PRECEPTOR SELECTION CRITERIA IN CANADIAN BASIC BACCALAUREATE SCHOOLS OF NURSING - A SURVEY

Florence Myrick and Celeste Barrett

In 1982, a resolution that the baccalaureate degree become the minimal educational preparation for entry into the nursing profession by the year 2000 was endorsed by the Canadian Nurses' Association (CNA). This endorsement presents significant ramifications for the nursing profession in this country and in particular for nursing education. Conceivably, within the next 10 years, university nursing faculty may acquire the exclusive role of preparing registered nurses in Canada. Presently, it is acknowledged that existing university programs do not possess the resources with which to adequately accommodate the anticipated increased enrollments that would be precipitated by the realization of this resolution (CNA, 1982; French, 1984). Faculty in university schools of nursing continue to be faced with the dilemma of new graduates feeling inadequately prepared for the practice setting (Myrick, 1988; Shamian & Inhaber, 1985). Escalation of the student-faculty ratio will generate an even greater strain on clinical teaching. In light of these developments, the onus is on nursing education to examine alternative clinical teaching strategies that will assist in dealing with these difficulties. One strategy being advocated 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 within the clinical setting" (Chickerella & Lutz, 1981, p. 107).

Review of the Literature

Traditionally, the major responsibility for clinical teaching of nursing students has been maintained directly under the auspices of nursing education (Limon, Spencer & Walters, 1981). The professional growth and development of the student has been guided directly by the clinical instructor who has been a member of the nursing faculty. In this method of clinical teach-

Florence Myrick, R.N., M.Sc.N. and Celeste Barrett, R.N., M.Sc.N. are assistant professors in the School of Nursing, at Dalhousie University, in Halifax.

ing, the faculty-student ratio varies between ten and fifteen students per instructor (Registered Nurses Association Ontario, 1982; Stuart-Siddell, 1983). Unlike this traditional approach, preceptorship is an individualized teaching-learning method in which each student is assigned to a specific preceptor who is usually selected from among hospital staff nurses (Chickerella & Lutz; Myrick, 1988; Shamian & Inhaber, 1985).

Since the 1960's, preceptorship has been used increasingly as a clinical teaching method by many nurse educators. Specifically, in Canada and in the United States, faculty in university schools of nursing are utilizing preceptorship for the clinical teaching of their nursing students. In 1975, in the United States, a total of 58 preceptorships were reported for nursing students (Spears, 1986). By 1985, that number had escalated to 109 in generic programs with faculty in diploma and associate degree programs also reporting the use of preceptorship experiences for their students (Spears, 1986).

A variety of studies have been conducted on the use of preceptorship in nursing education. These studies have focused primarily on the effects of preceptorship on the clinical competency and self-perception of the preceptee. Huber (1981) examined the impact of preceptorship on graduate nurse performance and found that preceptorship did not significantly contribute to their clinical performance. Olson, Gresley and Heater (1984) completed an investigation to determine the effect of preceptorship on student self-concept and self-perception vis a vis clinical competence and found no significant differences in those students who had been preceptored. A further study by Shamian and Lemieux (1984) evaluated two teaching methods - the preceptor teaching model and the formal teaching model. Results of this study revealed that the preceptorship model, when compared to the formal or traditional method, produced superior results in the areas of knowledge attainment, assessment skills and educational program attendance. Unlike the previous studies, this study used a heterogenous sample of registered nurses and nursing assistants. In 1988, Myrick reported a study in which she examined the effect of preceptorship on the clinical competency of fourth year basic baccalaureate nursing students. The findings of this study indicated that there was no significant difference in the clinical competency of the preceptored and non-preceptored students.

It has been acknowledged in the literature that the role of the clinical preceptor is a crucial one (Chickerella & Lutz, 1981; Crancer, Fournier & Maury-Hess, 1975; Huber, 1981; Limon, Bargagliotti & Spencer, 1982; Scheetz, 1989). The staff nurse who assumes this role acts as resource person and role model, as well as teacher, counsellor and evaluator to the preceptee or student nurse. Although the literature is replete with articles concerning preceptorship and research regarding the impact of preceptorship on student self-perception and performance, to date, no research exists that addresses

preceptor selection criteria. If the role of the clinical preceptor is as crucial as is purported, then surely specific selection criteria are critical to the preceptorship process. Yet could the absence of such research in this area suggest otherwise? Ultimately, lack of such criteria may have an impact upon preceptee clinical competency and self-perception. Given the inconsistencies already evident in the literature related to the use of preceptorship for clinical teaching and, in light of the absence of research regarding preceptor selection criteria, this study is timely.

Conceptual Framework

The Dreyfus Model of Skill Acquisition has been applied to nursing by Benner (1984) and provides a useful method for understanding clinical performance. In applying this model to nursing, Benner considers advancement in skilled performance, based upon experience as well as education, clinical knowledge development and career progression in clinical nursing. Benner's application of the Dreyfus Model, *From Novice to Expert*, is used as the framework for this study.

During the process of acquiring and developing a skill, a nurse progresses through five levels of proficiency. These include: "novice, advanced beginner, competent, proficient and expert" (Benner, 1984, p. 14). These different levels represent changes in three general areas of nursing performance: progression from a dependence on abstract theory to the use of previous actual experience as a framework; advancement by the student from perceiving a situation as a fragmented whole to viewing the situation in its entirety in which only certain factors are relevent; and transition from observer to performer. Through the utilization of Benner's model, it is possible to describe the performance characteristics of each level of the nurse's development and to identify, in general terms, the teaching and learning needs specific to each level. In accordance with this framework, the nursing students or preceptees may be classified at the level of novice, advanced beginner, competent or proficient while the clinical preceptor would be categorized as expert. At the expert level, the performer does not depend on an analytical rule to comprehend the situation (Benner, 1982, 1984). Based on a vast background of experience, the expert nurse has acquired an instinctive understanding of the situation that permits her or him to disregard unnecessary components and focus directly on the problem situation. The expert functions from a deep understanding of the total situation.

Purpose

The purpose of this study was to determine the presence of selection criteria for clinical preceptors in Canadian baccalaureate schools of nursing, and, the commonalities and discrepancies that exist regarding those criteria.

Research Questions

1. Are there any structured preceptorship programs presently in existence in Canadian basic baccalaureate schools of nursing? If so, what factors influence the decision to select preceptors and in what practice settings are they utilized?
2. What are the criteria used to select clinical preceptors in these programs?
3. Are there commonalities and discrepancies in the structured preceptorship programs?
4. What are the criteria used to evaluate the performance of clinical preceptors?

Definition of terms

Structured programs: The delineation of specific expectations concerning the function of preceptorship and the roles of clinical preceptor and preceptee.

Preceptorship: An individualized teaching and learning strategy. The baccalaureate student nurse is assigned to one specific preceptor for a specified period of time in the clinical setting so that she or he can experience the day-to-day practice with a resource person immediately available within the clinical setting (Chickerella & Lutz, 1981).

Clinical preceptor: A registered nurse who is knowledgeable in her or his particular clinical area (Gardiner & Martin, 1985). She or he is a staff nurse who assumes the responsibility for teaching, counselling, acting as role model and resource person and supporting the growth and development of a baccalaureate student in her or his designated clinical experience.

Preceptee: A basic baccalaureate student nurse who is involved in clinical practice. She or he is responsible for providing professional nursing care to assigned clients under the supervision of an experienced and prepared registered nurse preceptor.

Instrument

The instrument used in this study is a questionnaire entitled, *Survey of Preceptor Selection Criteria in Canadian Basic Baccalaureate Nursing Programs*. It is a self-administered, three-part questionnaire requiring approximately 20 minutes for completion.

Part A, entitled "General Information" is composed of ten questions. These consist of nine forced-choice and one open ended question. Based on a

thorough review of the literature together with previous nursing education experience and knowledge, these questions were developed by the researchers. Part B, entitled "Specific Criteria", is composed of eight questions numbered from 11 to 19. This section consists of factors specific to the selection of clinical preceptors in basic programs in Canadian university schools of nursing. Seven forced-choice and one rank order question are included in this section. These questions were developed by the researchers. Part C, entitled "Evaluation", was designed by the researchers. It requests data concerning the evaluation process related to the performance appraisals of the clinical preceptors.

To achieve content validity, a "panel of experts" reviewed the questionnaire to ascertain if the items represented adequately the possible range of topics to be included in the selection criteria for clinical preceptors. This panel of experts comprised three faculty from a university school of nursing and the coordinator of a preceptorship program in a university teaching hospital. Ambiguous questions were reworded. The question concerned with selection criteria was expanded from 14 items to 15 items. This expansion included "effective conflict management skills". The question referring to the clinical areas in which preceptors are used was expanded from six items to eight items. This expansion included "care of the child" and "community health care".

In order to assess the instrument's stability, reliability was determined by subjecting the questionnaire to pre-testing. Prior to the onset of the study, three nurse educators with experience in the use of clinical preceptors, pretested the instrument entitled "Survey of Preceptor Selection Criteria". These participants were not included in the actual survey. The participants completed the pre-test questionnaire in early March, 1990 and three weeks later they completed the post-test. A Spearman rank-order correlation was obtained for the preceptorship data at $r = .66$.

Method

This survey study employed an exploratory, descriptive design using qualitative and quantitative data. Sieber (1973) states that quantitative and qualitative data from the same organization can be used in combination to provide more powerful analyses than can be acquired from either single approach. This method may disclose unique sources of variation that otherwise may not be obtainable.

The study was designed to examine the criteria used in the selection of candidates for the role of clinical preceptor in Canadian baccalaureate schools of nursing. A mailed survey was used because of its cost effectiveness and time-saving advantages, accessibility to the subjects within the

selected setting and because of its usefulness for qualitative and quantitative data analysis (Dillman, 1978).

Sample

The sample for this study consisted of 25 out of the 31 basic baccalaureate nursing programs in Canada. Eligibility for participation in this study was based on the existence of preceptorship programs in their respective schools of nursing and the willingness of the Deans and Directors to participate.

Procedure

Written correspondence was forwarded to the Directors and Deans of 25 Canadian baccalaureate schools of nursing to obtain their consent to participate in this study and to arrange for the distribution of the questionnaire to the appropriate faculty. A proposal of the study was also included to explain the purpose of the study.

Once consent was obtained, questionnaires and a cover letter were prepared with self-addressed stamped envelopes. Each envelope was coded according to the name of the university, in order to insure follow-up. A research assistant, independent from the study, opened the envelopes so that the universities were not indentified by the investigators. As a reminder of the deadline date for the study, a follow-up letter was sent at a one month interval following the initial mailing of questionnaires to the participating university schools of nursing. The Directors or Deans were requested either to complete and return their questionnaires in the self-addressed stamped envelopes provided or to direct the questionnaires for completion to those faculty involved in the use of preceptorship. Results of the study have been made available to all participants.

Results

To date, there is a total of 31 Canadian university schools of nursing in which both basic and post-RN programs are offered (CNA, 1988). The one basic baccalaureate school of nursing that participated in the pre- and post-testing of the questionnaire was excluded. Twenty-five Canadian baccalaureate schools of nursing received instruments. Of this number, 20 (80%) returned completed questionnaires. Three incomplete questionnaires were returned because these schools administer post-RN programmes only and therefore did not qualify for participation in this study. Two schools did not return the quesionnaire. One of the returned questionnaires was completed by a school of nursing with a post-RN programme only and the data were included in this study because this school had indicated that they had interpreted basic to mean post-RN.

Research Question 1

Are there any structured preceptorship programs presently in existence in Canadian baccalaureate basic schools of nursing? If so, what factors influence the decision to select clinical preceptors and in what practice settings are they utilized?

Currently, of the 20 Canadian basic baccalaureate schools of nursing that participated in this study, 70% (n=14) indicated that they employ clinical preceptors for the teaching of their students in the practice setting. Factors that are identified as directly influencing their decision to use clinical preceptors are outlined in Table 1.

Table 1

Factors Influencing The Decision To Select Clinical Preceptors (N=20)

Factor	(n)	%
Congruent with faculty philosophy	9	45%
Lack of nursing faculty for clinical teaching	8	40%
Congruent with agency policy	4	20%
Availability of qualified preceptors	3	15%
Other	3	15%

Reasons cited in the category "other" include: "preceptorship is perceived to be an ideal teaching strategy with which to assist students in the process of synthesis in the clinical setting", 5% (n=1); "preceptorship is reported to provide an enriched experience for students especially those in year IV", 5% (n=1); and 5% (n=1) indicate that "preceptorship enables the use of clinical placements that would be otherwise unavailable due to distance and that the preceptors are the experts in practice." Of the 20% (n=4) that indicate that they do not use clinical preceptors, 15% (n=3) report their reason to be related to the "unavailability of qualified preceptors" and 5% (n=1) state that such a program would be "incongruent with faculty philosophy".

Of these existing structured preceptorship programs, 65% (n=13) of the respondents report using preceptorships in Year IV; 45% (n=9) in Year III; 5% (n=1) in Year II; and 5% (n=1) in Year I. Time allotted for the use of preceptors in clinical teaching is reported by the Deans or Directors to be on average 211.38 hours S.D.(178.6) annually.

Specific practice areas in which clinical preceptors are used are presented in Table 2.

Table 2

Utilization of Clinical Preceptors in Practice Settings, (N=20)

Practice settings	(n)	%
Care of the Adult	12	60%
Care of the Child	11	55%
Community Health Care	11	55%
Care of the Newborn	9	45%
Care of the New Mother	9	45%
Care of the Elderly	8	40%
Mental Health Care	8	40%
Other	6	30%
Care of the Family	5	25%

Areas indicated in the "other" category include: all clinical areas in the hospital setting inclusive of, ICU 15% (n=3); northern medical services settings, 5% (n=1); long-term care/rehabilitation/palliative care, 5% (n=1); and area of choice selected by student, 5% (n=1).

Research Question 2

What are the criteria used to select preceptors in these programs? Forty-five percent (n=9) defined specific criteria for the selection of their clinical preceptors.

Fifteen percent (n=3) did not define specific criteria and 15% (n=3) were in the planning phase about the development of selection criteria. When questioned about who is responsible for defining the selection criteria for clinical preceptors, 35% (n=7) indicated that it is carried out collaboratively between the school of nursing and the agency and 20% (n=4) by the faculty of the school of nursing only.

The minimal educational qualifications for clinical preceptor selection are reported as: baccalaureate degree in nursing 40% (n=8); diploma in nursing 30% (n=6); baccalaureate in nursing preferred but diploma prepared RN's with excellent clinical experience, skill and decision-making abilities, 5% (n=1). The minimal clinical nursing practice experience required of clinical preceptors is: two years, 30% (n=6); one year, 10% (n=2); three to five years, 10% (n=2). Of the 20% (n=4) who indicate the category "other", the following were identified: "recommendation of supervisor or agency carries

more weight than length of experience", 5% (n=1); "do not identify as agency selects preceptors", 5% (n=1); "not specifically indicated", 5% (n=1); and length of experience preferred is one year, which is not always possible in certain areas. However, priority is given to knowledge and skills, 5% (n=1). Minimal clinical teaching experience required of clinical preceptors are that no experience is necessary 65% (n=13) or are not identified because preceptors are selected by agency 5% (n=1). Forty percent (n=8) agree that their preceptor selection criteria are clearly defined while 30% (n=6) do not agree. Thirty percent (n=6) of the respondents always use preceptor selection criteria; and 30% (n=6) do not use the criteria. The criteria used to select clinical preceptors are outlined in Table 3.

Table 3

Median Rank Scores For Criteria Used To Select Clinical Preceptors, (N=20)

Criteria	Median rank scores
Clinical Competence	1.0
Commitment to the Preceptor Role	2.0
Effective Communication Skills	3.0
Skilled Use of the Nursing Process	4.0
Professional Conduct	4.0
Other	6.0
Active Involvement in Own Professional Development	6.5
Ability to Complete Performance Evaluation	7.0
Ability to deal with Conflict	7.0
Knowlege in the use of Nursing Research in Clinical Practice	8.0

Those who responded to the "other" category identified the following additional criteria: availability, 5% (n=1); ability to teach others, 5% (n=1). Forty percent (n=8) indicated that they specifically matched the preceptor with the preceptee and 35% (n=7) stated that they did not match. Of the 40% (n=8) who did match, 15% (n=3) matched on personality, 5% (n=1) matched on age and 35% (n=7) matched on: student preference, 5% (n=1), learning needs of students, 25% (n=5) and experience as preceptor, 5% (n=1).

Research Question 3

Are there commonalities and discrepancies in the structured preceptorship programs?

Sixty-five percent (n=13) of the schools reported that they provide an orientation for clinical preceptors, while only 10% (n=2) do not. Of those who do provide orientation, 70% (n=14) stated that the faculty of the school of nursing provides the orientation. Fifteen percent (n=3) who answered "other" indicated that the orientation is provided through a collaborative effort among community college, university or agency. Five percent (n=1) stated that the hospital participates only if the clinical area is new to the preceptor. Five percent (n=1) indicated that the head nurse, who holds a joint appointment with the school of nursing, works together with faculty to develop an orientation and to monitor the course and student performance. Ten percent (n=2) stated that the head nurse at the agency provides the orientation. The common content areas included in the orientation of clinical preceptors are presented in Table 4.

Table 4

Orientation Content for Clinical Preceptors, (N=20)

Orientation content	(n)	%
General orientation to the program	11	55%
Student performance evaluation methods	11	55%
Clinical teaching strategies	10	50%
Objectives of the basic baccalaureate program	9	45%
Instructor accountability	9	45%
Philosophy of the basic baccalaureate program	8	40%
Other	7	35%
Conflict management	5	25%
Principles of adult learning	4	20%
Principles of communication	4	20%

Research Question 4

What are the criteria used to evaluate the performance of clinical preceptors?

Only 30% (n=6) stated that they completed a performance evaluation on the clinical preceptors. Of those, 10% (n=2) indicated that the head nurse and the preceptee completed the evaluation. University faculty and the preceptee carried out the evaluation in 10% (n=2). The evaluation was completed by the university faculty only in 10% (n=2); and 10% (n=2) stated that the preceptee only completed the evaluation. Thirty-five percent (n=7) indicated that they did not complete a performance evaluation, while 10% (n=2) stated that they were uncertain. The 30% (n=6) who completed the performance evaluation on the clinical preceptors included the evaluation criteria outlined in Table 5.

Table 5

Criteria Used To Evaluate The Performance Of Clinical Preceptors, (N=20)

Criteria	(n)	%
Interpersonal communication skills	7	35%
Clinical competence	6	30%
Commitment to preceptor role	6	30%
Selection of appropriate clinical assignments for the level of the learner	5	25%
Evaluation skills	4	20%
Skilled use of the Nursing Process	4	20%
Ability to deal with conflict	2	10%
Use of nursing research in clinical practice	1	5%
Other	1	4%

Those who answer "other" indicate areas of strength, areas of improvement and suggestions for improvement. The 35% (n=7) who indicated that they do not complete performance evaluation on the clinical preceptors, cited the following: lack of adequate time and lack of an appropriate evaluation tool, 20% (n=4). Other reasons included by 15% (n=3) are: informal evaluations completed by 10% (n=2), and 5% (n=1) stated that, because of the limited number of available qualified preceptors, they are unable to reject applicants and therefore have not developed formal evaluation criteria.

Discussion and Implications

While the results of this study indicate that clinical preceptors are utilized in 70% of Canadian university schools of nursing surveyed, 45% actually define specific criteria for the selection of their clinical preceptors. Of that number, only 30% always use those criteria when selecting the preceptors. The lack of selection criteria evident in 55% of those schools using clinical preceptors may be related to the fact that there are insufficient qualified preceptors available in the practice setting who actually meet such criteria. Under these circumstances, it may be counter-productive for those schools to delineate specific criteria when such criteria could not be met. The lack of criteria may also be related to the low priority designated to clinical teaching in the university setting (Karuhije, 1986). In light of the already onerous workloads of university nursing faculty, it may also be a reflection of the shortage of time that faculty have in which to develop and implement such criteria (Myrick, 1988). Such criteria may also be seen to be irrelevant because of the perception that the staff nurse possesses the clinical expertise and is an appropriate role model and teacher in the practice setting. Benner (1984) states that expertise results from the process of experiencing different clinical situations. Moreover, the expert is one who possesses a profound understanding of clinical situations vis-à-vis the complexities and realities that only experience can provide. Of interest is the fact that 40% of the respondents state that their reason for using preceptors results from the lack of nursing faculty who are available for clinical teaching. Despite the fact that only 15% indicate that qualified preceptors are available, clinical preceptors are employed because it is consistent with the philosophies of the nursing faculty and the agency. The academic must rely on the practitioner for clinical knowledge development and the determination of questions that theorizing does not necessarily address (Benner, 1984). The unavailability of nursing faculty for clinical teaching may be related to: emphasis of the university infrastructure on scholarly activities and the low priority afforded clinical teaching; increased and complex workloads of university nursing faculty; and, lack of clinical practice of the faculty themselves.

Sixty-five percent of those schools using clinical preceptors do not require previous teaching experience. According to Benner and Benner (1979), nursing service professionals demonstrate lower ideal expectations of new nurses than do nurse educators. Can this not result in ambiguity and role confusion on the part of the student? While orientation is provided to the clinical preceptors in 65% of the schools, prinicples of adult learning are included by only 20%. Interestingly, principles of effective communication are also included by only 20%. This may be related to the fact that registered nurses are generally regarded as effectual communicators. According to Benner and Benner (1979), all too frequently, the expert's difficulty in accurately communicating all that they know is misunderstood by the beginner. One may

speculate that if the expert is provided with principles of adult learning theory, would this not improve or facilitate their communication of that knowledge?

Performance evaluation of the clinical preceptors is completed in only 30% of those schools that use preceptorship. There is considerable disparity in these schools about who actually completes such evaluations. Moreover, it seems that there is no formal evaluative mechanism for feedback on the clinical teaching performance of the preceptors, despite the fact that minimal teaching experience is required. Given the fact that these preceptors are increasingly becoming more and more directly responsible for preparing the future practitioners of the nursing profession, one would assume that the evaluation of such a role would be of major priority to nursing faculty.

In ranking the factors that influence the selection of clinical preceptors, clinical competence ranks the highest while commitment to the role of preceptor is second highest. Knowledge of the use of nursing research in the clinical setting ranks the lowest. It is widely accepted in the nursing profession that research is considered to be the basis for the generation of scientific knowledge and the promotion of the profession as a research based discipline (Burns & Grove, 1987). Therefore, it is indeed surprising that knowledge in the use of research in clinical practice does not receive a higher ranking by the university programs that participated in this study.

Limitations

1. The instrument was new and when pre-tested resulted in a low Spearman Rank Correlation Coefficient. This has implications for the reliability of the instrument.
2. Several questions in the questionnaire were not answered. This may be attributed to the ambuiguity of those questions.
3. The survey was limited to the basic baccalaureate nursing programs. No attempt was made to include post-RN programs.
4. One school interpreted basic to mean post-RN which may indicate that the definition of "basic" is not clearly delineated.

Conclusions and Recommendations

The majority of Canadian baccalaureate schools of nursing have indicated that they use clinical preceptors or are in the process of implementing the use of such a method for the clinical teaching of their students. However, only a small percentage (45%) actually define specific criteria for the selection of their preceptors and 30% of those schools that use preceptorship complete a performance evaluation of their clinical preceptors, despite the fact than many (65%) do not require any previous clinical teaching experience.

Twenty percent of the respondents stating that they do not evaluate their clinical preceptors do not do so because of the non-existence of an appropriate evaluation tool, as well as lack of time. Factors that influence the selection of clinical preceptors include: clinical competence, which ranked as highest; commitment to the preceptor role, ranked second highest; and knowledge of nursing research in clinical practice ranked the lowest.

In light of the findings in this study, the authors recommend that an evaluation tool for the performance appraisal of clinical preceptors be developed and that additional emphasis be placed on the clinical teaching ability of clinical preceptors. Consistent use of specific criteria should be promoted when selecting clinical preceptors, especially to counteract the "warm body" syndrome. It is also recommended that a follow-up study be conducted after two years to determine the percentage of Canadian baccalaureate schools of nursing in which specific criteria are used in the selection of clinical preceptors.

REFERENCES

Benner, P. (1982). From novice to expert. *American Journal of Nursing, 82*(3), 402-407.

Benner, P. (1984). *From novice to expert. Excellence and power in clinical nursing practice.* California: Addison-Wesley Publishing Company.

Benner, P., & Benner, R.V. (1979). *The new nurse's work entry: A troubled sponsorship.* New York City: The Tiresias Press, Inc.

Burns, N. & Grove, S. K. (1987). *The practice of nursing research: conduct, critique and utilization.* Philadelphia: W. B. Saunders Company.

Canadian Nurses Association. (1982). *Entry to the practice of nursing: A background paper.* Canadian Nurses Association Task Force on Entry into Practice. Ottawa.

Canadian Nurses Association. (1988). *Entry to practice newsletter. Fact Sheet.* Canadian Nurses Association. Ottawa.

Chickerella, B.G., & Lutz, W.J. (1981). Professional nurturance: Preceptorships for undergraduate nursing. *American Journal of Nursing, 81*(1), 107-109.

Crancer, J., Fournier, M., & Maury-Hess, S. (1975). Clinical practicum before graduation. *Nursing Outlook, 23,* 99-102.

Dillman, D.A. (1978). *Mail and telephone surveys: the total design method.* New York: John Wiley & Sons.

French, S.E. (1984). *Entry to practice year 2000.* Nursing year: 2000 conference. The Sir Mortimer B. Davis-Jewish General Hospital. Unpublished paper.

Gardiner, M., & Martin, L. (1985). Preceptorship over three years, it really works!! (Part one). *AARN Newsletter, 41*(6), 1-5.

Huber, M.L. (1981). *The effect of preceptorship and internship orientation programs on graduate nursing performance.* Unpublished doctoral dissertation. Wayne State University.

Karuhije, H.F. (1986) Educational preparation for clinical teaching: perceptions of the nurse educator. *Journal of Nursing Education, 25*(4), 137-143.

Limon, A., Spencer, J.B., & Walters, V. (1981). A clinical preceptorship to prepare reality-based ADN graduates. *Nursing and Health Care, 11*(5), 267-269.

Limon, S., Bargagliotti, L.A., & Spencer, J.B. (1982). Providing preceptors for nursing students: What questions should you ask? *Journal of Nursing Administration, 12*(6), 16-19.

Myrick, F. (1988). Preceptorship: a viable alternative clinical teaching strategy? *Journal of Advanced Nursing, 13,* 588- 591.

Myrick, F. (1988). The effect of preceptorship on the clinical competency of baccalaureate student nurses: A pilot study. *The Canadian Journal of Nursing Research, 20*(3), 29-43.

Olson, R.K., Gresley, R.S., & Heater, B. (1984). The effects of an undergraduate clinical internship on the self-concept and role mastery of baccalaureate nursing students. *Journal of Nursing Education, 23*(3), 105-108.

Registered Nurses Association of Ontario. (1982). *Background paper on baccalaureate nursing preparation: Entry level as a registered nurse.* Toronto, Ontario: Registered Nurses Assocation of Ontario.

Scheetz, L.J. (1989). Baccalaureate nursing student preceptorship programs and the development of clinical competence. *Journal of Nursing Education, 28*(1), 29-35.

Shamian, J. & Inhaber, R. (1985). The concept and practice of preceptorship in contemporary nursing: A review of pertinent literature. *International Journal of Nursing Studies, 22*(2), 79-88.

Shamian, J., & Lemieux, S. (1984). An evaluation of the preceptor model versus the formal teaching model. *The Journal of Nursing Education, 15*(3), 86-89.

Sieber, S. D. (1973). The integration of field work and survey methods. *American Journal of Sociology, 78,* 1335-1359.

Spears, M. W. (1986). The benefits of preceptorships. *Journal of Nursing Administration, 16*(6), 4.

Stuart-Siddal, S. (1983). Trends in nursing education. In S. Stuart-Siddall and J. M. Haberlin. *Preceptorships in nursing education* (pp. 3-8). Rockville, Maryland: Aspen Systems Corporation.

RÉSUMÉ

Critères de sélection des conseillers cliniques dans les écoles canadiennes de sciences infirmières

Ce sondage vise à examiner les critères utilisés actuellement dans la sélection des candidats au rôle de conseiller clinique dans les écoles canadiennes de sciences infirmières qui offrent le baccalauréat. Le sondage effectué par courrier comprenait des données qualitatives et quantitatives, dans un concept descriptif et prospectif. Vingt-cinq des 31 écoles canadiennes de sciences infirmières qui offrent le baccalauréat ont été visées par le sondage. Le taux de réponse a été de 80% (N=20). On a effectué une analyse des données en se servant des fréquences, des pourcentages et du coefficient de corrélation des rangs de Spearman. Les observations découlant de l'étude indiquent que 70% des écoles universitaires canadiennes de sciences infirmières qui ont répondu au sondage se prévalent des services de conseillers cliniques. Parmi elles, 45% ont effectivement des critères spécifiques de sélection. Parmi les facteurs qui influencent le choix des conseillers cliniques, mentionnons la compétence clinique qui est le critère le plus important, l'engagement du candidat dans ses fonctions de conseiller vient en deuxième lieu et au dernier rang, l'aptitude à appliquer les recherches en sciences infirmières à l'exercice clinique. La période allouée à l'utilisation des conseillers dans l'enseignement clinique est d'en moyenne 211,28 heures (écart-type) (178,6). Nous traitons de ces conséquences dans l'enseignement des sciences infirmières.