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Research Article

RT PRECEPTORS' PERCEPTIONS OF CLINICAL EDUCATION AND LEARNERS

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A B S T R A C T

Clinical education is a principal component of undergraduate/ entry-level allied health curricula, and it is perceived as essential to the development of clinical skills and attitudes. The goal of clinical education is to integrate theory and practice in controlled environment to provide students with learning that is necessary for entry into professional practice. **Method**: The data was collected from 53 respiratory therapy preceptors who work in KAMC-Riyadh. Self-administered questionnaires were designed to collect data from RTs' Preceptors: The questionnaire had 3 main sections, including personal characteristics, clinical education process and students behaviors at clinical placements. The self-administered questionnaires were developed from previous clinical education research publications for full detailed of questionnaires. **Result**: The study duration was 5-monthes period between January 1, Table 1 shows the study participants characteristics, table 2 shows the perception of RT preceptors about supervision of number of students at one time, table 3 shows attitude of RT Preceptors about clinical education, and table 4 shows Knowledge of RT Preceptors about clinical education. **Conclusion**: it is clear that the preceptors prefer to have a one to one supervision. The attitude of the preceptors was positive in most of the attitude items, and the knowledge of the instructor about the clinical education was also positive except the awareness of the curriculum and the level of the students.

INTRODUCTION

Clinical education is a principal component of undergraduate/ entry-level allied health curricula[1], and it is perceived as essential to the development of clinical skills and attitudes[2,3]. The goal of clinical education is to integrate theory and practice in controlled environment to provide students with learning that is necessary for entry into professional practice[4]. Clinical education has been widely studied in applied medical settings[5,6,7,8]. These include, research in athletic training, nursing, occupational therapy, physical therapy, speech and language pathology, radiography, optometry, and clinical psychology. The clinical learning environment and the need for effective supervisors were identified by occupational therapy students as important components to their clinical education,[9] Students and supervisors in 65 clinical settings were surveyed to determine the impact of the practice setting on student experiences. They found that, the clinical learning environment helped develop the student's preferred clinical practice setting and that the most critical component of the clinical environment was dependent on the quality of the supervision.

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Respiratory therapy (RT) is one of many practice-based professions that relies on clinical supervision through the use of preceptors, or experienced RT who teaches or instructs less experienced or new RT graduates in their clinical practice. The preceptor is the registered RT in the placement setting who is assigned to the student during the placement. The preceptor works alongside the student, observes the student „in action", and provides regular feedback to the students and clinical lecturer on the student's performance. However, there are lack of information about the RT preceptor's role and responsibilities. Research which conducted in Western countries revealed that commitment of preceptors to their roles is essential for integrity of student's clinical placements and new graduate programmers[9,10].

For example, among 59 Canadian nurses, preceptors are likely to be committed to the role of preceptor when there are worthwhile benefits, rewards and supports (11). Additionally, the expectations and demands of precepting students and learners in clinical placement not been studied to a large extent. The aim of this study was to explore for the first time ever the perceptions of RT preceptors of clinical education or learners.

METHODS

This is a Cross sectional study design was used in this study.

Data was collected from King Abdulaziz Medical City (KAMC). KAMC provides services for a rapidly growing patient population in all of its catchments areas. King Fahad National Guard Hospital has evolved to be part of the King Abdulaziz Medical City with many other prominent medical centers. Respiratory therapists work at 12 Intensive Care Units: Adult ICU, Pediatric ICU, Neonate ICU, Burn Units, Truma ICU, Surgical ICU, Neurological Critical Care Units, Intermediate Medical Care Units, Emergency ICU, Medical Cardiac ICU, Adult Cardiovascular ICU, and Pediatric Cardiovascular ICU.

The data was collected from 53 respiratory therapy preceptors who work in KAMC-Riyadh. Self-administered questionnaires were designed to collect data from RTs' Preceptors: The questionnaire had three main sections, including personal characteristics, clinical education process and students behaviors at clinical placements. The self-administered questionnaires were developed from previous clinical education research publications for full detailed of questionnaires. The questionnaires were distributed by the researchers to all RTs' preceptor along with a letter of information about the study and its objectives. As expected in our proposal the response rate was around 65%. The inclusion was all respiratory therapy preceptors who work in KAMC-Riyadh while the exclusion was other health care providers and if they are student and interns.

Before data collections, approval from King Abdullah Research Centers was obtained. All the participants were informed about the purposes and the methods of the study. They also were informed that participation in this study was voluntary.

Descriptive analysis was performed using SPSS (16 version) software. It was reported as frequency and percentage. Data were presented to show the preference of mentoring trainee on one to one or more, the attitude of the preceptors towards the students, and the knowledge of the preceptor about the clinical education.

RESULTS

Fifty three Respiratory Therapy preceptors were participated in this study. The study duration was 5-monthes period. Table 1 shows the study participants characteristics, table 2 shows the perception of RT preceptors about supervision of number of students at one time, table 3 shows attitude of RT Preceptors about clinical education, and table 4 shows Knowledge of RT Preceptors about clinical education.

Table 1 Characteristic of Participants

Characteristics	Gender		Level of Education		
	Male	Female	Diploma	Bachelor	Master
Frequency	29	24	3	48	2
Percentages	54.7	45.3	5.7	90.6	3.8
p-value = 0.33			p-value < 0.0001		

Table one shows that there are 29 respondents were male (54.7%) and 24 were female (45.3%). The level of education of the RT preceptors are: 3 are Diploma (5.7%), 48 are Bachelor (90.6%), and 2 are Master degree (3.8%).

Table 2 The perception of RT preceptors about supervision of number of students at one time

Perception of RT preceptors about supervision of number of students at one time.	Frequency	Percent
One Student	50	94.3
Two Students	2	3.8
Three Students	1	1.9

p-value < 0.0001

Table two shows the number of students that supervised at one time as perceived by RT receptors. The majority of RT preceptors (94.3 %) preferred to supervise one student only at one time.

Table 3 Attitude of RT Preceptors about students.

No.	Questions	Yes		NO	
		Frequency	Percentage	Frequency	Percentage
1	Do you have enough time to teach the students while you are supervising	33	62.3	20	37.7
2	Do you think undergraduate students are ready to practice in the bedside	26	49.1	27	50.9
3	Do you give the students feedback	49	92.5	4	7.5
4	Do the students respond to your supervision and constructive feedback	45	84.9	8	15.1
5	Do you think the students are committed to work	34	64.2	19	35,8
6	Do you think students have professional attitude toward patients	39	73.6	14	26.4
7	Can the students work with other professional (team work)	36	67.9	17	32.1
8	Are the students asking questions to increase their knowledge and understanding?	42	79.2	11	20.8
9	Is the student's critical thinking helping in the management of the patients	33	62.3	20	37.7
10	Do you think that you learn from students new things	23	43.4	30	46.6

Table 3: shows the attitude of the RT preceptors about the clinical education and how to teach the students in the bedside area.

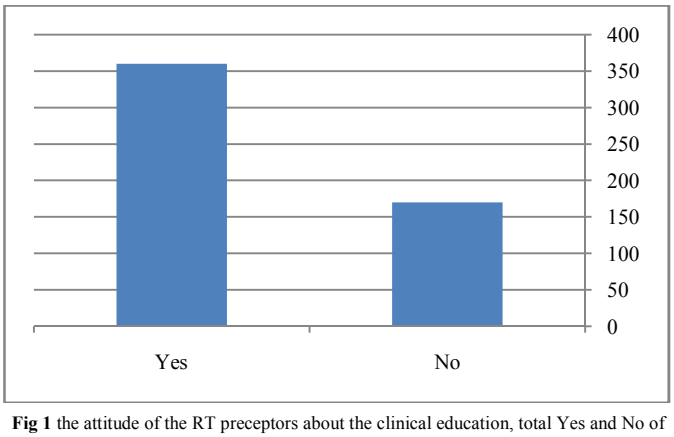

Fig 1 the attitude of the RT preceptors about the clinical education, total Yes and No of all items.

Table4 Knowledge of RT Preceptors about clinical education

No.	Questions	Yes		NO	
		Frequency	Percentage	Frequency	Percentage
1	Have you attended any clinical education workshop or training	35	66.0	18	34.0
2	Do you use any clinical education technique	29	54.7	24	45.3
3	Do you formalize the students with the hospital policy	46	86.6	7	13.2
4	Are you aware of the university curriculum	8	15.1	45	84.9
5	Are you aware of the student level when he/she comes to you	21	39.6	32	60.4
6	Do you participate in student's assessment (grades)	37	69.8	16	30.2

Table four shows the awareness of the RT preceptors about the student's level and how to evaluate them.

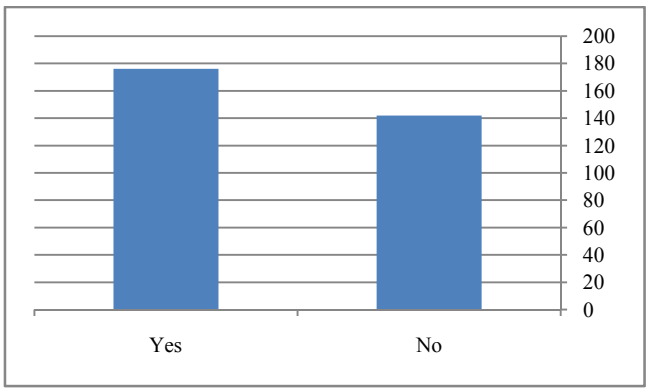

Fig 2 the awareness of the RT preceptors about the student's level, showed the total of Yes and No.

DISCUSSION

The results obtained from the study indicated that the three domains (the supervision, the attitude and the awareness) are going positive in favor of the training objectives. Also this study highlighted the preceptors rather than the students and the content of the training program. Also the environment factors and the multidimensional learning conditions were not in the scope of this research.

The one to one supervision were highly represented (94.3%) however the clinical commitment on the respiratory services was stressful to accommodate big number of trainee. The possible explanation of this is the high commitment of the hospital leadership to train the students even in the critical functional situation, which goes in line with the result of[4,12,15] This study also revealed that all the students felt supported and managed in the clinical practice when they cooperated with the staff and reflected on their commitment,[2,3]. However, there were a notable unsatisfied with few attitude issues e.g. the readiness and the commitment of student to work. [13]

Awareness of the RT preceptors about the clinical education was reasonable in most of the items. This was expressed in many variables and interpreted by the frequency and percentage and comes in general in the above satisfaction level, [11,14] . The dissatisfaction comes in the awareness of the preceptor about the university curriculum and the student level of performance. Witch reflect the poor relationship of between the teaching group and the training preceptors.

It is obvious that the training program and the trainee were not included in this research, and the focuses was on the preceptors attitude and knowledge as well as the level of supervision.

CONCLUSIONS

It is clear that the preceptors prefer to have a one to one supervision. The attitude of the preceptors was positive in most of the attitude items, and the knowledge of the instructor about the clinical education was also positive except the awareness of the curriculum and the level of the students. Based on the findings of this study, it is recommended that the university should inform the preceptors about the students' level. In the contrary, the university should do some workshops about the clinical education and the best way to teach students in the clinical area, and invite the preceptors see the curiculum. also the future study should include the environmental factor that may contribute to the preceptors and student performance.

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