clinical placement, such as student learning plans. No confidential information, including resident charts and student evaluation forms, will be reviewed. You have the right not to share any documents that are used during your clinical placement with no penalty.

### **POTENTIAL RISKS AND DISCOMFORTS**

During the interviews, unintentionally, you may be asked questions that are sensitive for you and cause you to feel uncomfortable or upset. You will be reminded throughout each interview of your right not to answer a question, to stop at any time, change the topic or take a break. You may become uncomfortable when you are shadowed during your clinical placement. Throughout the times when you are observed, you will be reminded of your right to stop at any time, or take a break. The study focus is positive clinical experiences.

Some participants may share concerns (e.g. evaluative comments about students/preceptors/faculty advisors, student performance, academic issues, or concerns related to the LTC home). These may be raised by participants during observations or interviews. If this occurs, I will explain my role as a researcher and will refer those participants to discuss their evaluative comment, issue or concern with the appropriate person (e.g. faculty advisor, preceptor, nursing program level co-ordinator, manager at the LTC home). Be assured that the process of how positive clinical experiences occur is the study focus. Evaluation of any study participant is not the focus of this study.

There may be a small number of participants in this study. Because of this, you may be able to recognize your own comments in the thesis report or hear them if you are attending the thesis defense for this research study.

## **POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

You may not directly benefit from participating in this study. However, you may welcome the opportunity to share your experiences. The information that you share may add to knowledge about positive precepted LTC home clinical placements for fourth year nursing students, and how these experiences occur. In turn, this knowledge may improve placement experiences for future students and inspire career interest in gerontological nursing, with the potential to benefit both the nursing profession and our aging society.

## **COMPENSATION FOR PARTICIPATION**

At the end of the third interview, you will receive a \$25.00 gift card for groceries or for shopping at a mall. You will receive the gift card even if you decide to withdraw from the study. A \$50.00 donation to resident programming will also be provided to each LTC home in appreciation of use of their facility.

## **CONFIDENTIALITY**

There may be a small number of participants in this study. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Your participation in the study will be held confidential by the researchers. However, your participation may be known by others involved in your clinical placement, especially if you share this information with others, and therefore will not be strictly confidential. Participants will be reminded not to use names during interviews. When the study is complete, it is possible that a participant may be able to recognize quotations as their own. However, please know that transcripts, quotations used in defense, thesis, and publications will be carefully edited to remove potential identifiers.

The interviews will be transcribed word for word by a transcriptionist. Your name will not be used in the audio-recordings, transcripts, questionnaires, field notes, or documents. The audio-recordings, transcripts, questionnaires, field notes, and documents will be identified only by numbers. All information that you share with us will be stored in a locked cabinet. Only the Principal Investigator and Faculty Supervisor will have access to this information. Another member of Fran Meloche's thesis committee will assist with analyzing the information that you share. Copies of all the information that you share will be stored in a file on a password-protected computer.

The study findings will be used for study publications and educational and research presentations. Demographic and past clinical placement information will be reported in a grouped way so that you will not be identified. Quotations from the interviews and/or field notes may be included in published results of the study or any study presentations. Pseudonyms may be used to represent the quotations in those publications and/or presentations. Any information that may potentially identify you will be deleted from the participant quotes used in publications about the study, and research and educational presentations about the study. You will not be identified in any of the presentations. The audio-recordings, transcripts, questionnaires, field notes, and documents will be destroyed seven years after the study is completed.

## **PARTICIPATION AND WITHDRAWAL**

You can choose whether to participate in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind and you can request that all your information be destroyed. You may also refuse to answer any questions you do not want to answer and still remain in the study. You have the right to review the transcript of your audio-recorded interview and request removal of transcribed text in the interview transcript until the end of the third interview. You have the right to refuse audio recording during interviews. In this case, Fran Meloche will write while you talk to ensure accuracy and details are remembered. If you decide to withdraw from the study, we will still continue the study, observing and interviewing other participants in the study such as your faculty advisor and preceptor. If you are still uncomfortable with these observations, you have the right to refuse. You have the right to withdraw from any aspect of the study at any time. If one of the participants withdraws from the study or one aspect of the study (such as observation) and then refuses to be observed with another participant, observations will not be done as a part of data collection.

Fran Meloche may withdraw you from the research if circumstances arise which warrant doing so. If you withdraw from the study or any aspect of the study, you will still receive a gift card.

## **FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS**

Immediate post-study information will be reviewed with participants during the last interview and will be posted on the University of Windsor Research Ethics Board site at the following URL, as follows:

**Website:** <http://www1.uwindsor.ca/reb/study-results>

**Date when results are available:** April 30, 2015 & December 30, 2015

## **SUBSEQUENT USE OF DATA**

The study findings will be used for written publications and educational and research presentations. Quotations from the interviews and/or field notes may be included in published results of the study or any presentations given about the study. Pseudonyms may be used to represent the quotations in those publications and/or presentations. Any information that may potentially identify you will be deleted from the participant quotes used in study publications, and research and educational presentations. You will not be identified in any of the presentations. The data may also be used in future studies and publications and educational and/or research presentations that arise from these future studies.

## **RIGHTS OF RESEARCH PARTICIPANTS**

If you have questions regarding your rights as a research participant, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario, N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: [ethics@uwindsor.ca](mailto:ethics@uwindsor.ca)

**SIGNATURE OF INVESTIGATOR**

These are the terms under which I will conduct research.

\_\_\_\_\_  
**Signature of Investigator**

\_\_\_\_\_  
**Date**

---

**Part B: CONSENT TO PARTICIPATE IN RESEARCH**

**SIGNATURE OF RESEARCH PARTICIPANT**

I understand the information provided for the study titled “An Ethnographic Study of Pre-graduate Precepted Nursing Student Placements in Long-Term Care Homes” as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I agree to share my contact information with Fran Meloche so that she can contact me to arrange the third interview that will take place after the LTC home placement is over. I have been given a copy of this form.

\_\_\_\_\_  
**Name of Participant**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

**SIGNATURE OF INVESTIGATOR**

These are the terms under which I will conduct research.

\_\_\_\_\_  
**Signature of Investigator**

\_\_\_\_\_  
**Date**



## LETTER OF INFORMATION FOR CONSENT TO PARTICIPATE IN RESEARCH

&

### CONSENT TO PARTICIPATE IN RESEARCH (Preceptors/Faculty Advisors)

#### **Part A: LETTER OF INFORMATION FOR CONSENT TO PARTICIPATE IN RESEARCH**

**Title of Study:** An Ethnographic Study of Pre-graduate Precepted Nursing Student Placements in Long-Term Care Homes

You are invited to take part in a study led by Fran Meloche, RN MScN (candidate) and Dr. Lorna de Witt RN, PhD (Supervisor), **Faculty of Nursing**, University of Windsor. The study is Fran Meloche's Master's thesis work.

If you have any questions or concerns about the research, please feel to contact:  
Fran Meloche- *Principal Investigator*  
Dr. Lorna de Witt RN PhD- *Faculty Supervisor*

#### **PURPOSE OF THE STUDY**

The study purpose is to learn more about positive clinical placement experiences in long-term care (LTC) homes for fourth year nursing students – *what* helps and *how* this happens.

#### **PROCEDURES**

You are invited to take part in three individual, face-to-face interviews, lasting from 20 to 60 minutes. The first interview will be held during the third and fourth week of the second interview will be held during the seventh and eighth week of the student's clinical placement. The third interview will be held about two or three weeks after the student's clinical placement is over. Fran Meloche will conduct the interviews in a private space at either the long-term care home where you work or are assigned or at a nearby university. The interviews will be audio-recorded so that information will be correctly recorded and no information will be missed. Your consent to take part in the interviews, and to be audio-recorded, will be sought immediately before each interview begins. Also, at the end of the first interview, your consent will be sought to share your contact information with Fran Meloche so that she may contact you to take part in the third interview, when the placement is over.

The purpose of the first interview is to learn about what you do, how you talk with others, and what you use during everyday experiences at the beginning of the student's precepted clinical placement. The purpose of the second interview is to continue to learn about these experiences after over half of the student's precepted clinical placement is completed. The purpose of the third interview is to reflect back on the last weeks of the student's placement, share the study findings with you and gain your feedback about them. There

are no right or wrong answers and the questions are not intended to test you. You will have an opportunity to review and edit your previous transcripts at each subsequent interview.

At the end of your first interview you will also be invited to complete a brief questionnaire to collect general demographic, employment, and past clinical placement information.

Fran Meloche will also accompany, or shadow you during the student's LTC home placement. The purpose of the shadowing is to observe what happens during everyday clinical placement experiences and how it happens. Shadowing dates and times will be jointly negotiated with you, the student, and the faculty advisor. Fran will write notes or speak into her digital voice recorder to describe what she has observed when she shadows you but only afterward when she is alone in a private space.

If you have more than one student assigned to you, your consent to participate will be sought for each student.

Fran Meloche will ask for your consent to review documents that may be used during pre-graduate precepted clinical placements, such as organizational policies and procedures or blank resident assessment forms. No confidential information, including resident charts and student evaluation forms, will be reviewed. You have the right not to share any documents that are used during the student's clinical placement.

## **POTENTIAL RISKS AND DISCOMFORTS**

During the interviews, unintentionally, you may be asked questions that are sensitive for you and cause you to feel uncomfortable or upset. You will be reminded throughout each interview of your right not to answer a question, to stop at any time, change the topic or take a break. You may become uncomfortable when you are accompanied, or shadowed during the student's clinical placement. Throughout the times when you are observed, you will be reminded of your right to stop at any time, or take a break. The study focus is positive clinical experiences.

Some participants may share concerns (e.g. evaluative comments about students/preceptors/faculty advisors, student performance, academic issues, or concerns related to the LTC home). These may be raised by participants during observations or interviews. If this occurs, I will explain my role as a researcher and will refer those participants to discuss their evaluative comment, issue or concern with the appropriate person (e.g. faculty advisor, preceptor, nursing program level co-ordinator, manager at the LTC home). Be assured that the process of how positive clinical experiences occur is the study focus. Evaluation of any study participant is not the focus of this study.

There may be a small number of participants in this study. Because of this, you may be able to recognize your own comments in the thesis report or hear them if you are attending the thesis defense for this research study.

## **POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

You may not directly benefit from participating in this study. However, you may welcome the opportunity to share your experiences. The information that you share may add to knowledge about positive precepted LTC home clinical placements for fourth year nursing students, and how these experiences occur. In turn, this knowledge may improve placement experiences for future students and inspire career interest in gerontological nursing, with the potential to benefit both the nursing profession and our aging society.

## **COMPENSATION FOR PARTICIPATION**

At the end of the third interview, you will receive a \$25.00 gift card for groceries or for shopping at a mall. You will receive the gift card even if you are unable to take part in all of the interviews. A \$50.00 donation to resident programming will also be provided to each LTC home in appreciation of use of their facility.

## **CONFIDENTIALITY**

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The interviews will be transcribed word for word by a transcriptionist. Your name will not be used in the audio-recordings, transcripts, questionnaires, field notes, or documents. The audio-recordings, transcripts, questionnaires, field notes, and documents will be identified only by numbers. All information that you share with us will be stored in a locked cabinet. Only the Principal Investigator and Faculty Supervisor will have access to this information. Another member of Fran Meloche's thesis committee will assist with analyzing the information that you share. Copies of all the information that you share will be stored in a file on a password-protected computer.

The study findings will be used for written publications, educational and research presentations. Demographic, employment, and past clinical placement information will be reported in a grouped way so that you will not be identified. Quotations from the interviews and/or field notes may be included in study publications and presentations. Pseudonyms may be used to represent the quotations in those publications and/or presentations. Any information that may potentially identify you will be deleted from the participant quotes used in publications about the study, and research and educational presentations about the study. You will not be identified in any of the presentations. The data may also be used in future studies and publications and educational and/or research presentations that arise from these future studies. The audio-recordings, transcripts, questionnaires, field notes, and documents will be destroyed seven years after the study is completed.

## **PARTICIPATION AND WITHDRAWAL**

You can choose whether to participate in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind and you can request that all your information be destroyed. You may also refuse to answer any questions you do not want to answer and still remain in the study. You have the right to review the transcript of your audio-recorded interview and request removal of transcribed text in the interview transcript until the end of the third interview. You have the right to refuse audio recording during interviews. In this case, Fran Meloche will write while you talk to ensure accuracy and details are remembered. If you decide to withdraw from the study, we will still continue the study, observing and interviewing other participants in the study such as your faculty advisor and preceptor. If you are still uncomfortable with these observations, you have the right to refuse. You have the right to withdraw from any aspect of the study at any time. If one of the participants withdraws from the study or one aspect of the study (such as observation) and then refuses to be observed with another participant, observations will not be done as a part of data collection.

Fran Meloche may withdraw you from the research if circumstances arise which warrant doing so. If you withdraw from the study or any aspect of the study, you will still receive a gift card.

## **FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS**

Immediate post-study information will be reviewed with participants during the last interview and will be posted on the University of Windsor Research Ethics Board site at the following URL, as follows:

**Website:** <http://www1.uwindsor.ca/reb/study-results>

**Date when results are available:** April 30, 2015 & December 30, 2015

## **SUBSEQUENT USE OF DATA**

The study findings will be used for educational presentations, lectures, and/or research conference presentations. Quotations from the interviews and/or field notes may be included in published results of the study or any presentations given about the study. Pseudonyms may be used to represent the quotations in those publications and/or presentations. Any information that may potentially identify you will be deleted from the participant quotes used in study publications, and research and educational presentations. You will not be identified in any of the presentations. The data may also be used in future studies and publications and educational and/or research presentations that arise from these future studies.

## **RIGHTS OF RESEARCH PARTICIPANTS**

If you have questions regarding your rights as a research participant, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario, N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: [ethics@uwindsor.ca](mailto:ethics@uwindsor.ca)

**SIGNATURE OF INVESTIGATOR**

These are the terms under which I will conduct research.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

---

**Part B: CONSENT TO PARTICIPATE IN RESEARCH**

**SIGNATURE OF RESEARCH PARTICIPANT**

I understand the information provided for the study titled “An Ethnographic Study of Pre-graduate Precepted Nursing Student Placements in Long-Term Care Homes” as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**SIGNATURE OF INVESTIGATOR**

These are the terms under which I will conduct research.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

APPENDIX D  
INTERVIEW GUIDES  
**Interview Guide 1 (Students)**

To begin, let me explain what I'm interested in. I would like to find out what positive experiences as a student are like here in this clinical placement, everything positive that goes into being a student.

**1. What are all the things that you did to get ready for your clinical placement?**

Prompt: You said that you would [repeat most recent thought that the participant described]. Could you describe for me what you did when you.....? or Could you describe for me what that involved? or what was going on? Prompt: You mentioned several things that you did [I will list/repeat them]. Can you think of any other things that you did?

**2. What did you do on your first day here or the first week of your clinical placement? Think of all the things that happened from the first moment when you arrived here.**

Prompt: You said that you would [repeat most recent thought that the participant described]. Could you describe for me what you did when you.....? or Could you describe for me what that involved? or what was going on?

Prompt: You mentioned several things that you did [I will list/repeat them]. Can you think of any other things that you did?

**3. What are some of the different kinds of things that you used when you [choose a few described activities one at a time]?**

Prompt: You mentioned several things that you used [I will list/repeat them]. How did they help you? Prompt: Can you think of any other things that you used?

**4. I'm interested in the way that you and \_\_\_\_\_ talk to each other. How would you refer to \_\_\_\_\_? How would most people say that?**

Could you tell me some of the ways how you and your preceptor would talk about:  
(a) what you plan to do each day? (b) when you will meet? (c) when you need some help?

Could you tell me some of the ways how you and your faculty advisor would talk about: (a) how your clinical placement is going, (b) when you need some help?

**5. Now I'd like to ask a different kind of question. You've mentioned several places where you spend time with your preceptor here. **Imagine that I am blindfolded and that you were with me in [choose a location] and you were describing it to me. What would it look like?****

**6. Is there anything else about your clinical placement experience so far that you would like to share today?**

Adapted from Spradley, J. P. (1979). *The ethnographic interview*. Belmont, CA: Wadsworth Group/Thomson Learning, pp. 59-64, 83-91, 120-131.

## Interview Guide 1 (Preceptors)

To begin, let me explain what I'm interested in. I would like to find out what positive experiences as a preceptor are like here in this clinical placement, everything positive that goes into being a preceptor.

### **1. What are all the things that you did to get ready to be a preceptor for this clinical placement?**

Prompt: You said that you would [repeat most recent thought that the participant described]. Could you describe for me what you did when you.....? or Could you describe for me what that involved? or what was going on?

Prompt: You mentioned several things that you did [I will list/repeat them]. Can you think of any other things that you did?

### **2. What did you do on the first day or first week when your student was here? Think of all the things that happened from the first moment when your day or time with your student began.**

Prompt: You said that you would [repeat most recent thought that the participant described]. Could you describe for me what you did when you.....? or Could you describe for me what that involved? or what was going on?

Prompt: You mentioned several things that you did [I will list/repeat them]. Can you think of any other things that you did?

### **3. What are some of the different kinds of things that you used when you [choose a few described activities one at a time]?**

Prompt: You mentioned several things that you used [I will list/repeat them]. How did they help you?

Prompt: Can you think of any other things that you used?

### **4. I'm interested in the way that you and \_\_\_\_\_ talk to each other.**

Prompt: What are some of the things that you and the student talk about? How would you refer to \_\_\_\_\_? How would most people say that?

Prompt: What are some of the things that you and the faculty advisor talk about? How would you refer to \_\_\_\_\_? How would most people say that?

### **5. Now I'd like to ask a different kind of question. You've mentioned several places where you spend time with your student here. Imagine that I am blindfolded and that you were with me in [choose a location] and you were describing it to me. What would it look like?**

6. Is there anything else about your experience as a preceptor so far that you would like to share today?

Adapted from Spradley, J. P. (1979). The ethnographic interview. Belmont, CA: Wadsworth Group/Thomson Learning, pp. 59-64, 83-91, 120-131.

## Interview Guide 2 (Students)

I would like to find out what positive experiences as a student are like here in this clinical placement, everything positive that goes into being a student. To begin, let me explain what I'm interested in. I would like to find out what it's like to be a student during a typical day at this clinical placement, and how that might compare to your first full day here. To begin...

### **1. What are all the things that you do on a typical day here at this clinical placement?**

Prompt: You said that you would [repeat most recent thought that the participant described]. Could you describe for me what you do when you.....? or Could you describe for me what that involves? or what goes on?

Prompt: You mentioned several things that you do [I will list/repeat them]. Can you think of any other things that you do?

### **2. How does this compare with some of the things that you did on the first full day that you were here?**

Prompt: Could you tell me what the difference is between \_\_\_\_\_ and \_\_\_\_\_.

Prompt: You mentioned several things that are different [I will list/repeat them]. Can you think of any other things that are different?

### **3. What are some of the different kinds of things that you use on a typical day here at this clinical placement [choose a few described activities one at a time]?**

Prompt: You mentioned several things that you used [I will list/repeat them]. How did they help you? How is this different from the way \_\_\_\_\_ helped you on your first full day here?

Prompt: Can you think of any other things that you used?

### **4. I'm interested in the way that you and \_\_\_\_\_ talk to each other.**

Prompt: What are some of the things that you and your preceptor talk about? How would you refer to \_\_\_\_\_? How would most people say that?

Prompt: How does the way that you and your preceptor talk to each other now compare to the way you talked to each other on your first full day?

Prompt: What are some of the things that you and your faculty advisor talk about? How would you refer to \_\_\_\_\_? How would most people say that?

Prompt: How does the way that you and your faculty advisor talk to each other now compare to the way you talked to each other on your first full day?

5. Now I'd like to ask a different kind of question. You've mentioned several places where you spend time with your preceptor here. **How are they different compared to where you spent time with your [preceptor/ faculty advisor] during your first day or first week here?**

**6. Is there anything else about your experience as a student during this clinical placement so far that you would like to share today?**

Adapted from Spradley, J. P. (1979). *The ethnographic interview*. Belmont, CA: Wadsworth Group/Thomson Learning, pp. 59-64, 83-91, 120-131.

## Interview Guide 2 (Preceptors)

I would like to find out what positive experiences as a preceptor are like here in this clinical placement, everything positive that goes into being a preceptor. To begin, let me explain what I'm interested in. I would like to find out what it's like to be a preceptor during a typical day at this clinical placement, and how that might compare to your first day or first week being a preceptor. To begin...

### **1. What are all the things that you do on a typical day here at this clinical placement?**

Prompt: You said that you would [repeat most recent thought that the participant described]. Could you describe for me what you do when you.....? or Could you describe for me what that involves? or what goes on?

Prompt: You mentioned several things that you do [I will list/repeat them]. Can you think of any other things that you do?

### **2. How does this compare with some of the things that you did on the first day or first week that your student was here?**

Prompt: Could you tell me what the difference is between \_\_\_\_\_ and \_\_\_\_\_.

Prompt: You mentioned several things that are different [I will list/repeat them]. Can you think of any other things that are different?

### **3. What are some of the different kinds of things that you use on a typical day here at this clinical placement [choose a few described activities one at a time]?**

Prompt: You mentioned several things that you use [I will list/repeat them]. How do they help you? How is this different from the way \_\_\_\_\_ helped you on the first day or first week your student was here?

Prompt: Can you think of any other things that you use?

### **4. I'm interested in the way that you and \_\_\_\_\_ talk to each other.**

Prompt: What are some of the things that you and your student talk about? How would you refer to \_\_\_\_\_? How would most people say that?

Prompt: How does the way that you and your student talk to each other now compare to the way you talked to each other on the student's first day or first week here?

Prompt: What are some of the things that you and the faculty advisor talk about? How would you refer to \_\_\_\_\_? How would most people say that?

Prompt: How does the way that you and your faculty advisor talk to each other now compare to the way you talked to each other on the faculty advisor's first day or first week here?

5. Now I'd like to ask a different kind of question. You've mentioned several places where you spend time with your [student/faculty advisor] here. **How are they different**

**compared to where you spent time during your [student/faculty advisor's] first day or first week here?**

**6. Is there anything else about your experience as a preceptor during this clinical placement so far that you would like to share today?**

Adapted from Spradley, J. P. (1979). *The ethnographic interview*. Belmont, CA: Wadsworth Group/Thomson Learning, pp. 59-64, 83-91, 120-131.

## Interview Guide 2 (Faculty Advisors)

I would like to find out what positive experiences as a faculty advisor are like here in this clinical placement, everything positive that goes into being a faculty advisor. To begin, let me explain what I'm interested in. I would like to find out what it's like to be a faculty advisor during a typical day at this clinical placement, and how that might compare to your first day or first week being a faculty advisor. To begin...

### **1. What are all the things that you do on a typical day here at this clinical placement?**

Prompt: You said that you would [repeat most recent thought that the participant described]. Could you describe for me what you do when you.....? or Could you describe for me what that involves? or what goes on?

Prompt: You mentioned several things that you do [I will list/repeat them]. Can you think of any other things that you do?

### **2. How does this compare with some of the things that you did on the first day or first week that you spent time here?**

Prompt: Could you tell me what the difference is between \_\_\_\_\_ and \_\_\_\_\_.

Prompt: You mentioned several things that are different [I will list/repeat them]. Can you think of any other things that are different?

### **3. What are some of the different kinds of things that you use on a typical day here at this clinical placement [choose a few described activities one at a time]?**

Prompt: You mentioned several things that you use [I will list/repeat them]. How do they help you? How is this different from the way \_\_\_\_\_ helped you on the first day or first week you spent time here?

Prompt: Can you think of any other things that you use?

### **4. I'm interested in the way that you and \_\_\_\_\_ talk to each other.**

Prompt: What are some of the things that you and your student talk about? How would you refer to \_\_\_\_\_? How would most people say that?

Prompt: How does the way that you and your student talk to each other now compare to the way you talked to each other the first day or first week that you spent time here?

Prompt: What are some of the things that you and the faculty advisor talk about? How would you refer to \_\_\_\_\_? How would most people say that?

Prompt: How does the way that you and your faculty advisor talk to each other now compare to the way you talked to each other the first day or first week that you spent time here?

### **5. Now I'd like to ask a different kind of question. You've mentioned several places where you spend time with your [student/faculty advisor] here. How are they**

**different compared to where you spent time during your first day or first week here?**

**6. Is there anything else about your experience as a faculty advisor during this clinical placement so far that you would like to share today?**

Adapted from Spradley, J. P. (1979). *The ethnographic interview*. Belmont, CA: Wadsworth Group/Thomson Learning, pp. 59-64, 83-91, 120-131.

### **Interview Guide 3 (Students)**

I would like to find out what positive experiences as a student are like here in this clinical placement, everything positive that goes into being a student. Today we will be doing something a little bit different. We will start by finding out what experiences stood out for you in the last few weeks of your clinical placement. Next, I will give you some time to review what we learned from you during the first two interviews and an overall summary of what we've learned from everyone in the study so far. Then, I will ask you three or four questions about your views on what we learned. To begin...

**1. What are some of the experiences that stood out for you during the last weeks of your clinical placement? [choose a few described experiences at a time]?**

Prompt: You mentioned several experiences [I will list/repeat them]. Why were these memorable? How do they differ from experiences you had earlier in your placement?

Prompt: How have these experiences been helpful for you? Is there anything else that has been helpful for you? Of these, which one is the most helpful for you?

Prompt: Can you think of any other experiences that stood out for you?

**2. After reading what you shared with us during the first two interviews, is there anything that you would add?**

**3. After reading what you shared with us during the first two interviews, is there anything that you think needs to be changed?**

**4. How does the overall summary of the experience of positive clinical placements that we've learned so far compare with your specific experiences?**

**5. Is there anything else about your experience as a student during this clinical placement that you would like to share today?**

Adapted from Spradley, J. P. (1979). The ethnographic interview. Belmont, CA: Wadsworth Group/Thomson Learning, pp. 59-64, 83-91, 120-131.

### **Interview Guide 3 (Preceptors)**

I would like to find out what positive experiences as a preceptor are like here in this clinical placement, everything positive that goes into being a preceptor. Today we will be doing something a little bit different. We will start by finding out what experiences stood out for you in the last few weeks of your clinical placement. Next, I will give you some time to review what we learned from you during the first two interviews and an overall summary of what we've learned from everyone in the study so far. Then, I will ask you three or four questions about your views on what we learned. To begin...

**1. What are some of the experiences that stood out for you during the last weeks of your clinical placement? [choose a few described experiences at a time]?**

Prompt: You mentioned several experiences [I will list/repeat them]. Why were these memorable? How do they differ from experiences you had earlier in your placement?

Prompt: How have these experiences been helpful for you? Is there anything else that has been helpful for you? Of these, which one is the most helpful for you?

Prompt: Can you think of any other experiences that stood out for you?

**2. After reading what you shared with us during the first two interviews, is there anything that you would add?**

**3. After reading what you shared with us during the first two interviews, is there anything that you think needs to be changed?**

**4. How does the overall summary of the experience of positive clinical placements that we've learned so far compare with your specific experiences?**

**5. Is there anything else about your experience as a preceptor during this clinical placement that you would like to share today?**

Adapted from Spradley, J. P. (1979). The ethnographic interview. Belmont, CA: Wadsworth Group/Thomson Learning, pp. 59-64, 83-91, 120-131.

### **Interview Guide 3 (Faculty Advisors)**

I would like to find out what positive experiences as a faculty advisor are like here in this clinical placement, everything positive that goes into being a faculty advisor. Today we will be doing something a little bit different. We will start by finding out what experiences stood out for you in the last few weeks of your clinical placement. Next, I will give you some time to review what we learned from you during the first two interviews and an overall summary of what we've learned from everyone in the study so far. Then, I will ask you three or four questions about your views on what we learned. To begin...

**1. What are some of the experiences that stood out for you during the last weeks of your clinical placement? [choose a few described experiences at a time]?**

Prompt: You mentioned several experiences [I will list/repeat them]. Why were these memorable? How do they differ from experiences you had earlier in your placement?

Prompt: How have these experiences been helpful for you? Is there anything else that has been helpful for you? Of these, which one is the most helpful for you?

Prompt: Can you think of any other experiences that stood out for you?

**2. After reading what you shared with us during the first two interviews, is there anything that you would add?**

**3. After reading what you shared with us during the first two interviews, is there anything that you think needs to be changed?**

**4. How does the overall summary of the experience of positive clinical placements that we've learned so far compare with your specific experiences?**

**5. Is there anything else about your experience as a faculty advisor during this clinical placement that you would like to share today?**

Adapted from Spradley, J. P. (1979). The ethnographic interview. Belmont, CA: Wadsworth Group/Thomson Learning, pp. 59-64, 83-91, 120-131.

APPENDIX E  
 SOCIO-DEMOGRAPHIC QUESTIONNAIRES  
**Socio-Demographic Questionnaire (Students)**

1. What is your age? \_\_\_\_\_
2. What is your gender? \_\_\_\_\_
3. How are you registered in the nursing program?
  - a)  full-time student
  - b)  part-time student
4. Have you ever had a clinical experience with a preceptor before?
  - a)  Yes
  - b)  No
5. Have you ever had a clinical experience with a faculty advisor before?
  - a)  Yes
  - b)  No
6. What other clinical placements have you had in gerontological care settings as a student in the nursing program? Check (✓) all of the following that apply to you.

	LTC home setting	Retirement Home setting	Complex Continuing Care Setting	ED with GEM nurse	Other (Please print what it was in the corresponding box)
Year 1 (Fall)					
Year 1 (Winter)					
Year 2 (Fall)					
Year 3 (Fall)					
Year 3 (Winter)					
Year 3 (Consolidation)					

### **Socio-Demographic Questionnaire (Preceptors)**

1. What is your age? \_\_\_\_\_
2. What is your gender? \_\_\_\_\_
3. For how many years have you been an RN? \_\_\_\_\_
4. How many years have your been employed at this LTC home? \_\_\_\_\_
5. For how many years have you been a preceptor? \_\_\_\_\_
6. For how many students have you been a preceptor? \_\_\_\_\_
7. For how many fourth year nursing students have you been a preceptor? \_\_\_\_\_

### Socio-Demographic Questionnaire (Faculty Advisors)

1. What is your age? \_\_\_\_\_
2. What is your gender? \_\_\_\_\_
3. For how many years have you been an RN? \_\_\_\_\_
4. For how many years have you been a faculty advisor? \_\_\_\_\_
5. What is your clinical focus in your nursing practice? (Check all that apply)
  - a)  Gerontology (Community Setting)
  - b)  Gerontology (Hospital Setting)
  - c)  Medicine
  - d)  Surgery
  - e)  Orthopedics
  - f)  Community Nursing (EG. Home Care, Public Health)
  - g)  Mental Health
  - h)  Pediatrics
  - i)  Emergency Room
  - g)  Intensive Care
6. For how many students have you been a faculty advisor? \_\_\_\_\_
7. For how many fourth year nursing students have you been a faculty advisor? \_\_\_\_\_

## APPENDIX F

### TAXONOMIC ANALYSIS OF PLACES AND SPACES

#### LTC Home

- Preceptor's office (a kind of description)
  - Warm colour on the wall;
  - Furniture—it's a dark, rich colour—pops from the room but because of the colour of the wall being so warm, it's almost a home-like office;
  - Environment that makes you want to stay and talk;
  - Door never really gets locked (but sometimes is closed for privacy);
  - Inviting;
  - Printer;
  - Couple of extra chairs;
  - Everything is password protected and double locked (example medication removal) according to ministry guidelines
  - A place to learn
  
- Preceptor's office (a kind of activity)
  - orientation
    - review policies, procedures,
    - completing documents for human resources
      - confidentiality forms, etc.
      - health requirements
  - following-up with CCAC for bed availability;
  - call in staff for call-ins; doing interviews;
  - meeting with staff one on one;
  - confidential [activities],
  - private information that is not done in an open/common area
  
- Dining Room (a kind of activity)
  - helping resident with their food

Note: mentioned middle & end of clinical placement- Site A & B
  
- Internet (a kind of activity)
  - emails
  - research:
    - statistics
    - benchmarking

Note: mentioned middle and end
  
- Common Room (a kind of activity)
  - Orientation (powerpoint presentation)
  
- Workshops (a kind of )
  - Diabetes workshop (preceptor was not able to go but intended on going)

Note: mentioned middle of clinical placement

- Off-site visits (a kind of )
  - Other LTC home

### **Places and Spaces where Students Spend Time with their Faculty Advisor:**

- Internet (a place for)
  - emailing faculty advisor
  - learning
  - guidance in general
  - guidance with assignments;
  - submitting assignments (through learning management system)
- Student's home (a place for)
  - Learning
  - researching
  - talking on the phone with faculty advisor
    - guidance in general
    - guidance with assignments
- LTC home (is a place for)
  - Faculty advisor visits
  - Talk on the phone with faculty advisor if needed
  - Tour of LTC home
    - Preceptor's office
    - Reception area
    - Common Spaces (hallways, dining rooms, living room)
    - Nurses' Desk/Station
- University (is a kind of activity at)
  - Orientation (AM)
  - Orientation (PM)
  - Clinical conference – in person

### **Preceptors' Perspective**

#### **Places and Spaces where Preceptors Spend Time with Students:**

- Preceptor's office (a kind of activity)
  - Private conversations/activities;
    - Following up with CCAC for bed availability
    - Calling staff for call-ins
    - Doing interviews
    - Meeting with staff one-on-one
    - Discussions about different scenarios or situations
- In Passing (a kind of activity)
  - we'll catch each other to give a brief update about how the day's going and where I could support her day's tasks;

- The Hallway (a kind of activity)
  - saying hello- how's everything going?
  - touching base
- The Medication Room (a kind of activity)
  - showing them how to use the computer;
  - talking with other nurses
  - helping to support the student's communication with other nurses
- Nursing Stations/Nurses' Desk (a kind of activity)
  - Documentation
  - Computer Charting- Care Planning, Auditing
- Common Spaces (used for)
  - Presentations
  - Meetings
  - Events
- Workshops (a kind of )
  - Diabetes workshop (preceptor was not able to go but intended on going)
  - Note: mentioned middle of clinical placement
- Off-site visits (a kind of )
  - Other LTC home

Note: same places from beginning to mid-term- no change

### **Faculty Advisors' Perspective**

#### **At the University:**

- Orientation (a kind of activity)
  - AM- community clinical course orientation
    - interactive presentation
    - Medication quiz
  - PM- meeting with faculty advisor
    - Review of placement details
    - Overview of policies
    - Introduction to course assignments
- Clinical Conferences (a kind of activity)
  - Agency update
  - start off with any students sharing information on any professional conferences that they know of
  - Research presentation

- Assignment instruction and review
    - address questions they may have about their assignments;
    - I give them instructions / we clarify the questions they may have about their assignments (CHNPA, journals, CPE's)
  - Theory presentations
  - Research critique
  - I have a set agenda;
  - five clinical conferences during the entire semester excluding orientation day;
  - bringing up any questions or concerns; student present an agency report;
  - Reminders about faculty advisor's contact information provided for students (can email, telephone anytime during the day until 10pm).
- University Office/Home Office Space: (is a kind of activity)
    - Preparation- agendas, other documents needed for course
    - Emails
    - Prepares for LTC home visits
      - brings folder,
      - business cards;
    - Marking
      - Meeting with students (a reason for):
      - to [observe or watch] student [while] doing a presentation
      - to watch [the student] interact with some of the clients that are there
      - usually is something specific that has been planned and I know in advance that this is going to happen.
      - evaluative situation (Example: mid-term, presentation that student is giving)
      - Conflict Resolution: Care-frontations as opposed to confrontations
    - Evaluations
  - Internet
    - e-mail (prepare student for LTC placement)
    - online learning management system (is a reason for)
      - so that students have access to anything that they need in order to complete their assignments or to make their placement a success;
      - posts agenda- prepares students for clinical conference

### **At the Agency/LTC Home**

Note/Insight: Preparing- from all perspectives--important for new social situation/ change in place/ activity—Faculty Advisor prepares both preceptor and student. Faculty Advisor has limitations and at times will lean on the preceptor to introduce student to the placement site.

- LTC Home (a kind of activity)
  - Visiting students in the agency
    - seeing the students in action;
    - asking them to describe what types of plans they have;
    - observing what they are doing;
    - asking them what kinds of activities they're preparing; asking them to describe to me what they are doing;
    - asking them some theory questions: Examples: "What type of theoretical model would you be using at this time?" "What kind of research are you doing to prepare for your work here and how do you communicate with your preceptor?"
    - ask them about communicating with their preceptor-- some are not on site all the time, how often and how do you communicate with your preceptor-- what days they are working/ what times;
    - Discuss where the fire exit, what forms would you fill out if there's an accident?
    - ask if the students have any concerns;
    - ask if they feel their workload is fair).

Note: Faculty advisor visits are planned in advance. Usually is something specific that has been planned and I know in advance that this is going to happen. The student has notified me and usually the preceptor- we've been in touch. I follow-up after the visit with the student.

- Preceptor's Office (a kind of activity)
  - Prepare preceptor for LTC placement
    - spends more time with the preceptor if they are not as familiar with the course
  - Meeting with preceptor in her office
    - personal talk,
    - talk about student's progress;
    - contact information- exchange;
    - discuss student assignments;
    - student's monthly time sheets
- Hallway (a kind of activity)
  - Tour

APPENDIX G  
TAXONOMIC ANALYSIS OF DOCUMENTS

Figure 4.4

<b>Getting Ready</b>	Students	Pre-graduate placement selection & familiarization with LTC home	Database of Clinical Placements	Includes an LTC home description, potential student clinical activities, and list of resources that may be helpful to get familiar with the placement
	Faculty Advisors	Preparation to be a faculty advisor	Review binder for sessional instructors	Various resources and policies
			Review binder for faculty advisors	Resources specific to needs of teaching the course
	Faculty Advisors	Preparation for course orientation	Draft Agenda for orientation	
			Organize supplementary course resources for course assignments	Various resources (online, textbooks, etc)
	Faculty Advisors	Preparation to meet with Preceptor/first meeting with preceptor	Master Database of Clinical Placements (students at different locations)	
			List of important information for the whole semester	
			Preceptor Folder	Library Access Form (for preceptors)
			Course outline	
			Pamphlet about the course	
			Clinical Performance Evaluation (CPE)	
			Nursing Theory/Model for the course	
		Website resource for new preceptors		
	Faculty Advisor's business card			

		Contact with Agency	Emails	Contact with preceptors
				Contact with managers
		Contact with Students	Emails	Send announcement through learning management system
				Send agenda in advance of orientation
	Preceptors	Preparation for students coming to clinical	Orientation Manual (Preceptor prepares and students use at LTC home orientation)	Emergency codes/preparedness manual
				Nursing manual
				Health & Safety manual
			LTC Home Policies	Lifts & Transfers
				Student Roles/ Responsibilities
				Infection Control
				Health & Safety
			Orientation Checklist: List of Documents/forms to collect, activities that are involved with orientation	TB Skin test results
				Workplace Safety Insurance Board (WSIB) form
				Confidentiality form (LTC home)
			Powerpoint presentation for students	LTC home's internal policy for students
			Supportive learning opportunities	Webinars
Workshops				
Emails	Contact with Faculty advisors			
	Contact with Students			
Preparation to be a Preceptor	College of Nurses (various professional standards)			
	Website resource for new preceptors			
	Review electronic documents for the clinical course	Course outline		
	Course assignments			
	Course evaluation tool (CPE)			

			(emailed by the university)	
			List of potential projects the students may consider participating	
			List of resource website to help with clinical activities (Statistics for bench marking)	

<b>Orientation</b>	Orientation (University)	Faculty Advisors & Students	Agenda (AM)			
			Medication Quiz (AM) - administer			
			Powerpoint Presentation (Community Health Nursing)- (AM)			
			Agenda (PM)			
			Review medication quiz (PM)			
			University Learning Management System resources (internet)- (PM)	Course outline	Course Assignments	List of student assignments & due dates
		Learning plan				
		Monthly time sheet/log				
		Clinical Performance Evaluation (CPE)				
		University Student Policies	Clinical Pre- Placement Policies			
		Reading resources	Textbook			
			Peer-reviewed articles			

						Selected professional websites
				Resources to support student assignment work	Guidelines for Preparing for Submission	
					Various	
			Preceptor Folder (PM)	Library Access Form (for preceptors)		
				Course outline	See course outline for breakdown (above)	
				Pamphlet about the course		
				CPE		
				Nursing Theory/Model for the course		
				Website resource for new preceptors		
				Faculty Advisor's		

				Business Card		
			Review with students Contact Information List/ Master list of clinical placements (PM)			
			Emails	Welcome & Introductions		
				Assignment Introduction		
Orientation (LTC Home)	Students & Preceptor	Review of manuals (Preceptor prepares and students use for LTC home orientation)  *preceptor may use checklist to organize	Emergency codes/preparedness manual			
			Nursing manual			
			Health & Safety manual			
			LTC Home Policies (Students review)	Lifts & Transfers		
			*preceptor may use checklist to organize	Student Roles/ Responsibilities		

				Infection Control		
				Health & Safety		
				Ministry of Health and Long-Term Care	Long-term care homes act	
					Residents Bill of Rights (List of 28 rights)	
			Student Documentation  *preceptor may use checklist to organize	Medical Requirements (clearance)	TB Skin test results	
				Non-medical requirement	Workplace Safety Insurance Board (WSIB) form	
					Confidentiality form (LTC home)	
					Forms about abuse	

<b>Beginning of Placement</b>	Student – Faculty Advisor	Course Assignments- Emails and Learning Management System	Learning Plan			
			Clinical Reflection Day 1			
			Journal			
			Send big assignment topic to faculty advisor and discuss			
	Faculty Advisor- Student	Clinical Conferences (University)	Agenda & attachment resources	Supportive documents (resources) for course assignments- various		
				Supportive websites course assignment & clinical activities (resources)- various		
		Student Assignments (marking)- Emails & Learning Management system	Clinical Reflection Day 1	Journal		
				Learning Plan		
				Emails	Communicating to students about agency and preceptor	
		Faculty Advisor- Preceptor	Email documentation	Thank you note		
				Organizing meeting times and requesting/receiving student updates re: first day/week/orientation at placement		
	Preceptor- Student	Clinical Activities	Audit Forms (show/ demonstrate)	Computer Documentation System		
				Care Plan		
				Medication Administration Record		
			Monthly Reports	Infection Control		
			Wound care			

	Student - preceptor	Clinical Activities	Auditing, including- Continance care program audit form	Map of the building
				Care plan
				Computer documentation system
				Medication Administration Record
			Pain, Incontinence, & Constipation	RNAO Best Practice Guidelines
				RNAO Gap Analysis worksheet- Assessment and Management of Pain
				Student developed pain management quiz/ survey & answer sheet
			Monthly Reports	Infection Control
				Wound care
		Resources (to support clinical activities)	orientation manuals, policies & procedures	Policy collected- Position Description for Director of Resident Care (site A)
				Policy collected- Position Description for Registered Nurse (site A)
				Policy collected- Continance Care & Bowel Management Program (site A)
			LTC Homes Act	
			Internet websites useful for gathering statistics and bench marking (comparing	

			statistics from one LTC home to another)	
			RNAO website for Best Practice Guidelines and RNAO LTC homes Toolkit	
		Emails	Contact information (with preceptors)	
		Course Assignments	Learning Plan	
			Time Log / Hours	
			Clinical Reflection Day 1	
			Discuss big assignment topic for semester	

<b>Middle or Mid-Way</b>	Faculty Advisor-Preceptor	Emails	Requesting student updates		
			Confirming mid-term meetings/agency visits		
			Student feedback		
		Mid-Term Evaluation	See Mid-term evaluation student- preceptor & student-faculty advisor		
		Marking (Emails or Communication through learning management system)	Student feedback		
			Course Assignments		
	Presentations/Teaching Plans				
	Preceptor-Student	Educational Opportunities	RNAO resources (educator from RNAO brought Gap analysis tools)		
			Workshops (flyers, emails)		
		Clinical Activities	Making work assignments & follow-up with students	Note: See student-preceptor clinical activity list.	
		Mid-Term Evaluation	See Mid-term evaluation student- preceptor & student-faculty advisor		
	Student -preceptor	Clinical Activity	Gap Analysis (Worksheet)	Process Map (to decrease worsened incontinence)	Swim lane diagram
			Auditing (Form)	Electronic Medication	

				Administration Record		
				Care Plans		
			Hiring Process	Job postings		
				Interview Guides (students making questions)		
			Bench Marking	Monthly statistics reports (internal LTC home)		
			Course Assignment/Work	Mid-term Evaluation	Learning plan (update and review)	
		CPE/ student evaluation tool			Preceptor copy Faculty Advisor copy Student copy	
		Community Process Assignment		Community Care plan	Interventions design and start to implement	
		Student Presentation (at LTC home)		Student email invitation to presentation- site B		
				Post-Evaluation Form (after student presentation)- site B		
		Clinical log (hours)- keep updated				
		Student - Faculty Advisor		Course Assignment/Work (Emails & Learning management system)	Mid-term Evaluation	Learning plan (update and review)
			CPE/ student mid-term evaluation tool			Preceptor copy Faculty Advisor copy Student copy

			Community Process Assignment	Community Assessment	FA Marking & feedback
				Community Care Plan	FA Marking & feedback
			Journals	FA marking & feedback	
			Clinical Conferences	Agenda	
				Research report	FA marking & feedback
	Presentation on topic of interest in LTC home	Teaching plan for Student Presentation (at LTC home)	FA marking & feedback		
	Preceptor-Faculty Advisor	Emails	Providing student updates		
			Confirming mid-term meetings/agency visits		
		Mid-Term Evaluation	See Mid-term evaluation student- preceptor & student-faculty advisor		

<b>End</b>	Student - Faculty Advisor	Course Assignment/Work	Final Evaluation	Learning plan (update and review)	
				CPE/ student evaluation tool	Preceptor copy
					Faculty Advisor copy
					Student copy
	Student-Preceptor	Course Assignment/Work	Final Evaluation	Learning plan (update and review)	
				CPE/ student evaluation tool	Preceptor copy
					Faculty Advisor copy
					Student copy
		Clinical Activities (Examples of student work)	Quick reference guide (for incontinence product selection)		
			Elimination screening log-site A		
			Quick reference for psychotropic medications for EMARS – site B		
	Faculty Advisor - Student	Student Assignments	Community Process Assignment (final marking & providing feedback)	Assessment	
				Literature Review	
				Care Plan	Interventions
				Discussion	
Emails		Student assignments			
		Organizing final evaluation			
	Discussions regarding clinical hours				

## VITA AUCTORIS

Fran Meloche (nee Keseru) was born in 1981 in Leamington, Ontario. She completed her Bachelor of Science in Nursing (BScN) in 2000 at the University of Windsor. After graduation, she worked as a Registered Nurse (RN) in a long-term care home in Southwestern Ontario. In 2007, she moved to Chatham, Ontario to work in the community as a home care nurse. She also started her teaching career that year in Chatham at St. Clair College Thames campus, teaching both first and second-year nursing students in the Collaborative BScN program affiliated with the University of Windsor. In 2010, she expanded her teaching career at the University of Windsor and started teaching third and fourth-year (pre-graduate) nursing students. At the University of Windsor, she also worked in a variety of contract positions within nursing administration. In 2011, she was accepted into the Masters of Science in Nursing (MScN) program. In 2014, she was the proud recipient of the Ann C. Beckingham scholarship from the Canadian Gerontological Nurses Association. She will be graduating from the MScN program in June, 2016.