





THROUGH THEIR OWN EYES

Images of Rural Nursing



Through Their Own Eyes offers a view into the world of rural nursing as experienced by fourth year nursing students and their rural nurse preceptors. Borne of a unique research project, *Photographs and Voices of Rural Nursing*, this book presents our central findings through the images and words of eight people who agreed to share their remarkable preceptorship journeys with us. Over months of data collection, comprising over 800 photographs and hours of commentary, we witnessed the story of rural nursing unfold in both clinical and community contexts. *Through Their Own Eyes* is that story.

"Teamwork goes out into the community as well. It's not just the hospital. We're connected very strongly to the community." (Janice, Preceptor)

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Images of Rural Nursing

This book is dedicated to all those who teach
and learn in rural health care settings.

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The authors gratefully acknowledge the students and preceptors who took part in this project, and Judy McTavish, research assistant. Funding for Voices and Photographs of Rural Nursing was provided by the Social Sciences and Humanities Research Council of Canada.

The names of the participants have been changed to protect their identities.

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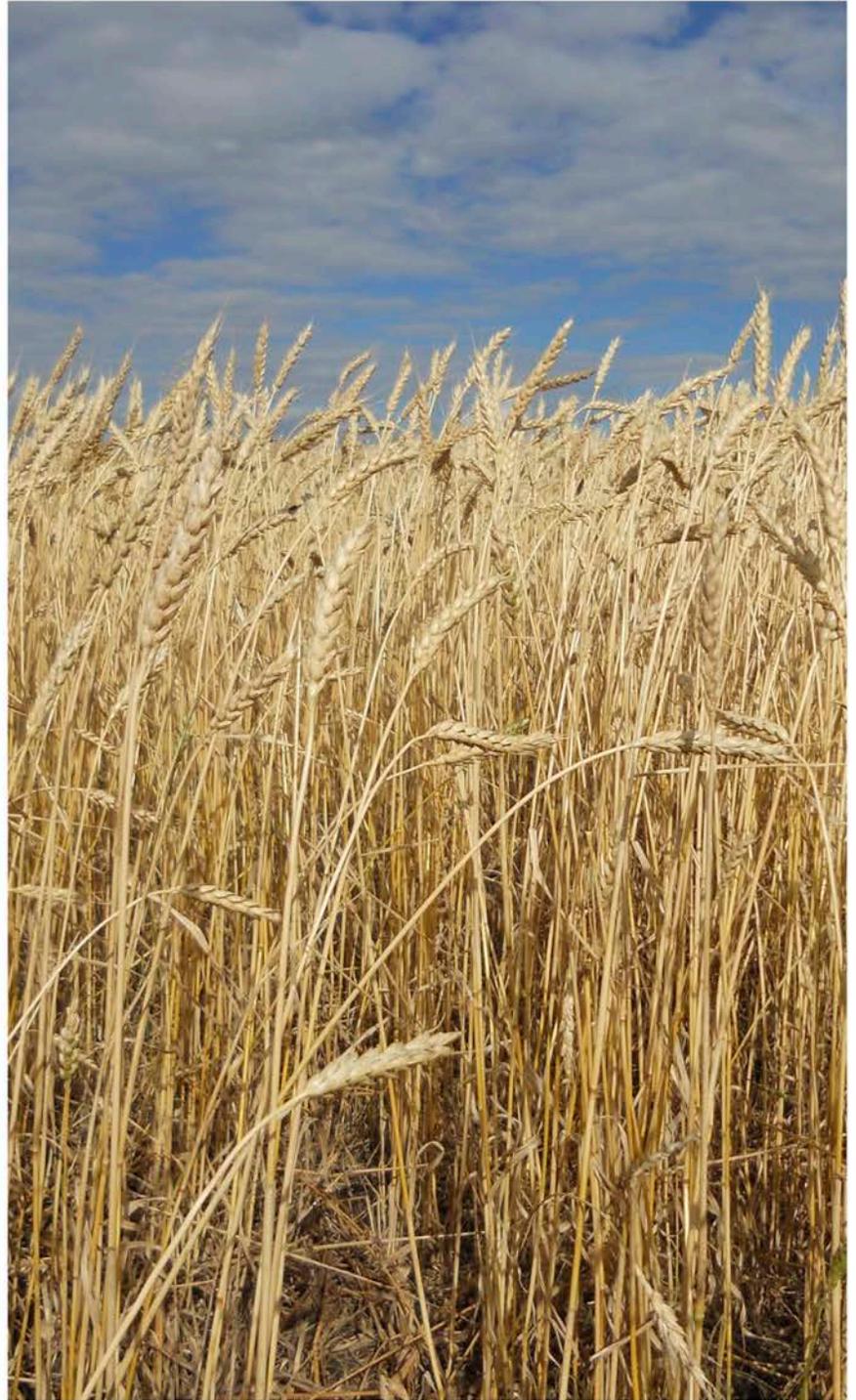
A digital copy of this book can be found at:
www.clinicalteaching.ualberta.ca

To purchase a copy of this book for \$49.99 contact Olive Yonge at:
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ISBN 978-0-98111-4-2

Book layout by Lorris Williams
Through Their Own Eyes: Images of Rural Nursing
ISBN 978-0-9811155-4-2

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Introduction

In 2009 and 2010, we gathered a small group of nursing students and their rural nurse preceptors in Alberta and Saskatchewan, equipped them with digital cameras, and sent them forth on a seemingly straightforward errand: to show us the world of rural nursing in the Canadian prairies through their own images and words. Our hope was to challenge urban preconceptions about rural health care and persuade future nursing students to consider rural placements, but we instructed everyone to be as candid as possible. We wanted the unvarnished story of rural nursing.

Various pictures were much as we

had envisioned: beds, equipment, staff, nursing stations, report rooms, and aspects of a nurse's daily routine. But many more images perplexed us: why the pictures of the tractor dealership, the coffee shop, the church, the parade, the junior hockey game, the oil rigs, the canola fields, the endless stretches of highway? Why did our participants feel compelled to show us aspects of their lives which had little apparent relevance to their daily careers?

The story of rural nursing cannot be told without the story of rural life. Rural nurses do not cease providing care when they exit the hospital, nor do they set aside their roles as

spouses, parents, friends, volunteers, parishioners, and lodge members when they don their uniforms. Rural nurses follow a highly integrated professional and community ethos: a rural code.

What is the rural code? Resourcefulness, trust, thrift, pride, courage, fellowship, selflessness, and openness. These descriptors are more than cultural values; they are attributes borne of identification with the landscape. As our participants presented their photos to us, we observed the simultaneous unfolding of the rural code in both clinical and community-based contexts. Our participants' images depict the

interweaving of caregiving and community.

The story of rural nursing—and that of rurality itself—is a story of making do, living with flexible boundaries, going above and beyond, giving and giving back, celebrating as a community, looking out for one another, being an insider, taking pride in one's surroundings and embracing newcomers. Rural nursing means providing care to family, friends and neighbours. For better or for worse, rural nursing is always personal.



Learning the Code

A rural nursing practicum involves assuming the role of a cultural insider in the health care setting and the community alike. Area-specific knowledge is as crucial for caregiving as it is for fitting in. Taking the initiative, learning by doing, becoming self-reliant, building a broad skill set, and mastering the lingo are common to every aspect of the rural experience.



“To get used to the rigger lingo... They’re like, ‘well don’t you know what I mean?’
‘Uh no. How big [a set] of tongs were they [that hit you]?’
‘Oh, they were a ton.’ ... Lingo is a big thing.” (Claudia, student)



"[The coffee shop] is where you get all your gossip. It's where you find out who's in the hospital, and how people are doing." (Claudia, student)

"It's [also] kind of a joining factor. Who doesn't like Tim Horton's?" (Beth, preceptor)



"We all have a concept of what a rigger's lifestyle is... we learned about it in a patient safety conference." (Claudia, student)



"Our livelihoods and our husbands depend on having jobs, and [the oil patch] is a big employer—and it may not be soon." (Leslie, preceptor)

“[One fellow] explained, ‘costumes are something a clown would wear; this is regalia’. It’s a more dignified word. ... Regalia [indicates] a certain respect that you’ve earned by doing something in in your culture, in your community; even to wear paint on your face, you have to have done certain things.” (Daniel, student)



“Farming is a big part of the community here, for sure. You see that with the patients; you see that in the way the town is set up.” (Tim, student)



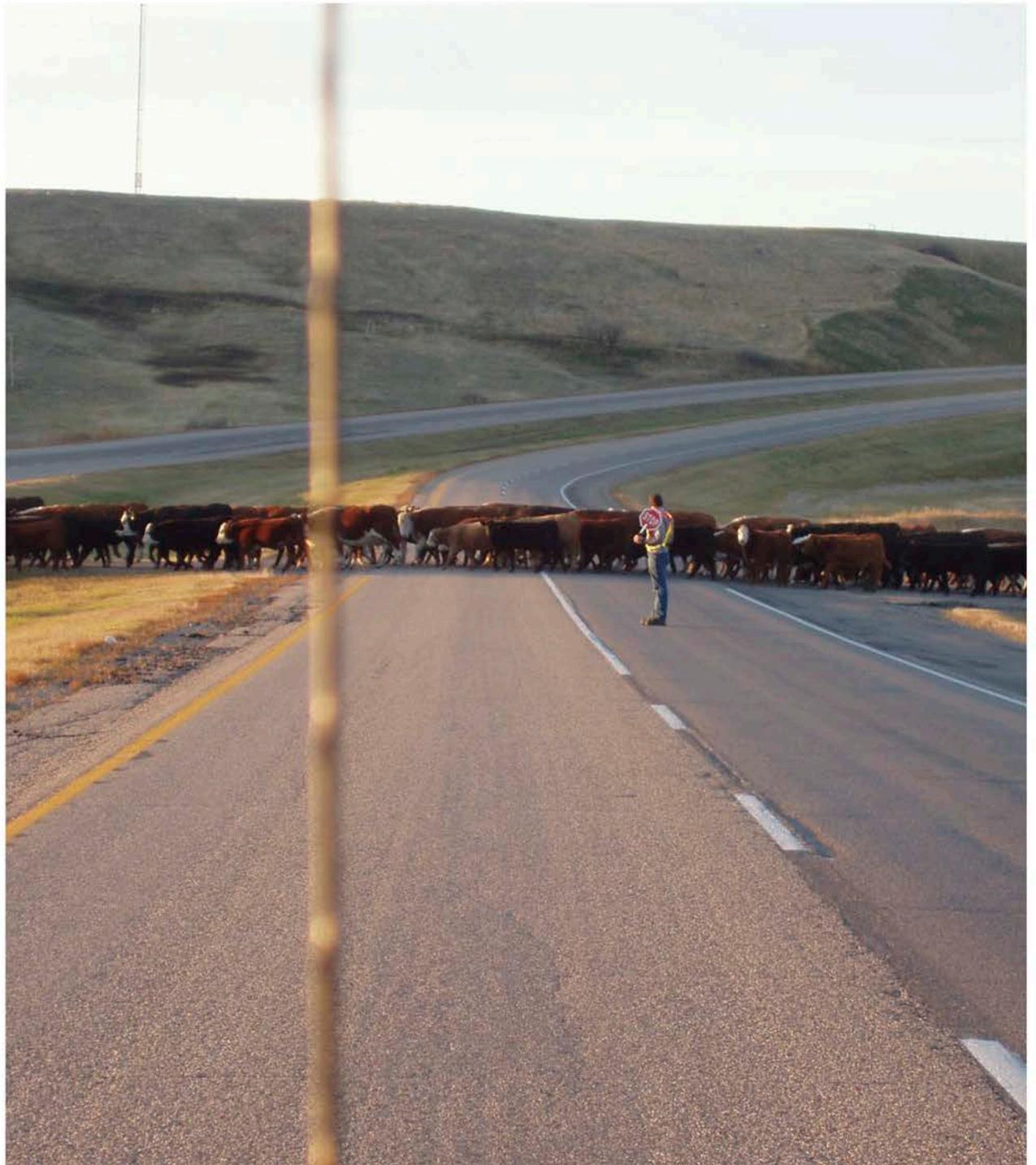


“You just have to know the types of attitudes that go along with farming... a gentleman south of town came about an hour and a half in. A round bale had fallen on his head. He [insisted] he was fine and he had a broken C2.” (Beth, preceptor)



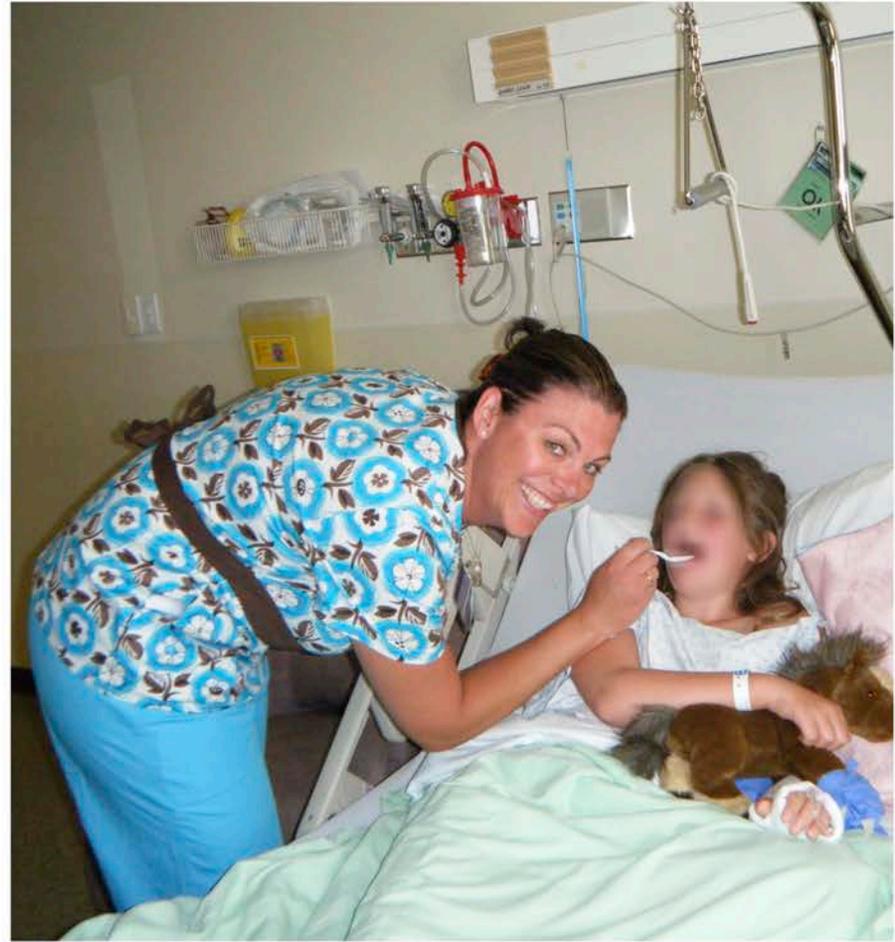
“I had the opportunity to help assemble a teepee. ...It’s amazing, the symbolism that goes into [it]. Teepees are designed optimally for portability. As well... it just naturally draws like a chimney, straight out the top, so it’s very practical in many ways.” (Daniel, student)

“Everything stops and nobody thinks anything of it. No horns are honking.” (Janice, preceptor)





"This is Erica learning how to cut a cast off. ...You learn it by doing." (Leslie, preceptor)



"We're checking tonsils. I was telling Erica what to look for when you're looking at a post-tonsil." (Leslie, preceptor)



“[Our manager] caught the tail end of this presentation and she sent me an e-mail: ‘Can I get that presentation from [the student] and keep it?’ ...So we brought it back.” (Janice, preceptor)



"I designed PowerPoints for prenatal health class, consequences of sexual activity and positive emotional development. ...I went and helped with my community health [preceptor]—we did that together [at the reserve school]." (Daniel, student)



"I think this was my last night... We were already at capacity, and we were phoning nurses in... I think we had two or three people come in with chest pain, so, yeah, we had all these people on cardiac monitors, and I was helping to administer certain drugs that I hadn't used before—you know, cardiac drugs. That was kind of a neat learning experience." (Tim, student)



"We need all the resources we can get ...because everything comes at us; we get everything. We just finished getting a gastric tube feed, which we hadn't done for God knows [how long], so we got out our manuals to figure out how we were going to do it. ...If a student [is] going to learn something new, we'll say 'go to the manual'." (Janice, preceptor)



“We live with needles. Erica has been learning about needles, and different types, and when, how, where to give them.... You try walking in with a needle in your hand to an eight-year-old and saying, ‘okay, here we go!’” (Leslie, preceptor)

“I was practising that night - we practise on each other.” (Erica, student)



“This is the staff room entrance. ...I tagged along quite a bit too closely at first, but by the end you're given a lot more freedom. You have to learn how to rely on everybody, and they have to learn to rely on you.” (Tim, student)





“I was starting to do a little bit of this at the end, to do the taping of the report onto the recorder, and I thought it was just a real stepping stone for me, when you come in, and you’re finally able to take all that information that you gathered throughout the night and compact it into ten minutes—fill [the next shift] in on what needs to be done and what’s important. ... at the end, I felt a lot more comfortable.” (Tim, student)



“I want [students] ready to be on their own and feel confident that they could make those decisions.” (Janice, preceptor)

“Both of my practicums were amazing. Everyone was so supportive of my learning, and 99.9% of the clients didn’t care if I was a student... it was really empowering.” (Claudia, student)

Please Note

THERE IS NO PHYSICIAN
RESIDING IN THE [REDACTED]
UNION HOSPITAL

PHYSICIANS ARE ON CALL
BACK FOR EMERGENCIES
ONLY

THIS HOSPITAL SHOULD NOT BE
USED AS AN ALTERNATIVE TO
YOUR DOCTORS OFFICE
UNLESS YOUR CONDITION
REQUIRES URGENT ATTENTION

BOARD OF DIRECTORS

Making Do

Rural communities and rural health care settings are shaped by a culture of making do. Limited or aging facilities and resources are the everyday reality in small towns and remote locations. The ingenuity and creativity demonstrated by rural residents—and health care providers—through jury-rigging, improvising, reusing, repairing, and recycling is one of the most striking aspects of the rural landscape.



"This is the old hospital, which is now our museum." (Leslie, preceptor)

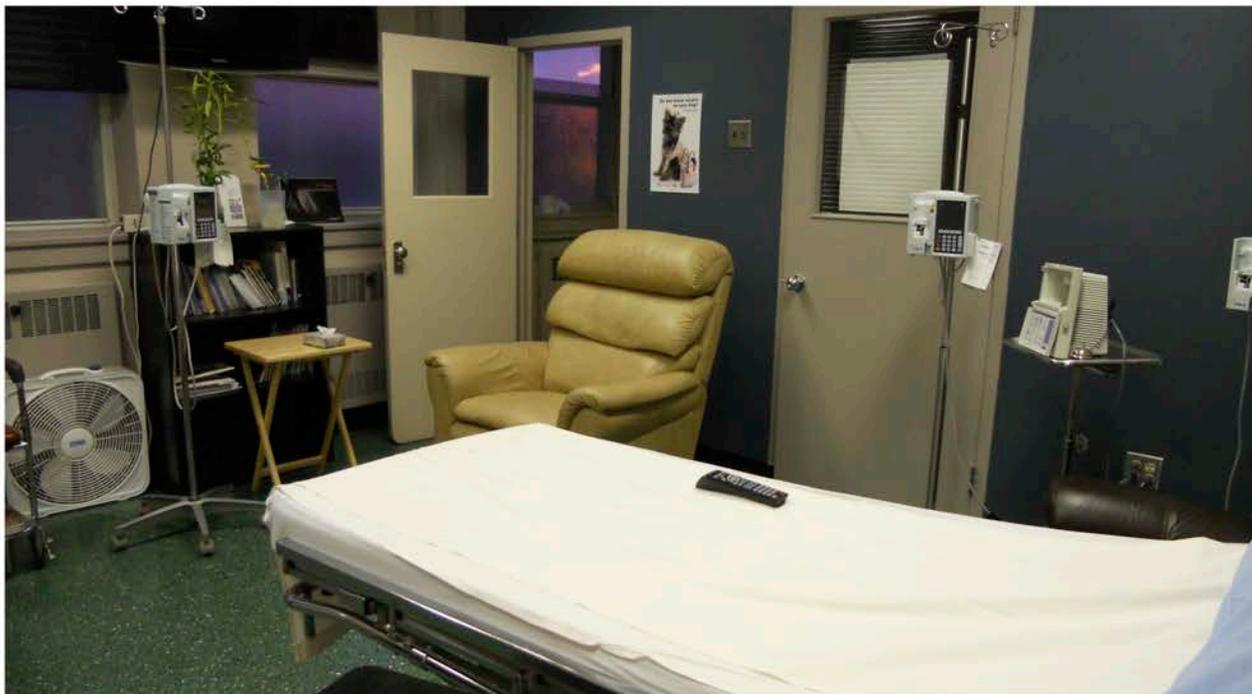


“This is some of our backup equipment. That’s portable suction; it could probably be in a museum. ...when all else fails, we either fix it or make it. If we don’t have it, we will invent it. If some cast isn’t doing something right, or we have to splint somebody—it’s amazing some of the things we’ve built.” (Leslie, preceptor)



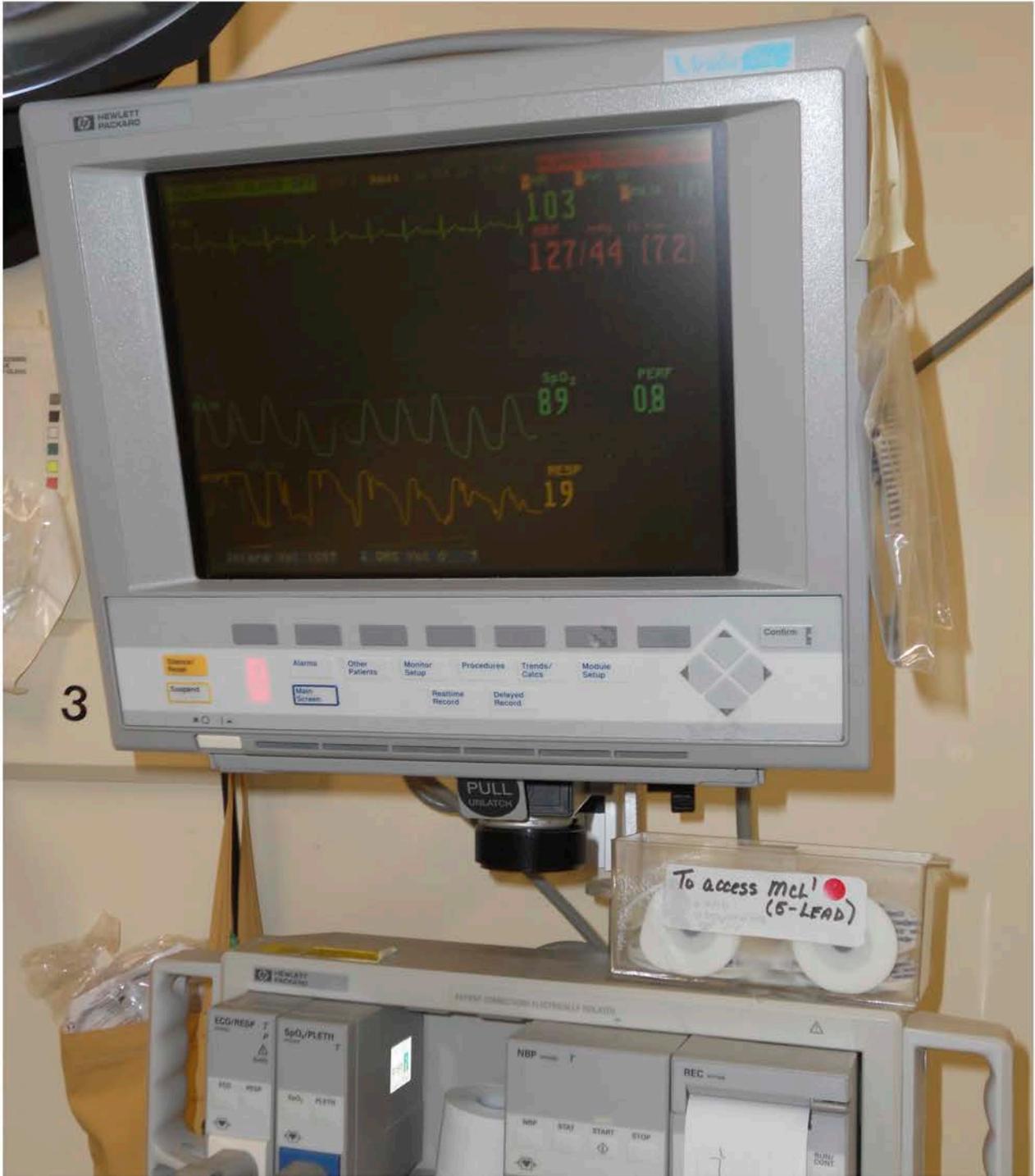
“That bed is as old as this hospital....You should see when we’re trying to crank it up some days—Holy Dinah! ... We don’t waste our resources.” (Janice, preceptor)

“We try and designate [this room] just to patients receiving antibiotics or chemo treatment, but sometimes it’s used as an extra assessment room. ...In my six weeks it also served as a hotel room. ... A [patient] stayed in Emerg all night, and his wife and sister wanted to stay and watch, so they slept in the recliners.” (Claudia, student)



“They made [the station house into] a bed and breakfast, as well as a sub shop.” (Beth, preceptor)





“Very archaic piece of equipment, but it is [vital].”
(Beth, preceptor)

“You have to learn its little quirks to get it to run.”
(Janice, preceptor)

“That’s one of the admitting clerks... the first person the patient sees and... kind of the triage nurse, even though they’re not trained nurses. They help us out and recognize what’s important.” (Claudia, student)



“The lady who does our supplies has a big job because she kind of has to guess what we’re going to use. ...We were on one night, and because we didn’t have the proper one, we actually kind of had to make do with an ostomy to fit. We had to use a disposable one that night!” (Anita, preceptor)





“We don’t carry every drug here; we only carry, say, one from each family class. So, sometimes you’re looking up three, four places trying to find what drug we use, instead of [the patient’s]. If he uses a certain blood pressure pill, we may have to substitute.” (Leslie, preceptor)



"This is the communication system in a small town." (Beth, preceptor)



Flexible Boundaries

Familiarity with co-workers and clients in the community context carries a number of implications for rural health care providers: loosened professional hierarchies; personalization of care; compromises to confidentiality; and a special status beyond the bounds of the health care setting, challenging at times and deeply gratifying at others.



"This is actually my father-in-law. He is ninety-three and he walks more than one and a half kilometers every day... When I look at him, I think of all my other clients, because they're all healthy and in their homes. ...If it wasn't for home care, our clients would all be in long-term care." (Janice, preceptor)



"We've known [the mom] her whole life. She lives out in BC, but she comes home to get her daughter's tonsils out. We find we know everybody. When people are walking in from a car accident, we know them. When there's a teenager badly injured in a rollover, that's probably our kid's best friend." (Leslie, preceptor)



“God, we hate the phone sometimes. ...We either tell them, ‘get your butt up here now, or call the clinic’. ...People come knock on my door and ask me to look at stuff! ...nine times out of ten, they just need to be reminded — ‘yeah, that’s important, go up [to the hospital] and get a look’.” (Leslie, preceptor)



“This happened right outside our front door.... He was bombing down our nice little hill and straight across the road. I live just on the road behind it, so we come out this way quite a bit. My husband works in town all day, and he’s like, ‘I’ve nearly hit that kid twice.’ So this is what ended up. ... Believe it or not, he was not injured. Not much. If he hadn’t had a helmet on...” (Leslie, preceptor)

“[There] could be a mental health case on one end, and someone with a sore throat could be hearing every single thing that [a] schizophrenic or person with depression is saying. So it’s not very confidential, and chances are you know them. ...That’s our emergency department.” (Claudia, student)



“Many times, I just got off shift, came down to a watch a game, someone’s hurt, and I’m out on the ice. Many, many, many times.” (Beth, preceptor)





Anita (preceptor): "It was a death in there, right?"

Tim (student): "Yes. I think [I took the picture because] I just wanted the memory."

Anita: "Just being [a student] here in ten weeks, you can get close to patients."



"You have to [work at relationships]. ... teamwork goes out into the community as well. It's not just the hospital. We're connected very strongly to the community." (Janice, preceptor)

“Most of the time... [the doctors] just want their first names, because they know us.” (Anita, preceptor)



“Another favorite doctor.” (Claudia, student)

“She’s a local girl. She grew up here.” (Janice, preceptor)





"This is one of our housekeeping staff. We delivered the baby." (Leslie, preceptor)

"My mom was a nurse here, so I was having my babies here, and she was like 'You better behave yourself!. No jumping up and down on the bed!' ...You want to stay in control of your pain; you don't want to embarrass yourself. But you know they're your friends, so it's the best care that you're ever going to get." (Erica, student)



This is one of the best things I've ever done... he was taking a taxi to the hospital and back twice a day... and he was off work. ... I got to see him in Emerg, and then I got to follow him through and now I see him in home care; he comes up for his treatment. ... There's a volunteer service that comes and picks him up." (Claudia, student)

"You get attached to these people." (Janice, preceptor)



Above and Beyond

Going above and beyond the parameters of the job description is often a necessary part of the rural health care worker's role, especially when provincial policies seem out of tune with local issues. But going above and beyond is also part of the rural code, a further reflection of the personal stake in community wellness shared by every resident.



“They’re cleaning drawers. ...This isn’t really nursing duties, but we care enough about our facility.” (Leslie, preceptor)



"We have a very active fire hall and rescue unit, with amazing equipment for a town this size. ...These are all volunteers who get paid so much money when they go fight a fire, right? These people donate back every penny they make to buy their equipment. That's the way they started building up." (Leslie, preceptor)



“These are our buddies. They dressed up for our grand opening. They come in and have coffee with us many a night, waiting for the bar to close so they can go and cruise the street. ...If we have trouble, they’re our security.” (Leslie, preceptor)



"They just did a stint up north. They both took two weeks of vacation and they went up north." (Beth, preceptor)



“Our security guards on nights are our best friends, because they do a lot more than most security people do. I’ve had security nights in the Emerg where they’re making beds for us because we can’t keep up. ... This night, a nurse down in Outpatients called up to tell us that she was trapped in the Med room because there was a bat flying around...so she sends the security guard up to us. We chased it around probably for an hour.” (Anita, preceptor)



“These are our favourite guys. They come in and they do anything they can for us. I’ve had them come in, drop off a patient, and—what was he doing?— he was stocking his rig, and I had a lady on respiratory collapse. He walked through the room to pick up some supplies, and I leaned over and said, ‘don’t you leave.’ And he kind of looked at me, looked at the patient, and he was my extra set of hands....” (Leslie, preceptor)



“She’s our wound care expert... she thought there was a better way to prevent wounds, and she was absolutely right. Now we’re all trained in... compression dressings, monitoring, measuring and that kind of thing.” (Janice, preceptor)

“I don’t know if she did it with other students, but she gave me a crash course on wound care products, and it was very helpful.” (Claudia, student)



“That’s where the girls went to check on the lady who called and said she wasn’t feeling well. They actually went over to her apartment.” (Erica, student)

“Yeah. The staff went, checked her out and called the ambulance.” (Leslie, preceptor)



“She went over to extendicare, she put a heplock, like IV site in, for them, because they do have RNs there, but they don’t do that.” (Leslie, preceptor)

“If someone is discharged back home to extendicare, the nursing staff will actually wheel them across to avoid the ambulance cost. It’s like \$600 from the hospital to extendicare, which is right next door.” (Erica, student)



"The kids laugh when they come out of the O.R. and their stuffed animals are wrapped up like they are. ... It just shows that you're still thinking of the patient." (Leslie, preceptor)

This handmade quilt display is compliments of the
██████████ Hospital & Care Centre Auxiliary.

We thank the hospital for the opportunity to
display them.

This year proceeds go toward the purchase of
Long Term Care Electric Beds.

We thank you for your support.
(and so do the Long Term Care residents)

Payment may be made at the Gift Shop (M - F 1-4:30 PM)

Giving and Giving Back

In rural communities, exchanging gifts amounts to a tacit economy of moral obligation—another means of establishing and maintaining personal bonds. Rural health care settings are sustained morally and materially by their clients' gestures of appreciation for the 'above and beyond' care they receive.



"It was fall harvest. Everyone gave us vegetables. They were just so thankful that we came out... it was just nice to feel appreciated." (Claudia, student)



"This garden was all donated by [a local] family, and it's maintained by a volunteer. He mows the lawn...and he comes in the spring and gets all the beds ready. He's amazing. ...All the windows on Medicine face it, and all the windows on this side of Surgery face it." (Anita, preceptor)

“This is where we come into the hospital. These are all afghans and quilts that were donated, and they’re selling them as part of the auxiliary.” (Anita, preceptor)



“Volunteers work at the gift shop. She wouldn’t let me take her picture!” (Anita, preceptor)





“These are our volunteer ladies. They come in on, say, Canada Day, and make really cute little items to put on all the trays. They fundraise for us. If we have somebody who just needs to be sat with, or someone needs to be fed and we are going crazy, quite often these ladies will come up. We can call on them.” (Leslie, preceptor)



“We just asked somebody in the community who does this, who comes in and does murals, to make it tonier if you’re going into Long-term Care.” (Anita, preceptor)



“We’re expanding [our Palliative Care room].... We’re going to put French doors in between and make sort of a living room for the family. You don’t think it’s that important until it’s your loved one dying. All these little amenities are so appreciated. So with a grant from [a local family] we had the money to redo this room.”

Thank you for getting my
surgery done quickley and safeley
Thanks to the nursing staff for all
my good care.

From: [blurred]

P.S. I LOVE breathing through
my nose

"This is just a nice little note from the little girl with the pony who you saw earlier." (Leslie, preceptor)



“Someone brought in a bunch of these McDonald’s toys... to give to some of the little kids who come to Emerg.” (Leslie, preceptor)

“This was a patient [who passed away]. Her family brought this in just for all the nurses.” (Tim, student)





Celebrating Together

The rural community spirit finds its strongest expression in occasions which unite people in ritual and symbolic ways. Teamwork in rural health care is similarly enriched by regular celebrations of fellowship and shared cultural values.



“A powwow is where any hostilities or any differences are put aside. Everybody is welcome, everybody is brother and sister... [everybody is] meant to join in and celebrate.” (Daniel, student)



"The girls did this all out of volunteer time." (Leslie, preceptor)



“There’s [one of our doctors] and his daughter, about to watch the parade. Our doctors live by their phones.”
(Leslie, preceptor)



“[People are] happy to be cheering for a team that brings the whole province together every week.” (Claudia, student)



“Part of being a close-knit community is celebrating with our doctors. We ran underwear up and down his front sidewalk, and lights, and balloons. He came home—I actually have the night pictures—he came home and he was absolutely tickled. He had to send pictures straight to South Africa.” (Leslie, preceptor)

“A lot of these dancers are involved in competition and they dance—I don’t know how. They must be incredibly fit... One elder—one male champion dancer—told me they go and sit in the bush, fasting, for three days, twenty-four hours day and night, no food and water.... It’s a spiritual thing for them more than anything—a community and spiritual thing.” (Daniel, student)





Coping and Supporting

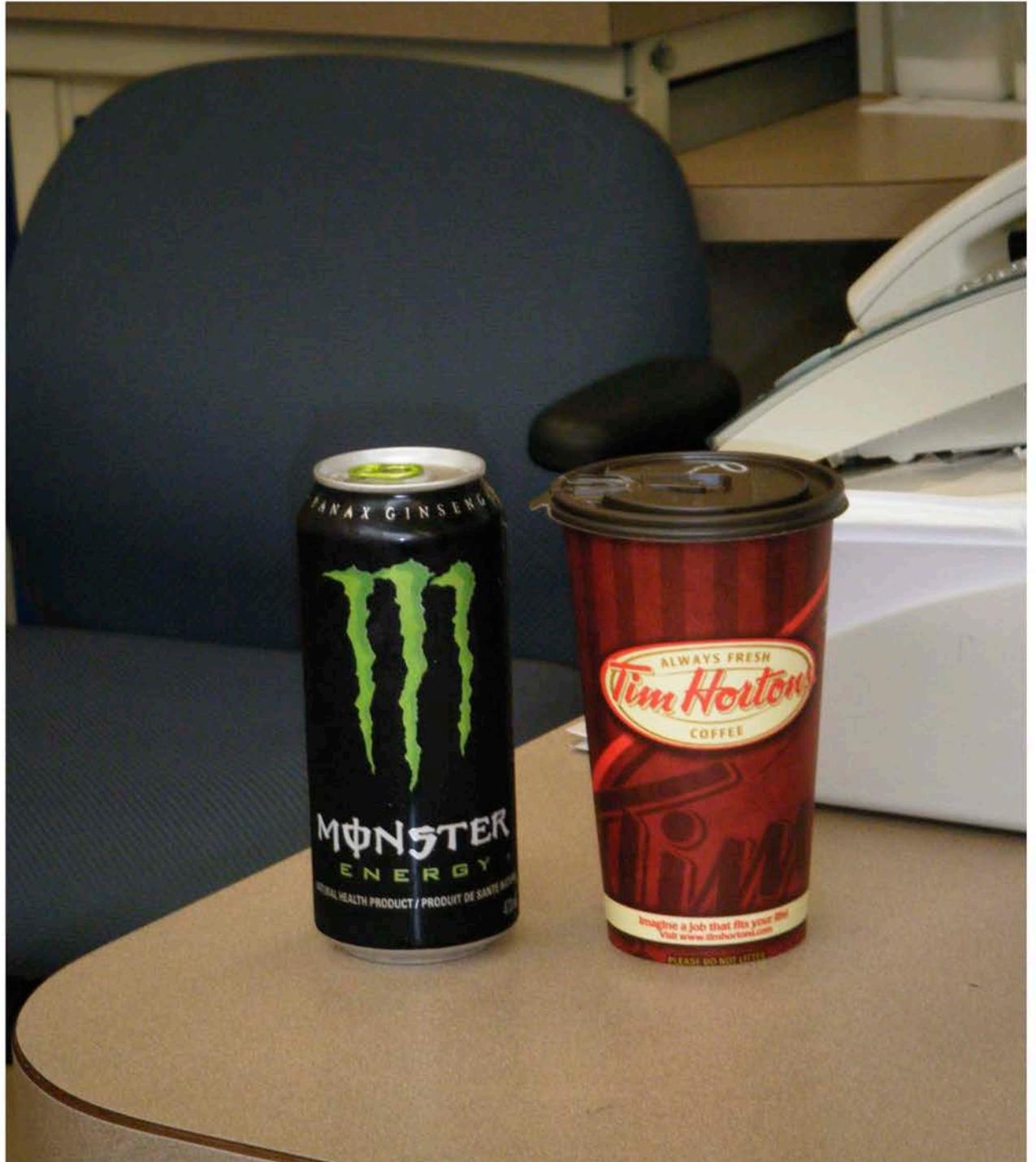
The challenges of rural life and rural health care can be grinding, but the history of the Canadian prairies is one of pulling together in times of difficulty and crisis. Rural communities and health care settings continue to exemplify this spirit, through simple, shared comforts, humour, and instances of dramatic courage.



“It was one of the few [good] canola fields.”

“[The town] actually had interdenominational prayers for rain. Half our staff, if not more, are depending on the agriculture, and so it’s a concern.” (Leslie, preceptor)

“This is what keeps them going in the lab.” (Anita, preceptor)





"We watched a lot of the Food Network in here! ...it was just a good place to come and de-stress." (Tim, student)



"We had one patient who was palliative... the family were sleeping over, and this is the room they were able to do that in. ...it's a really nice, comfortable room; it's got a little fridge, microwave, and a hide-a-bed. ... This person was First Nations, and this was more accessible [than Regina] because of the proximity." (Daniel, student)

“I think half my life is with a coffee cup in my hand, on nights.” (Leslie, preceptor)



“That was our Saturday night shift... I told [the student], ‘don’t you dare wear black again’, because that was the most horrible night ever.” (Beth, preceptor)





“She was having a bad week, remember? And she came in and looked beautiful, and everybody perked up. We were teasing her: ‘Oh my God!’ You know, we have to use our humour a lot.” (Leslie, preceptor)

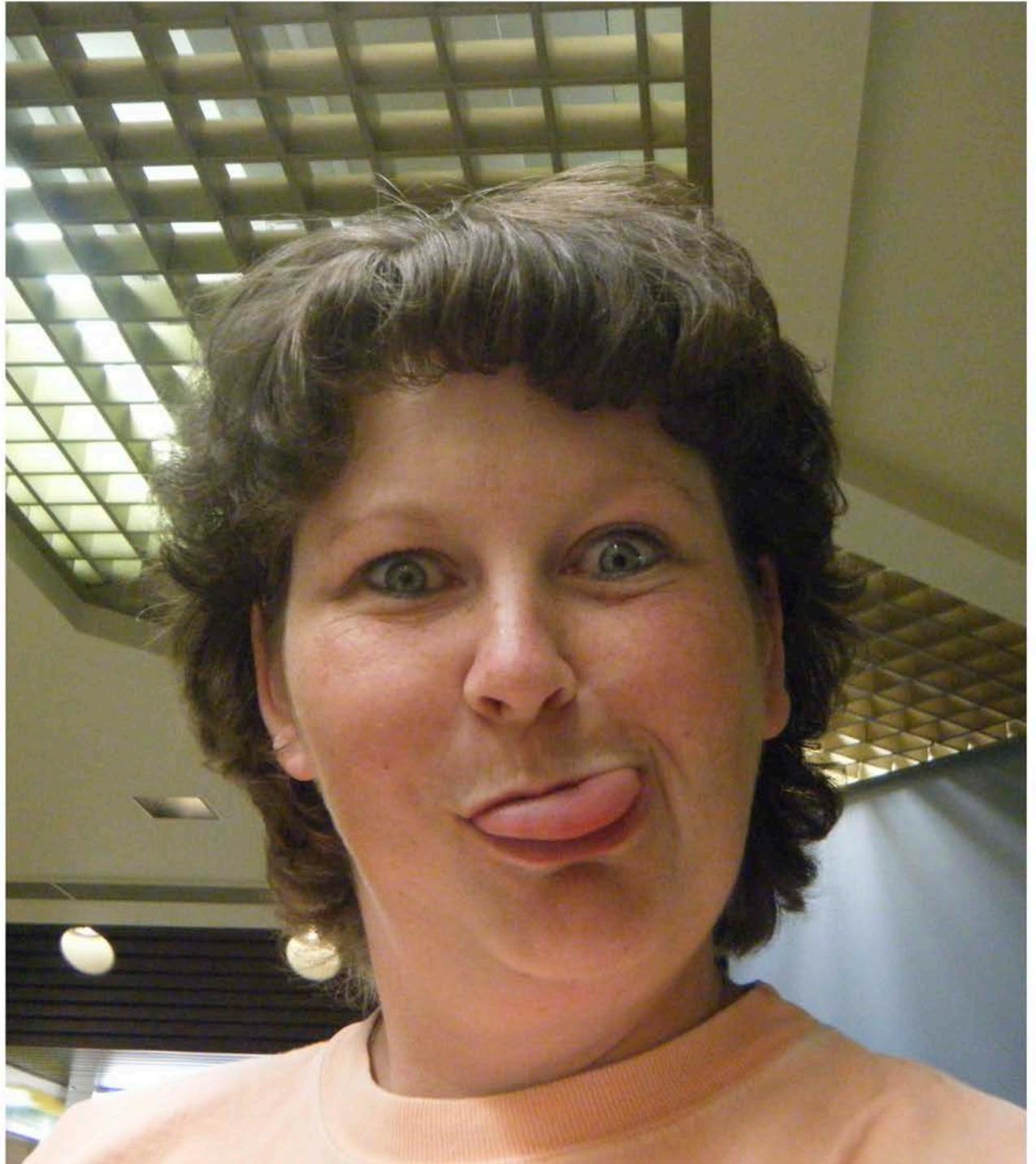
“That’s a GoLyteLy jug. We were teasing her. GoLyteLy is a chemical you give people to clean their bowels right out before, say, a scope or something. GoLyteLy is a humorous term because you don’t go lightly. You go long and often! ...We were teasing her because she had cleaned poop all day, it seemed. You know, because we had a couple of people being prepped. She was our GoLyteLy Queen.” (Leslie, preceptor)





I said, 'just be tired, because you know what, we're tired.'" (Leslie, preceptor)

“This is one of our nurses, a breast cancer survivor who is still on leave, waiting for replacement, like, for surgery, and still coming in, checking up on us. Her mother and sister also work here. It affects the staff greatly when we have issues, and we’ve had lots of them this year.” (Leslie, preceptor)





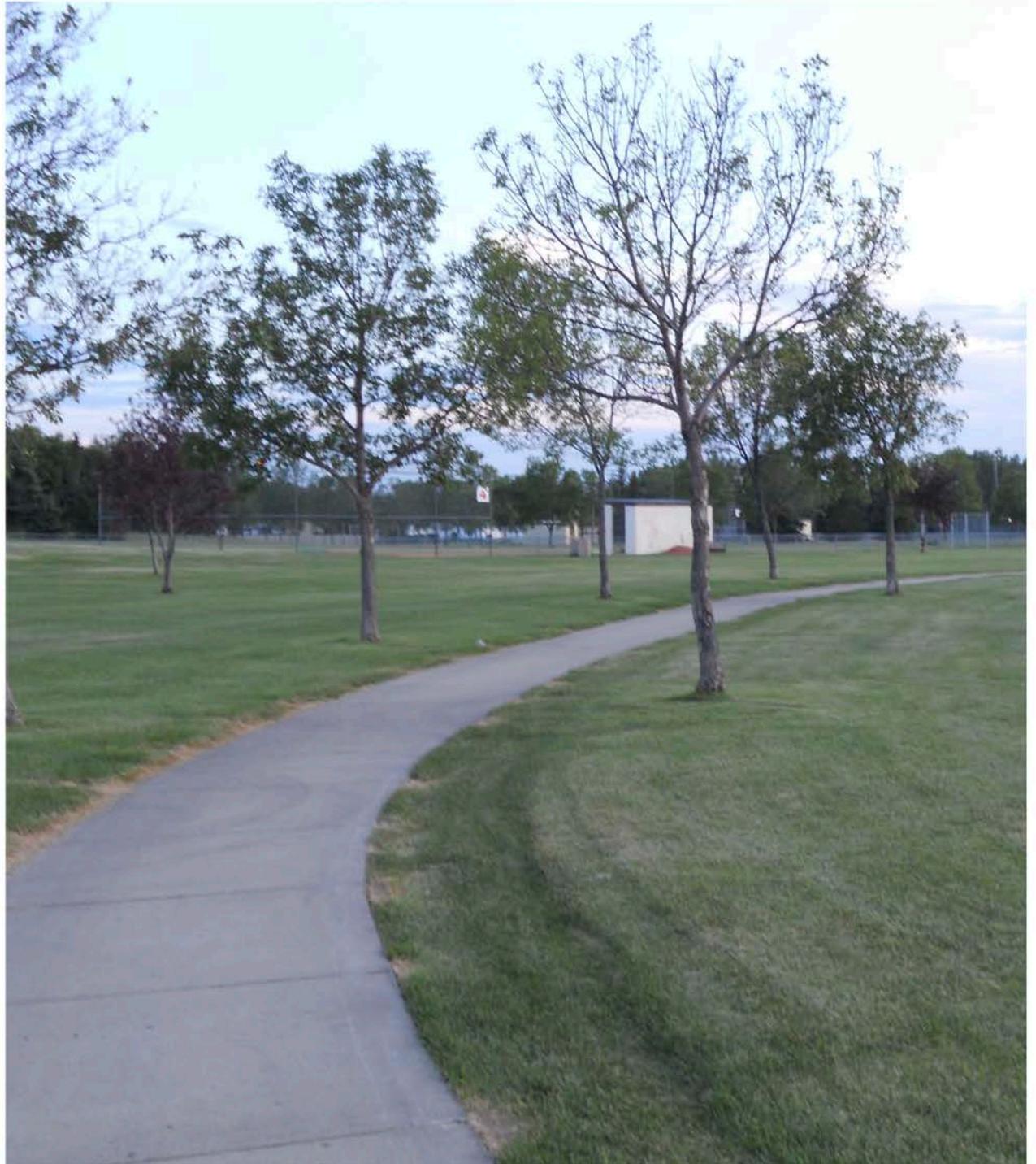
Pride of Place

Given the choice, few rural residents would trade their setting and way of life for the supposedly superior amenities of a large city. Rural caregivers are especially passionate about their facilities, where every advancement is significant and nothing is taken for granted.



“Some of the old buildings are amazing. ...
You don’t see that in every small
town.” (Beth, preceptor)

“They’ve got a beautiful little park.... It’s got walking paths, soccer fields, ball diamonds, a little place for kids to play, [and] a tennis court. It’s adjacent to the junior high school, adjacent to the pool... a great place to go for kids and the family.” (Beth, preceptor)





"This is a huge, huge part of our family life.... You don't have to go to Regina and Saskatoon to get competitive hockey." (Beth, preceptor)

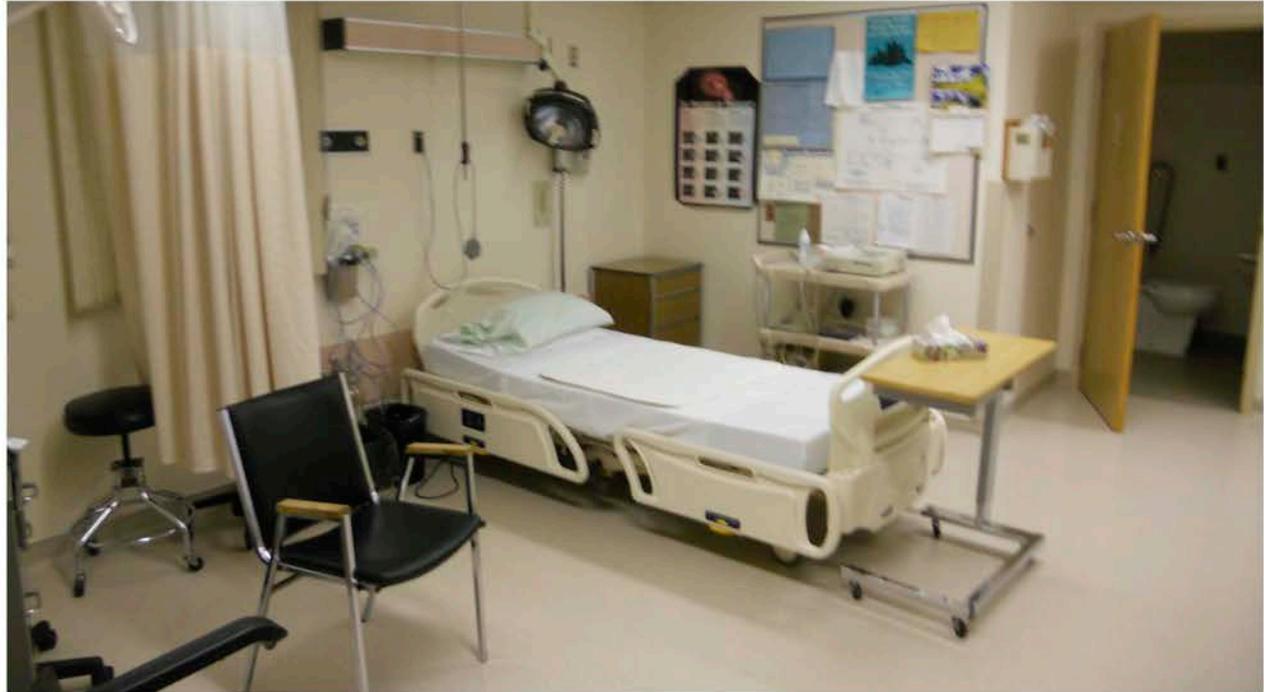
“The health center and hospital... looks like it’s in a little park or something, even though it’s on the edge of the town. ...It’s so serene and peaceful.” (Daniel, student)





"We're finally getting signs up in our new section. ...[It means] 'We are open for business'." (Leslie, preceptor)

“I wanted... to show that there’s an obstetrics unit even though all the doctors and nurse practitioners are... not wanting to do any deliveries. ...The patient [would be] taken up to the urban setting because they would... probably view [rural care] as being done with substandard equipment or by substandard providers, and this is unfortunate.” (Daniel, student)



“New staff, new equipment...” (Leslie, preceptor)





Welcome Spirit

Hospitality and inclusivity have always been central to the rural code; the most common word appearing on local signage is 'Welcome!'. As a result, many rural communities are enriched by a cultural diversity that often surprises visitors. The rural health care setting is likewise a welcoming place—like the powwow, a sacred circle wherein newcomers from all backgrounds can discover a unique sense of belonging.



“In Regina, I would never go out golfing; I don’t know the places. Here I have a membership; it’s a lot cheaper. I go with my boyfriend. I know some of the people there, I feel a lot more comfortable... plus it’s an activity I can do to keep myself active. ... Anyone can go out and golf.”
(Claudia, student)



“There was an artist just over [on the left hand side], painting this picture of the reserve... he said ‘Welcome Spirit’. ...it sums up [my] whole experience in two words.” (Daniel, student)

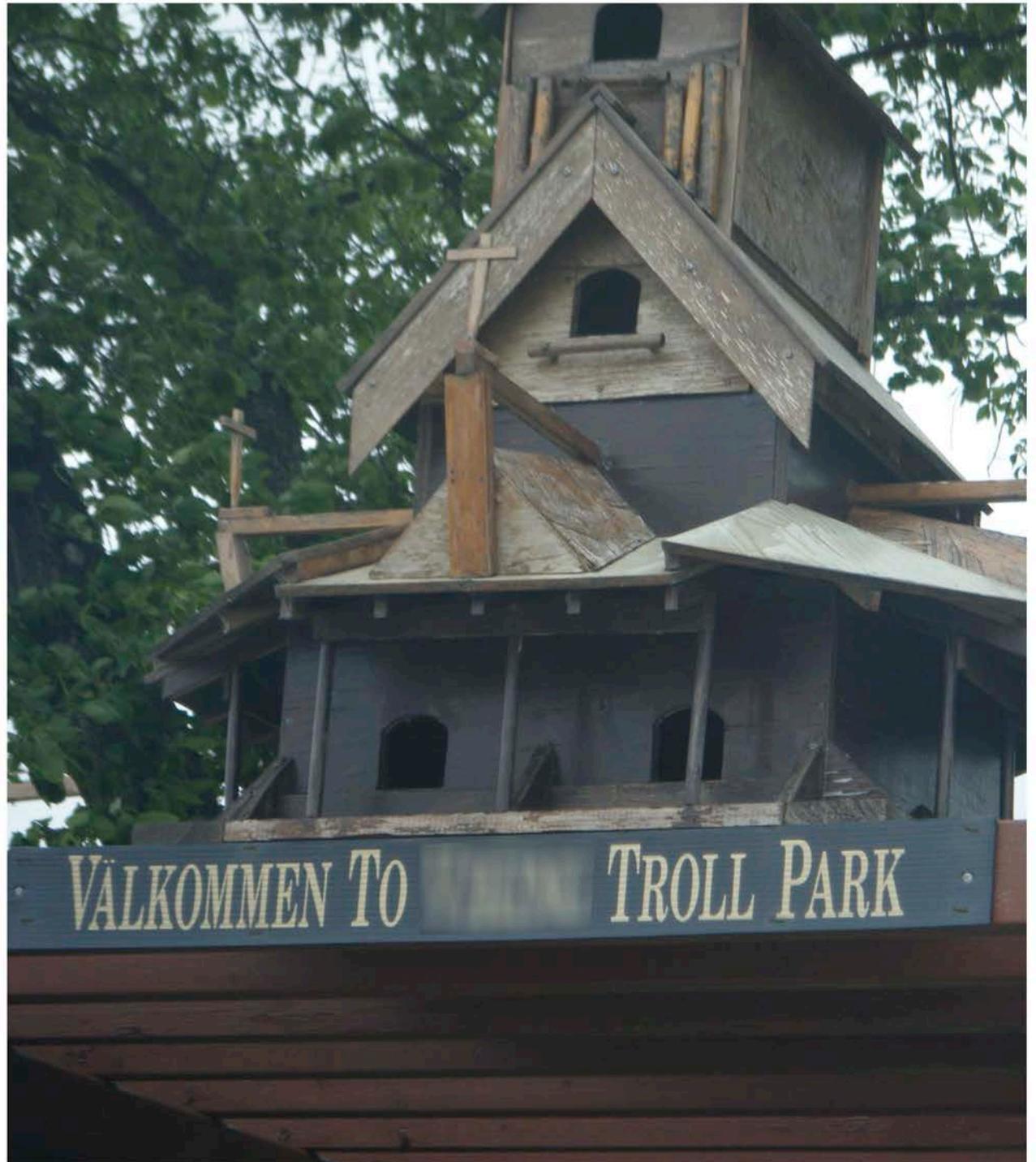


“The [local] culture... is Hungarian... there’s this big Presbyterian church. ... Next year it will be 100 years old.”(Beth, preceptor)



“There’s a lot of passion about keeping those historical things in the community.” (Beth, preceptor)

"[The town] is very strong with Norwegian." (Leslie, preceptor)





“Shelagh [2nd from right] is a midwife from Ireland who moved into the community, married, and is a wonderful addition to our staff. We’re very lucky; she’s very knowledgeable.” (Leslie, preceptor)



"Two of our doctors are from South Africa." (Leslie, preceptor)



“I felt like I belonged there [more] than anywhere else.... I really felt like I was part of the family. ...There’s so many stereotypes and myths— ‘oh, well that’s a bad reserve’ and blah blah—you know people. All the focus outside is on the negative aspect, rather than all the good and positive... aspects of the culture.” (Daniel, student)



“These are the two best-looking nurses you’ll ever see. That was after a day of sleep... at the end of an awesome practicum.” (Claudia, student)



Over many years together, our research team has focused on the preceptorship of undergraduate and graduate nursing students by experienced nurses in clinical settings. More than a teaching method, preceptorship embodies all aspects of teaching and learning. Time after time, these experiences have proven transformative for students, for preceptors, for health care teams, and for ourselves as researchers and clinical instructors.