Clinical Preceptors Enhance an Online Accelerated Bachelor’s Degree to BSN Program

Stephanie Stewart, PhD, RN
Dawn Pope, MS, RN, PNP
Terri S. Hansen, MSN, RN

The accelerated online BSN program immerses students into the real world of nursing by presenting all theory courses online and almost all clinical experiences using a preceptor model. A rigorous “boot camp” jump starts the student’s clinical learning experience and is followed by a variety of precepted experiences. The authors discuss the collaborative roles, distinctive program characteristics, and overwhelmingly positive outcomes. Graduates have high NCLEX scores and low attrition rate and acclimate easily into their nursing professional role.

Ensuring that a second-degree student becomes a competent nurse within a condensed time frame in an accelerated program is critical. Many programs have a shortage of faculty and have developed partnerships with healthcare agencies to provide skilled preceptors to mentor students. The preceptor acts as a role model and guide. Research illustrates that working with an experienced nurse offers the student the opportunity to get immediate feedback on communication and technical skills, priority setting, and collaboration with other health team members. Students spend time reflecting on what has been learned, thus improving confidence, critical thinking ability, and essential skills that they need to be successful.¹

Some accelerated programs use preceptors for a limited amount of time or at the end of the program. There are limited data in the literature review about the length of precepted experience in accelerated nursing programs. One program had accelerated students spend 8 weeks working with a preceptor.² At the conclusion of another program, the student was paired with a preceptor during the summer session.³ A different curriculum had a precepted practicum; however, the length or number of hours was not discussed.⁴

Program Overview

The Accelerated Online Bachelor’s to BSN Program (ACCEL) started in May 2003. Since 2004, 2 cohorts have been offered every year. Each cohort contains 24 to 30 second-degree students. Students are from all over the United States such as Maryland, North Dakota, Arizona, and Massachusetts. Students spend time on-campus in the Midwest only 3 times during the program. There is a 2-day orientation before the start of the online coursework, a 2-week “boot camp,” and a weeklong capstone experience during the last week of the program.

Orientation

Orientation helps “connect” the students to each other and to the program faculty. Faculty members review clinical expectations and student responsibilities. All ACCEL students are oriented to a 3-dimensional virtual world, Second Life (SL), an Internet-based immersive learning program. Second Life is used to enhance learning and also to help students and faculty get to know each other and be able to share experiences and knowledge. Students create customized avatars, which are used in virtual chat rooms, course discussions, and group projects and for virtual office hours. The Assessment Technologies Inc (ATI) Test of Academic Skills is administered to all students. Students receive instructional remediation if deficiencies are discovered in their academic skills.

Online Theory

Students must meet traditional nursing program admission qualifications and complete all academic prerequisites before beginning the program. All theory courses are available only online and students take 1 course at a time at a rate of 1 credit per week. The rapid pace demands a full-time commitment to academics. Therefore, students are required to sign an agreement stating that they will not be employed during the program.

Boot Camp

After taking 7 online courses, students return to the campus for an intense 2-week laboratory and clinical experience coined “boot camp” by the students in an early cohort. Boot
camp alternates every 2 days with laboratory experiences at the college and then clinical at an acute care medical surgical unit. The student spends 56 hours in clinical, which is supervised by a master’s- or doctorate-prepared instructor from the college of nursing (CON) with a 4:1 or 5:1 ratio of students to faculty. Students spend intense 12-hour days in the laboratory practicing skills on each other and working with low- and high-fidelity manikins and different patient care scenarios. A master’s-prepared instructor and several assistants are available to students in the laboratory with a ratio of 3 students to 1 instructor. Students learn all technical and health assessment skills in a 2-week time frame, making the boot camp extremely effective and helping students feel more comfortable in the clinical setting as they progress through the 5 precepted clinical rotations.

Capstone
In the last week of the program, students come to campus for the culminating capstone experience. During capstone week, students do presentations and test nursing competencies using work stations and simulations including Vital Sims, SimMan, SimBaby, and Noelle. They also take the RN Comprehensive Assessment, a proctored mock state board examination, which they must pass at a predetermined percentage to successfully complete the capstone course.

Precepted Model
According to Oermann, in the traditional nursing education model, faculty members teach, supervise clinicals, and evaluate students. In the ACCEL program, students are kept at the center of the process, near adult learning and transformational learning theories. The clinical supervisor (supervisor) is a university faculty member. The supervisor acts as a guide and facilitates from a distance. The supervisor is not on-site at the agency during a precepted experience but is available by telephone, e-mail, and Skype to answer questions and problem solve with the preceptor and student. Evaluation and grading of students remain the primary responsibility of the supervisor. The preceptor is considered a clinical expert and is capable of providing accurate feedback regarding the performance of the student in clinical and can tell if the student is meeting course objectives.

Researchers such as Blum and Raines suggested that the use of preceptors be extended throughout the curriculum. In the ACCEL program, the precepted experience is not limited to a short time span or the end of the program, as in the case of many nursing programs. Students begin working with an agency BSN nurse preceptor approximately 1 month after boot camp and continue through 5 clinicals. There is a total of 728 hours of clinical, of which 672 hours are precepted. In addition to clinical hours, students complete more than 100 hours in the laboratory.

Seldomridge and Walsh recommended that formal orientations help prevent faculty members from learning their role with preceptors from trial and error. In the ACCEL program, 2 meetings are scheduled every year to help faculty members work with preceptors and to orient them to new technology and program information. New ACCEL instructors receive a one-on-one orientation to the preceptor model by the course coordinator. They are educated on the role of the instructor.

Choosing Preceptors
The ACCEL student service coordinators build relationships with agency personnel at healthcare facilities near each student’s home community. The ongoing relationships with the student service coordinators help agency personnel provide quality preceptors who meet the needs of both student and program. Preceptors must have a minimum of a bachelor’s degree in nursing and 2 years of work experience. Clinical experiences are arranged by agency personnel who choose preceptors who demonstrate qualities such as good teaching ability, an understanding of adult learning theories, interest in the program, sincere desire to mentor a student, excellent clinical and interpersonal skills, and the ability to guide a student through complex activities and tasks. The agency and student service coordinators work together to match the right preceptor with each student. A certain preceptor may be assigned to a student based on his/her personality or leadership style. Student and preceptor profiles are not used to make this decision.

Orientation of Preceptor
Clinical supervisors are very competent practitioners with years of experience working in the clinical setting. The supervisor conducts 2 visits to the clinical agency per rotation. During the first visit to the agency, the supervisor orientates the preceptor to the ACCEL model and preceptor role. Preceptors are encouraged to develop a good working and interpersonal relationship where learning is student centered and the student shares an equitable and fair role with the preceptor. The supervisor shares information about the student’s strengths and weaknesses, educational level, prior clinical experience, and specific outcomes that need to be achieved. Each course has specific learning objectives that are reviewed by the clinical instructor. It can take 15 minutes or up to 2 hours to complete the orientation depending on the experience of the preceptor. More time is spent explaining the role with inexperienced preceptors. Preceptor’s experience varies across the board.

In ACCEL, all preceptors are required to be oriented to their role by reviewing the preceptor training module, which was developed by ACCEL faculty. The module provides a program overview, basic information about being a preceptor, clinical guidelines, a description of expected behaviors that the student needs to demonstrate to earn a grade, the principles of adult learning, and the responsibilities of the student, faculty, and preceptor. The module can be accessed via jump drive. It takes several hours or more, depending on the experience of the preceptor, to complete the training. Preceptors may be paid by the agency for the time spent completing the module. A $500 stipend is paid at the end of each clinical rotation by the ACCEL program in recognition of the healthcare agency’s contribution to the student’s learning. The stipend can be paid directly to the preceptor or to the agency, per agency discretion.

Preceptor Role
Blum found that preceptors taught best having the freedom to assign tasks to the student as they deemed appropriate. The ACCEL preceptor has the autonomy to delegate skills depending on the student’s capability and progression in the
The preceptor also provides consistent supervision. Because students are expected to be available to work 24/7 during clinical rotations, students work with their preceptors for the entire shift. The student might work a combination of 11:00 PM to 7:00 AM or 5:00 AM to 5:00 PM, and in addition, weekends, and holidays. With the precepted model, there is no waiting for the faculty member to be available to assist the student with medication administration, skills, or other hands-on experiences. The student is immersed into the nursing role by using their interpersonal skills, taking action, and focusing on patient outcomes. They perform skills and observe interactions and communication between the preceptor and team members and the patient and family. They learn how to prioritize their time. This immersion facilitates a deeper understanding and appreciation of the complexity of the nursing profession. Students are able to connect theory to practice. At the end of each shift, the preceptor is encouraged to sit down with the student and provide feedback, constructive criticism, and suggestions for improvement.

According to Seldomridge and Walsh, because of variations in schedules, most students are assigned to 2 preceptors with different backgrounds and experiences. They found that different preceptors often have diverse styles and philosophies, which can cause problems with continuity and consistency in learning and clarity about the students’ performance. To maintain a sense of uniformity, the ACCEL preceptor model strives to assign only 1 facility nurse preceptor to 1 student. The preceptor’s role rarely rotates to other nurses on the unit unless shifts overlap.

Supervisor’s Involvement With Students

The supervisor also meets with the student to discuss expectations for the clinical experience. The student records a synopsis of the background of patients and writes about what happened at clinical with each patient, including observations, interactions, a record of events, and how the student felt about these events. This reflective journaling allows the supervisor to “see the experiences through the eyes of the student.” The supervisor reviews the student’s reflective journal and provides ongoing feedback. They manage online chats, most recently using SL avatars. Online chats are synchronous and usually involve a faculty member facilitating a discussion related to issues in clinical. When chats are done in SL, the faculty member uses voice chat and students use the instant messaging function to actively participate.

Communication and Problem Solving

Communication between the preceptor and the supervisor takes place on a weekly basis if needed. If the supervisor identifies an issue in the student’s journal or has an indication that a problem is brewing, the supervisor may make an agency visit to intervene.

A problem rarely happens with either student or preceptor, but when it does, the supervisor, student advisor, course coordinator, or several personnel from the program immediately make a site visit to the agency to solve the problem. This method of intervention fosters trust and accountability and formulates good working relationships with agencies and influences a student’s clinical practice in a constructive way. When a student is having difficulties, it is not uncommon to see a supervisor, working side-by-side with the student at the agency. When a student demonstrates professional or personal attributes that do not meet the standards of professionalism and safe clinical practice, a behavior contract is signed. In most cases, the student is given a chance to rectify his/her behavior. The student may receive a written warning, plan for remediation, or fail the course. If remediation is suggested, goals are set along with an expected timeline to improve. Three documentations of unprofessional behavior and/or unsafe practices are grounds for expulsion from CON programs. In most cases, the student complies with the contract and is able to successfully graduate.

Student’s Grading

The supervisor makes a second visit to the agency at the end of clinical to evaluate the student’s performance. Before the visit, the student and preceptor complete a written clinical evaluation form. The student is evaluated on his/her core technical skills, application of knowledge, interpersonal skills, priority setting, and how well he/she responded to journals, lessons learned, clinical chats, and completion of care plans. The evaluation forms are shared with the supervisor. The student and preceptor discuss with the supervisor what went well during clinical and areas for improvement. The supervisor analyzes the student’s strengths and weaknesses and determines what else could be done to prepare the student.

Preceptor Evaluation

Preceptors are also given an evaluation form to complete after finishing the precepted experience. The evaluation includes questions about how prepared they were for their role, the level of support they received from clinical faculty, any suggestions on how students could be better prepared for this experience, their willingness to precept another ACCEL student, and any comments. The evaluations are used by clinical faculty and program administrators to improve the program.

Program Outcomes

Standardized Ranking

More than 300 BSN-prepared nurses have graduated from the ACCEL program. The institutional review board deemed the following anonymous data as exempt. Data were collected from ACCEL students using nationally standardized tests from ATI. These tests assessed students’ knowledge of nursing concepts during the program and predicted their success on the National Council Licensure Examination (NCLEX). A total of 120 students from 5 cohorts were included in these data from October 2004 through October 2006. Only 2 students left the program for academic reasons. The graduation rate was 98.33%. The mean (SD) score on the RN Comprehensive Predictor was 68.02 (6.01) for the 118 students who completed the program. Scores ranged from 51.1 to 83.3. The ACCEL students’ mean score exceeded the national mean of 64.6, signifying that ACCEL students had a 98% predicted success rate of passing the NCLEX on the first attempt. One of the 118 students did not
take the NCLEX. For these 5 cohorts, the overall pass rate was 95.7%.

**Student Satisfaction**

In 2008, 51 ACCEL graduates were contacted in a telephone survey. The majority of participants (96.1%) felt that the ACCEL program was very professional and every class stressed the importance of professionalism in their nursing practice. When asked about program strengths, 78.43% identified the precepted experiences as the most valuable part of the program. Most felt that clinicals helped them to become competent nurses, and several graduates noted a significant difference in the performance of new graduate peers who were not precepted.

**Preceptor Satisfaction**

Mentoring also has a positive impact on the preceptor. Mills and Mullins9 reported that mentoring revitalized their enthusiasm for their jobs, thus improving job satisfaction, increasing their confidence, and helping them to be more culturally sensitive. Blum6 found that preceptors expressed satisfaction with the opportunity to influence the students' nursing practice.

There has been an overwhelmingly positive response from anecdotal reports from preceptors and faculty members about their experience with ACCEL students. A random sample of 15 written preceptor evaluations from 2008 was used to draw conclusions about the precepted experience. Students worked with their preceptors from 3- to 12-hour shifts. Of the 15 students, 4 worked with another preceptor on another shift. Most preceptors (n = 12) reported that they were well prepared for their role and received adequate support from the clinical faculty. Preceptors made suggestions on how students could be better prepared for this experience. The majority (n = 14) of preceptors would be willing to precept another ACCEL student. One preceptor already worked with 4 ACCEL students. Many commented that it was a positive, valuable, and rewarding experience and that it was fun to share their knowledge.

**Conclusion**

The ACCEL program is addressing the nursing shortage by producing highly competent and skilled BSN nurses within a 12-month time frame. The rigorous boot camp accelerates the students' clinical learning experience followed by 672 hours of precepted clinical and more than 100 hours in the simulation laboratory. The combination of clinical and simulated laboratory helps students to apply all the theoretical concepts to actual clinical situations in a more compressed time frame. One anecdotal characteristic of ACCEL students is their ability to move at such a fast rate, which resulted in preparing graduates for the “work ready pace” of an agency. Students felt that the precepted experience significantly “grounded” their practice. Further research is necessary in this area.

Data were used to change one process in Community Health. In the past, the ACCEL program allowed students to choose a project based on their interests; now, the student chooses a project that has a high utility value to the agency. The student’s projects actually help the agency improve their processes and results in enhanced satisfaction of both the student and facility.

The ACCEL program outcomes were very positive. The attrition rate was low (1.67%), whereas the graduation rate was high (98.33%). The mean score on the RN Comprehensive Predictor was above that of the national average. Students had a 98% predicted success rate of passing the NCLEX on the first attempt. New graduates felt more confident having improved their critical thinking ability and knowledge through the precepted experience. They quickly acclimate into their nursing role. Graduates also enjoy more job satisfaction and more job security than they experienced in their previous career. In addition, the outcomes for the preceptors are positive as well. Many preceptors experience more job satisfaction and commented that the experience was positive, valuable, and rewarding. There were 2 primary reasons why nurses choose to be preceptors: They did it to “give back” to the profession and to enhance their practice by having to share their rational with the student. Not only did it make them think, but also, many found themselves referring back to their reference books. Using a preceptor model has many advantages for students preceptors, agencies, and the nursing educational institutions.

**References**