

THE EFFECT OF PRECEPTORSHIP ON THE CLINICAL COMPETENCY OF BACCALAUREATE STUDENT NURSES: A PILOT STUDY

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Nursing education has been undergoing major academic changes in the last two decades. In Canada, there has been a widespread change from hospital-based diploma nursing education to college programs. In 1982, a resolution that the baccalaureate degree become the minimum educational preparation for entry into the profession by the year 2000 was ratified by the Canadian Nurses' Association (CNA).

This resolution has significant implications for the nursing profession. By the turn of the century, faculties of university schools of nursing may acquire the exclusive role of preparing registered nurses in Canada. University-based programs will be confronted with a vast influx of students, far exceeding their present capacities. It is currently recognized that existing programs are not equipped for the accommodation of the anticipated increased enrollments (CNA, 1982; French, 1984). Already faculty in schools of nursing are confronted with the problem of new graduates feeling inadequately prepared for the service settings (Shamian & Inhaber, 1985). An increasing disproportion in the ratio of students to faculty will result in an even greater strain on clinical teaching. As a result of these developments the onus is on the nursing profession, in particular nursing education, to explore alternative clinical teaching strategies that will assist in dealing with these difficulties. One such method being proposed in the literature is preceptorship.

Preceptorship may be defined as an "individualized teaching/learning method in which each student is assigned to a particular preceptor...so she can experience day-to-day practice with a role model and resource person immediately available with the clinical setting" (Chickerella & Lutz, 1981, p. 107). While the underlying assumption for the use of preceptorship is that the one-to-one relationship furnishes an effective mechanism for learning, there is little empirical evidence to substantiate that effectiveness (Shamian

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& Inhaber, 1985). The primary purpose of a baccalaureate program is to provide clinically competent beginning practitioners (Bondy, 1984). Therefore, if preceptorship is to be viewed as a viable clinical teaching strategy, it becomes not only necessary but imperative that the question of its relationship to clinical competency be addressed.

Review of the Literature

The change in the academic focus of nursing education from the hospital-based programs to college and university based programs has had little impact on clinical teaching. While it is evident that individual clinical instructors may have modified their style and approach to the teaching of students in the clinical setting, essentially, students in both the diploma and degree programs continue to be taught in much the same manner - albeit they are supervised by a faculty member who directs and scrutinizes their performance while they carry out their nursing care.

During the past 20 years, a variety of instructional techniques have been presented in the literature (Boss, 1985). In each method, there is a claim of increased effectiveness of student learning. While evidence does indicate that organization and presentation can influence or produce a difference in student learning, each method must also relate to a greater goal - that of teaching for clinical competence (Boss, 1985). The challenge for nurse educators is to select appropriate clinical instruction that will provide for that competence. Preceptorship is one such method (Morrow, 1984; Shamian & Lemieux, 1984).

Despite the growing interest in the preceptorship concept, there has been limited research carried out with regard to its use for clinical instruction. Studies conducted by Huber (1981), Marchette (1985) and Olson, Gresley and Heater (1984) determined that there was no significant difference between the performance of student and graduate nurses who were preceptored over that of student and graduate nurses who were not preceptored. However, Shamian and Lemieux (1984) found that the preceptorship model was more effective than the "formal teaching model" (p. 86) in increasing the knowledge base of participating nurses.

Although it is difficult to impute any consistency in the findings of the various studies, it is, nevertheless, apparent that preceptorship is being used frequently as a clinical teaching strategy by a variety of nursing programs throughout Canada and the United States. If this method is to continue to be used as a viable alternative clinical teaching strategy in nursing programs, it is necessary to derive additional substantive evidence to demonstrate the advantages of this model (Shamian & Inhaber, 1985).

Conceptual Framework

Nursing, especially in the acute care setting, has become so complicated that it is becoming increasingly more difficult to "standardize, routinize and delegate much of what the nurse does" (Benner, 1982, p. 402). For years, the influence of nursing care on patient well-being has been underestimated; little or no consideration has been afforded the support of long careers for nurses in the hospital setting (Benner, 1982).

Clearly, nursing practice today mandates on-going career development, especially in light of the evolving complexity of health care and the ever increasing emphasis on the differences between the various levels of nursing - for example the experienced and the novice nurse. The Dreyfus Model of Skill Acquisition has been adapted for nursing by Benner (1984) and provides a very useful method for comprehending those differences. Benner assessed advancement in skilled performance, based upon experience and career progression in clinical nursing. The adaptation, "From novice to expert", was used as a framework for this pilot study.

According to this model, during the process of acquiring and developing a skill, the individual progresses through five phases of proficiency. These include: "novice, advanced beginner, competent, proficient and expert" (Benner, 1984, p. 14). In utilizing this model, it is possible to describe the performance characteristics of each phase of the nurse's development and to identify generally the teaching and learning needs specific to each phase.

The advanced beginner is one who has confronted sufficient situations to acknowledge the recurrent significant aspects of a situation or to have them delineated by a clinical instructor, or preceptor (Benner, 1984). In accordance with this definition, the students who participated in this pilot study were classified as advanced beginners. The expert nurse is one who, based on a vast background of experience, has acquired an instinctive understanding of the situation which permits her or him to focus directly on the problem situation (Benner, 1984). The clinical instructor and the preceptors were classified as experts.

Research Questions

The purpose of this study was to examine the effect of preceptorship on the clinical competency of basic baccalaureate student nurses. Specifically it was to determine if there is a statistically-significant difference in the clinical competency of baccalaureate student nurses who are preceptored and baccalaureate student nurses who are not preceptored.

1. Is there a statistically significant pretest-to-posttest difference in the perceived performance of baccalaureate student nurses who are preceptored

(experimental group) and baccalaureate student nurses who are not preceptored (control group)?

2. Is there a statistically significant difference in the performance of the experimental group and the control group when rated by preceptors and the clinical instructor in the final week of the project?

3. Is there a statistically significant difference in the clinical competency of the experimental and control groups when evaluated by two raters in the final week of the project?

Definition of terms

Preceptorship: An individualized teaching strategy for learning. The baccalaureate student nurse was assigned to one specific preceptor for three weeks of the final clinical experience so that he or she could experience day-to-day practice with a resource person immediately available within the clinical setting (Chickerella & Lutz, 1981).

Preceptor: A registered nurse who is knowledgeable in his or her particular clinical area (Gardiner & Martin, 1985). He or she was a staff nurse who assumed the responsibility for teaching, counselling, acting as role model and resource person and supporting the growth and development of baccalaureate student in the final clinical experience.

Preceptee: A baccalaureate student nurse who was in the final clinical practicum. He or she was responsible for providing professional nursing care to assigned patients, under the supervision of an experienced and prepared registered nurse preceptor.

Clinical competence: The ability to function adequately or to demonstrate sufficient knowledge, judgment and skills while in the clinical setting (Schneider, 1979). This competence was measured by the Slater Nursing Competencies Rating Scale.

Performance: The demonstrated ability to carry out nursing actions in a competent manner while in the clinical setting. Performance was measured by the Six Dimension Scale of Nursing Performance.

Measurement of variables

The independent variable studied was preceptorship. Subjects in the experimental group were each assigned to one specific preceptor for the three-week period of the pilot project. During this time they were provided the opportunity to integrate theoretical concepts within the clinical setting, while assuming patient care responsibilities under the day-to-day guidance of the assigned preceptors. Students in the control group also assumed patient care

responsibilities without the one-to-one guidance of a staff nurse. The clinical instructor was responsible for the supervision of the five students in this group.

The dependent variable under study was clinical competency. This variable was measured by the constructs of leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relationships/communications and professional development in the Six Dimension Scale of Nursing Performance. The constructs of psychosocial individual, psychosocial group, physical, general, communication and professional implications in the Slater Nursing Competencies Rate Scale (Wandelt & Stewart, 1975) were also examined.

Instruments

Six Dimension Scale of Nursing Performance (6-D Scale):

Composed of 52 items (divided into six subscales), this four point rating scale was designed to obtain self-evaluations of performance, to record supervisor appraisals of performance or to measure perceived adequacy of nursing school performance (Schwirian, 1978). Reliability was determined for each of the subscales by coefficient alpha, with values ranging from .84 for the leadership subscale to .98 for the professional development subscale. Content and construct validity were addressed by the source of the items and the procedure used for development. Criterion validity was acquired in the instrument development. Criterion validity was established in the instrument development study. A factor analysis was conducted on 1501 responses; it indicated six identifiable factors corresponding to the six subscales of the instrument. Cronbach's Alpha was used to measure reliability for each of the six subscales (Schwirian, 1978).

Slater Nursing Competencies Rating Scale (Slater Scale):

This 84-item (divided into six constructs), five-point rating scale was designed to measure the competencies displayed by nurses as they performed nursing actions in providing care to patients (Wandelt & Stewart, 1975). Interrater reliability was estimated using three groups of senior nursing students ($n = 74$) in three different settings to be .78, .75 and .75. Intercorrelations among items, scales and total scores were computed for a sample of 250 nursing students. The odd-even half-split was .98. A factor analysis was carried out on 71 of the 84 items that had adequate sample size. Cronbach's Alpha analysis yielded .74. Construct validity was established through a factor analysis of 71 inter-item correlations, based on the 250 student sample. Content validity has been sustained through extensive scrutiny by nurse educators and nurse practitioners with expertise in all major clinical areas (Wandelt & Stewart, 1975).

Method

This study was part of a three week pilot project in which a preceptorship program was implemented in the fourth year of the basic baccalaureate program. The pilot project was the first of two pilot projects (incorporation of the preceptor-preceptee relationship), in preparation for curriculum revisions by the faculty of the selected university school of nursing.

Design

A quasi-experimental design was used. Subjects were assigned to the control group or to the experimental group. Random assignment was not feasible because the subjects, themselves, selected the clinical areas for their experience. Whether or not they were preceptored depended solely upon the clinical area selected. Preceptors were provided in five clinical areas only.

Sample

The fourth year basic baccalaureate student nurse population of the university school of nursing was composed of 62 students. Of that number, 52 elected to take the final optional third term experience; 14 of these requested permission to carry out their experience in the institution selected for the study. Twelve students agreed to participate in the pilot project. Seven students who were assigned to preceptors (staff nurses) were included in the experimental group, while the control group comprised five students who were supervised by a clinical instructor (member of the faculty of the university school of nursing). Although it was not possible to match students in the two groups, all were the same sex, approximately the same age and had similar previous clinical experience and academic standing.

Setting

The study was conducted in a 450-bed university teaching hospital in southwestern Ontario. This complex provides nursing services in a variety of specialty areas as well as in general medical-surgical nursing. This institution was selected because of the collaborative involvement of nursing administration and the faculty of the associated university school of nursing in the establishment of a preceptorship program. The areas designated for use in the study included medical, surgical, gynecological, orthopedic and nephrological units; the coronary care unit; the intensive care unit; the operating room; and the emergency room.

Data collection

Subjects in both groups used the Six Dimension Scale of Nursing Performance (6-D Scale) as a self-evaluation in a pretest, upon completion of the

first day of the clinical experience, and again as a posttest three weeks later. The 6-D Scale was also used in the final week of the project, by the clinical instructor and each of the preceptors, to rate the performance of subjects in the control group and the experimental group respectively. In the final week of the project, subjects were randomly assigned to the principal investigator and a research assistant who rated student performances with the Slater Nursing Competencies Rating Scale (Slater Scale). Prior to actual rating with this instrument, a correlation coefficient of .95 of was established for inter-rater reliability.

Results

Four different statistical tests were used to address the research questions. These included the paired t-test, two-tailed t-test, the Mann-Whitney U-test, and the point biserial correlation coefficient.

Results from the paired t-tests indicated that there were statistically significant pretest-to-posttest differences within the groups. Following the three week clinical preceptorship, subjects in the experimental group rated their performance to be significantly ($p < .05$) better in critical care, teaching/collaboration, planning/evaluation, interpersonal relationships/communications and marginally significantly ($p < .10$) better in professional development (Table 1). Subjects in the control group rated their performance as being marginally significantly ($p < .10$) better only in professional development (Table 2). The two-tailed t-test yielded no statistically significant pretest-to-posttest between group differences (Tables 3 and 4).

When the subjects' performance was rated by the clinical instructor and the preceptors, two-tailed t-tests indicated that the subjects in the control group performed significantly better ($p < .05$) than the subjects in the experimental group regarding planning/evaluation and marginally significantly better ($p < .10$) in interpersonal relationships/communications (Table 5). The point biserial correlation coefficient indicated that 47.8 percent of the variance between the groups in the planning/evaluation subscale was attributable to the treatment effect, while in interpersonal relationships/communications, 33 percent of the variance between the groups could be attributed to the treatment effect (Table 5).

Results from the observation of the experimental and control groups by the principal investigator and the research assistant using the Slater Nursing Competencies Rating Scale indicated no statistically significant difference in the performance of the two groups. The mean scores for the experimental group ranged from 0.54 in the psychosocial group subscale to 2.74 in the subscale of professional implications, while the mean scores for the control group ranged from 0.26 in the scale of psychosocial group to 1.40 in the physical scale (Table 6).

Table 1

Self-Evaluation Means, Standard Deviations and t-values as Rated on the Six Dimension Scale of Nursing Performance by the Experimental Group on the Pretest and Posttest (n=7)

	Pretest		Posttest		t-values
	X	S.D.	X	S.D.	
Leadership	2.20	0.67	2.37	1.64	0.36
Critical Care	1.78	0.36	2.98	0.49	7.41**
Teaching/ Collaboration	1.84	0.90	3.20	0.54	2.98**
Planning/ Evaluation	2.34	0.32	3.22	0.35	7.48**
Interpersonal Relationships/ Communications	2.68	0.39	3.61	0.30	4.96**
Professional Development	3.14	0.39	3.57	0.09	3.60*

*p<.10, **p<.105

Table 2

Self-Evaluation Means, Standard Deviations and t-values as Rated on the Six Dimension Scale of Nursing Performance by the Control Group on the Pretest and Posttest (n=5)

	Pretest		Posttest		t-values
	X	S.D.	X	S.D.	
Leadership	2.42	1.24	2.48	1.56	0.06
Critical Care	2.20	0.88	3.16	0.61	2.10
Teaching/ Collaboration	2.24	0.78	3.04	0.35	2.19
Planning/ Evaluation	2.38	0.76	3.18	0.53	2.10
Interpersonal Relationships/ Communications	3.02	0.66	3.64	0.42	2.06
Professional Development	3.32	0.50	3.64	0.37	2.50*

p<.10

Table 3

Self-Evaluation Means, Standard Deviations and t-values as Rated on the Six Dimension Scale of Nursing Performance by the Experimental Group and the Control Group on the Pretest (n=12)

	Experimental Group		Control Group		t-values
	X	S.D.	X	S.D.	
Leadership	2.20	0.67	2.42	1.24	0.40
Critical Care	1.78	0.36	2.20	0.88	1.13
Teaching/ Collaboration	1.84	0.90	2.24	0.78	0.79
Planning/ Evaluation	2.34	0.32	2.38	0.76	0.12
Interpersonal Relationships/ Communications	2.68	0.39	3.02	0.66	1.10
Professional Development	3.14	0.39	3.32	0.50	0.68

Table 4

Self-Evaluation Means, Standard Deviations and t-values as Rated on the Six Dimension Scale of Nursing Performance by the Experimental Group and the Control Group on the Posttest (n=12)

	Experimental Group		Control Group		t-values
	X	S.D.	X	S.D.	
Leadership	2.37	1.64	2.48	1.56	0.12
Critical Care	2.98	0.49	3.16	0.61	0.55
Teaching/ Collaboration	3.20	0.54	3.04	0.35	0.57
Planning/ Evaluation	3.22	0.35	3.18	0.53	0.19
Interpersonal Relationships/ Communications	3.61	0.30	3.64	0.42	0.12
Professional Development	3.57	0.95	3.64	0.37	0.47

Table 5

Evaluation Means, Standard Deviations and t-values as Rated on the Six Dimension Scale of Nursing Performance for the Experimental Group by the Preceptors and for the Control Group by the Clinical Instructor (n=12)

	Experimental Group		Control Group		t-values
	X	S.D.	X	S.D.	
Leadership	2.85	0.41	-	-	-
Critical Care	3.02	0.64	3.30	0.46	0.80
Teaching/ Collaboration	3.01	0.38	3.04	0.48	0.10
Planning/ Evaluation	3.07	0.27	3.64	0.37	3.03**
Interpersonal Relationships/ Communications	3.52	0.18	3.80	0.23	2.22*
Professional Development	3.51	0.30	3.78	0.27	1.55

* p<.10

**p<.05

Table 6

Means, Standard Deviations and t-values as Rated on the Slater Nursing Competencies Rating Scale by the Principal Investigator and Research Assistant (n=12)

	Experimental Group		Control Group		t-values
	X	S.D.	X	S.D.	
Psychosocial Individual	2.37	0.30	2.02	1.13	0.79
Psychosocial Group	0.54	0.55	0.46	0.54	0.26
Physical	2.54	0.58	1.88	1.06	1.40
General	2.54	0.51	2.08	1.16	0.94
Communications	1.87	0.59	1.70	0.98	0.33
Professional Implications	2.74	0.46	2.10	1.20	1.30

Discussion

The pretest-to-posttest differences in the experimental group's self-evaluations indicated that preceptorship may have had a positive impact on the self-evaluation of the students. These findings were similar to those of Walters (1981) who determined that, when senior baccalaureate student nurses were assigned to agency staff who acted as preceptors, they demonstrated an increase in confidence and expertise in their nursing performance. As Benner (1982) indicated, advanced beginners benefit from the guidance of preceptors.

While the lack of pretest-to-posttest differences found in the control group's self-evaluations may have been attributed to the lack of random assignment and the small sample size, it may also have been an indication of the subjects' inability to recognize changes in their nursing performances in a three-week period. Walters (1981) found that four to six weeks was usually required for the student to gain confidence and expertise in nursing performance. However, the lack of a perceived change in this group's performance during this three-week period may suggest that the absence of a one-to-one relationship was a contributing factor in developing a sense of confidence in their performance.

The lack of significance between group differences determined in the pre- and posttest self-evaluations may be explained by a number of factors. First, lack of random assignment may have resulted in unequal representation of the subjects. Subsequently, subjects may have differed in areas of self-perception, self-confidence and ability to recognize changes in their performance. Such differences may have affected the self-perceptions of the two groups to a greater extent than did the presence or absence of preceptorship. Secondly, although non-parametric tests yielded similar results to the t-tests, the small sample size may have contributed to the non-significant difference between the two groups' self-perceptions. Finally, the three-week clinical experience may have been too short a time frame for significant changes to have occurred in the performances of the two groups.

The evaluations by the clinical instructor and the preceptors indicated that the control group's performance was significantly better in planning/evaluation and marginally significantly better in interpersonal relationships/communications. The difference seen in planning/evaluation may have been attributed to three factors: 1) the routine emphasis placed on nursing care plans by the clinical instructor may have been reflected in the group's ability to plan and evaluate their nursing care; 2) the nursing care plans may not have been used as extensively in all the units in which the subjects were placed, specifically, the emergency and operating rooms; and, 3) the preceptors may have overlooked certain factors that may have contributed to the

performance of the experimental group. The lower performance scores of the experimental group in the interpersonal relationships/communications category may be attributed to the fact that these students were still adjusting to their role as preceptees in the preceptorship relationship and, as well, may have been directing their interpersonal skills toward socialization into that role. Three weeks may have only permitted them sufficient time in which to become socialized into that new role. Defining the complimentary roles of preceptor and preceptee is of primary importance during this time (Estey & Ferguson, 1985).

Evaluations by the principal investigator and research assistant indicated no significant between group differences. While the small sample size and lack of random assignment may have also contributed to the nonsignificant findings with the Slater Scale, observer presence may have also affected student performance (although measures were taken to prevent this from happening).

Limitations of the study

This pilot study was limited by three factors. First, the sample size was small. "The power of a test increases with sample size" (McCall, 1975, p. 194). Subsequently, the lack of significant difference between the groups' perceptions of their performances may be attributed to low statistical power that results from the small sample size although non-parametric tests yielded similar results to those obtained by the t-tests. Secondly, because random assignment is designed to establish comparability by equalizing the average unit within each treatment group, that is the control group and the experimental group, lack of random assignment may have resulted in those students being unequally represented (Cook & Campbell, 1979). Finally, the study was confined to one baccalaureate nursing program, thus limiting the potential to generalize the results.

Conclusions and Recommendations

Research Question 1: There were no statistically significant pretest-to-posttest between group differences. While there were statistically significant pretest-to-posttest differences in the perceived performance of preceptored students, there were no such differences in the perceived performances of the non-preceptored students.

Research Question 2: When rated by the preceptors and the clinical instructor, there was a statistically-significant difference in the performance of baccalaureate student nurses who were not preceptored over those who were preceptored.

Research Question 3: There was no statistically-significant difference in the clinical competency of subjects in the experimental and control group when

evaluated by two raters in the final week of the project. Baccalaureate student nurses who were preceptored performed no differently than those who were not preceptored.

Conclusions drawn from this study were that the preceptorship program was equally effective with regard to the performance of subjects who were not preceptored in the three week clinical experience. However, there were statistically significant pretest-to-posttest differences in the perceived performance of subjects who were preceptored following the three week clinical experience. It may be concluded that preceptorship does have a positive effect on the self-perception of students. In this study, baccalaureate student nurses who were not preceptored performed significantly better in planning/evaluation than did baccalaureate student nurses who were preceptored, when rated by their immediate supervisors.

These conclusions may contribute to the field of nursing by providing information about the role of nurses in transition to the clinical area. Specifically, preceptorship provides support and guidance to the advanced beginner in the clinical environment. This results in an increase in confidence in perceived performance.

The results of this study are not conclusive in providing evidence that preceptorship is a viable clinical teaching strategy. Therefore, it is recommended that this study be replicated to incorporate a larger sample size, random assignment of subjects and the involvement of more than one baccalaureate nursing program.

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RÉSUMÉ

Rôle de l'enseignement individuel sur la compétence clinique des étudiantes de baccalauréat en sciences infirmières - étude pilote

Cette étude s'inscrit dans le cadre d'un projet pilote de trois semaines aux termes duquel une structure d'enseignement individuel a été mise en place, à la fin de la quatrième année du programme fondamental de baccalauréat. L'échantillon regroupait 12 étudiantes de baccalauréat en sciences infirmières âgées de 22 à 26 ans avec expérience clinique et préparation universitaire identiques. La structure de l'étude reposait sur deux groupes quasi expérimentaux avec format pré-test et post-test. L'évaluation des performances des étudiantes a été effectuée au moyen de la Six Dimension Scale of Nursing Performance et de la Slater Nursing Competencies Rating Scale.

D'après les résultats obtenus, l'existence de cours individuels ne modifie pas de façon significative les performances des sujets ayant bénéficié de ces cours, par rapport à ceux qui n'en ont pas bénéficié. Toutefois, des différences significatives au niveau du pré-test et du post-test, dans les performances des sujets ayant bénéficié de cours individuels, donnent à penser que cette formule peut avoir une influence positive sur la perception que les étudiantes ont d'elles-mêmes dans le domaine clinique.