MONASH University

Going off the beaten track: An emerging model for precipitating change in regional aged-care preceptors' teaching practice

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Abstract

Regional aged-care preceptors can have a major impact on healthcare students' placement experiences in aged-care facilities. These experiences may in turn influence students' attitudes towards older people and whether students choose to work in the regional aged-care sector. In Australia, as the demand for regional aged-care facility staff increases in proportion to the increasing number of people aged over 65, there is a corresponding need for suitably qualified precepting staff who can better support students and promote effective learning while students are on placement.

However, aged-care staff in regional areas have limited opportunities to build their capacity to provide positive learning environments for students. Consequently, students may undertake aged-care placements where they feel unsupported, are given little direction, and are mentored by staff who have limited or no pedagogical training. Compounding the problem of restricted preceptor pedagogical education program availability are existing programs that may focus only on developing discrete teaching skills in individual preceptors. This modular approach may fail to assist preceptors in understanding how pedagogical topics are connected as well as minimising the effect that the regional aged-care facility context can have on how preceptors interact with one another and students in facilitating learning.

This thesis reports on a participatory action research undertaking conducted between a group of aged-care preceptors and the researcher in a not-for-profit residential aged-care facility in regional Victoria, Australia. The study sought to develop a collaborative, work-based approach to preceptor pedagogical education in response to an aged-care facility's desire to improve teaching and learning opportunities for healthcare students on placement. Nine participants took part in a series of meetings and focus group discussions with the researcher over a 12-month period from late 2013 to the end of 2014. In alignment with the study's participatory approach, a social constructionist view of knowledge creation foregrounding the central role of language, underpinned how focus group discussion data were collected, analysed and interpreted.

The outcomes from this study show that regional aged-care preceptors may be an unrecognised resource in addressing the challenges of providing effective learning experiences for healthcare students in regional aged-care facilities. However, supportive conditions for precipitating preceptor engagement must first be created by an educational intermediary with the assistance of a local champion. This supportive environment fostered extended oral and relational interaction among preceptors, enabled their aged-care experiences and knowledge to be made explicit, and empowered them to construct their own pedagogically sound approach to student learning. This participatory and generative process challenges accepted views on how regional preceptor education can be conducted.

This study offers a novel, practical and socially constructed approach to building regional aged-care preceptor capacity to host healthcare student placements thus responding to a call from the Australian Senate Community Affairs Committee in 2017 for innovative regional and remote aged-care workforce training. The study also contributes to the limited research on how regional aged-care preceptors construct and understand their teaching role in a collaborative enterprise while providing a dynamic and responsive methodology to conceptualise this creative process.

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signature: 

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Like most PhD theses, this work is the product of a long and sometimes arduous endeavour. While the author of a successful thesis receives the award, the reality is that no project is ever the work of a single person. This project, and this thesis, would not have been possible without the passion and generosity of those who accompanied me along the way.

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Glossary and abbreviations

To provide clarity for the reader the definitions of commonly used terms in this study are included below.

Aged-care	When used as an adjective
Aged care	When used as a noun
Artefacts	Artefacts are defined as products of human workmanship and include texts. Artefacts carry meaning about the culture of their creators and users (Schwandt, 2007, p. 9). In this study, artefacts produced by the preceptors included texts and diagrams. The educational intermediary also produced artefacts including lesson plans, PowerPoint slides and meeting summaries.
Direct-care workers	Direct-care workers provide the 'personal, physical, social and emotional' care to residents (King et al., 2012). In this study the direct-care workers were the enrolled nurses and the personal care worker.
Educational intermediary	During the research my role varied according to the situation. At times I was primarily an educator explaining a pedagogical point while at other times, when the preceptors took the lead, I became an intermediary, taking the preceptors' ideas and knowledge and making it explicit. These roles often overlapped or changed quickly so in these cases I have used the term educational intermediary.
Local champion	The local champion is a person who initiates the process of change in an organisation and involves other members of the organisation in assisting. In this study, the clinical manager was the local champion.
Pedagogy	Pedagogy is the act of teaching and the discourse that surrounds it. This discourse comprises the theories, beliefs, policies and controversies that inform and shape pedagogy (Alexander, 2000).
Preceptor	Preceptors provide support on a one-to-one basis to a preceptee (a pregraduate nursing student) in the following roles: as a role model, teacher, evaluator and as a support

	system for the individual [..]. While precepting, the nurse is also expected to assume responsibilities for a full patient care assignment. Preceptors may volunteer for the position or they may be asked by the nurse manager (Bourbonnais & Kerr, 2007, p. 1544).
Preceptorship	A relationship, usually one-to-one, between a clinical teacher/associate and a student or pre-registrant that involves providing opportunities for learning and skills acquisition, role modelling, and direction at a work-site which may be accredited, formally or informally, by the student's university or other learning institution' (Mills, Francis, & Bonner, 2005) .
Professional development	Learning taking place through one's professional life to maintain a high standard of practice (Webster-Wright, 2009).
Scope of practice	Boundaries (level of training, knowledge and experience) within which a nurse must work (Nursing and Midwifery Board of Australia, 2013).

AR	Action research
CEO	Chief executive officer
EN	Enrolled nurse
HE	Higher education
HEALTHPEER	Health Professions Education and Educational Research
M1 – M12	Meetings 1 to 12: Refers to the meetings I had with preceptors
MUDRIH	Monash University Department of Rural and Indigenous Health
MUHREC	Monash University Human Research Ethics Committee
OHS	Occupational health and safety
PAR	Participatory action research
PC	Personal care (worker)
PCW	Personal care worker (also known as personal care assistants or assistants in nursing)
RN	Registered nurse
VET	Vocational education and training

RTO1; RTO2	Registered training organisation 1; Registered training organisation 2
RACF	Residential aged-care facility
RRACF	Regional residential aged-care facility
TAFE	Technical and Further Education

Chapter 1 The challenge

1.1 Introduction

Chapter 1 introduces the context for the research, the Australian regional aged-care sector, before focussing more specifically on the pedagogical education of regional aged-care preceptors tasked with teaching healthcare students on aged-care placements. The chapter highlights the dearth of studies on how aged-care preceptors construct their role and develop their knowledge of teaching and learning. This research addressed that gap.

First, the aim of the study, to explore how a responsive approach to regional aged-care preceptor pedagogical education could be developed between the researcher and a group of preceptors is presented. Then the research questions that arose from this aim are introduced. Next, the epistemological justification for the research and the aligned method of inquiry, participatory action research, are briefly outlined. Key terms are defined to ensure clarity. This is followed by an overview of the thesis with a chapter-by-chapter summary which draws attention to the novel way in which the research was conducted, analysed and interpreted. Chapter 1 concludes with several possibilities for future research arising from the study and a summary of the chapter.

1.2 Investigating regional aged-care preceptor education

This timely and unique study was conducted in the regional aged-care sector. The under-resourced state of Australia's aged-care system and its capacity to support a rapidly ageing population (Deloitte Access Economics, 2016) is a matter of increasing national importance and has been the subject of many recent government reports and inquiries (Mavromaras et al., 2017; Senate Community Affairs Committee Secretariat 2017). The number of seniors over 85 years who will need to enter a residential aged-care facility is expected to increase substantially in the next 50 years placing an immense burden on aged-care providers (Deloitte Access Economics, 2016). In regional and rural areas, where access to most healthcare services, including aged care, is more limited than in metropolitan areas, this is causing growing concern (Mavromaras et al., 2017).

As more people enter residential aged-care facilities a corresponding increase in workers to care for them is needed. However, attracting and retaining skilled aged-care workers is proving difficult. A 2017 Senate inquiry into the future of Australia's aged-care workforce

reported that although the healthcare workforce needs to increase by 2% a year (Senate Community Affairs Committee Secretariat 2017), the sector is finding it difficult to recruit and retain suitably skilled staff. The poor reputation of aged care as a career choice is a commonly cited reason for this lack of interest (Lea, Marlow, Altmann, & Courtney-Pratt, 2017; Lea et al., 2015; Neville, Dickie, & Goetz, 2014; Senate Community Affairs Committee Secretariat 2017). Additionally, maintaining an ongoing, quality program of vocational training for aged-care workers already in the workplace has proved challenging. Again, this situation is particularly common in regional and rural locations where it can be difficult to find suitably qualified staff to do the training (Andrews et al., 2012; Robinson, Andrews-Hall, & Fassett, 2007).

One aspect of professional development for aged-care staff that has attracted interest as a way to address their limited training opportunities is the development of workplace-based clinical teaching or mentoring staff, described in this study as preceptors. These staff play a crucial educational role in providing placement students with effective learning experiences and can have a significant impact on the students' attitudes to aged-care work (Brown, Nolan, Davies, Nolan, & Keady, 2008; Lea, Andrews, Stronach, Marlow, & Robinson, 2017a; Robinson et al., 2008). For regional aged-care facilities, providing in-house programs to develop the pedagogical skills of preceptors also gives the facility the opportunity to build organisational capacity (Senate Community Affairs Committee Secretariat 2017). Thus, this research which investigates how programs of preceptor education can be conducted effectively, sustainably and in the workplace is not only timely, but essential.

1.3 Statement of the problem

To date, research on how aged-care preceptors, and in particular regional aged-care preceptors, learn to perform their educational role in the workplace is limited (Trede, Sutton, & Bernoth, 2016). Research that has been conducted may discuss what preceptors learned and their reactions to the training but not necessarily how they constructed their understanding of the precepting role or how they prepared themselves to undertake their precepting responsibilities (Trede et al., 2016). Even fewer studies have explored preceptor learning and role preparation as a socially constructed, contextual process where relationships and language are central to creating understanding and knowledge. Indeed, preceptors' daily work as aged-care practitioners involves regular interactions, in the

workplace, with their healthcare colleagues, residents and management. Furthermore, a large part of the preceptor role is to socialise students into a 'community of practice' (Billay & Myrick, 2008). Oral interactions play a large part in both these roles. Also absent from much of the literature on preceptor education is the role that the educator or trainer plays in the construction of preceptors developing understanding and knowledge about teaching and learning.

1.4 Study aim and scope

This qualitative study, underpinned by a socially-constructed view of knowledge creation, explored how a responsive approach to regional aged-care preceptor pedagogical education could be developed between the researcher and a group of preceptors. The undertaking was planned in response to a regional aged-care facility's desire to provide effective learning experiences for healthcare students on placement at their facility and the acknowledgment that they needed trained preceptors to improve educational practice. A participatory action research design, stressing collaboration between the educator/researcher and the preceptors, and the importance of local practical knowledge and experience in developing the preceptors' program, was considered the most appropriate methodology to investigate this locally-identified need. In adopting a participatory approach, it was also hoped that preceptors would develop the educational skills, knowledge and confidence to take ownership of the revised student placement program.

The study was conducted in a not-for-profit 96-bed residential aged-care facility in the Latrobe Valley in regional Victoria, Australia over a 12-month period from late 2013 to the end of 2014. The substantive part of the research, 12 meetings with the preceptors, took place over eight months. Meetings were held approximately every two weeks, took place at various times in the preceptors' working day and lasted from one to two hours.

The other four months encompassed preparatory meetings with the facility management, and informal interviews with some of the preceptors and healthcare students working in the facility at the time. Eleven staff from the aged-care facility participated in the study, including two administrative managers, who were involved at the commencement of the study. The other nine participants comprised seven preceptors, the clinical manager and an administrator. For ease of reference I have called all these participants 'preceptors' because

they were all involved in educational development discussions and activities that took place over the eight months.

1.5 Research questions

The research questions are derived directly from the aged-care facility's wish to ensure their precepting staff could provide healthcare students on placement at the facility with an effective learning experience. The questions also recognise that, as the educational intermediary/researcher, (the two terms representing the different roles I played at various times in the study) I was experienced in one area only, education. The preceptors had the aged-care experience, and several had previously worked with students. Thus, the project had to be collaborative and respond to preceptor needs.

1.5.1 Main research question

How can a responsive approach to regional aged-care preceptor pedagogical education be developed collaboratively?

1.5.2 Sub-questions

- What are preceptors' perceptions of the regional precepting role in aged care?
- How do preceptors prepare themselves for precepting in the regional aged-care sector?
- How does a participative research approach impact on the features of the resulting pedagogical model?
- What key educational understandings emerge as the model is developed?

1.6 Addressing the research problem

To address the research problem and the research questions raised by the problem, the study's epistemological underpinning was grounded in social constructionism, which posits that knowledge is generated collectively and that language has a major role in creating this mutual knowledge. In turn, the social constructionist underpinning framed how the research should be conducted, which led to the choice of participatory action research as the method of inquiry. As a collaborative form of inquiry, participatory action research empowered participants to recognise their own pragmatic knowledge, to construct new knowledge and understanding, and to address local teaching concerns using the local discourse to do so.

This thesis adds to the limited research on regional preceptor education by presenting a sustained action research project undertaken in a residential aged-care facility in regional Victoria. The research shows how a group of regional aged-care preceptors understood and constructed their role as teachers in a collaborative undertaking with an educational intermediary, processes generated through oral and relational interaction. From a practical perspective, the study offers a novel and socially-constructed approach to developing regional aged-care preceptors' potential to accommodate healthcare student placements.

1.7 Key terms

This study draws on concepts and literature from both the healthcare and education fields. Therefore, to ensure clarity, this section defines and explains the main terms used throughout the thesis. These terms and others are also defined in the glossary.

1.7.1 Preceptors

Aged-care preceptors were the focus of this research. Preceptors, a term most commonly associated with nursing, normally provide one-to-one support for healthcare students on placement in a healthcare facility, socialising students into their professional roles (Billay & Myrick, 2008; Bourbonnais & Kerr, 2007; Ford, Courtney-Pratt, & Fitzgerald, 2013; Hjälmhult, Haaland, & Litland, 2013). Preceptors may act as role models, teachers, and evaluators for students while also undertaking the normal responsibilities of nursing care (Bourbonnais & Kerr, 2007). The preceptors in this study comprised a registered nurse, enrolled nurses, a personal care worker (PCW) and, for ease of reference, an administrator, all of whom worked in a regional aged-care facility.

1.7.2 Pedagogy

The aim of this research was to explore how a responsive approach to regional aged-care preceptor pedagogical education could be developed between the researcher and a group of preceptors. Pedagogical education, however, involves more than developing teaching skills. Pedagogy is the act of teaching and the discourse that surrounds teaching, a discourse which comprises theories, beliefs, policies and controversies informing and shaping pedagogy (Alexander, 2000). Thus, this research set out to not only develop preceptors' capacity to offer effective learning experiences for healthcare students, but also to

understand how preceptors constructed their teaching role and the factors that influenced this process.

1.7.3 Regional

This study was conducted in an aged-care facility in regional Victoria, Australia. The town, and the region in which it is situated is classified as Statistical Area 2 (popn.3000-25,000) on the Accessibility/Remoteness Index of Australia (ARIA+) which defines areas in terms of their geographic remoteness[1]. In broader terms, this town is considered to be in an inner regional area (Australian Institute of Health and Welfare, 2017).

1.7.4 Participatory action research

This project was a participatory action research (PAR) undertaking where I (Fiona) was participating in the action and associated research *with* and *not on* those participating, the preceptors (Kemmis, 2009). The emphasis in PAR is on researchers and participants working together collaboratively to address local practical issues while also developing understanding of those issues among all involved (Brydon-Miller, Greenwood, & Maguire, 2003; Kidd & Kral, 2005). Thus, a PAR approach would enable preceptors to determine their own approach to developing their pedagogical skills and to providing future healthcare students with effective learning experiences while in a regional aged-care facility.

1.7.5 Social constructionism

Underpinning this research is a social constructionist's view of how knowledge is created. This view posits that knowledge is created collectively; therefore, relationships among participants, rather than the individual, are important in creating knowledge (Gergen & Gergen, 2008). Social constructionism also highlights the centrality of language in creating knowledge and meaning, while emphasising language's pragmatic nature. These epistemological assumptions aligned fully with the method of inquiry, PAR, because of PAR's emphasis on collaborative action, manifested in oral interaction between participants and researchers, to effect change.

[1] Accessed at http://www.abs.gov.au/websitedbs/D3310114.nsf/home/Australian+Statistical+Geography+Standard+(ASGS)

1.7.6 Artefacts

Artefacts are defined as products of human workmanship and include texts. Artefacts carry meaning about the culture of their creators and users (Schwandt, 2007). In this study, artefacts produced by the preceptors included written and oral texts and diagrams. These artefacts are shown in Appendix 13. The educational intermediary also produced artefacts including lesson plans, PowerPoint slides and meeting summaries.

1.8 Thesis overview

The thesis overview provides a brief outline of each of the nine chapters in this thesis.

Chapter 2 Literature review

Chapter 2 begins the review of literature by examining the overall state of the Australian aged-care sector and aged-care workforce before describing the regional aged-care setting. The chapter then considers the education pathways available to those wishing to work in aged care. Healthcare student placements in aged-care facilities are examined next. The lack of skills and knowledge among aged-care precepting staff to promote effective learning for these students is highlighted. This situation is particularly serious in regional areas. However, the review draws attention to how the extensive practical experience and knowledge of some staff, if recognised and supported with appropriate training, could contribute to improving students' learning experiences. The role of an aged-care preceptor and the preceptor's importance in facilitating learning is explored next. Challenges for regional aged-care preceptors in accessing pedagogical education programs is explained while also emphasising the top-down, decontextualised and linear way in which these programs may be conducted. Finally, a collaborative approach to preceptor education, situated in the workplace and underpinned by a sociocultural view of learning is posited as a means to address challenges regional aged-care facilities face in providing professional development for their staff. The chapter concludes by stressing how such a collaborative approach recognises the importance both the context and participants play in developing a inclusive approach to their own education and to the learning experiences of students.

Chapter 3 Methodology

Chapter 3 situates the study in the field of qualitative inquiry, an appropriate choice for research conducted in the natural setting of an aged-care facility. The aims of the study,

influenced by the aged-care facility's wish to promote improved learning outcomes for students on placement, are then presented followed by the research questions. The research framework emphasising the alignment between the epistemological underpinnings of the research, social constructionism, and the approach to inquiry, participatory action research (PAR) is explained and illustrated diagrammatically. The potential of participatory action research to promote change by ensuring those who will be affected by an intervention are instrumental in developing that intervention is discussed. Critiques of action research, the length of time it takes to implement change and the challenges in making a project fully participatory are also acknowledged.

Chapter 4 Methods

This chapter begins with a description of the research setting in regional Victoria, and how the aged-care preceptors participating in the study were recruited. My role as the educational intermediary, and as a collaborator in developing the preceptor education program is then explained. Informal focus/discussion groups recorded with a digital recorder formed the main method of data collection so is explained comprehensively. These data were supplemented and supported by a questionnaire, informal interviews, documentary data, preceptor artefacts, and a researcher diary all of which are described and the rationale for their use explained. Chapter 4 provides a comprehensive description of the inductive data analysis process where the researcher was immersed in the data and collaborated with the participants to promote mutual understanding of the process used to develop the model of preceptor pedagogical education. The chapter also shows how the data analysis was reframed to take account of the collaborative way in which the data were produced. The four strategies used to evaluate the integrity of the research process, epistemological integrity, representative credibility, analytic logic and interpretive authority are explained and justified by making explicit their links to the theoretical underpinnings of the research and the methods used to conduct this research.

Chapters 5, 6 and 7 comprise the three action research cycles of the project, in other words, how the project to develop and implement a preceptor education program unfolded.

Chapter 5 Action cycle 1: Entry, negotiation and refining the research focus

Chapter 5, the first action research cycle, describes the entry phase for the research, which took place over three months, and involved establishing relationships, visiting the location of the study, and negotiating my role as an educational intermediary. This entry phase describes my two meetings with the management team where concerns about student placements were identified and aspirations for a preceptor development program were expressed. My first meeting with the preceptor group was also part of this entry phase. In this meeting, preceptors articulated their views on teaching healthcare students and on effective preceptorship.

Chapter 6 Action cycle 2: Planning

Chapter 6, the second action research cycle, was conducted over a period of three months and encompassed the period before Certificate 3 in Aged Care students commenced placements at the facility and an introductory week of preparatory briefings for students who commenced their placements the following week. The chapter describes four aspects of precepting that the preceptors considered important then goes on to show how these perceptions influenced the way in which preceptors developed a revised orientation program for the incoming students. This process of development comprised many interacting factors all of which are explained. These factors included the presence of a local champion[2] and an educational intermediary who supported the preceptors throughout this period of educational change. Action cycle 2 concluded with the creation of a learning-centred orientation program together with a range of other preceptor-generated artefacts. The preceptors' overarching concern with resident comfort and safety which they wished to impart to students is evident throughout the entire chapter.

Chapter 7 Action cycle 3: Reflection, consolidation and taking ownership

Chapter 7, the third action research cycle, encompassed the implementation of the revised placement orientation program for the Certificate 3 students. The chapter begins with the introduction of two new preceptors into the existing preceptor group before detailing preceptors' responses to student engagement in the modified orientation program and to student interaction with residents who had been included in this program. The chapter

[2] The clinical manager who participated in the research and supported the other preceptors

demonstrates how preceptors became more focussed on ensuring students were enabled to learn and how they, as preceptors, needed to provide feedback to students and evaluate student experience. Chapter 7 also explains how preceptors assumed increasing ownership of the preceptor education program and then suggested ways in which all facility staff could be included in contributing to an effective learning experience for students. My diminishing role as educational intermediary is described as preceptors assumed this ownership. The chapter concludes with a summary of key preceptor achievements followed by my exit strategy.

Chapter 8 Discussion, significance and implications

Chapter 8 presents first, the social constructionist-inspired regional aged-care preceptor pedagogical program framework that was developed through this research. The role of a responsive educational intermediary and a local champion in generating the conditions that engaged the preceptors and underpinned the conduct of the research is then discussed. Chapter 8 next identifies the features of preceptor engagement, which included its oral nature, its grounding in practical experience and its genesis in the preceptors' hierarchy of important educational issues. The significance of the research is then highlighted, drawing attention to its potential to conceptualise and foreground preceptor education through a social constructionist lens in which the preceptor role is constructed orally and relationally. The research approach, participatory action research, enabled regional aged-care preceptors, who work at the forefront of aged care, to assume a prominent role in determining the direction of their own education and ensure that future aged-care students benefit educationally from their placements in aged care. Chapter 8 also explains the implications of the research for preceptor education, for future research into aged-care preceptor education; and for the regional aged-care sector.

Chapter 9 Conclusion

The conclusion to the thesis responds to the main research question and sub-questions. It argues that a responsive approach to regional aged-care preceptors begins with the preceptors themselves and the knowledge and experience of aged care that these preceptors already possess. The chapter contends that preceptors construct their own precepting role through social interaction; interaction which is primarily oral. This process is precipitated by and enabled by using participatory action research as the medium to

conduct professional development. Next, the strengths of the study are explained followed by an acknowledgment of the research's limitations. Future directions for research in this sector are then suggested. The last section of the chapter is a brief final reflection from the educational intermediary.

1.9 Authorial participation

I have included myself in the action throughout this research consistent with the principles of participatory action research. I undertook this project with a group of people, not on them, and was an active participant in all the discussions that took place. Removing any mention of my own role would have been to misrepresent the way in which the data were constructed by obscuring one of the elements of the participatory process.

1.10 Possibilities for future research

The thesis highlights several potential avenues for future research. This research was conducted in only one regional aged-care facility, so the outcomes are specific to that facility. Additionally, comparative studies were not conducted in metropolitan aged-care facilities, so it is also not possible to claim that these outcomes are typical of regional areas or that outcomes are significantly different from those that might be obtained in metropolitan areas. Therefore, to validate the outcomes from this study, similar studies should be conducted in comparable regional aged-care facilities and comparable metropolitan aged-care facilities.

1.11 Summary

Chapter 1 highlighted the important need for aged-care workers who can care for Australia's rapidly ageing population, particularly those in residential aged-care facilities. The need is particularly pressing in regional and rural areas. However, it is difficult to attract and retain suitably skilled staff, particularly in regional areas. One way of addressing this issue is to provide healthcare students on placements in regional aged-care facilities with effective and positive learning experiences in these facilities so that they might consider a career in the aged-care sector. This chapter stressed the importance of preceptors in facilitating effective learning for students while also highlighting the lack of opportunities for preceptors to develop their pedagogical competence. Chapter 1 also drew attention to the limited number of studies conducted into how preceptors learn to perform their educational role in the workplace. To address this gap in the literature, this study aimed to

explore how a responsive approach to regional aged-care preceptor pedagogical education could be developed between the researcher and a group of aged-care preceptors. The research aim informed the research questions which were presented next. The study setting, an aged-care facility in regional Victoria was then described and was followed by a brief description of the eleven staff members who participated during the year-long project. A brief explanation of the research's epistemological underpinning, social constructionism, which posits that knowledge is created collectively, highlighted social constructionism's alignment with PAR, the collaborative method of inquiry used to conduct this study. The novel and practical contribution this study makes to building the pedagogical capacity of regional aged-care preceptors to provide effective healthcare student placements was also emphasised. To provide clarity, definitions were given for six key terms used frequently throughout this research. An overview of the eight remaining chapters of this thesis then provided a snapshot of how the study was conceived, how it was planned, how it was implemented, what outcomes were attained, how these outcomes were interpreted in the light of the literature review, and lastly, how the understandings from this research impact on current understandings of regional preceptor education. Chapter 1 concluded with a brief statement about my key role in the project and recommendations for future research arising from the study.

Chapter 2 examines the literature relevant to this study, commencing with a description of the aged-care context in Australia, and in particular regional Australia. The chapter discusses education programs for those wishing to work in aged care and the conduct of student placements in aged-care facilities. The limited training for staff involved in facilitating student learning on these placements is highlighted. The important role of the preceptor is explained and the challenges in providing pedagogical training for regional preceptors explored. Workplace pedagogical education programs underpinned by sociocultural views of learning are examined as a way of addressing these changes.

Chapter 2 Literature review

This thesis investigates how a group of aged-care preceptors in a regional aged-care facility, developed their own pedagogical practice with support from an educational intermediary. Thus, the literature review encompasses two disciplinary areas, education and aged-healthcare.

2.1 Introduction

Chapter 2 first examines the overall state of the aged-care sector and the aged-care workforce in Australia. The chapter next describes the regional aged-care context. The current situation concerning education and training for those entering the aged-care sector is then examined, with emphasis on the conduct of student placements. The lack of knowledge and skills among aged-care precepting staff, particularly in regional areas, to provide effective learning experiences for these students is highlighted. An overview of a preceptor's role is then presented after which the review examines how preceptors are trained for their precepting roles. The pedagogical principles that underpin these existing models of training are also examined. The chapter then discusses the lack of opportunities for regional aged-care preceptors to develop their pedagogical skills. A model of preceptor pedagogical education grounded in a sociocultural view of learning is then considered and its potential benefits for regional aged-care preceptors identified. Next, the suitability of the aged-care workplace to support a collaborative and empowering model of learning and preceptorship is explored. The chapter concludes with a summary of the review's outcomes.

2.2 The aged-care context in Australia

2.2.1 An ageing population

The ageing of Australia's population is expected to increase substantially over the next 50 years. In 2016, 15% of Australia's population was over 65 years old (Australian Institute of Health and Welfare, 2017). By 2056 this figure is expected to reach 22% (Australian Institute of Health and Welfare, 2017). This expected increase in the aged-care population clearly has implications for those providing aged-care services. Currently ongoing aged-care providers in Australia, of whom there are over 2000, can be classified into three distinct areas:

- community and home support
- home care packages
- residential aged care (Deloitte Access Economics, 2016).

Each service area provides a different level of care. Table 2-1 presents the range of services that each level of care provides. However, it is important to note that Table 2-1 omits allied health professionals/assistants under services available in the residential aged-care sector. Table 2-2 shows that in fact allied health professionals/assistants comprise 4.6% of the residential care workforce.

Service areas	Services available
Community and home support (Entry-level support at home)	• Nursing and allied health services, goods and equipment, home modifications, home maintenance • Meals, other food services, transport, domestic assistance and personal care • Social and individual support
Home care packages (more complex support for those able to live independently in own homes with assistance)	• Four levels of consumer-directed coordinated packages of services. Includes personal care, support services and nursing, allied health and clinical services
Residential aged care (care options and accommodation for those unable to continue living independently in own homes)	• Personal and nursing care

Table 2-1: Levels of service within the Australian aged-care system (Aged Care Financing Authority, 2016)

This PhD research was conducted within the highest care category, residential aged care, which provides accommodation for those requiring high-care needs (Figure 2-2). These facilities also provide 'nursing, supervision or other types of personal care' like toileting and personal hygiene (Productivity Commission, 2011 p.xiv) that may be required by the residents. Typically, those who are in residential aged care are over 85 years (Deloitte Access Economics, 2016; Productivity Commission, 2011). This cohort of older seniors is also expected to increase substantially over the next 40 years (Australian Institute of Health and Welfare, 2017) placing an increasing burden on both aged-care spending and provision of aged-care services. The Australian Productivity Commission has estimated that over the next 35 years the number of Australians needing to access aged-care services is expected to

exceed 3.5 million with a substantial number entering residential aged care (Productivity Commission, 2011).

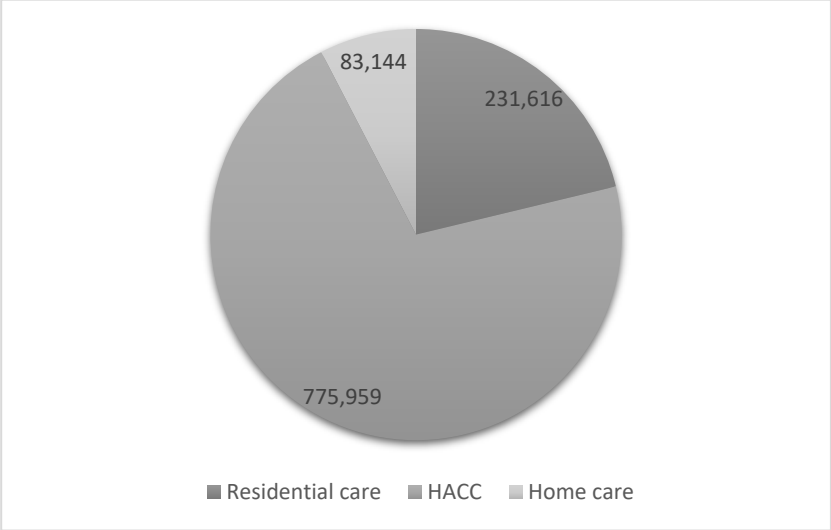


Figure 2-1: Distribution of those accessing aged-care services (Aged Care Financing Authority, 2016)

The predicted service demand clearly has implications for the aged-care workforce. Aged and Community Services Australia has estimated that Australia's aged-care workforce will need to expand rapidly between now and 2050 if the demand for care is to be met. Figure 2-2 illustrates the projected growth in the workforce using data from four sources. Although the projections are not aligned exactly, the increasing need for more aged-care workers over the next 30 years is clear. In addition to service pressures, the capacity of the workforce to address a concomitant increase in complex healthcare challenges will need to expand (Lea et al., 2014).

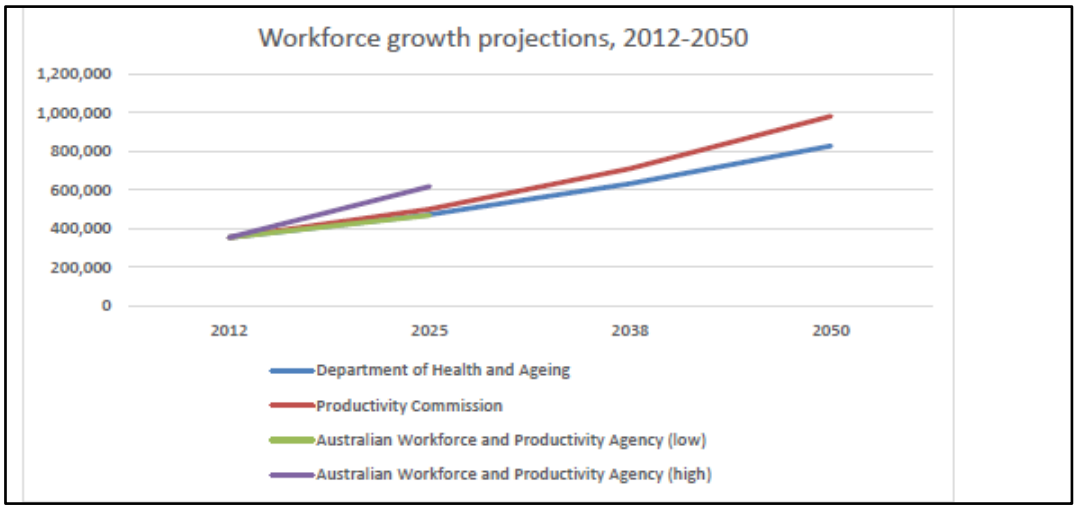


Figure 2-2: Workforce growth for the aged-care sector 2012-2050 (ACSA, 2016)

2.2.2 The aged-care workforce

The composition of the residential aged-care workforce in Australia is critical as this pool of workers will influence those in the next generation who might be considering aged care as a career. The term aged-care worker is somewhat misleading as it can include any type of worker within a residential aged-care facility. In this study, the aged-care workers were all direct care workers because they provided the 'personal, physical, social and emotional' care (King et al., 2012) for the residents. It is this group of direct care workers to which the term aged-care worker is applied (see Glossary).

Profession	2012	2016
nurse practitioners	0.2%	0.3%
registered nurses	14.9%	14.6%
enrolled nurses	11.5%	10.2%
allied health professionals/ assistants	5.2%	4.6%
personal care workers	68.2%	70.3%
Total number of employees	147,086	153,854

Table 2-2: Direct care employees in the Australian residential aged-care workforce 2012 and 2016 (Mavromaras et al., 2017)

A snapshot of the residential aged-care workforce, based on the most recent aged-care workforce and census survey conducted in 2016, showed that the residential aged-care workforce is still predominantly female comprising 87% of the total of direct care workers. However, the proportion of men, while still small, has grown slowly since 2012. The residential aged-care workforce also has a higher proportion of workers over the age of 55 than the Australian workforce as a whole (27.2%) though this number has fallen slightly since 2012 (Mavromaras et al., 2017). Encouragingly, the proportion of aged-care workers aged from 25 to 34 years has had the biggest increase of all age groups over the same period of time (Mavromaras et al., 2017). This trend augurs well for the aged-care sector if staffing demands are to be met and those younger workers can be retained. In terms of ethnicity, nearly a third (32%) of all direct care workers were born outside Australia with most of this group (74%) filling positions as personal care workers. For those within this non-Australian born cohort who do not have English as their first language, there can be challenges whether it is in communicating or in cultural expectations and practices

(Mavromaras et al., 2017). As can be seen in Table 2-2, personal care workers, in fact, make up the majority of direct care workers (70.3%), a 2.1% increase since 2012, of the total residential aged-care workforce (Mavromaras et al., 2017).

2.2.3 Regional, rural and remote aged care

People living in regional, rural and remote Australia are significantly worse off in terms of both their personal health and access to health care services than their metropolitan counterparts and the gap is widening (Australian Institute of Health and Welfare, 2017; Brooke, 2017; Deloitte Access Economics, 2016; Department of Health, 2011b; Greenhill, Mildenhall, & Rosenthal, 2009; Standing Council on Health, 2012). In regional and rural Victoria, the population is generally poorer, more unemployed, older, less healthy than those in metropolitan areas, and has faced an increase in the prevalence of chronic disease (Department of Health, 2011b; Stebbing, 2013). This disadvantage includes lack of access to well-resourced aged-care services.

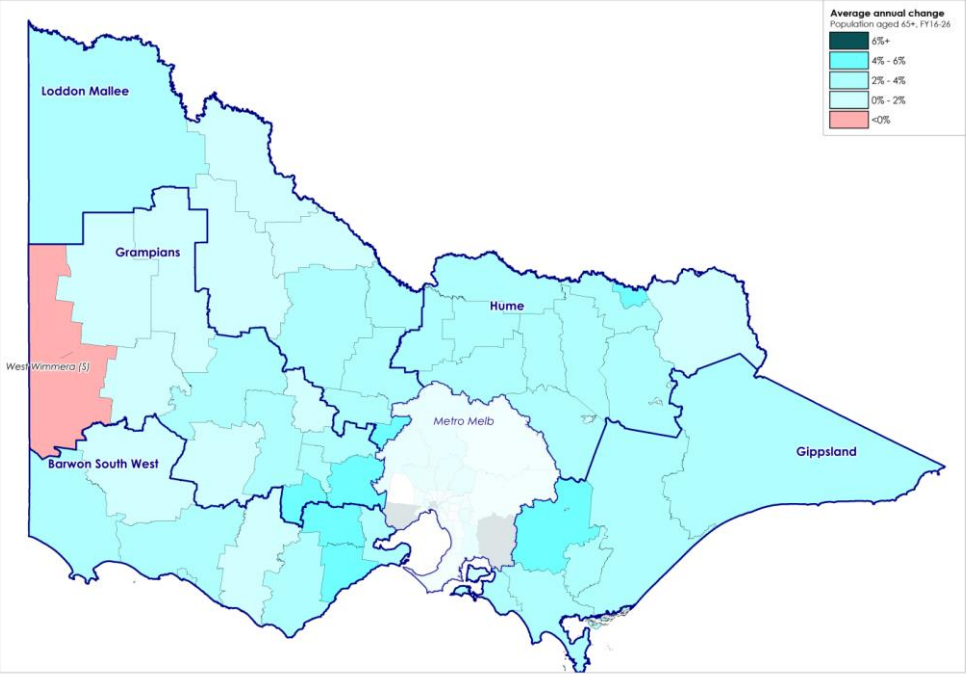


Figure 2-3: Projected average annual change in Victorian population over 65, 2016-2026 (Deloitte Consulting, 2016)

As Figure 2-3 illustrates, the proportion of people in Victoria aged over 65 is expected to increase in nearly all parts of the state over the next 10 years, including the Gippsland region where this study was conducted. However, it is possible, that like some regional and

rural areas, there are fewer people within the local community who can be recruited to staff residential aged-care facilities (RACFs) to address projected demands for aged care and so staff vacancies may remain unfilled for longer than they would in a metropolitan setting (Deloitte Consulting, 2016; Mavromaras et al., 2017). The difficulty in recruiting and retaining staff is exacerbated by reduced professional development opportunities and prospects for promotion for those already employed in the sector (Australian Skills Quality Authority, 2013; Mavromaras et al., 2017; National Rural Health Alliance, 2016a). Limited opportunities for continuing learning also include the absence of programs providing support for regional and rural aged-care staff to build their capacity to support students on placement (Lea, Andrews, Stronach, Marlow, & Robinson, 2017b).

Despite these obstacles, in Victoria, the Department of Human and Health Services has emphasised the right of all Victorians to access quality care, including aged care, wherever they reside in the state which leads to questions about how these inequities in provision of care will be addressed (Department of Health and Human Services, 2015). One avenue of promise is to draw attention to the potential of regional and rural areas to offer a wide range of learning experiences often not available in metropolitan areas (Siggins Miller Consultants, 2012 ; Yonge, Myrick, & Ferguson, 2011). For students on aged-care placements this could be an experience of interprofessional practice and, because regional and rural services are often smaller, building relationships with residents, clients, patients and staff (Siggins Miller Consultants, 2012 ; Webster et al., 2010). However, as explained earlier in this section, there is limited opportunity for those guiding students in aged care to obtain any professional training in how to inspire learning (Henderson et al., 2010; Neville, Yuginovich, & Boyes, 2008). Clinical facilitators play a vital role in helping students to have a positive experience in aged care which in turn can influence a student's intention to undertake a career in the sector (Grealish, Bail, & Ranse, 2010; Henderson et al., 2010; Sanderson & Lea, 2012). Thus, a lack of opportunities to gain appropriate pedagogical training seems a serious oversight.

2.2.4 Aged-care education

Regrettably, making a career in aged care is rarely considered as an option by nurses or other healthcare workers either in Australia or internationally because of factors such as the perceived lack of opportunities for advancement and the appeal of the more technically

focussed acute care sector (Andrews et al., 2012; Grealish et al., 2010; Lea et al., 2014; Lea et al., 2015; Liu, Norman, & While, 2013; Neville et al., 2014; Neville et al., 2008; J. A. Stevens, 2011). For example, in Australia, registered nursing students enrolled in a 3-year undergraduate degree in nursing typically focus on primary healthcare and acute nursing care (Lea et al., 2015) though there is a geriatric clinical placement at the end of their first year. Enrolled nurses complete a Nursing and Midwifery Board of Australia Diploma of Nursing which, in contrast to registered nursing students, is undertaken in the Vocational Education and Training sector (Australian Nursing and Midwifery Accreditation Council, 2017). The length and content of courses may vary depending on where the student is enrolled (Australian Skills Quality Authority, 2013).

However, given the rapidly ageing population and the increasing need for nurses and personal workers in the residential aged-care sector, there is an acknowledgment by the Australian Nursing and Midwifery Accreditation Council that the lack of priority given to this sector must change. The Australian Government's role as funder and program provider of aged-care services flags emphasis on accessible, seamless and comprehensive support for healthy ageing and care for older Australians (Australian Nursing and Midwifery Accreditation Council, 2012).

There are several reasons for the lack of interest in aged-care careers among healthcare students. Recent studies (Annear, Lea, & Robinson, 2014; Grealish et al., 2010; Lea et al., 2014; Xiao et al., 2009) suggest students perceive the sector as having less status than other areas of nursing and with few career pathways so are best suited to healthcare workers near the end of their careers (Abbey et al., 2006). Remuneration, particularly for registered nurses, is also lower than what they would expect in other sectors of nursing (Abbey et al., 2006; Grealish et al., 2010; Lea, Andrews, et al., 2017b). Many students also consider the focus on personal care as 'basic' and less prestigious than the clinical or technical expertise of hospital environments (Grealish et al., 2013; King, Roberts, & Bowers, 2013; Lea et al., 2015; McCann, Clark, & Lu, 2010; Neville et al., 2014; Xiao, Kelton, & Paterson, 2012). This view of aged care is reinforced by a focus on acute care in many nursing curricula (Carlson & Bengtsson, 2014; Lea et al., 2015; McCann et al., 2010; Neville et al., 2008) and the sometimes-negative attitudes of teaching staff towards aged care and old people (Grealish et al., 2010; Grealish et al., 2013; Neville et al., 2014; Xiao et al., 2012). Compounding these

perceptions and attitudes is the frequently confronting nature of providing care, often intimate, to aged people (Robinson & Cubit, 2005).

The problems in attracting new workers to the aged-care sector may also be exacerbated by sub-optimal experiences that both students and new workers to aged care may undergo either on placements or when first starting work in a facility (Grealish et al., 2010; Neville et al., 2008; Robinson, Abbey, Abbey, Toye, & Barnes, 2009). Poor orientation programs, students and workers feeling unwelcomed and not part of the team (Robinson et al., 2009; Robinson et al., 2008), poorly trained supervisors and preceptors (Lea, Andrews, et al., 2017b) and unfriendly or hostile staff (Abbey et al., 2006; Grealish et al., 2010; Neville et al., 2008; Robinson et al., 2007) were among the most common reasons for sub-optimal experiences. Such experiences may impact negatively on students' sense of 'belongingness' to their professional group and significantly, on their capacity to learn while on placements (Levett-Jones & Lathlean, 2008). There is also evidence that the aged-care workplace harbours a considerable amount of bullying (Grealish, Henderson, Quero, Phillips, & Surawski, 2015). None of these factors serve to help the image of a sector already finding it difficult to attract enough qualified staff to the sector.

2.2.5 Vocational aged-care education and training

At the vocational education level, a Certificate 3 in Aged Care was the expected standard for personal care workers (PCW) until 2016 (Mavromaras et al., 2017) when the Certificate 3 in Individual Support was introduced. In 2017, the proportion of PCWs holding the older Certificate 3 in Aged Care was 67%, similar to the proportion who had the qualification in 2012 (Mavromaras et al., 2017). Encouragingly the proportion of PCWs with a higher-level Certificate 4 in Aged Care increased 8%, from 15% in 2003 to 23% in 2016 (Mavromaras et al., 2017). However, the standard and consistency of training courses offered to students of aged care appears to vary considerably and has been the subject of many complaints (Aged & Community Services Australia, 2016). Indeed, in early 2014 when I had just commenced this study, an article in *The Age* newspaper in Melbourne 'Quickie aged-care courses fail industry standards' reported many registered training providers were offering Certificate 3 in Aged Care courses, which failed to meet the recommended length of 1200 hours set by the Australian Qualification Framework (Australian Skills Quality Authority, 2013; Smith & Stevens, 2013), which is the national policy for regulated qualifications in Australian

education and training.[3] Some providers were purportedly offering courses of less than 200 hours which suggests that many PCWs are underqualified to enter the sector. Pertinent to my study, was that Victorian RTOs providing aged-care training were also implicated, drawing attention to the number of students in the aged-care sector who were receiving insufficient training or were underqualified on entering the aged-care workforce. Even more recently, an inquiry into the aged-care workforce found that nearly half (49%) of all employers interviewed rated more than half the Certificate 3 in Aged Care graduates applying for work as unsuitable because of limited language skills, limited understanding of wellness-focussed care and the inability to manage dementia (Aged & Community Services Australia, 2016).

In 2016, the Certificate 3 in Aged Care was replaced with the Certificate 3 in Individual Support after a review by the Community Services and Health Industry Skills Council[4]. The Certificate 3 in Individual Support also replaced the Certificate 3 in Home and Community Care. The new qualification requires students to complete a minimum 120 hours in the workplace which makes the need for pedagogical preparation of preceptors, who provide students with opportunities for learning and skills acquisition, role modelling, and direction at a work-site even more pressing (Mills, Francis, & Bonner, 2005).

2.2.6 Student placements

A placement in any healthcare setting aims to provide students with both adequate and quality learning which prepares them for professional practice, meets individual student needs, and makes best use of resources available (Siggins Miller Consultants, 2012). To achieve these goals, students must have opportunities to develop their practical skills, be socialised into their chosen profession, turn classroom theory into practice and arguably most importantly, experience the sector in which they are placed as a potential future career (Abbey et al., 2006; Grealish et al., 2010; Grealish et al., 2013; King et al., 2013; Robinson et al., 2007). In a 2012 review of clinical placements encompassing medicine, nursing, and allied health, five key elements were identified as essential in ensuring that

[3] https://www.aqf.edu.au/
[4] https://training.gov.au/Training/Details/CHC33015

placements did indeed provide these opportunities for the student (Siggins Miller Consultants, 2012). These key elements were:

1. a quality of culture within the organisation
2. effective supervision
3. the opportunity to work with patients/clients in a supportive learning environment
4. good communications between service providers and academic/training institutions
5. adequate resources for workplace learning.

However, as discussed in Section 2.2.3, undergraduate placements in the residential care sector have been traditionally considered as inferior learning experiences because of the lack of qualified staff to act as preceptors for students and because of the reported ageist attitudes of students (Abbey et al., 2006; Grealish et al., 2013; Lane & Hirst, 2012; Neville et al., 2014; Robinson & Cubit, 2007; Xiao et al., 2012). This lack of qualified staff to mentor students is a troubling finding as it fails to meet several of the elements, cited above, for a successful placement (Siggins Miller Consultants, 2012). A negative experience in aged care can have a major impact on a student's decision to work in the aged-care sector (Lea et al., 2014; Lea et al., 2015; Neville et al., 2008). Therefore, fostering more positive attitudes among students to aged-care work requires that their clinical placements in aged-care facilities are both well-supported and provide a positive learning experience (Chenoweth, Jeon, Merlyn, & Brodaty, 2010; Neville et al., 2014; Robinson et al., 2007). One of the most crucial constituents in enabling a positive placement is implementing an orientation program where students are made to feel welcome and their expectations are heard and aligned with what the facility can offer (Lea et al., 2014; Lea et al., 2016; Robinson et al., 2008). However, this course of action is dependent on the availability and quality of clinical teachers and trained mentors in the aged-care facility. Where there is a lack of support students may emerge from the experience not only with negative attitudes, but also without having had the opportunity to make the links between theory and practice (Lane & Hirst, 2012). This research applies chiefly to registered nursing students. There is little available literature on the aged-care placement experiences of students undertaking enrolled nursing and personal care worker qualifications. What is available from Australian

Government reports indicates that the training provided for those undertaking both aged-care and community care qualifications varies widely and provides insufficient on-the-job or work-based training (Australian Skills Quality Authority, 2013).

The statistics in Table 2-2 also suggest that students from professions trained in the higher education sector, such as registered nursing and physiotherapy, who undertake an aged-care placement, will most likely interact with PCWs because PCWs form the largest cohort in aged-care facilities. Personal care workers are less qualified than registered and enrolled nurses and physiotherapists (Grealish et al., 2010), having been trained in the vocational education sector. Personal care workers usually hold a Certificate 3 in Aged Care, which is considered a minimum qualification for the work. This skills and knowledge difference among the different groups of aged-care workers that students come into contact with on their placements only reinforces the negative stereotypes, particularly among nursing students, of working in aged care (Grealish et al., 2010; Xiao et al., 2012).

2.2.7 An overlooked educational resource

Despite the shortcomings in the preparation of aged-care workers, many of the older aged-care facility staff have extensive experience in the sector (Department of Health and Ageing, 2013) and have traditionally provided 'the backbone of health services' (Arblaster, Streather, Hugill, McKenzie, & Missenden, 2004, p. 33), a contribution that is often not recognised (Arblaster et al., 2004; Grealish et al., 2010). This lack of recognition has led to calls for personal care workers to undertake additional training and professional development programs to raise their professional status and meet the shortfall of registered and enrolled nurses working in aged care (Annear et al., 2014; Arblaster et al., 2004; Booth, Roy, & Clayton, 2005; Lea, Andrews, et al., 2017b; Lea et al., 2016; Productivity Commission, 2011). Many aged-care facilities rely on registered nurses to initiate and facilitate staff development in the workplace (Grealish et al., 2015). This practice appears to overlook the potential wealth of experience and practical knowledge in caring positions that are often considered of less status as well as the potential influence that care workers have on students' decisions to work in aged care (Lea et al., 2016). Such an untapped educational resource, if recognised and enhanced by providing appropriate training and support, has the potential to improve the learning and teaching culture in residential care facilities (Annear et al., 2014; Booth et al., 2005; Lea, Andrews, et al., 2017b; Lea et al., 2016) thus helping to

address future workforce needs (Lea, Andrews, et al., 2017a). This resource also recognises the importance of practical knowledge that has been learned in action and in conversation with others, which, like job status, may often be considered of less importance than codified knowledge found in books or journals (Reason & Bradbury, 2008).

Indeed, many personal care workers themselves consider further vocational training both necessary and desirable but there is a reported preference for this training to be in dementia management and palliative care (Australian Skills Quality Authority, 2013) rather than in pedagogical education. While this content-driven form of professional development for staff is essential to the care and safety of elderly residents, there appears to be little emphasis on education that could assist in attracting the next generation of healthcare students to work in aged care. In other words, there is a need to educate staff on how to promote effective learning and teaching in the workplace. This educational priority is starting to be recognised. Two recent studies emphasise the need for all aged-care staff working with students, particularly PCW staff, to be included in preceptor training programs to build the capacities needed that enhance ability to better support student learning needs (Lea, Andrews, et al., 2017a; Lea et al., 2016).

The difficulty in implementing educational initiatives targeting all aged-care staff arises from differences in vocational training and experience among many of the staff (Grealish et al., 2010). However, emerging evidence demonstrates that the challenge is not insurmountable. In one falls prevention study conducted in two regional aged-care facilities in Australia, staff with a common interest in implementing change not only reduced falls but also developed improved interprofessional relationships and contributed to improved learning (Andrews et al., 2012; Lea et al., 2012). The outcomes of this research highlight the benefits of providing more inclusive opportunities for a diverse range of aged-care sector staff to collaborate in achieving shared goals.

2.3 The preceptor role

A preceptor is generally defined in the healthcare literature as a clinician or practitioner, who teaches, guides and supports healthcare students, socialising them into their professional roles (Billay & Myrick, 2008; Charleston & Goodwin, 2004; Ford, Courtney-Pratt, & Fitzgerald, 2013; Hallin & Danielson, 2009; Hjälmhult, Haaland, & Litland, 2013;

Kaviani & Stillwell, 2000; Marriott et al., 2005; Mills et al., 2005). A preceptor normally has a one-to-one teaching and learning relationship with a student and role-models positive practice (Billay & Myrick, 2008; Billay & Yonge, 2004; Kaviani & Stillwell, 2000; Mills et al., 2005). Unlike a supervisory relationship which is often a long-term relationship; can extend outside the immediate work area; and has a range of clinical practice outcomes, preceptors generally work with students in the work area for a period of 2-12 weeks and focus specifically on clinical skill development (Mills et al., 2005). Preceptorship is the actions associated with being a preceptor, and is described as an approach to teaching and learning, the object of which is to transition students from student to practitioner ((Benner, 1984); Billay & Myrick, 2008; Kaviani & Stillwell, 2000), to 'help them cope with the deliberation (and uncertainty) inherent in gaining proficiency' (Benner, 1984 p. 186-187), and to introduce them into a 'community of practice'[5] (Trede et al., 2016).

Given the increasing need for aged-care workers and the importance of a well-organised and positive placement experience in attracting students to the sector, there is also an increasing demand for high quality learning for healthcare students undertaking placements in aged-care facilities. Preceptors are crucial in ensuring that the student learning experience is positive. Indeed, several studies in aged-care settings found that high quality supervision is the key component of an effective learning experience (King et al., 2013; Sanderson & Lea, 2012; Xiao et al., 2012). Additionally, as stated in Section 2.2.7, the effectiveness of the placement can be enhanced by supportive personal care workers (Annear et al., 2014; Grealish et al., 2015; Lea et al., 2015). There is also another, less documented, reason for developing the capacity of aged-care preceptors and non-care staff to promote a strong learning culture in the aged-care workplace. A review of registered training organisations offering aged-care sector training conducted in 2013 found that many Certificate 3 in Aged Care students needed to be trained in the workplace (Australian Skills Quality Authority, 2013). The organisations where tagged-care workers had received their qualifications did not have the requisite expertise or were out-of-date with skills and knowledge needed for training and assessing students (Australian Skills Quality Authority, 2013). Thus, there appears to be a clear need for a focus on supervisor and preceptor

[5] Community of practice: practices and social relations of a discipline like nursing (Trede, Sutton, & Bernoth, 2016)

education so that those tasked with guiding students, and new staff, in the workplace are able to provide an effective learning experience underpinned by sound pedagogical principles.

2.3.1 What makes an effective preceptor?

An effective preceptor is crucial in fostering a learning culture for students on placement in healthcare organisations (Abbey et al., 2006; Annear et al., 2014; Henderson et al., 2010; Neville et al., 2008; Pront, Gillham, & Schuwirth, 2016). However, providing effective learning opportunities for students is a complex role (Happell, 2009; Pront et al., 2016; Trede et al., 2016) requiring the preceptor to not only support student learning, but also carry out normal work responsibilities (Ford et al., 2013). The realities of having to perform several roles also affects preceptors in regional and rural aged-care facilities (Robinson et al., 2007; Siggins Miller Consultants, 2012 ; Webster et al., 2010). It appears evident then, that preceptors must be competent in demonstrating a range of professional skills and knowledge as well as possessing the ability to inspire student learning if they are to attract students to a career in healthcare. Indeed, there have been many studies exploring the roles of preceptors which highlight the range of skills and knowledge that a preceptor should possess to facilitate student learning. Many of these studies were conducted in the nursing sector (Annear et al., 2014; Grealish et al., 2010; Happell, 2009; Henderson & Eaton, 2013; Lea et al., 2014; Myrick, Yonge, Billay, & Luhanga, 2011), with some in pharmacy (Dalton et al., 2007; Taylor et al., 2007), paramedicine (Edwards, 2011), medicine (Hudson, Weston, & Farmer, 2011) and multidisciplinary (Pront et al., 2016). Among the skills consistently identified in the literature as important for a preceptor to possess are the ability to role-model, that is to demonstrate professionalism and commitment to their own work in aged care and help students to feel safe (Happell, 2009); the ability to provide constructive guidance and support enabling the student to take the initiative where appropriate to do so (Happell, 2009; Lea et al., 2014; Robinson et al., 2009); and to integrate students into a community of practice, where students learn to navigate the practices and social relations of their discipline and to develop a professional identity (Annear et al., 2014; Billay & Myrick, 2008; Carlson & Idvall, 2014; Grealish et al., 2010; Happell, 2009).

To support clinical supervisors in all areas of healthcare, Health Workforce Australia have developed a National Clinical Supervision Competency Resource which presents the skills

and competencies they have identified as necessary for effective clinical supervision (Health Workforce Australia, 2015). The skills and competencies are organised into three domains: clinical supervision, safety and quality in clinical supervision, and organisation. In each domain there are three levels of competence: foundational, intermediate, and advanced (Health Workforce Australia, 2015). While the resource provides a useful guideline for supervisors, preceptors and students on clinical placements, it may not represent what actually occurs in the workplace.

As may be expected, attributes of effective preceptors often align closely with the learning needs of students in the workplace, whether these students are from the higher education or the vocational sector. Billett and Choy (2012) identified six activities which address student learning needs and thus assist students in having an effective placement in a workplace. Students are said to benefit from:

1. having an orientation where expectations and learning outcome are made explicit
2. being well-prepared in terms of skills and knowledge prior to their placements
3. being made aware of their scope of practice and their rights, support they can expect, potential professional interactions
4. understanding the roles and responsibilities of others in the workplace in which they are placed
5. understanding how they can recognise and make the most of their learning opportunities
6. being able to manage negative experiences and reflect on the experiences they encounter.

It is possible that not all these activities are included in a student's formal education, nor provided when a student is on placement in an aged-care facility. Therefore, both higher education institution/training providers and aged-care facilities could work to develop stronger relationships so that trained staff and resources are in place to implement these necessary actions. A study by Xiao et al. (2012) emphasises just how important a collaborative relationship between the education providers, preceptors, and in this study, clinical facilitators, is in ensuring that students have a successful placement in an aged-care facility. Students reported that they had learned more than they had expected to and had

reduced levels of anxiety about working in aged care because they had been well prepared for the experience. The study also demonstrated how the collaborative relationship enabled the education provider to work with preceptors on site to develop preceptor teaching skills (Xiao et al., 2012). This last outcome is an encouraging one for regional aged-care providers as it provides a potential way forward to a recent recommendation from a Senate inquiry into the aged-care workforce (Senate Community Affairs Committee Secretariat, 2017) calling for more inhouse professional development.

2.3.2 The aged-care preceptor's role in orientations

Of particular interest to this research project is that a comprehensive orientation at the beginning of an aged-care placement can have a positive impact on student learning experiences in the aged-care facility. Indeed, helping to provide such an orientation for students has been identified as one of the more important aspects of an aged-care preceptor's role (Abbey et al., 2006; Brown et al., 2008; Brynildsen, Bjørk, Berntsen, & Hestetun, 2014; Lea, Andrews, et al., 2017a; Lea et al., 2014; Robinson et al., 2008). Well-organised and comprehensive orientations include such activities as providing students with a plan of activities they will undertake while in an aged-care facility; conveying facility expectations of what students can be expected to participate in, in the aged-care workplace; providing students with occupational health and safety information; and most importantly, giving students the opportunity to meet preceptors so that they (students) feel welcome, valued and supported right from the start of the placement (Brown et al., 2008; Lea et al., 2014; Lea et al., 2015; Robinson et al., 2009). Ensuring students undertake a comprehensive and positive orientation on commencing an aged-care placement would seem a prudent action to take given the negative attitudes to aged care often held by students (Edwards et al., 2003; Grealish et al., 2010; Lea et al., 2014; Lea et al., 2015; Neville et al., 2008; Robinson et al., 2009; A Robinson & Cubit, 2005; Xiao et al., 2012). However, as several authors point out, orientation programs may be absent or poorly organised with some staff in the facility unaware that students are even present (Lea et al., 2014; Lea et al., 2015; Robinson et al., 2008; Robinson et al., 2007).

2.4 Preparing regional and rural aged-care preceptors to teach

Few studies have investigated either regional/rural preceptor education and training (Charleston & Goodwin, 2004; Myrick, Caplan, Smitten, & Rusk, 2011; Sanderson & Lea,

2012; Yonge et al., 2011; Yonge, Myrick, & Ferguson, 2012) or regional/rural aged-care preceptor education and training (Annear et al., 2014; Carlson & Bengtsson, 2014; Lea et al., 2014; Robinson et al., 2008; Robinson et al., 2007). Indeed, three of the Australian researchers who conducted studies in the regional aged-care sector, Lea, Robinson and Annear, were all from the same research centre in Tasmania. The paucity of studies in Australian regional and rural aged care is perhaps unsurprising as regional and rural areas generally lack trainers, mentors and facilitators (National Rural Health Alliance, 2016a) and infrastructure for training and education in regional and rural health sectors are underdeveloped (Department of Health, 2011b). However, regional and rural preceptors need education in how to teach others as well as ongoing support and recognition in the teaching role if students are to benefit (Grealish et al., 2010; Lea, Andrews, et al., 2017a; Lea et al., 2015) and if a sustainable regional/rural workforce is to be achieved (National Rural Health Alliance, 2016a).

2.4.1 Challenges facing regional and rural aged-care preceptor education

Regional and rural practitioners, from any nursing sector, may face many barriers if they wish to participate in professional development programs such as preceptor education. The most obvious one is geographical isolation. There are fewer programs and resources for professional development in regional and rural areas and even where training is offered, it can be very difficult, if not impossible, to attend particularly if the training is held off-site in metropolitan locations (Charleston & Goodwin, 2004; Dalton et al., 2007; Yonge et al., 2012). Even where there are experienced practitioners to take on supervisory or educational roles of any description, competence in clinical practice does not always mean that the practitioner will make a pedagogically competent preceptor (Health Workforce Australia, 2010; Katz & Shotter, 2003; Rogers, Dunn, & Lautar, 2008).

In regional and rural aged care, a shortage of effective educators and access to training may mean the preceptor role is filled by staff such as enrolled nurses and personal care workers, who, more often than not, have limited or no training in promoting effective learning (Abbey et al., 2006; Lea, Andrews, et al., 2017a; Neville et al., 2008). Consequently, students may have to work with care staff who are focussed on achieving a task rather than creating opportunities for learning. Students may perceive this experience negatively viewing it only as ‘basic’ nursing and not something that will assist them in improving their knowledge in

order to attain registered nurse status (Annear et al., 2014; Arblaster et al., 2004; Happell, 2002; Robinson et al., 2007). Indeed, there is only limited evidence to indicate that any aged-care facilities, including regional and rural facilities, provide students from any healthcare sector with a positive experience of aged care (Annear et al., 2014; Lea, Andrews, et al., 2017b; Robinson et al., 2007). However, as the demand for aged-care services increases so does the need to have trained staff who are able to foster a learning culture and promote an interest in working in aged care (Annear et al., 2014; Booth et al., 2005; Grealish et al., 2015; Lea, Andrews, et al., 2017a; Lea et al., 2015; Xiao et al., 2012). With the proportion of the population over 65 years of age predicted to steadily rise over the next 50 years (Australian Bureau of Statistics, 2013), professional development programs for aged-care staff that are flexible and recognise the often-isolated nature of regional and rural practice appear to be an important priority for the aged-care sector.

Despite this need for professional development programs, and indeed many other resources, in the aged-care sector, there is some evidence that an increasingly commercial approach to the provision of aged-care services, precipitated by recent aged-care legislation may be placing residential care staff under pressure to meet workplace targets (Mavromaras et al., 2017). The same report also noted that the perceptions of residential aged-care workers about workloads did not always align with a statistical analysis of staff ratios (Mavromaras et al., 2017).

2.4.2 How are preceptors educated?

Crucially, there is limited research on how mentors, or preceptors, are prepared, if indeed they are prepared, for their role in providing students with a meaningful experience in the regional and rural aged-care sector or how preceptors can ensure that students will learn and benefit from their placements (Lea, Andrews, et al., 2017b). The concern about limited professional development opportunities in regional and rural areas is not new. A National Rural Health Alliance (NRHA) forum held in 2002 recognised the need for nurses to be provided with professional support if the healthcare sector in non-metropolitan areas was to recruit and retain staff (Project Organising Committee, 2002). More recently, a review of Australian Government Health Workforce Programs (2013) identified as a priority, the need to address healthcare workforce shortages in regional, rural and remote areas given the inequitable distribution of healthcare workers, particularly nurses and doctors, across the

country. These shortages suggest that opportunities for professional development including preceptor training would also be a priority.

What education and support there is for preceptors and supervisors is often couched in broad terms. As an example, in the National Clinical Supervision Support Framework (Health Workforce Australia, 2011), supervisors are encouraged to actively engage students in their learning experiences. This engagement process can apparently take many forms such as conducting formal teaching sessions, mentoring and providing constructive feedback (Health Workforce Australia, 2011). For those unfamiliar with teaching, such global directives without clear articulation of learning objectives and delivery materials and models may provide little real guidance in what to do.

Table 2-3 provides a snapshot of regional and rural preceptor education programs that have been implemented over the last 14 years. Although all programs focus on regional and rural settings, not all were conducted in aged care or in Australia. Some of the preceptor education programs comprised modules or topics focussing on teaching in a clinical setting and the challenges that might arise (Charleston & Goodwin, 2004; Dalton et al., 2007; Sanderson & Lea, 2012). The preference for generic training modules suggests, on the one hand, that these interventions may have been designed to address perceived deficiencies in teaching skills rather than forming a sustained approach to informed teaching practice. Alternatively, a modular approach may also suggest structural constraints such as time or lack of funding. However, preceptors may not always respond in predictable and pre-determined ways; each learning encounter has many different variables, so the uptake of the latest ideas may be minimal or reinterpreted in ways not anticipated by those who develop the preceptor training programs (Hall, 2005). A program of education may comprise several topics, for example, ‘evaluation’ or ‘engaging students’, each taught as a discrete session. Although each topic may provide useful information it may do little to help preceptors understand how all the pieces fit together and how to apply these pieces in an appropriate way in a unique context (Fraser & Greenhalgh, 2001). This mode of teaching can therefore reinforce a belief that that performance is a context-free ‘fixed point outcome-based measure’ (Walsh, Gordon, Marshall, Wilson, & Hunt, 2005) where competencies or skills are divided into ‘components of reality’ (Walsh et al., 2005 p. 232) to be taught or delivered to students and then assessed.

Authors	Purpose of the program	Preceptor pedagogical training program content	Area of healthcare
Annear et al. (2014) Australia	To explore RACF care workers' potential to develop strategies for teaching and learning that facilitate their capacity to engage nursing students' interest in the performance of hygiene care activities, drawing on action research evidence.	*Teaching Aged-Care Facilities program* Action research One research cycle consisted of • identification of problems within the student placement • planning and acting to resolve problems • reflection and evaluation • replanning as needed.	Nurses and personal care-workers Regional aged care
Charleston & Goodwin (2004) Australia	To develop new and/or extend existing skills and knowledge in the area of nursing student supervision, as well as providing a supportive venue for networking and the exchange of ideas • to identify conceptual underpinnings of a learning organisation • to outline various models of teaching and learning relevant to preceptorship • to apply skills in student supervision, • to implement a student supervision program in the workplace.	*Preceptorship in Psychiatric Nursing* 2-day workshop and online postings - Follow-up day in 4-6 weeks • Models of supervision • Theoretical perspectives of teaching and learning • The nature of the preceptor-preceptee relationship • Curriculum issues in mental health nursing education • Competency-based education • Practice standards • Learning outcomes and assessment • The process of organisational change and the preceptor Leadership and the preceptor.	Nursing
Dalton et al. (2007), Marriott et al. (2005), Taylor et al. (2007) Australia	To improve the way rural pharmacy preceptors interacted with their pharmacy students on placements.	*Australian Pharmacy Preceptor Education program* (5 on-line modules) • Introduction • Focus on the Student • Focus on the Preceptor • Challenges in Precepting • Putting the Theory into Practice.	Pharmacy
Ford et al. (2013) Australia	Learning outcomes • to use the Australian Nursing and Midwifery Council National Competency Standards for the Registered and Enrolled Nurse in practice • to apply Scope of Practice and Decision-Making Framework to practice • to understand the role of a preceptor. • to know requirements of role as a preceptor in relation to the structure of a range of nursing programs • to understand principles of competency-based assessment	*Preceptorship workshop* (One-day workshop) • discussion framed by reflections associated with three guided pre-readings • reflections on preceptor experiences • scenario based group work • interactive sessions exploring feedback • competency based assessment and clinical decision making.	Nursing

	• to use Australian Nursing and Midwifery Council National Competency Standards for Registered and Enrolled Nurses as an assessment framework.		
Grealish et al. (2015) Australia	To collectively develop shared standards for social behaviours and build relationships that supported learning. *adapted to aged care and based on Schoonbeek & Henderson, 2011*	*Educational program to build the organisational learning culture* (6 months) 8 x 2hr sessions • gain acceptance • recognise and combat bullying • foster learning in practice • use reward and recognition • build champions.	Nursing, ancillary and care staff Aged care
Hallin & Danielson (2009) Sweden	• to compare RNs' experiences as personal preceptors for nursing students in hospital units in the year 2000 with the year 2006 • to explore relationships between preceptors' experiences and their personal/clinical characteristics. Both groups had been involved in the preceptor model program.	*The Preceptor Model* *A Series of meetings which discussed topics such as* • university's demands on preceptors • students' outcomes • didactic plans • guidelines for reflective and self-learning opportunities • identification of 'unsafe students' • problem-solving and critical thinking.	Nursing
Happell (2009) Australia	To provide support for planning and implementation of a preceptorship program that maximises clinical learning to the satisfaction of all stakeholders.	*Model to support preceptorship* • a theoretical model based on preceptor-preceptee relationship • reflects the factors and influences that might impact on model and the strength of the relationship and resulting learning outcomes.	Nursing
Henderson et al. (2010) Australia	To build capacity of registered nurses to enhance the clinical learning environment for undergraduate nursing students.	*Capacity building intervention* Structured staff development approach focussing on best practice – continuous process • discussion e.g. What is the best way to engage a student? • interaction between educational intermediary and RNs – verbalising practices.	Nursing
Hilli et al. (2015) Finland 5 units including aged care	To develop the preceptorship at five different units within the health-care sector by implementing an action research (AR) approach.	*How can preceptorship be developed through an action research approach?* • Cultural analysis • Creation of own precepting models based on analysis results • Testing precepting models (one year). All units developed their own precepting model	Nursing

Lea et al. (2017) Australia	To build capacity of RACF staff to support nursing students' clinical placements using orientation as an exemplar.	*Capacity building of aged-care mentoring and/or precepting staff* Action research project • reflect critically on practices • develop ownership of problems • build sense of responsibility • obtain feedback from students.	Nursing Regional aged care
Myrick et al. (2011) Canada	To improve the quality of the student practicum experience while enhancing professional teaching capacity.	*On-line Preceptorship Support Program* Topics based on preceptor feedback and research • how to engage effectively in the evaluation process • the timing and relevancy of giving feedback • understanding the different teaching and learning styles when working with students • cultural competence and safety • precepting the unsafe student. Program also includes on-site conferences with preceptors.	Nursing
Sanderson & Lea (2012) (Australia)	To provide support for preceptors and students and to optimise student learning in the clinical setting through a partnership model of clinical education.	*The Clinical Facilitation Model* (Workshop) • Teaching in the clinical setting • Assessment and evaluation • Case studies (eg. Managing challenging students).	Nursing
Schoonbeek & Henderson (2011) Australia	To build a learning culture.	*Facilitation of Learning in Practice Settings* (FLIPS) External facilitator builds relationship with nursing manager and then with whole team In-service sessions including. roleplaying on topics like • combatting bullying • developing rapport with a student • creating interest and curiosity • verbalising the decision-making process.	Nursing

Table 2-3: Regional and rural preceptor education programs

There are signs that some training providers are moving away from this model of preceptor pedagogical education where modules are delivered. The shift aligns well with calls for models of workplace learning in the aged-care sector that 'require innovative approaches to health care in the future' (Grealish et al., 2010 p. 2292). As Table 2-3 shows, several recent initiatives have used action research approaches (Annear et al., 2014; Hilli & Melender, 2015; Lea, Andrews, et al., 2017b) to develop staff capacity to provide effective learning experiences for students on placements in aged care. Each of these undertakings has shown the value of all aged-care staff and students working collaboratively; in one study, a group of preceptors produced a revised student orientation program (Lea, Andrews, et al., 2017b) and in another, a group of care-worker mentors produced a reporting guide to assist students in providing hygiene care (Annear et al., 2014). What appears to be missing from these studies is how the preceptors collaboratively developed these interventions, that is, what did preceptors say and do in a social environment to produce these artefacts. Action research is a collaborative undertaking involving oral communication among participants, so unpacking these interactions would seem to offer a useful way to understand how learning is generated.

2.4.3 Collaborative approaches to preceptor education

Traditionally, few preceptor education programs in any healthcare sector have been developed in consultation with the preceptors themselves. As Section 2.4.2 'How are preceptors educated' has indicated, preceptor education and training programs may often be delivered in workshops or as a series of modules by external facilitators or educators. In fact, the word *delivered* itself suggests a passive one-way relationship between the course developers and the recipients (preceptors). Preceptors sometimes appear to play an almost silent role in determining their learning needs. In this quotation, the authors of the article (Charleston & Goodwin, 2004) were explaining how the workshop was developed: 'Core content from the existing CPNRP metropolitan 12-week "Preceptorship in Psychiatric Nursing" unit, was modified for workshop delivery' (Charleston & Goodwin, 2004 p. 227). The workshop appears to focus on a series of pre-determined topics. This type of approach fails to consider the voice and experiences of the participants in determining what is needed in their work context. Bakhtin (1984, as cited in Shotter, 2006, p. 593) argues that what he describes as monologism, 'denies the existence outside itself of another consciousness with

equal rights and equal responsibilities'. The description of the workshop development (Charleston & Goodwin, 2004) is not an extreme example, but it does represent the tendency of many pedagogical interventions to reduce the status of the participants to passive recipients with little control over the direction of their learning (Rushmer, Kelly, Lough, Wilkinson, & Davies, 2004a). Although many of the preceptor development interventions identified in the literature did have collaboration and interaction among their educational aims for the programs (Ford et al., 2013; Grealish et al., 2015; Grealish et al., 2013; Hudson et al., 2011), this was only in relation to pre-formed session planning activities provided for facilitators. In other words, preceptors' ability to collaborate and interact to achieve learning outcomes was in response to tasks developed by others, not in initiating the content or direction of the workshops themselves. This inability by workshop/program developers to collaborate in developing interventions appears to go against the evidence. As several researchers have pointed out, preceptors should participate in developing education initiatives (Robinson, 1999), so that, whether it is for their own development or for students on placement, they can better understand the theory underpinning what they do (Happell, 2009; Lea, Andrews, et al., 2017b). The result may be more engaged learners and, ultimately, a greater chance of recruiting them to sectors like aged care. Indeed, some regional aged-care organisations are already employing collaborative approaches to preceptor education. Annear et al. (2014) and Lea, Andrews, et al. (2017b) have reported on undertakings where staff have collaborated with facilitators and/or educators in deciding the content and conduct of their training. Both these studies have reported positive outcomes in terms of building staff capacity.

2.5 Moving to a sociocultural view of learning

Many professional development interventions to assist preceptors (Dalton et al., 2007;Ford et al., 2013; Myrick, Caplan, et al., 2011;Hallin & Danielson, 2009) are underpinned by a cognitive view of learning where the focus is on how an individual receives, stores and reproduces information (Bleakley, 2010; Gergen & Gergen, 2008). In contrast to these monological and uni-directional pedagogical interventions, sociocultural theories of learning focus on the social nature of learning where meaning is created through interaction among individuals who all bring their own histories, perspectives and cultural norms to the educational process (Bleakley, 2010; Doolittle, 2014; Fenwick, 2010b; Gergen & Gergen,

2008). Sociocultural views of learning also posit that learning is situated and relational, that is, the learning that occurs is both dependent on context and the nature of the interaction among people (Cunliffe, 2008, p. 128), in other words, it is something 'people do together' (Gergen, 1985, p. 270). Importantly for health care, which is very much about relationships between people, such models of learning legitimise and value local knowledge and experience (Bleakley, 2010; Gaventa & Cornwall, 2001; Gergen & Gergen, 2008; Greenwood, Whyte, & Harkavy, 1993; Kruger & Sturtevant, 2003) thus potentially raising the status of those working in sectors such as aged care. In complex healthcare environments where people also work in teams, a sociocultural model of learning may provide a more expansive view of and approach to the learning that takes place because it also encompasses distributed knowing, time, space and the complexity of relationships (Bleakley, 2006). Indeed, as many educators are now acknowledging, social interaction has a major impact on what is learned and how it is learned (Billett, 2002b; Bleakley, 2010; Carlson, Rämgård, Bolmsjö, & Bengtsson, 2014; Reason & Bradbury, 2001; Trede, McEwen, Kenny, & O'Meara, 2014; Trede et al., 2016).

2.5.1 Promotes engagement and understanding

Taking a sociocultural approach to preceptor education could also potentially reduce the risk of non-engagement by participants. It would encourage discussion on topics and issues that were important to the participants, promote informed understanding and would enable participants to develop their educational practice in a way that was appropriate to their context (Collins, 2011; Gergen & Gergen, 2008). For some participants, having a role in the development and conduct of a program of education rather than having a program foisted upon them might mitigate any negative feelings about education if their previous learning experiences had been less than affirming. In foregrounding the perspectives from groups like aged-care preceptors who may not be consulted, we are acknowledging the existence and contributions of those who are to be most affected by any undertaking and ensuring they have a say in their own future (Bleakley, 2010; Shotter, 1993). We are also acknowledging that people who are already engaged in a specific role will have unique insights into what works well and what does not (Rushmer et al., 2004a). Such an inclusive attitude also provides a window into how others construct their world as well as ensuring program outcomes have face validity (Cornwall & Jewkes, 1995). As Gergen, Gergen, and

Barrett (2004) point out, if we do not acknowledge these groups and their discourse, then it is difficult to understand why people take a particular course of action.

Therefore, we must understand and embrace that discourse because in doing so it also becomes possible to work with people and understand the context in which their views and beliefs are framed (Freire, 1970; Gergen & Gergen, 2008). More pragmatically, understanding the discourse provides a complementary insight into the way in which pedagogy is interpreted and acted upon in complex workplace settings removed from academia. Thus, the potential for change in the way in which workplace education is conceptualised and then realised becomes possible (Gergen et al., 2004). Additionally, any knowledge and practice created between a community and the educational facilitator is jointly constructed creating understanding that is potentially transformative (Cunliffe, 2008; Heron & Reason, 2008). This latter benefit augurs well for healthcare sectors like aged care where recruitment and retention of staff is often difficult (Grealish et al., 2010). By providing opportunities for all members of the staff within a healthcare facility, like aged care, to collaborate in addressing educational issues of concern not only leads to potential innovation, but also assists in breaking down occupational silos and traditional hierarchies as well as enabling staff to take ownership of an initiative and develop a learning culture (Andrews et al., 2012).

The discussion thus far has examined preceptor pedagogical education with limited acknowledgment of the context in which it takes place. Section 2.6 examines the impact that workplace settings may have on the design and conduct of preceptor education. The difficulty that many regional aged-care preceptors face in accessing off-site pedagogical education (see Section 2.4) would suggest that investigating the workplace's potential as a learning site is prudent.

2.6 Learning precepting skills in the workplace

Workplace learning is a challenging concept to define clearly. As Fenwick (2010b, p. 87) points out the field is very contested and as she also notes:

> Perspectives range widely according to fundamental understandings of what constitutes knowledge, how it is constructed, how workers are connected to one another and to their environments, and how action and reflection are related.

The broad range of views means that it can also be very challenging to find one model that aligns with all aspects of a specific workplace learning situation. Again, drawing on Fenwick, there are numerous purposes for workplace learning which impact on how learning is understood.

2.6.1 To apply and enhance

For many entering trades or professions, the purpose of workplace learning is to apply and enhance the learning experiences gained in educational institutions (Billett, 2010) and to become fully-fledged professionals in their chosen career. For these new employees, the workplace practices in which they choose to participate enable them to master professional practices and professional competence (Billett, 2010; Bleakley, 2010; Goodwin, 2013; Wenger, 2000), in essence, to enter a community of practice. In this context, a community of practice is a social learning system where the individual learner acquires professional knowledge and masters relevant skills through participating in the practices of that community and interacting with experienced practitioners to become a member (Rees, Knight, & Wilkinson, 2007; Steinert, 2010; Wenger, 2000). However, this model does not align well with the study context (Section 4.2) because the substantive mission of the regional aged-care facility workplace is to provide care for aged-care residents, not to develop the pedagogical skills of staff members. Thus, it would be difficult for new preceptors to develop such skills through social interaction with others in their workplace because the professional expertise available would be in person-centred aged care, not teaching and learning, skills which are outside a preceptor's regular scope of practice and not part of their position descriptions. The other factor suggesting that a community of practice model may not be a suitable model on which to base a preceptor development program is that the preceptors involved may in fact have many years of experience in their profession; having to reimagine themselves as a novice educator may require a sensitive approach to the intervention.

2.6.2 To maintain, develop, or adopt

For other workers, the purpose of workplace learning is to maintain and develop skills and knowledge or to adopt new roles and keep up with occupational changes and innovations (Billett, 2010); in essence, continuing professional development. Professional development initiatives may be characterised by the presence of a teacher, role model or experienced

person, explicit learning objectives, a codified body of knowledge, often called propositional knowledge (Heron & Reason, 2008; Reason & Bradbury, 2001) and regular development sessions (Marsick & Watkins, 2001; Wagter, Van de Bunt, Honing, Eckenhausen, & Scherpbier, 2012), much like what happens in educational institutions such as schools, vocational institutes and universities (Billett, 2004; Eraut, 2004; Tynjala, 2008). Such models of instruction enable knowledge to be organised and combined into a curriculum comprising modules or programs that can be taught and assessed (Evans & Guile, 2012; Fuller, Hodkinson, Hodkinson, & Unwin, 2005). The underlying assumption of this approach is that learning is stable so even where workplace curriculums do exist they are often reductionist and linear with an implicit suggestion of a causal relationship between curriculum design and learning outcomes (Cooper, Braye, & Geyer, 2004); that is, skills and concepts can be transferred to workers with limited acknowledgement of the context in which they work (Hager, 2004, 2011). Focussing on acquiring a fixed body of knowledge in this way may also mean that the relationships between the various components of knowledge is ignored (Fraser & Greenhalgh, 2001; Winter, 1998) which, in turn, may obscure the complexities of a situation into which a program is being introduced. Additionally, these types of staff development programs are often organised and taught off-site (Steinert, 2010) further compounding the disconnect between what is learned and its application in the workplace.

However, despite the many critiques of this episodic and decontextualised approach to workplace learning, it does provide some educational consistency for professional learning and training across a range of sites, helps with program evaluation, and supports accreditation or recognition of education (Webster-Wright, 2009). Just as importantly, research on these modular-type professional development programs have also contributed to advancing knowledge and practice in the field (Webster-Wright, 2009). The purpose of the present study was for the educational intermediary to work with regional aged-care preceptors to develop their teaching practice, an aim that aligns with the purpose of maintaining, developing or adopting as described in this sub-section. Therefore, the remainder of Section 2.6 will be underpinned by that assumption.

2.6.3 Situated and participatory: workplaces as places of learning

Both purposes of workplace learning described in Sections 2.6.1 and 2.6.2, that is applying and enhancing what has been learnt in a formal education setting or updating professional

knowledge and skills through professional development initiatives would appear to view formal education as the basis of learning a profession (Billett, 2016). However, as Billett (2016) also reminds us, workplaces need to be considered and understood as important learning environments. In contrast to the view of workplace learning as mastering a body of codified knowledge, workplace learning may also be characterised by 'implicit, unintended, opportunistic and unstructured learning and the absence of a teacher' (Eraut, 2004, p. 250). This position holds that learning arises as part of regular social interaction and generates new knowledge, while undertaking workplace activities at work (Billett, 2002a; Eraut, 2007; Fenwick, 2010b). Engagement and participation are the two enabling factors in creating this pedagogy (Billett, 2002). Thus, as Billett (2002a, 2010, 2016) also argues, we need to examine workplace practices, and how workplaces afford opportunities for workers to engage in workplace activities (Billett, 2001, 2002b, 2010;Kumar & Greenhill, 2016) if we are to understand how people learn and construct knowledge at work. It follows that workers charged with developing a learning environment for students must be afforded the opportunity to "use, share and critically reflect on their educational knowledge, skills and role in order to develop a more nuanced professional identity in relation to education" (Kumar & Greenhill, 2016, p. 6).

However, instead of recognising this view of workplace learning as a way to develop effective work practice thus supplementing knowledge gained in educational settings, (Billett, 2016), embodied knowledge and workplace-learning experiences may be relegated to an inferior status because they are considered ad hoc and informal (Billett, 2002b, 2004, 2010; Eraut, 2004; Fowler & Lee, 2007; Gergen, 2003). This view appears somewhat limited. Overlooking the valuable resources embedded in workers' experiences and prior learning not only subordinates contextually gained knowledge to propositional knowledge and 'empirically based generalisations' (Fowler & Lee, 2007p. 182), but also minimises the 'potentially pedagogically rich' (Billett, 2016 p. 130) nature of many workplace practices. In turn, this neglect of workplaces' learning potential limits opportunities to develop a workplace pedagogy, which helps to explain how workers learn and develop their professional identities (Billett, 2002b, 2010). Even more importantly, indifference limits the ability to plan vocational development, a workplace priority as current workforces must

regularly upskill to keep pace with legal, social and technological change (Billett, 2002b, 2004).

This literature review does not demonstrate that the only way to conduct workplace learning is to draw on embodied knowledge to develop understanding. Indeed, both propositional and practical knowledge gained through experience need to be considered by healthcare professionals in deciding what counts as useful knowledge if pedagogical initiatives are to be contextually and culturally appropriate (Fowler & Lee, 2007). A possible way forward may lie in developing a workplace learning initiative that draws on embodied, practical and propositional knowledge. A facilitator or intermediary could use the experiences of participants to guide the undertaking and supplement propositional knowledge rather than using propositional knowledge as the primary source to 'transfer solutions or understandings' (Fowler & Lee, 2007, p. 191). Grounding pedagogical education for participants in their own teaching practice, building on workplace relationships and existing knowing and experiences instead of importing training packages which do not represent or respect the world view of those who are to be trained (Freire, 1970; Kruger & Sturtevant, 2003; Reason & Bradbury, 2001) seems a judicious move. While some of this embodied knowing may consist of inappropriate practices (Billett, 2002b), using learning approaches underpinned by sociocultural theories (see Section 2.6.3) has the potential to uncover such inconsistencies because ideas and practices are shared and so are also visible.

2.6.4 Promoting improved learning in the workplace for aged-care students

Section 2.2.6 has highlighted the need for aged-care workplaces to provide effective learning experiences for students on placement. Section 2.4 has stressed the importance of ensuring that aged-care preceptors and other staff are equipped to assist these students in achieving their learning goals. However, as the literature review has shown, the most appropriate approach for supporting preceptors to facilitate student learning in the aged-care sector is a contested area.

Although the literature on collaborative approaches to staff pedagogical development in the aged-care sector is not extensive, two recent investigations provide evidence of how a sociocultural approach to engaging and enriching all staff learning fosters a positive workplace culture and promotes improved learning for aged-care students (Grealish et al.,

2015; Lea, Andrews, et al., 2017a). The first study comprised a program of eight 2-hour sessions with structured activities and a one-day intensive workshop conducted over a six-month period (Grealish et al., 2015). The study found that using a sociocultural approach to aged-care staff education encouraged staff to feel that they were valued and recognised by the organisation (Grealish et al., 2015). Sociocultural learning theories view learners as active participants, rather than as passive recipients, in the learning process, a process which is influenced by the social relations and practices which exist within the learning context (Bleakley, 2006; Carlson & Bengtsson, 2014; Trede et al., 2016) (see also Section 2.5). In other words, the focus is not on what is learned but how people approach their learning (Grealish et al., 2015). In this study (Grealish et al., 2015), the sociocultural element manifested itself in both care staff and ancillary staff working together with facilitators to build an organisational learning culture. However, for the part of the study which sought to determine the impact of a program focussing on social behaviours and relationships on the learning culture in an aged-care home, the choice of data collection methods seemed somewhat misaligned. These methods included a Likert scale questionnaire for participants measuring their level of agreement with statements about organisational learning culture. Educators were asked to keep journals and note observations of staff practices and discussions (Grealish et al., 2015). Questionnaires and journals elicit perspectives, ideas and reports from individuals and are completed after the intervention so are not immediate. Questionnaires, as was the case here, contain questions that are 'bounded … by the way questions and choices are posed by the investigator' (P. Stevens, 1996 p. 175) so may elicit a certain type of response. Additionally, neither method shows social interaction in action; rather they are self-reports of, or self-assessments of, the degree of, interaction and collaboration.

The second study, conducted in two regionally-classified aged-care facilities, used a mixed methods approach, to investigate whether using action research could assist aged-care facility staff to support nursing students' placements (Lea, Andrews, et al., 2017a). While the research demonstrated all care staff need to be involved in mentoring nursing students, and showed how an orientation program was developed, they did not make the roles of the researchers in this process explicit. Because action research principles aim to construct shared understanding among researchers and participants as they work with one another

(Gergen & Gergen, 2008; Phelps & Hase, 2002), omitting the role of the researchers in reaching shared understanding leaves a question about the 'with' of the action research process.

However, both studies, in using a collaborative approach by including all care staff interested and not only registered nurses as is usual in many studies on preceptor education training, offer a new and more inclusive approach to preceptor education.

2.7 Summary

This chapter has highlighted the ageing of the Australian population and has stressed the current and future challenges facing the aged-care sector, particularly in rural and regional Australia. These projections have accelerated the need for well-qualified and trained staff to work in a sector which is often viewed as low-status and career-ending. Regrettably, attracting students to work in aged care has been beset by challenges among which is the availability of trained staff to mentor and supervise students while on placements in aged-care facilities. The literature review has drawn attention to the often inconsistent and limited scope of much preceptor pedagogical education, particularly in aged care, a situation which is amplified in the rural and regional areas of Australia where access to training can be difficult. Much of this pedagogical education available lacks sound theoretical underpinnings resulting in programs of training that may be reductionist and linear and fail to recognise both the context in which they are being conducted and the experiences, knowledge and concerns of the participants. To address these limitations, the chapter has advocated that preceptor education move to a sociocultural view of learning which recognises the important place that participants play in developing a professional development program and that context plays in enabling that learning. Indeed, there is evidence that this is already occurring. The concluding section of Chapter 2 examined the role of the workplace in facilitating learning and provided two examples of how staff development initiatives underpinned by a sociocultural view of learning were implemented in aged-care facilities. However, the review has also pointed to the limitations in data collection methods which in one study did not show how the learning through social interaction occurred and in the other obscured the role of researcher in an action research undertaking. Therefore, this chapter concludes by arguing that these missing elements must be identified if we are to provide a pedagogically detailed account of how meaning is

constructed, and learning occurs among a group of regional aged-care preceptors. Then, it is possible to develop an informed and responsive approach to their pedagogical training that goes some way towards addressing a demand for trained precepting staff. The next two chapters set out how the inquiry into these challenges in methodology and program development were designed.

Chapter 3 begins by justifying the choice of a qualitative inquiry to investigate preceptor learning. It then presents the aims and objectives of the study before setting out the research questions. The research framework is explained and illustrated as are the epistemological assumptions that underpin all aspects of that framework. Participatory action research (PAR), which guides the conduct of the inquiry, is described next. This account outlines PAR's history and features while also emphasising its potential benefit to the participants of this study. Potential challenges arising from using PAR are also raised in a critique of the approach.

Chapter 3 Methodology

Chapter 3 sets out the research problem and the principles governing the inquiry procedure.

3.1 Introduction

A key priority for the Australian government is in ensuring that the next generation of aged-care healthcare professionals are adequately prepared for their roles and for the challenges that working in a rapidly expanding sector in regional areas brings (Mavromaras et al., 2017). This changing policy and practice context informed the design and conduct of the inquiry.

Chapter 3 commences by situating the study in the field of qualitative inquiry and by restating the research questions and the research aims. The chapter then presents the research framework which emphasises the alignment between the epistemological underpinnings of the research, social constructionism, and the approach to inquiry, participatory action research (PAR). The rationale for choosing PAR is followed by a clarification of the difference between PAR and action research. Next, the background of PAR is described. PAR'S emphasis on promoting change by foregrounding local knowledge and empowering people is explained before finally addressing some of the critiques that have arisen. Chapter 3 concludes with a summary of the key points.

3.2 Research design

3.2.1 A qualitative undertaking

This inquiry is a qualitative one. The definition of qualitative research proposed by Creswell (2007) makes clear the link between research problem and the method of inquiry and the importance of using an approach that is appropriate to the specifics of the context.

> Qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study and data analysis that is inductive and establishes patterns or themes. (Creswell, 2007, p. 37)

An advantage of using a qualitative approach is that the methods 'can reach aspects of complex behaviours, attitudes, and interactions which quantitative methods cannot' (Mays & Pope, 1995, p. 42). In fact, most of the characteristics of qualitative research proposed by Creswell (2007) aligned well with the philosophical positioning of the study which was grounded in participatory action research. Table 3-1 presents these characteristics and indicates which of them were represented in this research design.

Characteristics	This study
Natural setting (field-focussed), a source of data for close interaction	Yes
Researcher as key instrument of data collection	Yes
Multiple data sources in words or images	Yes
Analysis of data inductively, recursively, interactively	Yes
Focus on participants' perspectives, their meaning, their subjective views	Yes
Framing of human behaviour and belief within a social-political/historical context or through a cultural lens	Partially
Emergent rather than tightly prefigured design	Yes
Fundamentally interpretive inquiry – educational intermediary reflects on his/her role, the role of the reader, and the role of the participants in shaping the phenomena	Yes
Holistic view of social phenomena	Yes

Table 3-1: Characteristics of qualitative research (Creswell, 2007)

3.2.2 Research aim

The aim of this year-long study was to explore how a responsive approach to regional aged-care preceptor pedagogical education could be developed between the educational intermediary and a group of preceptors. The undertaking was planned in response to a regional aged-care facility's goal of wanting to provide positive learning experiences for healthcare students on placement at their facility and the acknowledgment that they needed effective preceptors to facilitate this. This approach to preceptor education, stressing collaboration and local practical knowledge, was expected to offer an alternative approach to workplace-based education for aged-care staff.

3.2.3 Research question

The limited literature on the education and training of rural and regional aged-care preceptors discussed in Chapter 2 highlights the potential to develop a research-informed model of professional development (pedagogical) for rural and regional aged-care preceptors. This workplace-based model would need to embrace the principles of participatory action in both its design and implementation. From these considerations, the following research question arose:

> How can a responsive approach to regional aged-care preceptor pedagogical education be developed collaboratively?

This research question entailed more than just an investigation into how a professional learning program could be created. There has been little investigation into the experiences of preceptors and their perceptions of their educational practice. Instead the focus has been on experiences of students seeking to enter the healthcare sector (Shannon et al., 2006; Trede et al., 2014). This omission in the educational literature is significant. As many researchers have reported, effective supervision and preceptorship can have a major impact on the decision of a student to enter a particular sector (Grealish et al., 2013; Happell, 2009; Henderson et al., 2010; Neville et al., 2008). Thus, it seemed logical that the development of professional learning initiatives could start with the preceptors themselves. This analysis led to a series of sub-questions.

3.2.4 Research sub-questions

1. What are preceptors' perceptions of the regional precepting role in aged care?
2. How do preceptors prepare themselves for precepting in the regional aged-care sector?
3. How does a participative research approach impact on the features of the resulting pedagogical model?
4. What key educational understandings emerge as the model is developed?

To address these questions meant that the research design had to foster an environment conducive to working collaboratively and to benefit those involved by providing them with

practical outcomes. These preconditions resulted in a workplace-based project with three distinct elements interacting with one another (Figure 3-1):

1. A research project to explore how a responsive approach to regional aged-care preceptor pedagogical education could be developed collaboratively.
2. A professional development program to assist preceptors in developing their teaching and learning skills.
3. A redesign of the existing orientation and placement program for Certificate 3 in Aged Care students.

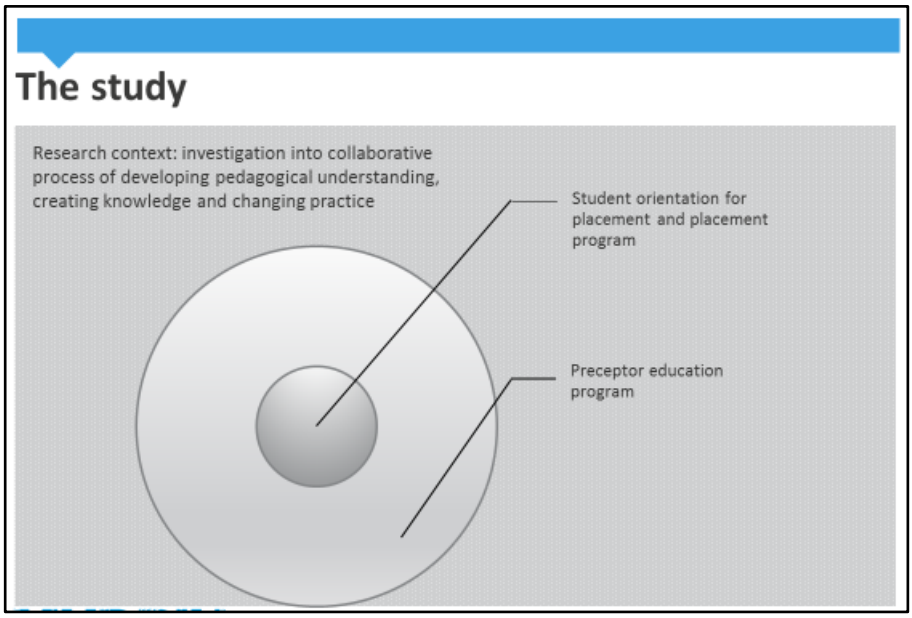


Figure 3-1: The elements of the study

3.2.5 The research framework

In considering the framework for this qualitative study, I chose the model proposed by Carter & Little (2007), Figure 3-2, who argue that the planning, implementing and evaluating of the quality of a qualitative inquiry should be underpinned by three fundamental aspects of research – epistemology, methodology and method. Undertaking research using this model ensured that the research was internally consistent and had the flexibility to precipitate innovation and diversity (Carter & Little, 2007).

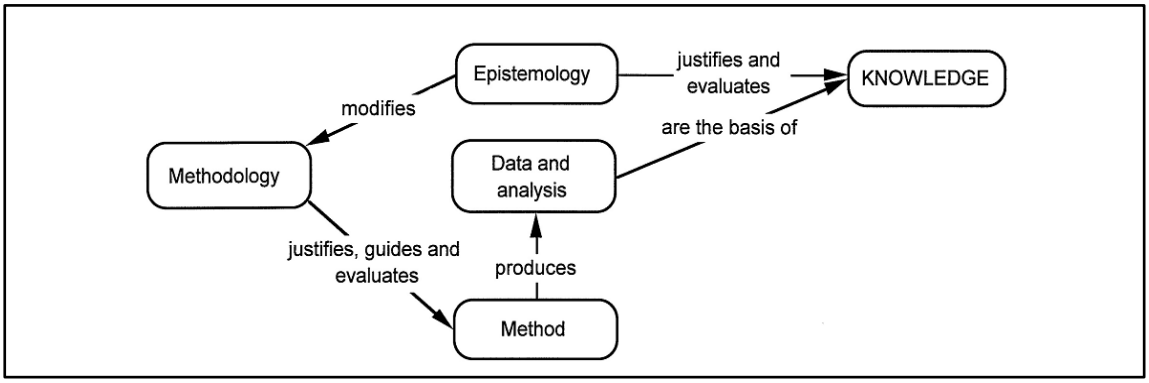


Figure 3-2: The relationship between epistemology, methodology and method (Carter & Little, 2007)

In keeping with one of the principles of action research, which is to make decisions, procedures and the reasons for them explicit, I used this framework because firstly, it highlights how the elements that constitute a research framework fit together and, secondly, it exemplifies the thinking behind decisions that need to be made when considering what epistemology, which methodology, and what methods to use. The simplicity and the use of a practical example enabled me to visualise and then develop my own research framework shown in Figure 3-3. As Figure 3-3 illustrates, the research question influenced choices made about all aspects of the research project.

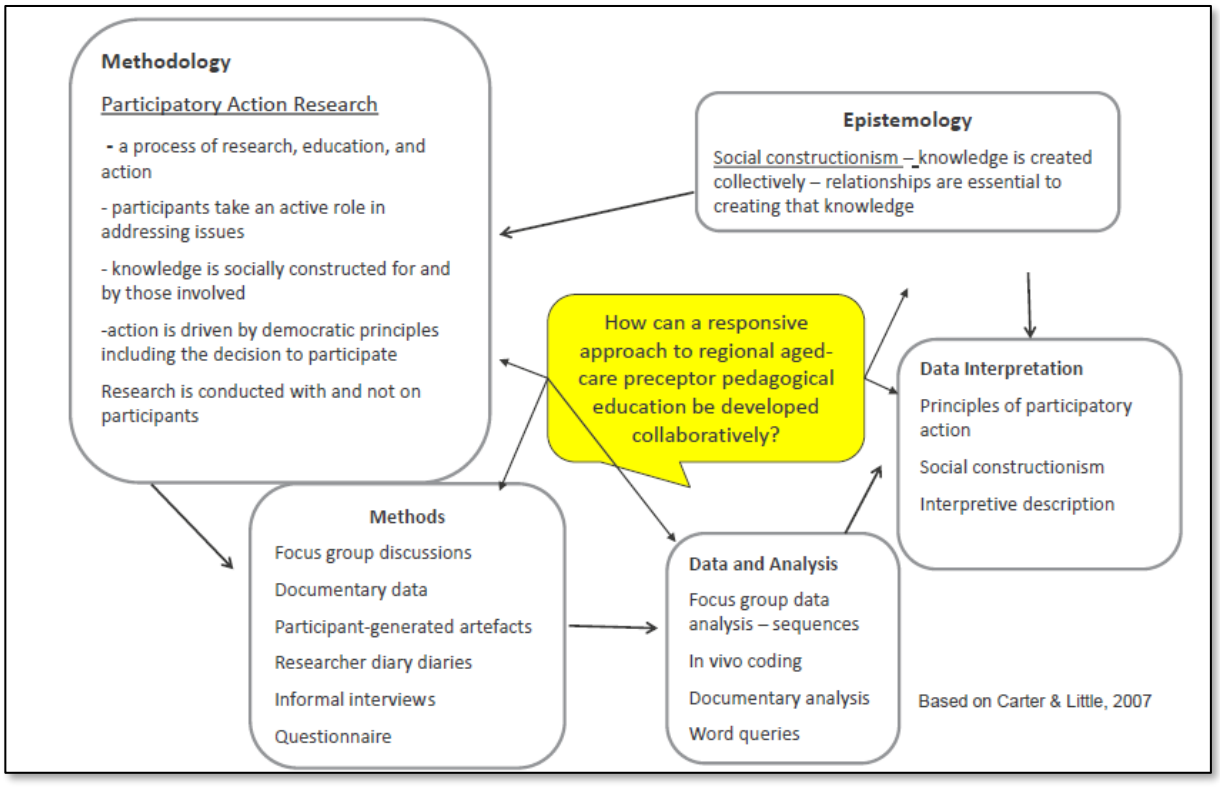


Figure 3-3: Research framework based on Carter & Little (2007)

3.2.6 Epistemological assumptions

Epistemology is concerned with theories of knowledge or, as Schwandt (2007 p. 87) posits, the 'nature of knowledge and its justification'. Epistemology is, therefore, fundamental to a research undertaking because in creating knowledge the researcher must make certain assumptions about 'what knowledge is and how it is created' (Carter & Little, 2007). In this qualitative study, those assumptions are that knowledge about precepting in regional aged care will be collaboratively constructed among a group of preceptors and an educational intermediary and that this knowledge will be specific to that context and the relationships among all the participants. In turn, epistemology influences the methodology, or research strategy, of an undertaking and outlines how that inquiry should be conducted (Schwandt, 2007). Also influencing methodology are the aims of the study and the research questions which in this study emphasise collaboration between the educational intermediary and participants and the ability of the educational intermediary to respond to what participants construct. Together, methodology, aims, and research questions provide the justification for the methods used to collect data (Carter & Little, 2007) which will show this collaborative relationship between the educational intermediary and the participant.

The researcher, whose aim is to create knowledge, must, therefore, make these elements, epistemology, methodology and methods explicit so the reader can understand how the research interpretations were arrived at (Carter & Little, 2007; Mantzoukas, 2004). The remainder of Chapter 3 and Chapter 4 undertake this task starting with an explanation of the assumptions about what constitutes knowledge and how it is constructed.

3.2.7 Social constructionism

Social constructionism recognises the collective nature of knowledge formation and the importance of relationships in creating that knowledge (Burr, 2003; Crotty, 1998; Doolittle, 2014; Gergen & Gergen, 2008; Kruger & Sturtevant, 2003). Other key tenets of the constructionist position are the centrality of language in creating intelligibility and the pragmatic nature of this discourse, that is, the recognition that researchers must join with communities and groups to create mutual comprehension 'rather than creating barriers of comprehension' (Gergen & Gergen, 2008 p. 166) which can occur when those from differing backgrounds work collaboratively (Gergen & Gergen, 2008). Social constructionism also

holds that knowledge created is particular to a time and place and so cannot necessarily be generalised to another situation however similar that context may be (Patton, 2002). Table 3-2 provides an overview of social constructionism setting out its key assumptions and how these might be realised in practice.

Key assumptions	Features
Social construction of knowledge through historically and culturally situated social processes	• Challenges us to be critical of our understanding of the world • Requires reflexivity in the research relationship • No one way of saying or writing something is necessarily more objective or accurate than another • Our understandings of the world are historically and culturally relative
Centrality of language in creating meaning	• The functions of language, both as a system of reference and as a form of social participation must be elaborated • Meaning is understood as a derivative of language use within relationships • Playing by the (language) rules of a given community is important to sustaining relationships • The way we think is afforded by how we use language
Political and pragmatic nature of discourse	• Knowledge making in a community sustain the values of that community • Traditional issues of 'truth' and objectivity are replaced by concerns with what the research produces • Can privilege certain types of knowledge
Relational process as opposed to individual minds	• Learning is relational • Dialogical – conversation among people • Context dependent from individual to coordinated relationships

Table 3-2: Assumptions and features of social constructionism (Burr, 2003; Gergen & Gergen, 2008)

As Table 3-2 indicates, four key assumptions underpin the social constructionist inquiry. In the first, social constructionists view received knowledge as a product of a dominant positivist paradigm where reality is viewed as fixed and knowable, to be discovered scientifically and apart from human activity (Crotty, 1998; Denzin, Lincoln, & Giardina, 2006; Mantzoukas, 2004). Social constructionists argue that this understanding of reality can be challenged by asking, in simple terms, how do we come to know what we know as 'true'? The researcher is thus compelled to adopt a reflexive position in approaching the collection and analysis of the data. This entails a 'continual evaluation of subjective responses,

intersubjective dynamics, and the research process itself' (Finlay, 2002 p. 532) and an understanding that knowledge, from a social constructionist perspective is relational, subjective, and so not knowable in advance (Cromby, 1999; Cunliffe, 2008; Doolittle, 2014). Thus, implementing educational change in institutions like aged-care facilities using a social constructionist model requires a facilitator to respond to events as they arise rather than entering the workplace with preconceived ideas about what should happen.

The second assumption is that the way we interpret and understand the world is not neutral having been shaped by the cultural and historical norms informing individuals' lives (Burr, 2003; Kruger & Sturtevant, 2003; Thorne, 2008; Thorne, Kirkham, & MacDonald-Emes, 1997) and that these interpretations may change over time (Cunliffe, 2008; Dachler & Hosking, 1995; Gergen, 1985; Thorpe, 2008). This stance highlights the importance of exploring the context in which the research is conducted demonstrating how certain conventions, such as precepting practices, have emerged.

The third assumption is that knowledge is sustained by social processes; that people through their daily interactions, primarily language-based, jointly construct knowledge and thus reality (Burr, 2003; Creswell, 2007; Cunliffe, 2008; Gergen & Gergen, 2008; Schwandt, 2007; Shotter, 1993). The centrality of language in the constructionist paradigm validates the decision, in this undertaking, to collect data through unstructured or semi-structured preceptor group discussions, because these discussions 'approximated to naturally occurring data' (Kitzinger, 1994, p. 105) since participants were all known to one another and worked together regularly. This means that the way in which interactions among participants create meaning and even, at times, change understanding (Cunliffe, 2008; Gergen, 1985; Gergen & Gergen, 2008) in response to the utterances of each other (Cunliffe, 2008; Shotter, 1993) become the focus of both the data collection and analysis. Equally as important in terms of social interactions, is the relationship between an educational intermediary and the participants and the impact this relationship has on the accounts (Kruger & Sturtevant, 2003; Patton, 2002). The importance of dialogic data in a focus group is that it invites 'a Wittgensteinian view of language…in which meaning is understood as a derivative of language use within relationships' (Gergen & Gergen, 2008 p. 161). By exploring and foregrounding the language used among members of the group it is possible to obtain insights into their practices and beliefs keeping in mind that such

discourse is historically and temporally contingent. If the discourse is not examined, it becomes difficult to understand both the community and their practices (Gergen & Gergen, 2008).

The fourth assumption of social constructionism is that knowledge and social action complement one another; in other words, the way in which people act is indicative of how they construct reality (Burr, 2003; Cunliffe, 2008). However, there is a risk that when one version of reality assumes a position of dominance at the expense of those who hold a different view, this can lead to inequality (Burr, 2003).

Despite this potential limitation, social constructionism provides a conceptually appropriate means with which to underpin a research project which seeks to develop a responsive preceptor education program in collaboration with participants. The reasons for social constructionism's suitability are that it can be used to illuminate how the preceptors' distributed knowledge, influenced by culture and prior experiences, is activated and then employed, through social processes, to share educational practices and create new knowledge and meaning (Cunliffe, 2008; Gergen & Gergen, 2008; Thorpe, 2008).

3.3 Participatory action research

Section 3.2.5 stressed how epistemological assumptions about what knowledge is, and how it is created, influences the choice of methodology. Section 3.2.6 presented the knowledge assumptions of social constructionism which frame this inquiry. Therefore, the methodology, or how the inquiry should proceed (Schwandt, 2007) had to embrace a socially-constructed view of knowledge and reality if consistency was to be maintained in conducting the research and interpretation of accounts was to be credible (Schwandt, 2007). In accord with a social constructionist view of knowledge construction, participatory action research (PAR) was chosen as the method of inquiry for this research because it is a collaborative form of inquiry that enables local people, through interaction with researchers, to construct and use their own knowledge to address their own concerns (Kruger & Sturtevant, 2003; Reason & Bradbury, 2001).

Participatory action research's (PAR) emphasis on collaborative action to precipitate change in organisations, communities or programs and developing understanding among all those participating in the process also creates the conditions for inclusive learning (Baum,

MacDougall, & Smith, 2006; Kemmis & McTaggart, 2000, 1988; S. Kidd & Kral, 2005; Koshy, Koshy, & Waterman, 2011b; Reason & Bradbury, 2008; Somekh & Zeichner, 2009), another important consideration in undertaking this project. Thus, using PAR as the inquiry approach appeared an appropriate choice to explore the development of a collaborative workplace learning initiative. Participatory action research (PAR), as its name suggests, is about inclusivity and regards participants as active co-creators of the research undertaking and the knowledge it produces as well as being instrumental in the subsequent implementation of what is produced (Cornwall & Jewkes, 1995; Kemmis, 2008; S. Kidd & Kral, 2005; Reason & Bradbury, 2008).

Another factor influencing the choice of PAR as the method of inquiry was the need for a methodology that could accommodate the real-world nature of the study, that is, the need for a regional preceptor education program which had been identified as a priority by regional residential aged-care facility (RRACF) in which the research was conducted. Aside from its collaborative conduct and socially-constructed view of knowledge creation, one of the key roles of PAR is to address issues or concerns that require a practical approach (Heron & Reason, 1997; Reason, 2006). Further, as argued by Paulo Freire in his seminal work, *Pedagogy of the Oppressed,* these practical approaches to educational initiatives must start with the participants themselves, that is, their beliefs and the environment in which they live and work, 'the starting point for organising the program content must be the present, existential, concrete situation, reflecting the aspirations of the people' (Freire, 1970, p. 76).

The need for a concrete situation and to meet the aspirations of the preceptors was also reflected in the wording of the research question. In line with Freire's appeal to include those to be affected by any initiative, there was also an acknowledgement in the research question of the need to understand the local context, a regional aged-care facility, and the need to collaborate fully with all staff involved in preceptor education, whether or not they were preceptors.

3.3.1 Action research and participatory action research

Participatory action research and action research (AR) are essentially the same approach to research; indeed, many definitions of action research include the word participatory

(Melrose, 2001; Reason & Bradbury, 2008; Somekh & Zeichner, 2009; Zuber-Skerrit & Fletcher, 2007). In the European tradition, where action research and participatory action research are synonymous, 'participatory' is often used to distinguish a community development approach from a more technical methodology (McTaggart, 1994). This thesis sits within a community development approach, so I have chosen to use the term participatory action research. However, the literature often refers to 'action research' when referring to a participatory undertaking so I also use the terms interchangeably.

This lack of precision in defining action research would appear to reflect its collaborative and flexible nature. In fact, some argue that any attempt to provide a definitive definition may be construed as an attempt to limit its conceptual development (Altrichter, Kemmis, McTaggart, & Zuber-Skerritt, 2002). Despite this imprecision, most definitions of AR, and PAR, contain three key ideas: participation, democratic intention, and a commitment to social change (Carr & Kemmis, 1986; Kemmis, 2009; Kidd & Kral, 2005; Schwandt, 2007). The current study is no exception. The definition I have chosen to use is one I believe most closely reflects the purpose of this research and its theoretical underpinning as well as my own values and approach to education:

> Action research is a participatory process concerned with developing practical knowing in the pursuit of worthwhile human purposes. It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities. (Reason & Bradbury, 2008, p. 8)

An explicit statement of my stance on AR is essential as it allows the reader to identify any assumptions that underpin the research as well as providing a framework for developing criteria on which to evaluate the preceptor education program (Zuber-Skerrit & Fletcher, 2007).

3.3.2 The background to action research

The origin of AR has often been credited to the social psychologist Kurt Lewin who conducted several community studies in post WWII America (Kemmis & McTaggart, 1988). Lewin proposed that workers should have a major role in determining their own working

conditions when addressing issues of productivity (Lewin, 1946). Lewin's key insights in bringing about improvement in workplace practices were collective decision-making and a collective commitment to improvement (Lewin, 1946). However, recent critiques of Lewin's work have highlighted its limitations; that is, failing to explore the influence of society on the actions of those involved and the under-conceptualisation of the power relationships that impact on work and social roles (Adelman, 1993). Lewin's approach may also be perceived as technical and rational (Hughes, 2008; McTaggart, 1996) with many considering the steps of planning, action and evaluation (Lewin, 1946 p. 38) as overly prescriptive. In fact, Lewin himself did describe AR as research for 'social management or social engineering' (Lewin, 1946, p. 35) and again as 'rational social management' (Lewin, 1946, p. 38). Lewin envisaged AR as a series of steps leading from identifying a general or initial idea to fact finding, planning, taking the first step, evaluating, making an amended plan and then taking the second step.

In more recent AR literature, the spiral of steps is commonly presented as a cycle signifying a process of planning, acting, observing the effects of the plan, and critically reflecting on the impact/effects of the plan to inform the next course of action (Dick, 1993; Kemmis & McTaggart, 1988; McAteer, 2013). The process comprises collaboration between the researcher and practitioner where relationships and outcomes are generated in developing solutions to practical problems and in precipitating change in practice and development of theory. As one cycle finishes, the insights and knowledge gathered inform the next cycle and so the process continues in a spiral of action (Figure 3-4). The steps may overlap as those involved learn from the experiences and refine the plan. The overlapping steps help ensure the plans are responsive to the evidence and allow emergent data to generate hypotheses (Altrichter et al., 2002). This dynamic research-action interplay highlights the close links between theory and practice.

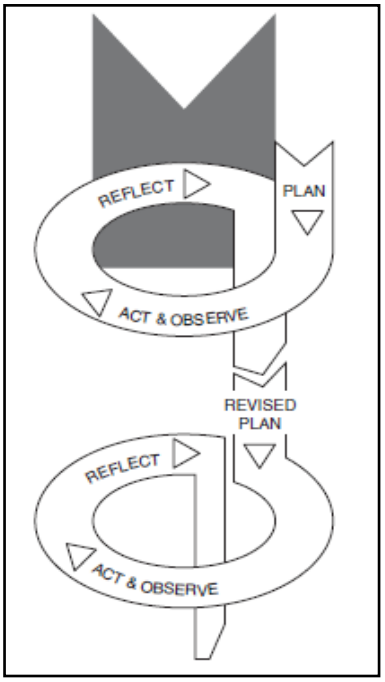


Figure 3-4: Action research spiral (Kemmis & McTaggart, 1988)

However, Lewin may have been both misunderstood and misapplied. Instead, the steps of the cycle could be viewed as a heuristic device to contrast action research with empirical research traditions (McTaggart, 1996). Indeed, McTaggart conceptualises the steps as 'a series of commitments to observe and problematise through practice a series of principles for conducting social enquiry' (McTaggart, 1996, p. 248).

Another view on the origin of action research situates the beginnings of action research in the community activism of JL Moreno in early 20th century Austria. Moreno's approach, in contrast to the researcher-centric approach of Lewin, utilised co-researchers and groups to work in community development projects undertaken with prostitutes in Vienna (McTaggart, 1994). This participatory approach appeared later in the educational work of Paolo Freire, teaching illiterate Brazilians to read and write (Freire, 1970), and Orlando Fals Borda, a Columbian sociologist who is considered one of the pioneers of participatory action research (Swantz, 2008). Both men advocated action research as a form of emancipation which aligns with an emancipatory/critical mode, one of three distinct forms recognised in current action research (Hughes, 2008): technical action research or experiments; action research in organisations or workplaces; and emancipatory/critical action research.

In yet another stance, Hart and Bond (1996) identified four types of action research: experimental, organisational, professionalising and empowering which align closely with the three modes listed above. The experimental technical action mode appears to be close to the Lewinian type of action research, whereas the empowering or emancipatory mode appears closer to the work of Moreno. However, these differences are not distinct methodologies; rather each form is underpinned by differing assumptions and worldviews held by both researchers and participants which manifests itself in varying research designs and positioning of those involved (Hughes, 2008). Differences do not mean that each action research mode is fixed. An action research project, or thesis, flexible and responsive to the context in which it is undertaken. What can begin as a technical undertaking may progress to an emancipatory project (Dick, 1993; Hart & Bond, 1996; Melrose, 2001). This 'fuzzy' methodology (Dick, 1993) is one of the strengths of action research. When initial interpretations are not precise, there is the scope to refine both the question and methods as part of a spiralling process, which in turn informs both the responsiveness and the rigour of the undertaking (Dick, 1993).

As is evident from this description of PAR, it is not a prescribed methodology but rather an approach which influences the way research is conducted (S. Kidd & Kral, 2005; Reason & McArdle, 2004). Participatory action research regards this shaping process of action and reflection as interlinked and acting simultaneously so that one action illuminates the other (Baum et al., 2006).

3.3.3 Moving the locus of control

The explanation in Section 3.3.2 places the current study's PAR orientation in a tradition rooted in community development movements, particularly in developing countries (Baum et al., 2006; McTaggart, 1994), rather than in the more technical approaches of the Lewinian school. In the highly collaborative aspect of participatory research typical of the former tradition, the locus of control of the research project can be seen to move from the researcher to the community with whom the educational intermediary is working (Walter, 2009) in the pursuit of a practical outcome which has been determined by the community. In taking this approach, the community is foregrounded and the educational intermediary, situated within that community, must make explicit the way in which knowledge is created, if the project is to be a truly democratic undertaking (Reason & Bradbury, 2001).

To ensure these communities and their knowledge is made explicit, an action educational intermediary assumes other roles beyond those adopted in traditional inquiries. An educational intermediary must take a non-directive role and facilitate a collaborative dialogue which can empower and unite the community or challenge it (Reason & McArdle, 2004). In undertaking this intermediary role, the researcher is thus exposed to ideas and views drawn from the participants' experiences and stories of practice (Kidd & Kral, 2005; Reason, 2006) which may diverge considerably from his/her own understanding of the world (Brydon-Miller, Greenwood, & Maguire, 2003; Whyte, Greenwood, & Lazes, 1989). Acknowledging and acting upon these alternative ways of understanding is crucial if mutual comprehension between communities, participant groups, and educational intermediaries is to be realised (Gergen & Gergen, 2008). The goal of the educational intermediary then is to 'look for the complexity of views' (Creswell, 2007, p. 21) among the participants and to examine how these views are formed and modified through interaction with others which necessitates a focus on the discourse and the way in which it unfolds over time. In this way the interests and concerns of the participants are foregrounded rather than reduced to discrete themes.

3.3.4 Promoting ownership

The previous sub-sections of 3.3 have signalled that PAR has an emancipatory agenda. Because PAR holds that knowledge is socially constructed for and by those involved, the ensuing action, including the decision to participate in that action, is driven by democratic principles (Argyris & Schon, 1989; Baum, 2016; Baum et al., 2006; Brydon-Miller et al., 2003; Kidd & Kral, 2005; McTaggart, 1994; Reason & Bradbury, 2001). Thus, just as a socially constructed view of knowledge provides an appropriate theoretical framework on which to base an education program for preceptors (Section 3.2.6), a PAR methodology, which promotes participation by research participants, (Billay & Myrick, 2008), provides an appropriate approach to inquiry in recognising that people can determine their own solutions to challenges which confront them in their own contexts. In turn they ultimately become creators of their own knowledge (Cornwall & Jewkes, 1995; Kidd & Kral, 2005; Reason, 2006; Reason & Bradbury, 2008). To help facilitate participation, PAR draws on different perspectives and experiences (Gergen & Gergen, 2008; Greenwood et al., 1993; Reason & Bradbury, 2008) and so provides opportunities for people not normally involved in

decisions about education, to consider how to promote effective learning that 'challenges conventional thinking, offers multidimensional insights, and provides local solutions' (Lingard, Albert, & Levinson, 2008 p. 61). Participating as equal contributors rather than as recipients, provides the opportunity for these communities or groups to take more control of their own lives (Baum et al., 2006; Reason & Bradbury, 2008; Zuber-Skerrit & Fletcher, 2007). For example, in this research, a group of regional aged-care preceptors are afforded the opportunity to assume control over the way in which educational initiatives in their own context are conceptualised and implemented. Consequently, by taking a more active role than is usual in much research, the preceptors become 'agents rather than objects' (Cornwall & Jewkes, 1995, p. 1670) in the research journey though how they choose to engage and discharge the role is very much a matter of individual choice.

Encouraging local practitioners to assume ownership of their own professional development, by adopting a participatory approach to the research project aligned well with broader government initiatives in the study setting, regional Victoria, and were reflected in the Victorian Department of Health's stated intention to reduce the disparity between metro and regional/rural health outcomes (Department of Health, 2011b). However, there is a risk that the use of terms such as empowerment and transformative could be misleading because they have the potential to exaggerate the impact that a project like this one could have in such a large sector like aged care. In addition, the size and duration of an undertaking would also serve to moderate claims about its transformative effect. Thus, it is more realistic to expect that participants would take opportunities to make small changes in their own workplace practices (McTaggart, 1994). In this research then, the outcomes will be applicable only to the research context though the process through which they were generated may have more widespread application. Finally, to effect any educational changes, big or small, researchers and participants must also be prepared to change themselves, a potentially disruptive outcome (Chilisa, 2012).

3.3.5 Critiques

There has been criticism of PAR as a legitimate form of research with claims that some research studies, by reducing PAR to a technical problem-solving activity, have divorced it from its social, cultural and historical connections (Elliott, 1991; Kemmis, 2006). Similarly, there is concern that PAR's emancipatory roots have been subverted by what appears to be

an emerging managerialism in pedagogical reform and misused as a tool to facilitate best practice and encourage innovation (Baum, 2016; Gaventa & Cornwall, 2001). The managerial approach only reinforces the dominant discourse of the organisation or of the prevailing pedagogical orthodoxy (McTaggart, 1994; Somekh & Zeichner, 2009). My approach in the current undertaking considers this critique, adopting the position that those who work within the aged-care sector have much to offer in addressing the problems that may affect them and indeed may be the best hope of developing solutions appropriate for a regional setting. The context in which an intervention is implemented is often complex and this complexity may be ignored in the design of professional development interventions. Put simply, 'workplace learning programs too often mean applying routines invented by others, believing reasons invented by others, servicing aspirations invented by others, realising goals invented by others, and giving expression to values advocated by others' (McTaggart, 1994, p. 320).

Another critique of action research often invoked is that it takes time to effect change (Baum et al., 2006; Cornwall & Jewkes, 1995). While this view may be accurate in some cases, it is also a limited one. Working with people to accomplish change, particularly with those whose backgrounds are different from one another, always takes longer than anticipated (Reason, 2006). Therefore, if the challenges that beset the recruitment and retention of suitable workers for the aged sector are to be addressed and resolved, a long-term approach to work-based professional development and training seems preferable to a continuation of one-off initiatives that target specific behaviours or problems.

It is also misleading to claim that all aspects in the conduct of the current project, or any other project, will be fully participatory or lead to full ownership. As Greenwood et al. (1993) have argued, projects which adhere completely to participatory action research processes are rare because the situations in which they are conducted are not conducive to a wholly participatory approach. Although this claim is not recent, it is difficult to imagine in the current aged-care environment, where time is often short and facilities often understaffed (Mavromaras et al., 2017; Robinson et al., 2007), that there would be sufficient resources to always act collaboratively. Similarly, enabling groups like preceptors to assume full ownership of their education is at risk of being compromised if researchers are not

prepared to share control of the project, recognise local knowledge and cede their expert status (Baum, 2016).

3.4 Summary

Chapter 3 presented the methodological framework for this study. The research was underpinned by a social constructionist view of knowledge creation which acknowledges the collaborative nature of producing knowledge and understanding. The history of participatory action research was outlined pointing out its three manifestations, one of which, community development, informed this research. The chapter also highlighted the effectiveness of PAR in creating the conditions to foster collaborative action, to foreground local knowledge and to promote ownership of a project by those most affected by its implementation. Lastly, the chapter drew attention to some of the critiques of PAR including the time it takes to effect change and the difficulty of making a project fully participatory. Chapter 4 introduces the setting and the participants in this undertaking and explains the methods used to collect, analyse and interpret the data. The criteria used to ensure rigour throughout the research process are also explained.

Chapter 4 Methods

4.1 Introduction

Chapter 3 explained the methodological design for this research. Chapter 4 describes how the methodological design guided the methods used and ensured that they were aligned with the epistemological underpinnings of the research. Chapter 4 begins by describing the study setting, recruitment of the collaborators and the processes for data collection and analysis. Informal focus/discussion groups recorded with a digital recorder were the main form of data collection. Next, the role of the educational intermediary in the inquiry is explained and justified. The chapter then describes how the data were analysed inductively through immersion in the data and by collaborating with the participants in the initial stages to understand the process of developing a collaborative model of pedagogical education. Strategies used for maintaining rigour throughout all stages of the research process are also explained and justified by making explicit their links to the theoretical underpinnings of the research and the methods used to conduct this research. The chapter concludes with a short section outlining how the research adhered to ethical guidelines and a conclusion summarising the main elements of the methodology.

4.2 Setting and participants

4.2.1 Setting

The location for this collaborative research undertaking was an Australian (Figure 4-1) regional residential aged-care facility, in this thesis called (RRACF), catering for high-care needs (Productivity Commission, 2011), in a regional town in the Latrobe Valley, Gippsland, south-east Victoria (Figure 4-2). The town, and the region in which it is situated, is classified as Statistical Area 2[6] , (popn.3000-25,000) on the Accessibility/Remoteness Index of Australia (ARIA+) which defines areas in terms of their geographic remoteness[7]. However, since the research was conducted the Australian Standard Geographical Classification Remoteness Area (ASGC-RA) classification and the Modified Monash Model (MMM) or both are widely used[8].

[6] Statistical area 2s have a population range of 3000 to 25,000 people. Accessed at http://www.abs.gov.au/websitedbs/D3310114.nsf/home/Australian+Statistical+Geography+Standard+(ASGS)

[7] Remoteness is defined in 'terms of access along the road network from populated localities to each of five categories of Service Centre based on population size' https://www.adelaide.edu.au/hugo-centre/spatial_data/aria/.

[8] http://ruralhealth.org.au/book/geographic-classifications

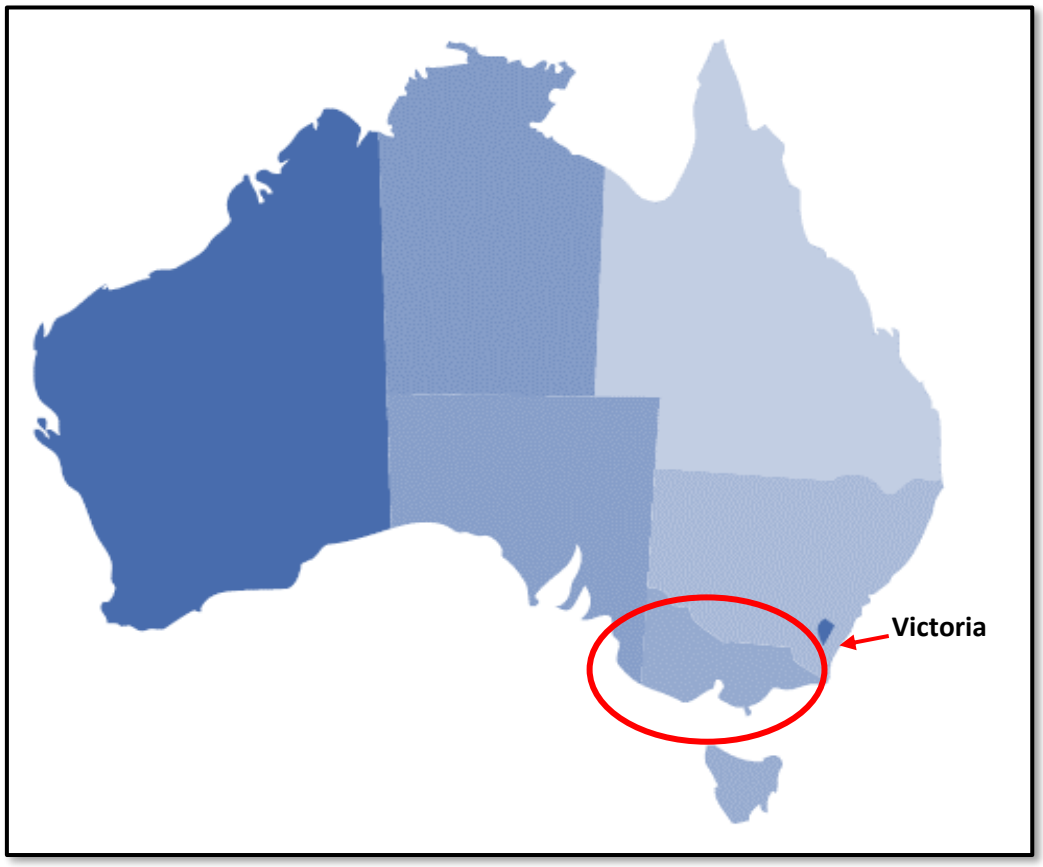


Figure 4-1 Australian states: Victoria

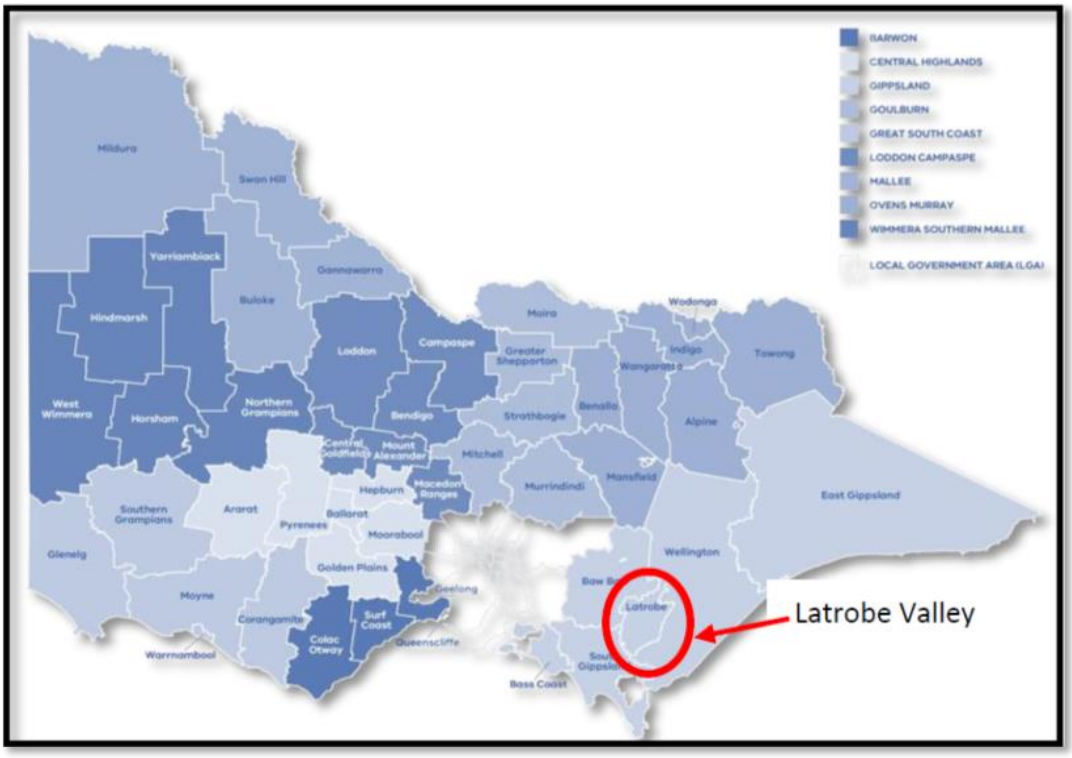


Figure 4-2: Location of Latrobe Valley, Gippsland, Victoria

The Gippsland region is predominantly rural with most of the population residing in either small towns or in one of the four regional centres – Warragul, Traralgon, Sale and Bairnsdale. The health of the Gippsland population ranks lowest in Victoria on a number of health indicators which may help to explain the below-the-state-average life expectancy of both males and females (Regional Development Australia: Gippsland, 2015). The proportion of the region's population who are over 65 is also higher than that of other Victorian regions. The 70-85 age group alone is expected to increase by more than 25,000 people by 2020 which has implications for both aged-care services and the recruitment and retention of workers for the sector (Regional Development Australia: Gippsland, 2015). Already, Gippsland has a lower proportion of high-care places for geriatric care than the Victorian average (Regional Development Australia: Gippsland, 2015).

Regional Residential Aged Care Faciility was one of two key service areas, residential aged-care services and independent living services, which comprised a larger independent-living village. The village was a not-for-profit organisation overseen by a community representative Board of Management. It received funding from the Commonwealth Government. Delivery of care was by the management, employees and volunteers whose core business was 'the provision of high quality aged and community care services that enable freedom of choice for ageing people in the knowledge they will be secure and will be treated with dignity and respect' (RRACF promotional documents).

Regional Residential Aged Care Facility commenced operating in 1975 and included a hostel of 96 beds shared among four houses as below (Table 4-1), a feature which allowed residents to move from one level to another depending on their individual care needs (RRACF promotional documents). Legislation governing the operation of RRACF fell under the Australian Aged Care Act, 1997 so the facility was legally bound to meet accreditation standards for aged care.

RRACF	
House	Number of residents
A	32 high-care residents
B	24 high-care residents
C	30 high- and low-care residents
D	10 high-care dementia residents

Table 4-1: Distribution of beds across RRACF

4.2.2 Participant recruitment

Participants were recruited by drawing on personal networks. A colleague in the University Department of Rural Health where I was working indicated that a residential aged-care facility with which she had contact was interested in developing the teaching/mentoring skills of a group of clinical staff so that they could become preceptors. The need for staff with pedagogical skills had become apparent the previous year when there had been challenges in providing effective learning experiences to a cohort of placement students training to be personal care workers. During discussions to initiate my project, both the director and the clinical manager at RRACF stressed that any forthcoming training program had to benefit the preceptors, students and the facility. Therefore, it was evident that any research action should, ideally, include input from all sectors of RRACF and from external registered training providers and not just those involved directly in the preceptor development. The ten groups of people who could potentially be either directly involved in, or indirectly impacted by, this project are identified below:

1. Preceptors (enrolled nurses, a registered nurse, an administrator)
2. Village management (chief executive officer/director of care, operational services manager, clinical manager/registered nurse)
3. Education providers: supervisors, training coordinators and trainers from either higher education or vocational education organisations
4. Students undertaking TAFE Certificate 3 in Aged Care
5. Enrolled nursing students (undertaking a Diploma of Nursing)
6. Registered nursing students (undertaking a Bachelor of Nursing)
7. Personal care workers
8. Residents in RRACF
9. Families or carers of the residents
10. Other village staff in non-care roles.

The first two groups were always intended as the main participants in this study and this aspiration was outlined in the proposal submitted to the village management (Appendix 2). The inclusion of education providers, students on placement, village residents and their families and carers as potential participants was because their availability and consent were unknown at the

commencement of the research. Additionally, as this was a collaborative project with the preceptors and decisions would be made by this group, including other participants would need to be negotiated first.

4.2.3 Participants

The project was conducted over a year and comprised three action research cycles: action cycle 1 - Entry, negotiation and refining the research process; action cycle 2 - Planning; and action cycle 3 - Reflection, consolidation and taking ownership. Focus group meetings with preceptors, the principal group with whom this research was conducted, and the management took place over eight months.

Preceptors

The preceptor group comprised several different professions but because they all worked in the same workplace they all knew one another from their daily interactions. The size and composition of this group changed from session to session throughout the project because preceptors were sometimes on shift or absent. Even when the time for each project session had been timetabled and staff authorised to attend, the reality was that workplace issues intruded. Sudden calls for assistance, changed rosters and unscheduled meetings all impacted on the conduct of the sessions.

The original group of seven comprised mainly enrolled nurses (ENs) who were the team leaders in charge of each of the houses in RRACF, a registered nurse who was the clinical manager, and an administrator responsible for organising work schedules and the details of student placements (See Table 4-2).

Name (pseudonym)	Position/role	Action cycles
Jen	Chief executive officer/director of care	1
Cath	Operational services manager	1
Margaret	Clinical manager/registered nurse	1, 2 and 3
Rosemary	Enrolled nurse/house leader	1, 2 and 3
Liz	Enrolled nurse/house leader	1, 2 and 3
Louise	Enrolled nurse/house leader	1, 2 and 3
Cindy	Enrolled nurse	1 and 2 (left RRACF)
Sally	Enrolled nurse/house leader	1 and 2 (withdrew)
Emily	Administrator	1, 2 and 3
Shari	Enrolled nurse	3
Vicky	Personal care worker	3
Fiona (real name)	Educational intermediary	1,2 and 3

Table 4-2: Research participants

This group of seven worked with me through the first two action cycles of the project, the entry cycle and the planning cycle. At the beginning of the third action cycle the group was joined by two new preceptors one of whom was an enrolled nurse and the other, an experienced personal care worker (PCW). The two were added to the group for two reasons: firstly, they both supervised other care staff at RRACF and secondly, the original preceptor group had lost two members, one having left the facility and the other deciding not to be involved in the orientation program we were developing for incoming Certificate 3 in Aged Care students.

The clinical manager, a registered nurse, was the supervisor of the preceptor group. She had a special interest in developing a positive learning environment at the facility and improving outcomes for residents and their carers as well as ensuring that both RRACF and students on

placement benefitted from the experience. She was also particularly keen to support house leaders and any other clinical staff member who showed interest in, and the ability to take on, precepting responsibilities. The clinical manager was new to RRACF, having been there less than a year, but appeared to have developed a good rapport with the enrolled nurses under her supervision.

All the enrolled nurses self-selected for the project. They were encouraged by the clinical manager to participate because they each oversaw the care of residents in one of the facility's houses, a position of leadership. These nurses were also responsible for mentoring students from universities, TAFE and registered training organisations who undertook their placements at RRACF. The enrolled nurses had to meet the core National Competency Standards for the Enrolled Nurse which forms part of the national regulatory framework and assists them in providing safe and competent care (Australian Nursing and Midwifery Council, 2002). The competencies fell under three domains: professional and ethical practice; critical thinking and analysis; and enabling. None of these domains included competencies relating to the supervision or mentoring of either students or other staff though there was a competency that required explaining nursing care to others.

The final member of the group was one of RRACF's administrators who was responsible for organising the daily rosters in the facility and for clinical placements. She was participating in the program as part of her professional development and because she needed to ensure that students who came on placement were placed with appropriate preceptors. Understanding what the preceptors had to do both clinically and as educators assisted her in making well-informed decisions.

Facility management

The RRACF management comprised the chief executive officer/director of care, the operational services manager and the clinical manager, the latter also being part of the group participating in the preceptor training (See Table 4-2).

Education providers

The education providers, Registered Training Organisation 1 (RTO1) and Registered Training Organisation 2 (RTO2), who had students in the facility during the third action cycle were both from the vocational education sector and were both located in the Latrobe Valley, Gippsland,

Victoria. They placed Certificate 3 in Aged Care students in aged-care facilities like RRACF to meet the requirement that students undertake 120 hours of hands-on training. I had only one short meeting with the community trainer at RTO1 and met no-one from RTO2.

4.2.4 The educational intermediary's role

In PAR, the educational intermediary researches with the participants and not *on* them and is also a collaborator in the process of precipitating action and creating knowledge. However, there is often an additional role that must be undertaken, and this is the one of facilitator. The facilitator may perform any of the following functions (Melrose, 2001; Stringer, 2014):

- act as a catalyst for discussion
- stimulate people to change
- keep focus on how things are done
- enable people to develop their own analysis of their issues
- start where people are – not where others think they should be
- help participants to analyse the situation, consider findings, plan how to keep what works, change what they do not like
- enable people to examine several courses of action and probable results or consequences of each option
- encourage reflection.

Interaction between the researcher and participants must also promote equality among all participants so the researcher must also be prepared to learn from others and 'adopt a genuine learner's attitude even in situations in which apparent ignorance tempts her [sic] to become a teacher' (Swantz, 2008, p. 38).

Within a PAR framework the researcher must also be 'both situated and reflexive, to be explicit about the perspective from which knowledge is created, to see inquiry as a process of coming to know, serving the democratic, practical ethos of action research' (Reason, 2006, p. 7). In other words, both the educational intermediary and the participants are integral parts of both the process of creating knowledge and being catalysts for action which will benefit the whole community, that is, RRACF. Involving participants, no matter what their backgrounds (McNiff & Whitehead, 2010) as co-researchers (Reason & Bradbury, 2008), who both gather the evidence and make sense of it enables them to construct and use knowledge for their own benefit (Freire,

1970). Most promisingly, promoting this co-creation of knowledge, educational practices and action has the potential to eliminate or at least minimise the theory-to-practice gap thus offering a contribution to the knowledge translation debate.

The participative and co-creative underpinnings of this project made it essential to stress the relationship between myself and the participants during the creation, collection and analysis of the data (Kruger & Sturtevant, 2003). To do this I used an emic–etic distinction, (insider–outsider) (Schwandt, 2007, p. 82) to categorise the way in which I positioned myself at various points of the research (Figure 4-3). In the data collection phase, the etic end of the continuum represents data in which I played no part in creating. The emic end of the continuum was the reflective diary data that I created as a record of my reactions and questions as the research progressed. The transcripts fell in the middle of the continuum because they were jointly constructed as we negotiated the course of the preceptor program thus making them commensurate with the thesis's constructionist epistemology.

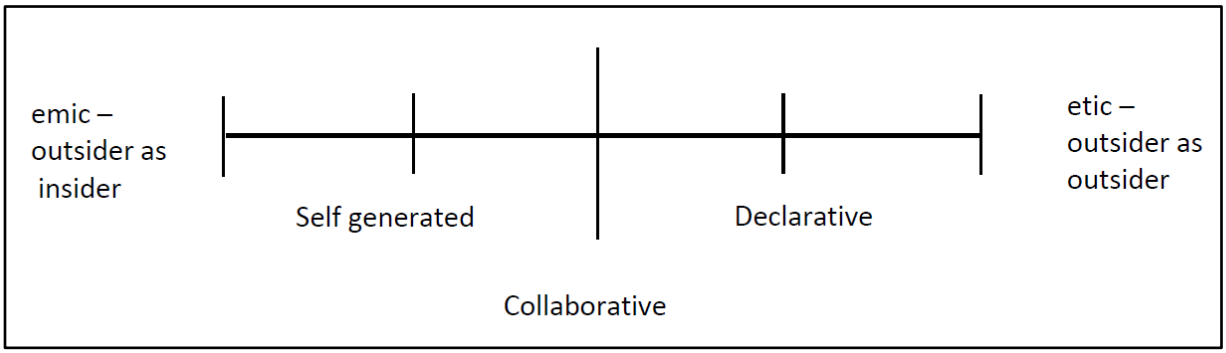


Figure 4-3: Positioning of the educational intermediary

In analysing the data, there was less collaboration from the participants. Where my stance was declarative, I was solely responsible for the analysis of the material with no input from the participants. Although this position was not strictly in line with a participatory approach, a fully realised participatory action research project is unusual (Greenwood et al., 1993). However, the efforts in trying to make it participatory can open up places like RRACF to new ways of approaching organisational issues such as staff development (Baum et al., 2006; Greenwood et al., 1993; Lea, Andrews, et al., 2017a). It should also be noted that most of the data analysis where I took a declarative stance involved secondary and peripheral data. In contrast, participants were asked for feedback on several transcripts' extracts and from all the meeting summaries which had been derived from the transcripts. In the later stages of the analysis, well after the last meeting, it

was not possible to ask for participant feedback as all but three of the nine participants had left RRACF. Table 4-3 summarises the positions I took throughout both the data collection and the data analysis processes.

Source	No.	Collection	Analytical Stance	Analytical Process	Time Collected
Demographic data	1	Etic	Declarative	Linear	Beginning of the preceptor program
Transcripts	12	Collaborative	Some collaboration	Iterative	From February to July 2014
Meeting summaries	10	Collaborative	Collaborative	Iterative	From February to July 2014
Informal Interviews	6	Etic	Declarative	Iterative	From September to October 2014
Teaching resources	6	Etic	Declarative	Linear	Action cycle 1 only (February to May)
Artefacts		Collaborative		Iterative	From February to July
Meetings with management	2	Collaborative	Declarative	Iterative	December 2013 and January 2014
RRACF documents		Etic	Declarative	Linear	
Educational intermediary reflective diary		Emic	Declarative	Iterative	Throughout the project and on leaving the field

Table 4-3 Educational intermediary position: data collection and analysis; analysis process

Table 4-3 also summarises how the data were analysed. During the iterative process, I had to constantly read and re-read the data and, in some cases, such as when reading the transcriptions, go back to the original audio recordings to help verify my interpretations. I also realised that more exploration of literature was needed because literature consulted in the original review could not explain or account for all which was happening or why it was happening. This process resulted in constant re-negotiation of meaning, particularly when interpreting the transcript data. The linear data, demographic survey and documents, were much more straightforward to analyse. They

were included to provide context and comment on, or add insight to, the accounts from the focus group data.

4.3 Collecting the data

4.3.1 Dual purpose meetings

The research was based mainly on the meetings I held with the preceptor group over an 8-month period. Each meeting was held in RRACF in the non-residential area, either in the RRACF training room or, when that was not available, in the RRACF boardroom. Both rooms could accommodate digital projectors. These meetings, all recorded on a digital recorder after written permission had been obtained from the participants, comprised the greatest proportion of data collected. The meetings' main purpose was to discuss ways in which, as a group, we could create an effective learning experience for students who came to RRACF on placement. However, at the same time, I was helping preceptors to develop the skills they would need to be able to facilitate effective learning. I was interested in researching how these intertwined processes unfolded.

Because none of the group had formal qualifications in teaching, I needed to provide preceptors with at least an introduction to teaching and learning. I did this mainly in the second action cycle where I conducted activities designed to raise awareness of pedagogical issues. For example, in one session, I asked the group what I would see and hear if I walked in on them teaching a student and in another session, we started with a short interactive presentation on learning. The relationship, however, was not one way. The group could provide many examples and anecdotes from their experiences as enrolled nurses which were teased out to demonstrate a pedagogical principle. These contributions from the group were then written up as a document and as a slide for discussion at the following session.

4.3.2 Data collection overview

The type of data collected had to provide evidence that the pedagogical issue participants had identified and addressed had led to both i) a substantive change in their subsequent practice and ii) participants developing new knowledge or theory about the issue, the factors shaping it and the process by which they addressed it. This task was approached by classifying the collected data into broad categories which Kemmis and McTaggart (1988) call registers. These registers were language and discourses, activities and practices, and social relationships and organisation, all of which impacted on group interaction thus enabling the researcher to represent the values and

beliefs embraced within that group (Kemmis & McTaggart, 1988). By collecting data within these three registers over the period of the project it was possible to determine how discourse, practices, and relationships among the group members changed to a deepening awareness of the pedagogical issues involved in making student placements an effective learning experience. The data also demonstrated how the group took ownership of the program. Table 4-4 presents the three registers of data and the methods of collection used to capture this data.

Register	Data collection
Language and discourse *(e.g. key words and ideas used in discussing education, educational theories implicit in ideas)*	• Audio recordings of focus groups/discussions • Documentary (professional, organisational, training manuals/curriculum) • Artefacts • Reflective diaries (educational intermediary) • Interviews
Activities and practices *(e.g. key educational activities, roles within the activities)*	• Audio recordings of focus groups/discussions • Artefacts • Documentary data
Social relationships and organisation (*e.g. key organisational structures and relationships that shape way educational practices are carried out)*	• Audio recordings of focus groups/discussions • Documentary • Interviews

Table 4-4: Data registers and collection methods adapted from Kemmis and McTaggart (1988)

The collection of data took place throughout the project, a period of a year (Appendix 4). This process loosely followed the action research cycle (Baum, 2016; Baum et al., 2006; Kemmis & McTaggart, 1988) of plan, act, observe and reflect. Rather than a prescriptive process to be followed conscientiously, the cycle functioned as a heuristic where the way in which the inquiry was conducted was inspired by the observations and reflections of the participants and how they problematised these (McTaggart, 1996). Crucially then, respect for those participating in the research and respect for their knowledge and understanding of issues that confronted them as teaching clinicians in the regional context, drove decisions on how data were collected. The data collected then informed the decision on what step to take next, a key principle in action research (Somekh & Zeichner, 2009).

There were also opportunities during the project to collect data from other sources which increased the robustness of the interpretations. These sources included students on placement during the time of the research, the RRACF management, and education providers. Appendix 4 provides details of the instruments I used to collect these data and when the collection was

undertaken. Reflective diaries were also intended to be a data collection instrument given to the preceptors to record their ideas and reflections between sessions. However, it was evident after a few meetings that the preceptors preferred to talk about their experiences rather than write about them, so I stopped using this tool. However, I did maintain my own informal reflective diary which I kept in electronic form.

Using several instruments to collect data enabled me to produce a thick description of how the preceptors went about developing their own pedagogical skills and how they addressed the concerns around teaching and learning for students on placement at RRACF. A thick description aims to interpret social action by 'recording the circumstances, the meanings, intentions, strategies, motivations, and so on that characterise a particular episode' (Schwandt, 2007, p. 296). Employing this strategy gave me an opportunity to consider what factors may have had an impact on the undertaking as well as corroborating other data collected.

I grouped the data collection methods into three categories to differentiate the impact that they had on the conduct of the study. The primary data, comprising the focus group meetings and artefacts produced by the preceptors formed the basis of the research and were used extensively to support interpretations. The secondary data, comprising the demographic survey, informal interviews with the preceptors and my own teaching resources were used to add depth and insight to interpretations drawn from the primary data. The peripheral data, comprising meetings with students on placement, observations I made when on a shift with one of the preceptors, documentary material and my reflective diary were used anecdotally (Appendix 4).

4.3.3 Focus Groups

Justification

I used focus groups (Appendix 5) as the primary source of data collection because the method stresses interaction among members of the group as the data source (Duggleby, 2005; Kitzinger, 1995; Lehoux, Poland, & Daudelin, 2006; Morgan, 1996; Morgan, 2010; Willis, Green, Daly, Williamson, & Bandyopadhyay, 2009) while also acknowledging the role that the educational intermediary plays in generating group discussions. Using focus group discourse therefore aligned well with the social constructionist epistemological framework of this research where construction of knowledge is viewed as the result of interactions among people all of whom are influenced by their beliefs, culture, and previous experiences (Bleakley, 2010; Gaventa & Cornwall, 2001; Gergen

& Gergen, 2008; Kruger & Sturtevant, 2003; Lehoux et al., 2006; Reason & Bradbury, 2008). Groups, normally comprising 6-10 people, are able to talk with one another, ask their own questions, respond to questions, exchange experiences and opinions (Kitzinger, 1995) while exhibiting a much greater range of language functions than is elicited in a pre-structured interview. This interactive process also creates the dynamics where a group can work together in constructing meaning by clarifying their thoughts and understanding in discussion with others (Kamberelis & Dimitriadis, 2005; Moen, Antonov, Nilsson, & Ring, 2010). Such 'collective sense-making in action' (S Wilkinson, 1998, p. 139) also fitted the collaborative theme of PAR because it allows the researcher access to the everyday language and culture of the organisation, what participants consider important and how they view the world while offering the potential to identify unarticulated norms and normative assumptions (Kamberelis & Dimitriadis, 2005; Kitzinger, 1994).

Participants' discussions also have the potential to illuminate group social processes (Kitzinger, 1995) which may prove useful in determining how new ideas or ways of working might be received in the workplace. Additionally, by creating an informal atmosphere and enabling participants to make comments about workplace happenings, share personal stories and joke with one another, the group discussions may generate a substantial amount of everyday communication, including potentially contradictory statements, highlighting what people know, more that is possible in conventional techniques of data collection (Kitzinger, 1994; Willis et al., 2009). Even where there is disagreement among group participants, exposure to other views and judicious prompting by other participants or a facilitator to explore how one's own views may have arisen, may lead a participant to clarify, or even change their own point of view (Kitzinger, 1994; Morgan, 1996; Wilkinson, 1998). Disagreements also have the potential to explain how group dynamics impact and modify these perceptions (Kidd & Parshall, 2000).

In contrast, a commonly-used qualitative method, individual interviews, has the potential to 'strip away the critical interaction and dynamics that constitute much of social practice and collective meaning making' (Kamberelis & Dimitriadis, 2005, p. 902). Using only individual interviews also risks the direction of the discussion being determined by the researcher thus missing important knowledge and attitudes which are not always evident in reasoned responses (Kitzinger, 1995). In using interviews only, two opportunities are lost. Firstly, the educational intermediary forgoes the

opportunity to examine how a group identifies their own issues of concern, how they analyse and address what is going on, and the ways in which they communicate (Kitzinger, 1995; Wilkinson, 1998; Willis et al., 2009). Secondly, the participants lose the opportunity to direct what issues are discussed and acted upon.

However, the potential shortcomings of focus groups must also be acknowledged. The data generated is not completely naturalistic though it does provide insight into how normal social interaction occurs (S. Wilkinson, 1998). There is always a risk that an individual may not wish to express an opinion contrary to others in the group (Kitzinger, 1994, 1995; Morgan, 1996; Willis et al., 2009). Similarly, there is the possibility that a group may not wish to address certain issues. As Kitzinger (1994) points out this does not make the data any less valid because knowing what is out of bounds is itself valuable data about the social context. Another, perhaps foreseeable, threat to collecting data in a focus group is that discussions can become an outlet for complaints (Kitzinger, 1994). While a small number of complaints would not necessarily jeopardise proceedings, if complaints occurred frequently some sort of remedial action such as addressing the complaint would need to be taken.

Thus, the educational intermediary is required to be cognisant of the level of interest that a particular point creates (Asbury, 1995; Morgan, 1995). Equally as important, is the need to describe both the context in which something is said, and the reactions of others involved in the conversation (Willis et al., 2009). Unlike interviews, where individual comments are used to support a finding, quotes from individuals in a group discussion can be interpreted only with an understanding of the context in which they were made (Asbury, 1995). Focus groups then, with judicious facilitation—a rich description of the interactions and context in which they occur—offer many benefits to a qualitative educational intermediary committed to a socially constructed view of learning and knowing.

Conduct

Written permission to record all the focus group sessions (See Appendix 17) was obtained from all but one of the participants. This meant that the first group discussion could not be recorded. However, this participant withdrew from the study after the third meeting, permitting the recording of sessions to proceed. Meetings were held in an RRACF training room, with a whiteboard and a digital projector, approximately every two to three weeks. All group members

were given time off from their regular duties to attend. However, they were all on call so if something urgent arose in RRACF, individual members could be called on to respond. This happened numerous times during the eight months. The audio files are punctuated by regular telephone calls from other floor staff and the sound of people leaving and entering the meeting room.

I recorded all meetings on a digital recorder ensuring much greater accuracy had only written notes been used. I also used a Livescribe pen as a backup recorder; the Pencast audio files were downloaded from the pen and were then converted into mp4 audio files and imported into NVivo 10, a qualitative data analysis tool. Regular note-taking, was impossible because when undertaking the facilitating/teaching part of my role I was responding to or questioning the other participants, writing notes on the whiteboard, using the teaching PowerPoint slides or showing video clips. Once sessions were over, the recordings were uploaded into Dropbox and sent to a professional transcriber. I had started to transcribe the recordings myself but after the first meeting decided it was beyond my level of skill and would have consumed enormous amounts of time had I attempted to transcribe all meetings. Each of the twelve meetings with preceptors was up to 90 minutes long and comprised up to eight different voices. Topics of discussion ranged far and wide. With the transcription service, audio files were transcribed into a draft mode and returned within three to four weeks. I then entered both audio files and transcripts into NVivo 10.

However, sessions with preceptors occurred before transcripts from the previous session were ready. Therefore, to enable participants to confirm and respond to what I had identified as the main points of these previous sessions, I would listen to the audio file of that meeting myself immediately after it had been conducted, take note of key points that arose and condense these into a page or two of notes. The notes were presented to participants for verification or amendment at the meeting following the one at which I had taken the notes.

4.3.4 Demographic questionnaire

The demographic questionnaire (Appendix 7) was conducted on the first day I met the preceptors and was to gather information about their professional career, teaching experiences and length of time at RRACF. Before giving the group the questionnaire, I explained how I would like to work with them in exploring their experiences of teaching students on placement and in identifying concerns they might have in teaching the students. The preceptors were then given an

explanatory statement, and a plain English version of the explanatory statement (Appendix 19) which both set out in writing what I had explained.

4.3.5 Meetings with students

Meetings with students were serendipitous rather than planned as it was not always possible to synchronise their placement schedule with my visits to RRACF. However, I prepared a list of questions to ask should the opportunity arise (Appendix 12). Eventually, I had two brief meetings with a group of four students from RTO2 and two individual meetings with two students from RTO1. All the students completed and signed consent forms (Appendix 18). Because the number of students interviewed was small I have again used extracts from these conversations to support and illuminate accounts from the preceptor focus groups.

As I stated in Section 2.2.5, the Certificate 3 in Individual Support was introduced in 2016, superseding the Certificate 3 in Aged Care. However, I conducted this research before 2016 so the Certificate 3 students who undertook placements at RRACF while I was working with the preceptors, were enrolled in the Aged-Care Certificate course.

4.3.6 Informal interviews with preceptors

These informal meetings were organised through the clinical manager and took place after I ceased conducting the regular meetings with the preceptor group. I was not able to speak with all the participants as three had left the facility and not all were rostered for duty when I was there. Those that were available spoke to me in pairs. The two interviews, each of which had two participants talking with me, were recorded with a digital recorder with the permission of the persons being interviewed. Although I had prepared a list of questions to ask the preceptors (Appendix 11), I did not adhere to this rigidly, preferring to let the conversation flow. Enabling this less formal interaction can generate insights that might not arise in situations where there is limited or no interaction (Morgan, 1997; Wilkinson, 1998). These interviews were then transcribed, again by a professional service. Because the interviews did not include all the participants who had participated in the project, I used the interviews mainly to illuminate the accounts gathered from the focus groups. In this way, the interviews provided a means of triangulating the focus group data.

4.3.7 Documentary data

Documentary data was used primarily as a complementary data collection method because the focus of my research was the oral interaction among the preceptors as they developed orientation and placement programs for vocational education students. The documents consulted (Appendix 8) provided the background information needed for understanding the regional aged-care sector, those who worked in it, their legal responsibilities and the workforce challenges the sector faced (Koshy, Koshy, & Waterman, 2011a; Walker, 2004). Additionally, the documentary evidence provided background information on the specific roles and responsibilities of the healthcare professionals with whom I was working. The learning requirements for students on placement and their professional responsibilities were also extracted from the data search and were particularly useful in understanding the pedagogical aspects of student interactions with preceptors. Much of the information was in the form of government reports, national and regional practice guidelines, and organisational documents. This documentary data was particularly useful for developing the literature review and providing support for the principal source of data gathered in the focus groups. These two characteristics contributed to a rich and comprehensive understanding of the situation which in turn, aided the interpretation of the data (Bowen, 2009).

4.3.8 Artefacts produced by the preceptors

The informal and relaxed way in which the sessions were conducted meant that there were many opportunities for preceptors to contribute their own ideas. These ideas were manifested verbally as well as graphically in diagrams and charts. Some of these contributions were photographed with a mobile phone to ensure that they were retained as a permanent visual record. Others, like the ideas for the student orientation program, were produced orally which meant after listening to the audio file I needed to reproduce what the preceptors had suggested as either a Word document or as a graphic on a PowerPoint slide. Like the diagrams the preceptors produced, the summarised meeting notes provided the group with a permanent record of their contributions.

4.3.9 Educational intermediary reflective diary

Reflection plays a crucial role in the PAR process and indeed constitutes part of the action research cycle. As Altrichter and Holly (2005) explain, reflective diary entries can be:

1 Memos

2 Descriptive sequences

3 Interpretive sequences

4 Theoretical notes

- clarifying a concept or an idea
- making connections between various accounts and other bits of information
- identifying surprising or puzzling situations worth following up
- connecting your experience to the concepts of an existing theory
- formulating a new hypothesis.

Baum stresses that this reflection should be ongoing throughout the cycle (Baum et al., 2006), which was the case in this study. My electronic diary, kept on the Evernote application, and later uploaded into NVivo, not only provided a chronological record of what I did but also played a key role in ensuring the credibility of the interpretations. It helped me to chart my thoughts and questions that arose as the research progressed and, most importantly, it provided a record of why I had decided to take a particular course of action. These were invaluable insights when I began to interpret the data.

Using the model developed by Altrichter and Holly (2005) as a guide I recorded mainly descriptive sequences and interpretive sequences. The descriptive sequences included accounts of what had happened in meetings and individual discussions and my reaction to them. Diary entries, made after meetings, were retrospective so were limited by my ability to recall exactly what happened. However, I also listened to the digital recordings to add any necessary details that I had missed. Intonational clues were especially helpful providing a more nuanced version of events.

The interpretive sequences were my interpretations of what had happened and how this related to theory. I could not focus on only discrete utterances. I include here, with an example of a quote from an academic article, my interpretation, as recorded in my diary, to give a sense of how this process took place:

> The human body is not a machine and its malfunctioning cannot be adequately analysed by breaking the system down into its component parts and considering each in isolation. Despite this fact, cause and effect modelling underpins much of the problem solving we attempt in clinical encounters. (Wilson & Holt, 2001, p. 685)

My response in my Evernote diary.

> *seems to me that this kind of rationale is often applied to teaching...breaking it into component parts to be taught and applied...not considering the complex factors that are at play in a teaching encounter 30/09/14*

4.3.10 Preceptor teaching resources

Other sources of data I collected to provide a comprehensive picture of the situation in which we developed the preceptor education program were the lesson plans, summaries of previous lessons and teaching materials which, in my teaching role, I had prepared for the sessions. The teaching materials included PowerPoint slides which displayed key points made by preceptors, pedagogical principles or diagrams illustrating pedagogical information, a DVD clip from Teaching Teaching and Understanding Understanding, a short film on how we learn and the value of involving students in active learning, summaries of previous meetings, and handouts with information expanding on some issue, such as reflection, that had been discussed previously. These are all available for viewing. Their combined size makes them unsuitable to include as an appendix in this thesis.

4.4 Analysing the data

Figure 4-4 is an overview of the data analysis process used in this study. As was stated in the introduction, this process was primarily inductive, involving a constant backwards and forwards among the data, the research questions and the literature, before proposing tentative interpretations which were often revised in the light of new insights arising as the process progressed.

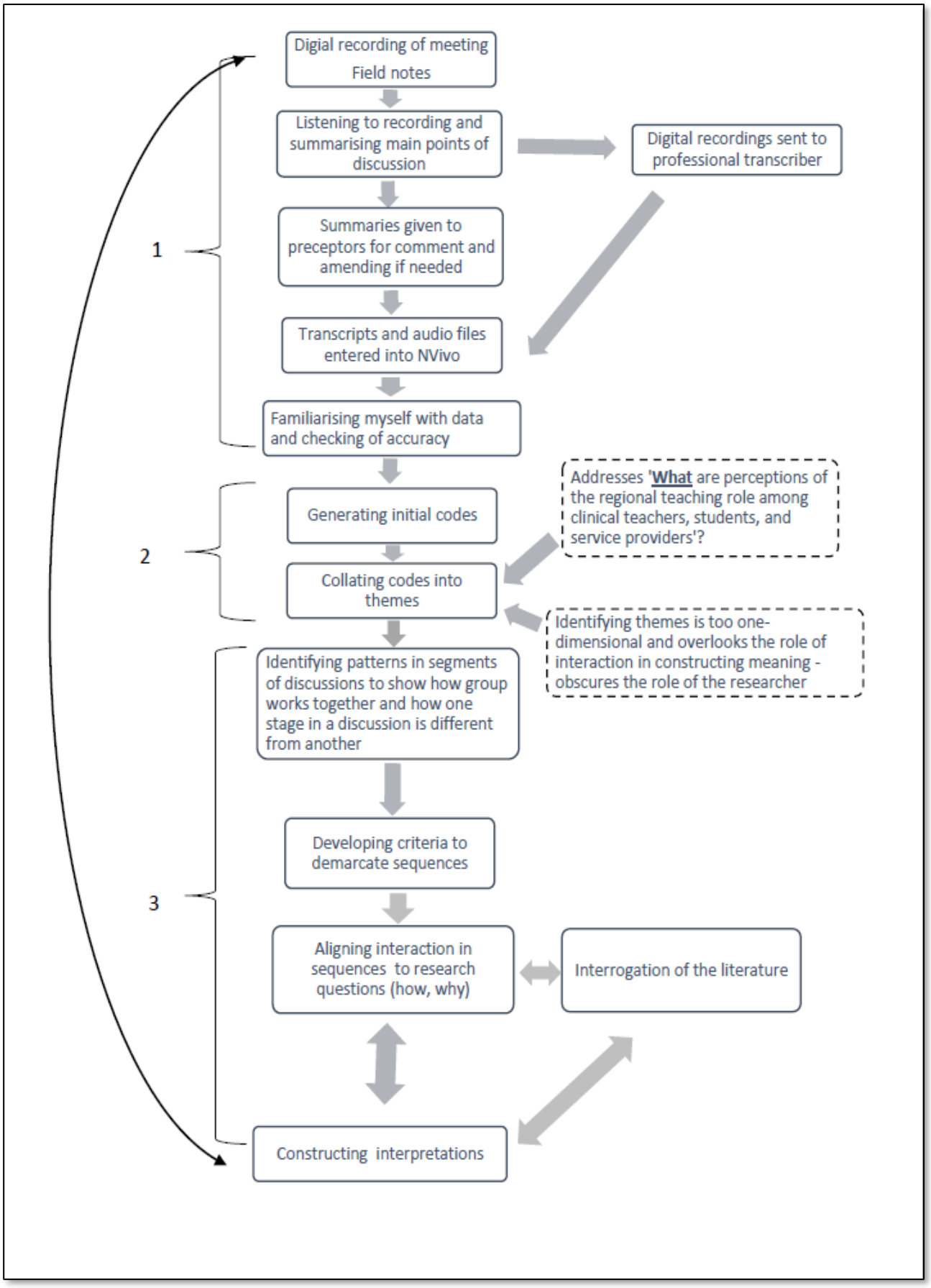


Figure 4-4: Overview of the data collation and analysis process

The analysis of the data comprised two distinct processes preceded by an overall review (Table 4-5).

1. Reviewing the data
2. Coding and categorising
3. Exploring sequences of interaction

Reviewing the data (process 1) comprised checking and getting a feel for the data, whereas coding and categorising (process 2) and exploring the interactions (process 3) were to generate understandings using the research questions to guide thinking and decision-making. Process 2 involved labelling and coding data to identify themes that were important to the preceptors. Interpretations generated in process 2 addressed only one of the secondary research questions, 'What are preceptors' perceptions of the regional precepting role in aged care?'. However, process 3 used a different analytic process, exploring sequences of interactions, to examine the interactive and participative elements of the project.

	Process	Description of Process	Purpose	Research questions addressed
1	Reviewing the data	reading the transcript and listening synchronously to the audio recording	to obtain an overall impression of the data to identify data relevant to the research questions, discard data not relevant and to amend any mistakes in transcribing or omissions	
2	Coding and categorising (labels, topics, codes)	reading transcripts a second time marking the text with annotations indicating what I thought a chunk of text was about	to identify ideas, events and experiences relevant to the research focus, tentatively suggesting labels for topics and codes, and highlighting anything I found unusual or particularly interesting	What are preceptors' perceptions of the regional precepting role in aged care?
3	Exploring sequences of interaction	reading a third time looking at the sequences of the talk and the role of the participants in those sequences	to understand how the nature of the interaction among the participants led to a shared understanding of the issues at hand	How do preceptors prepare themselves for precepting in the regional aged-care sector? How does a participative research approach impact on the features of the resulting pedagogical model? What key educational understandings emerge as the model is developed?

Table 4-5: Processes in analysing the transcripts

4.4.1 Process 1: Reviewing the focus group data

The transcripts, which comprised the largest proportion of data collected, were received from the transcription service, imported into NVivo and linked to the digital recording. The recordings were not time stamped so I had to locate specific phrases or exchanges in the discussion, by listening to lengthy stretches of discourse. What had appeared to be an impediment to the analysis, in fact proved to be an advantage because it highlighted the importance of the contextual linguistic data in interpreting specific exchanges.

After inputting all the transcripts into NVivo, the first step was to read through all the transcripts while re-listening to the audio files immersing myself in the data. Having been part of all the meetings and having got to know all the participants over the ten months that I had conducted the research, it was possible to identify voices and recall conversations. Unlike a formal focus group where an interview guide might have been used to elicit participants' views on a topic thus providing structure to the discourse, the discussions conducted with the preceptors had been much more free-ranging and were often precipitated by issues arising from the materials I had prepared, at least in the first three or four meetings. There were sections of the transcripts where the inclusion of half-finished sentences, unfinished thoughts, seemingly unrelated interjections, odd words or phrases and ungrammatical utterances were prominent. While it was tempting to delete these irregularities to increase readability, the transcripts were left as transcribed to ensure participants' views were visible. Editing the transcripts would have diminished the character of preceptor contributions (Stewart, Shamdasani, & Rook, 2007, p. 111). Conducting the review in this way enabled me to identify commonly recurring topics of interest to the group.

In constructing the interpretations, I used extracts comprising both short utterances and longer sequences of oral interaction from the discussions to illustrate points I was making. To describe some of the notable features of these discussions that could not be represented in words, I used transcription conventions adapted from Silverman (1993) (See Appendix 6).

4.4.2 Process 2: Coding and categorising

After reviewing the content of the transcripts, I then re-listened to specific extracts, and placed what appeared to be meaningful quotations, of at least phrase or sentence level and often considerably longer, into topics. I used the term topic instead of theme or code because a topic more accurately describes the range of the conversations while capturing the essence or main point. The topics were not discussed as discrete items. Rather they summarised the general gist of a sequence of discourse so had a descriptive function. Topics overlapped, ran as concurrent themes throughout the discussions or were fractured into more specific aspects. Stretches of discourse which fell outside the scope of this research were excluded. These exclusions included lengthy stretches of discussion around rostering schedules and care practices except where these issues were embedded in discussions around precepting students.

Topics were then labelled with a code, a process called in vivo coding (Saldana, 2013). The

participants' words, not an academic concept, were used as the code because central to the tenets of PAR is the notion that the data is interpreted and 'should be framed in terms that participants use in their everyday lives' (Stringer, 2014, p. 137). Where it was difficult to use the exact words of the participants due to the high frequency of ungrammatical speech and redundancy, which are characteristics common of conversation, I used words or phrases which were similar in meaning and were also used frequently by the participants. Determining these commonly used words and phrases was achieved by running a query in Leximancer, a software program analysing natural language and text. Using the theme of students, the search highlighted other words that were also used in discussions about students. Used in this way, the tool provided a snapshot of the language context as well as providing me, the educational intermediary, a more nuanced picture of the participants and their concerns.

A Leximancer word query covering the first six meetings, made it clear that the most commonly used words among the preceptors when discussing student placements were high-frequency everyday words with a pragmatic focus (e.g. day, time, care, residents, students, doing). References to external matters or abstract concepts were not common. To reflect this feature, and where it was possible to do so, coding categories were written as gerunds (verbs used as nouns) to reflect the active nature of preceptors' work with students. Table 4-6 exemplifies the coding process.

Transcript extract from focus groups	Topic	Categories
'not too intense but within their guide, within their scope'	Taking account of student level	Teaching strategy
'when people [students] are coming in I say to them straight off the back it's okay, I want you to feel comfortable'	Providing a safe environment	Supporting
'by just giving orientation like we said is going to, it's so important I believe you're soon gonna work out who's the stronger'	Planning the orientation	Monitoring/selecting
'I think I try to incorporate that into this (.) It's harder to do it with the older staff (.) So therefore as preceptors and leaders we have to bring our staff along'	Expanding the program	Collaborating and being inclusive
'she'd just bully me beyond control (.) you know and she's still there and she does it to every new student (.) at RTO2, it's cruel. It didn't make me a good nurse or a good pc[9] all it did was make me think I never want to be like that'	Teaching and mentoring students	Using prior experience

Table 4-6: The coding process

[9] Personal carer – abbreviated form of personal care worker

Topics were coded into six main categories which were:

1. Caring/empathetic/supportive
2. Teaching strategies and beliefs
3. Using prior experiences
4. Recognising the need for change
5. Monitoring/selecting
6. Inclusive/collaborative.

These six categories provided the basis on which to interpret the secondary research question which focussed on preceptor perceptions of the regional precepting role in aged care. As may be discerned from Table 4-6, some quotations, for example those coded as *supporting* were reasonably easy to identify because the preceptors stated their attitudes directly. Other quotations, such as some of those classified as *teaching strategies*, had to be inferred from the discourse. It was only the unfolding of the discussion (Willis et al., 2009, p. 133) that suggested the focus was how preceptors assisted students in learning. Preceptors did not label as teaching strategies, how they taught students.

4.4.3 Process 3: Exploring focus group interactions

The key words of the main research question, be *developed collaboratively*, highlighted the crucial importance that group interactions played in the analysis process. Indeed, the preceptor program and the placement program for students evolved because of discussion among members of the group and the decisions made because of these discussions. By analysing this discourse, I was able to determine, in some cases at least, where key points of contention and disagreement arose and how group dynamics impacted and modified these perceptions (Kidd & Parshall, 2000). To assist in the interpretation of discussions, an accurate description of group dynamics together with a clear explanation of what led to a decision and how decisions were made was necessary. Thus, I included the challenges I faced in doing this, to show how the preceptor program developed while also offering a rationale for the methodological measures I used to address these challenges. Including the 'messiness' of the data analysis process was not without precedent. Embracing messiness in a PAR project has been stressed as an important step in moving the data analysis forward (Cook, 1998).

Categorising the focus group data into topics and then codes did not characterise the dynamic nature of the discussions nor represent how the group developed their approach to improving the teaching and learning context at RRACF. The situation was too messy. The categories also said little about the context in which the group worked and mentored students. Neither did the categories explain how the preceptor group created the orientation program, the objectives for the placement program, an evaluation survey and a code of good preceptor practice. From the first meeting with the preceptors there was inconsistency, uncertainty and disruption exemplified in the attendance and absence of members of the group, in regular phone calls from the floor requiring the presence of one or other of the preceptors to attend to a clinical matter, and in the discursive nature of many of the discussions. Understanding how the preceptors developed the orientation program required a different and more holistic approach to analysis of data encompassing the way in which members of the group responded to one another. Thus, a juncture in the data analysis was reached. The challenge was to consider not only what the patterns of data might mean but also what the components of that pattern might mean both individually and then in relation to others (Thorne, 2008). As Thorne continues, this juncture leads the researcher to contemplate 'what various processes, structures or schemes might illuminate about those relationships, and what order and sequences of presentation might most effectively lead the eventual reader toward a kind of knowing' (Thorne, 2008, p. 163).

This prompted me to return to the literature to find similar accounts of PAR that might assist in illuminating the situation. Finding similar studies was difficult because those that I did identify usually contained a stable number of participants who would discuss questions focussed on exploring a specific issue. In RRACF, preceptors would come and go from the discussions as they were called to deal with matters on the floor and discussions would take on a life of their own even when there had been an agenda set for the meeting. The unpredictability of the course of the meetings was summed up succinctly in this comment from one of the preceptors in meeting five, 'Have we ever stuck to your plan of what you were thinking we were going to do ever?' (Liz, M5).

Consequently, the next data analysis step took time to devise. Relevant literature on how to analyse focus group data was sparse. Instead, emphasis was usually on how to conduct focus groups. Even where the analysis process was explicit there was often a tendency to report the accounts as though only one person was present (Kitzinger, 1994; Reed & Payton, 1997). This lack

of relevant literature forced me to think more laterally about the analysis particularly as the collaborative process was integral to the research.

The choice of a qualitative data software package NVivo to assist in the analysis had done little to alleviate this conundrum. In the process of coding text into discrete chunks, placing these chunks into categories and then conceptualising the categories, I realised that the richness of the discussions with all their digressions, redundancies, reformulations, interruptions and over-talking was being lost. The process was obscuring both the overall view (Thorne, Kirkham, & O'Flynn-Magee, 2004) and how new understanding or knowledge was created. The coding was also obscuring the role interactions among preceptors played in developing this knowledge (Dachler & Hosking, 1995). Consequently, I decided to examine all the transcripts and re-listen to the audio recordings in tandem. By examining the transcripts of the meetings in their entirety rather than isolating and coding individual words and phrases, I was able to retain the collaborative context in which the preceptors talked about their teaching practice. This gave me several useful insights into how they made sense of this practice.

4.4.4 Reframing the analysis

It was evident that the strength of the study was in the interactions among people and the outcomes of those interactions, not in an analysis of the aggregated utterances from individuals. This insight returned me to the work of researchers such as Kitzinger (1994), Morgan (2010), Myers and Macnaghten (1999), Reed and Payton (1997), Silverman (2005), and Wilkinson and Kitzinger (2000) all of whom promote the value of analysing stretches of discussion in situ as opposed to chopping the discourse into small discrete items of data unconnected from the context in which the discussion takes place. As Wilkinson and Kitzinger (2000) emphasise in their argument for a discursive approach to analysing focus group data, the meaning of what participants say can be 'ambiguous, vague and highly variable in use' (Wilkinson & Kitzinger, 2000, p. 809). If these data are then disconnected from the social context in which they occur, and claims made about what they signify, the interaction that generated these data is overlooked.

Although the original research design had incorporated the analysis of discussion extracts, I had not envisaged that these extracts were so central to understanding how the preceptors constructed their teaching role. One explanation for this mismatch between the choice of data analysis and the nature of the data was that the analytical framework was developed before I had

begun exploring the data. In retrospect, this mismatch may have been the result of an incomplete understanding of the context in which I was to work (Thorne et al., 2004). It is probable that my previous experiences in developing professional development programs, as formal, planned one or two-off workshops isolated from the intrusions of the workplace, did not prepare me fully for teaching in situ in a much more loosely structured, dynamic and unpredictable learning environment.

4.4.5 Sequencing

The argument for making long chunks of discussion the focus for analysis as opposed to coding small chunks of utterances into discrete categories seemed strong. However, the factor which proved the strongest influence in modifying the approach to data analysis so that it foregrounded the interaction was the main research question and two of the secondary questions (Morgan, 2010). The main research question stressed employing a collaborative approach to assist preceptors in developing their teaching skills. As became apparent while carrying out initial coding, in the RRACF group interaction *was* the key to enabling collaborative development of artefacts and courses of action. Two secondary questions, 'How do preceptors prepare themselves for precepting in the regional aged-care sector?' and 'How does a participative research approach impact on the features of the resulting pedagogical model?' also both implied activity and interaction among peers. Therefore, using only a thematic approach to code the data, as was employed when using NVivo software, would miss opportunities to present results from the preceptor focus group in a way that highlighted interaction and also to provide a strong link 'between the reader and the voices of the original participants' (Morgan, 2010, p. 718). Thus, I decided to chunk transcripts of the meetings into sequences of discourse, (Silverman, 2005) which 'recognise[s] that no meaning resides in a single element' (Silverman, 2005 para.5). Employing this process equated to mapping the woods (Macnaghten & Myers, 2004) where the object is to identify data that is relevant to the research problem.

However, sequences for analysis proved not only difficult to identify but also difficult to confine to a manageable length for analysis, particularly as the group would often digress from the topic at hand and then return to it later in the meeting. After reading through the transcripts again and referring to the summaries I had made after each meeting I used the following criteria to determine sequences for inclusion in the analysis:

1. topic of the discussion was directly relevant to the research questions
2. interaction among the participants was representative of the unique form of participation and collaboration within the group
3. the interaction reflected the participants' 'hierarchy of importance, *their* language and concepts'. (Kitzinger, 1994, p. 108)

It was clear from reading and listening to the transcripts that discussion of a topic often continued over an extended period and included a diverse range of contributions from participants. For example, sometimes a preceptor would give an opinion which others might support or disagree with. Someone else might recount an experience they had had within the RRACF workplace or when they were a student or interject with a humorous comment. There were also occasions during discussions where the group would make suggestions rapidly, one after another, and even over the top of one another resulting in some speakers' turns becoming fragmented and incomplete rather than comprising convenient chunks of discourse. The criteria I used to demarcate the sequences were: when a speaker signalled that they wished to discuss a particular item; when there was a break or pause after which the topic changes; and where an interruption occurred that terminated the topic of conversation in progress. The sequences were entered into NVivo and placed in nodes representing the topic of the discussion in that particular sequence. There was no further attempt to reduce the length of these extracts.

Using sequences as the principal unit of analysis offered a relational view of the interactions within the group, that is, how the participants negotiated meaning among themselves rather than what they talked about (Silverman, 2005). It also preserved the integrity of the narrative and just as importantly, by retaining my contributions as the educational intermediary, acknowledged the impact I had on the direction and content of the discussions. All too often this element is not visible in the resulting research because only the words of the participants are included (Myers & Macnaghten, 1999).

4.4.6 Documentary analysis

Section 4.3.7 explained that analysing documents relevant to the study provided support for data gathered in the focus group by giving it context. Thus, documents such as the competency standards for registered and enrolled nurses and RRACF position descriptions provided me with an overview of the day-to-day responsibilities of the preceptors and the scope of practice in which

they were expected to work, information I may not have gleaned from the focus groups. Significantly, these resources also highlighted the lack of focus on developing mentoring and precepting skills in the training of the enrolled nurses and PCWs. I also reviewed other documents relating to precepting and supervision to identify differences and similarities between the preceptors' descriptions of their work and the language used in formal documents. To do this, I first read a document and then entered it into NVivo. Next, I ran a word frequency query which provided a snapshot of the most frequently used words in that document. This was then compared, informally, with word frequency queries conducted on meeting transcripts (Appendix 9). I was also able to obtain a copy of the RTO1 Certificate 3 in Aged Care student workbook and the competencies they were expected to achieve while on placement. Again, this information provided useful background information for when I met with students and when analysing the transcripts of these meetings.

4.5 Interpreting the data

A qualitative research undertaking like this PAR project must interpret both visual and oral data in generating understanding of what is going on (Creswell, 2007). This process requires the researcher to make explicit not only the way in which the data were analysed but also the way in which they were converted to understandings (Kruger & Sturtevant, 2003; Sandelowski & Barroso, 2002; Thorne, 2008). I started my data interpretation with a framework (Figure 4-5) based on the one proposed by Litosseliti (2002) which considers the way in which participants construct their world through the articulation of attitudes, beliefs and assumptions through interaction with others. This framework aligned with the essence of social constructionism where the social nature of discourse, that is verbal interaction, is considered central in creating understanding and knowledge (Gergen & Gergen, 2008).

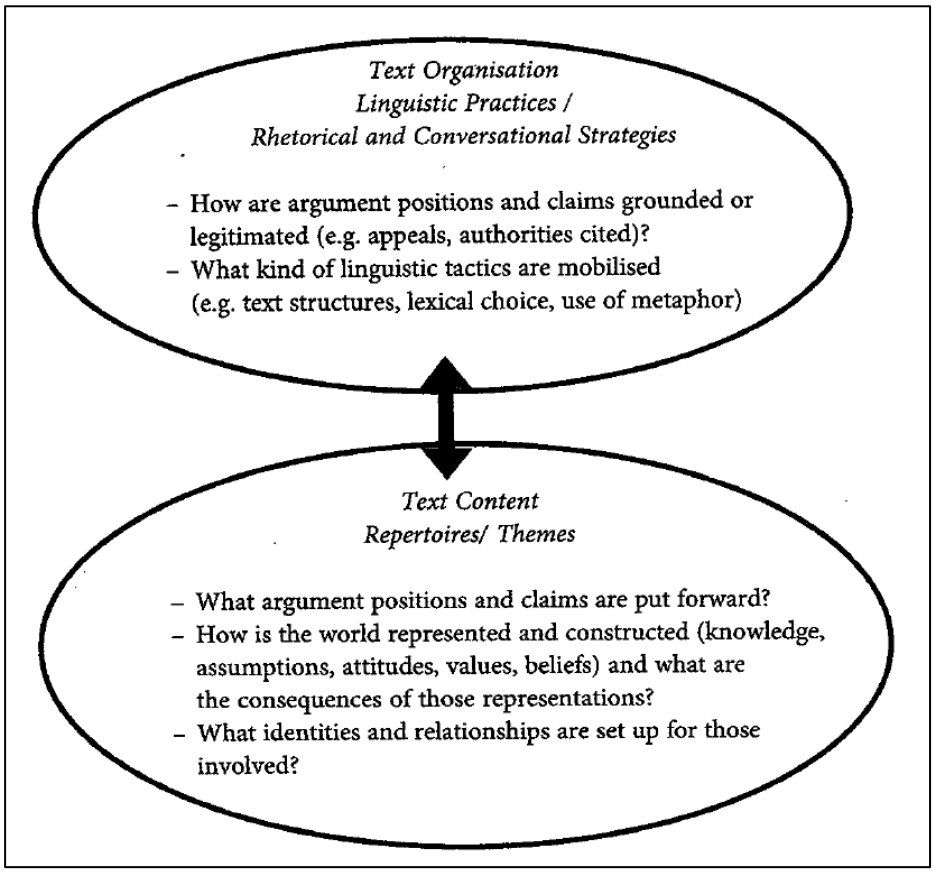


Figure 4-5: From language to meaning (Litosseliti, 2002)

The framework was useful in highlighting the pragmatic nature of preceptor discourse, which was particularly evident when the word queries were conducted. The results of the queries delineated the scope of preceptors' professional interests and concerns, which were manifested in the repetition of several common themes. The same data also assisted in identifying the groups' perceptions of their precepting role although these perceptions were more difficult to identify than their concerns and interests because they were not always articulated directly. Instead perceptions were often expressed indirectly through choice of phrase or the way in which an example of their own practice was used to illustrate a point.

However, the framework in Figure 4-5 still did not provide enough guidance on interpreting how the preceptors worked collaboratively to develop an orientation program. Although the explanation given in Section 4.4.5 referred to how the sequences of analysis were chosen and the procedures for delineating this process, it did not detail the cognitive process I used to understand what was happening in these long extracts. I had already selected sequences where collaboration was either the subject of the discussion or the preceptors were interacting in what appeared to be a collaborative manner to explore an issue or develop a solution. Instead of identifying simply a

topic of discussion, I took the whole trajectory of the discussion into account, not only to identify what was going on but also to identify the way the oral interaction among members of the group was contributing to a collaborative outcome. There were many examples of these exchanges, such as humour, metaphor, contradiction, finishing one another's utterances, and affirmation of one another's statements and suggestions. Additionally, while re-reading the transcripts, I re-listened to the corresponding audio files so that any further extra-linguistic cues such as intonation, stress, and hesitation, all of which added depth to the interpretation, were identified.

To assist in interpreting and representing the transcripts, I used a series of questions devised by Kemmis and McTaggart (1988) to elicit evidence of change in an organisation. Change could be identified by examining language and discourses, activities and practices, and social relationships and organisation (Table 4-7).

Register	Questions asked in analysing the data
Language and discourse	• What evidence is there that you are stimulating changes in people's understandings or agreements about precepting and student placements? • What evidence is there of changes in the way that people use language to describe what they do, explain it or justify it?
Activities and practices	• Are there any struggles between people when undertaking educational activities? • Can you find evidence that new activities around teaching and learning are being incorporated into the organisation of RRACF?
Social relationships and forms of organisation	• What changes have there been in the people assuming different roles in educational situations? • What data shows that organisational structures, routines and procedures concerned with education are changing?

Table 4-7: Questions to initiate interpretation based on Kemmis & McTaggart (1988)

Table 4-7 lists examples of these questions (See Appendix 10 for a comprehensive list). Questions from this source provided a useful starting point. The process of analysis and interpretation also required constant reference to the transcripts and the latest research because insights I had gained while doing so were often difficult to reconcile with my original review of the literature. Over time, some of the concepts that I had considered significant initially, receded as further reading enabled me to consider possible interpretations and research areas that I had not originally contemplated or fully understood.

Undertaking such an interpretive approach not only stimulated more coherent analytic frameworks for interpretive description' (Thorne et al., 2004) than coding and categorising

discrete items of data, but it also highlighted the significant role that language and discourse played in this study. The approach also highlighted the central role I played as the interpreter and presenter of the data (Creswell, 2007; Thorne et al., 2004). The interpretive process also acknowledged the constructed and contextual nature of our experiences while also accepting shared realities (Thorne et al., 1997). In practice, this meant that the research interpretations, presented in Chapters 5, 6 and 7, offer guidance and insight, into determining what is possible in a particular research context rather than laying claim to being generalisable across all contexts (Thorne, 2008).

4.6 Evaluating the rigour of the research

The research was underpinned by the view that reality is socially constructed and therefore can take many forms (Burr, 2003; Doolittle, 2014; Gergen & Gergen, 2008). This view of reality challenges the dominant positive paradigm of inquiry realised in quantitative research, with its emphasis on *a priori* theories and attempts to determine cause and effect through scientific research (Creswell, 2007). Consequently, quantitative methods of establishing rigour, reliability and validity, which measure both consistency of results and whether the evaluation of an intervention is measuring what it is supposed to be measuring are inappropriate. The context of a qualitative study, in this case RRACF, is neither stable nor stationary, and therefore not reproducible. The multiple views of reality, as represented by the preceptors, are not predictable.

Accordingly, to evaluate the rigour of the interpretations, criteria would need to accommodate views that knowledge is socially constructed and that both participants and researchers are creators of knowledge (Reason, 2006). Interpretive description, which acknowledges both these views (Thorne, 2008; Thorne et al., 1997), proposes a number of strategies to promote rigour in an interpretive account of research. This study used these four strategies: epistemological integrity, representative credibility, analytic logic and interpretive authority to generate tentative claims about analyses (Thorne et al., 2004) about the research understandings. Each of these strategies was informed by principles generally accepted among qualitative researchers whatever their particular stance (Thorne, 2008). The approach foregrounded the role of the researcher in creating understanding by making explicit the way in which the data was analysed, interpreted and contextualised (Sandelowski & Barroso, 2002; Thorne et al., 2004). Additionally, rigour was maintained at all stages of the research project rather than applying a methodological checklist as a post-study reflection (Morse, Barrett, Mayan, Olson, & Spiers, 2002; Thorne, 2008; Thorne et al.,

1997; Thorne et al., 2004). In adopting this method of judging the quality of the research, I eschewed the often-used criteria of credibility, transferability, dependability, and confirmability for demonstrating rigour, informed by the work of Lincoln and Guba (1985) and subsequently added to by Whittemore, Chase and Mandle (2001) chiefly because the relational and constructionist nature of the interpretations did not align with the criteria of either transferability and confirmability.

4.6.1 Epistemological integrity

Epistemological integrity ensures that the educational intermediary's assumptions about the nature of knowledge aligns with the methodology used in conducting the study and the way in which the decisions were made (Morse et al., 2002; Oliver, 2011; Thorne, 2008). As has been explained in Section 3.2.4, the research question investigated the collaborative creation of a preceptor development program through the design of an orientation program for students entering the aged-care sector. The underpinning epistemology of social constructionism (Section 3.2.6) was grounded in a theory of learning that posits the shared nature of creating knowledge. The inclusive principles of social constructionism informed the choice of PAR as the methodology and focus groups as the main method of collecting data because both emphasised collective action. Decisions about topics of discussion and what factors were important in promoting student engagement were taken by members of the group. Similarly, analysis of data focussed on interactions among participants rather than unique utterances by individuals, ensuring epistemological alignment between this phase and the previous phases of the research.

4.6.2 Representative credibility

Representative credibility expects that the way in which the data are collected and analysed is consistent with claims that are made (Thorne, 2008). In this research, nearly all data were collected from the preceptor group and not from individuals. Even the informal interviews I conducted were with at least two people, rather than the usual one. Where only one person was interviewed, and the resulting data thus represented an individual's view, the accounts were used only to support or illuminate understandings generated in the group.

The other factor establishing representative credibility was my prolonged engagement and interaction with the preceptor group which extended to a year and included a day shadowing an enrolled nurse in RRACF. This sustained engagement meant there was less risk of my making

claims about their construction of knowledge had I had only on minimal interaction. Sustained interaction also enabled preceptors to share their own experiences with both me and the other preceptors and to assist in interpreting data (Wimpenny, 2013).

4.6.3 Analytic logic

As the subtitle suggests, analytic logic requires the reasoning of the researcher to be both explicit and consistently logical throughout the research making it accessible to even those who may not have a background in research (Thorne, 2008). Where possible, I have presented and explained the interpretations in a language that the preceptors would understand, that is, a discourse that is embedded in their own day-to-day practices rather than the more distancing discourse of an academic article. I have also ensured that the logical connections between the various interpretations are clearly articulated through a precise use of language that highlights conceptual relationships. I have also ensured that my interpretations are revisited regularly in the light of more up-to-date research. These actions pre-empt the risk of myself, as the researcher, and the reader, making cognitive leaps (Morse et al., 2002) attributing meaning to data that are not supported by either the theory that underpins the approach to the research or by the body of research investigating similar phenomena.

4.6.4 Interpretive authority

The final criterion in Thorne's evaluative criteria (Thorne, 2008) is that the educational intermediary's interpretations are trustworthy and what is represented as a tentative truth is external to the educational intermediary's own bias or experience. Throughout this research I have made my presence within the conduct of the research explicit as is illustrated on the emic–etic continuum in Figure 4-3. This stance is highlighted by including my own voice within the data, and by stating my position when analysing the accounts and when interpreting these accounts in the discussion. In doing this I have made my position transparent (Thorne et al., 2004) which allows the audience to judge the veracity of my claims and to determine whether the knowledge generated in this context, and this context only, is credible. This credibility is evident when complexities are made visible through the analytic process and are articulated with an openness or 'criterion of uncertainty' that acknowledges a certain tentativeness about the final research outcomes (Thorne et al., 2004).

I have also subjected my interpretations to the scrutiny of my peers and more experienced educational intermediaries and supervisors. During my candidature I presented my research to the Emerging Researchers in Ageing Conference, 2014, to the Gippsland Aged Care Conference, 2015 and to a group of my PhD peers at Monash University, HealthPEER. Additionally, I presented my research to a panel of academics and my supervisors for confirmation, mid-candidature review, pre-submission, and a panel review subsequent to pre-submission. Each of these presentations provided me with constructive feedback on my research and led me to consider alternative ways of interpreting the data.

4.7 Ethics

Ethics approval was sought from and approved by the Monash University Human Ethics Research Committee for Project Number: CF13/3065 – 2013001657, *Flexible and responsive: the clinical educator in a regional healthcare environment* (Appendix 1). Approval was valid from 29 October 2013 to 29 October 2018. On 24 August 2015, an application to modify the project title to *Going off the beaten track: An emerging model for precipitating change in regional aged-care preceptors' teaching* practice was submitted to Monash Institute of Graduate Research. The change was to reflect that I was working with aged-care preceptors and not clinical educators as had been stated in the original project proposal. The change of title did not affect the conduct of the study in any way. The application was approved.

Ethics approval was also sought from and approved by the residential aged-care facility collaborating in this research. The letter of approval has not been appended to this document as to do so would breach confidentiality by disclosing the name of facility in which this study was conducted. However, the letter is held by the educational intermediary and is available on request.

All preceptors involved in this research and students who were on placement in the facility were asked to give their informed consent to participate. They were given both a verbal explanation of the project and a written explanatory statement that outlined the aims and the conduct of the research. After this was completed, all participants were given a form asking for their consent to be recorded both on a digital recorder and through written notes taken by the educational intermediary. To ensure that participants did not feel compelled to sign the forms, I was absent from the room during this phase.

Although all the meetings and interviews were transcribed by a Monash approved professional transcription company, the transcripts were checked against the original recordings and amended if and where necessary. I provided summaries of each meeting to all members of the preceptor group for scrutiny, amendment if needed, and comment. Two reports were also provided to RRACF management during the time I was collecting the data and working with the preceptors on developing their teaching skills. A final report will be submitted once the PhD has been examined.

4.8 Summary

Chapter 4 began by describing the specific setting for the research, a regional aged-care facility in Gippsland, Victoria, and highlighting the facility's status as one part of a larger village catering for retired people. Gippsland's high proportion of people over 65 and the expected increase in this population over the next five years was also emphasised because of its relevance to the understandings of this research. An outline of the key participants in the study, comprising preceptors and an administrative staff member, all working within this facility, was provided next. Because the research was a participatory action research undertaking, my role and my relationship with participants throughout the conduct of the study had to be explicit so was explained using an emic–etic continuum. The chapter also described the methods of collecting the data with an emphasis on the conduct of focus groups as the principal method. The appropriateness of using focus groups was highlighted because they function as a social group where interactions give insights into how groups construct meaning. Other forms of data collection including meeting with students and analysing documents were presented next. All these methods were detailed and their schedules for collection charted.

The focus of the chapter then moved to analysing the data and describing how two processes had to be used, which were coding and categorising discussions to identify discussion topics and exploring the interactions for sequences of discussion to show how the group interacted with one another and negotiated meaning among themselves. Following accounts of these data analyses, an explanation of how these accounts were interpreted was given. Because the unit of analysis was different for each of the two analysis processes, interpretation of the accounts was also conducted somewhat differently for the two processes. Whereas process 2, coding and categorising, used a thematic approach to interpret the data, process 3, exploration of the verbal interactions during meetings, relied on a series of questions to examine sequences of interaction. In examining interactions, three distinct registers featured language and discourse to determine

how preceptors worked collaboratively in developing their programs. The penultimate section of this chapter outlined the strategies used to ensure rigour throughout the inquiry. These strategies were drawn from interpretive description, an approach to the creation of knowledge situated within the philosophical realm of applied health research. The case for using epistemological integrity, representative credibility, analytic logic and interpretive authority highlighted how the implementation of rigour and foregrounding the role of the educational intermediary in co-developing the interpretations adhered to the underpinning principles of participatory action research. The concluding section of Chapter 4 provided an outline of the procedures undertaken to ensure that the project was conducted ethically.

Chapter 5 presents the accounts from action cycle 1, the preparatory phase, of this action research, which involved meeting with the management team and, for the first time of many, the group of potential preceptors. The learning and teaching concerns of these two groups as well as their initial perceptions of the preceptor role form the substantive content of this chapter.

Chapter 5 Action cycle 1: Entry, negotiation, and refining the research focus

5.1 Introduction

This chapter describes the entry phase for the research, participatory action research (PAR) action cycle 1, which took place over three months, and involved establishing relationships, visiting the location of the study, and negotiating my role.

This first action cycle involved nine participants (see Table 5-1). Unlike the succeeding action cycles, participants in this action cycle were from both management and clinical areas. To ensure confidentiality, all names used, except my own, Fiona, are pseudonyms.

Meeting	Date	No. present	Attendees	Groups	Data collection
Preparation 1	20/11	2	Fiona, Jen	CEO	Meeting notes
Preparation 2	29/01	4	Fiona, Jen, Margaret, Cath	Management team	Audio recording Transcript Meeting notes and summary
Meeting 1 (M1)	04/02	7	Fiona, Margaret, Emily, Liz, Louise, Rosemary, Sally	Preceptor group + admin	Meeting notes

Table 5-1: Action cycle 1 meetings

These initial discussions were, from my point of view, primarily an opportunity to listen and learn about the village. In other words, they were for me to determine the issues that were important to those I spoke to, to ascertain whether participants wished to proceed, and to discuss how they might like to do that. I also hoped to obtain an initial insight into views about the conduct of student placements. In undertaking this exploratory process, I had meetings with two groups of stakeholders, these being the village management and the preceptors (Table 5-1). The first meeting was with Jen, the CEO at RRACF. I then met with the management team of Jen, Margaret (the clinical manager) and Cath (the operational services manager). The third and last meeting in this action cycle was with most of the team leaders (for the individual units/houses at RRACF) who were to be the preceptors - Liz, Sally, Louise, Rosemary and Emily, the administrator responsible for organising shifts.

5.2 Meeting RRACF management

My first meeting with Jen was not audio recorded because I believed it would be inappropriate at our first contact. Consequently, the accounts of this section were drawn from notes I made during the discussion.

5.2.1 Unprepared students and no trained preceptors

Jen reported that students were not well-prepared for working in aged care and so were unable to undertake some of the duties involved. She also expressed the view that many students, and some healthcare practitioners, saw working in aged care as a last resort, a situation she wished to change by ensuring that students had a positive experience while at the village. She maintained that a successful placement would influence students to consider a future in the sector. To facilitate a positive experience Jen considered that a better attitude from village staff to students undertaking placements was needed. However, she also acknowledged that the village had no trained preceptors, so students learned from those staff employed to do the care work, a model of learning that could be best described as an apprenticeship model, where knowledge is passed on from experienced staff to students. Many of these staff members were personal care workers (PCW) who Jen described as competent employees but lacking understanding of why tasks were performed in a specific manner. Thus, Jen maintained, PCWs focussed on getting the task done rather than engaging students with questions to make them think about the rationale for doing the task. Jen also noted that the situation was complicated by the employment of more enrolled nurses (EN) to undertake training roles who though senior to PCWs often had less experience in the aged-care sector which could create tensions at times. Consequently, she preferred to employ enrolled nurses who had some experience in aged care rather than those who were newly graduated. Because both PCWs and enrolled nurses were working with students from the vocational education and training (VET) sector and the higher education (HE) sector, Jen determined that the preceptor training program should be for both these groups of aged-care staff. Although not stipulating any specific outcomes, Jen sought a training program where preceptors learned to:

- make explicit to students what was expected of them
- emphasise to students how residents were to be managed
- see their work as more than just a task and understand why the work is important

- role-model best practice
- emphasise safety - *no shortcuts* (Jen's emphasis) to students with whom they worked.

Jen also expressed the hope that the resulting model of preceptor training would both encourage staff to take on leadership roles, and, as a result, influence future aged-care workers. She was particularly keen to see an RRACF preceptor training program used in other aged-care facilities.

At the conclusion to the meeting I undertook to prepare a proposal for a PAR project using the information collected from the meeting as a basis from which to plan. Jen asked me to present the proposal at a meeting with the facility management team after the Christmas/New Year break; this meeting would be to ensure everyone was comfortable and approved of the project plan. This meeting with Jen thus assured me that my presence at RRACF would be welcomed. I was seen as someone who could assist in developing the teaching skills of the staff nominated as preceptors while also researching how this teaching evolved.

In the meeting with the RRACF management team, which followed the meeting with Jen (and was audio-recorded), a large part of the discussion was focussed on students who came to the village on placements, in particular the Certificate 3 in Aged Care students training to be PCWs. This group appeared to be what management considered as the most problematic learners. The intention of the meeting had been to discuss a program for developing the preceptors' pedagogical capabilities, for which I had prepared a proposal (Appendix 2), but this was largely forgotten as matters turned to student issues. All the management team expressed frustration that Certificate 3 students had both limited, or no hands-on experience in aged care and limited theory making it difficult for RRACF to know what to do with them. The two following quotes are part of the discussion with the management team and highlight this concern over the level of experience of Certificate 3 in Aged Care students:

> they don't do their clinical placements till a little while after they've started, then they've got theory, then they get dumped in to a practical session and they really have never had hands on. (Margaret)

> PCWs I mean they're running at 120 hours. They've come in off the street with not a high education, this is their first experience of hands-on as well, but they just don't have any background in the area. (Jen)

The team maintained that students were 'dumped' in the village, a view that was formed because preceptors had noticed that Certificate 3 students rarely, if ever, had a course supervisor visit them while they were on placement, unlike the enrolled and registered nursing students who had supervisors assigned to them, overseeing their placements. The lack of guidance for Certificate 3 students was exacerbated by what the management team saw as the lack of motivation in some Certificate 3 students who would turn up late for work and in some cases not at all as Cath expressed in the following quote:

> you sort of had your orientations set, you're supposed to be having six students and then yeah two turn up. (Cath)

There was a consensus in the management team that part of the problem could be attributed to an inadequate selection process for admission to Certificate 3 programs, a situation that the team maintained was created by the availability of government funding for such programs. However, Jen, Cath and Margaret all agreed that one approach to address this problem would be to develop a relationship with the education providers so that RRACF expectations for the placement were made explicit before potential students set foot in the facility. Jen also admitted that students needed to be 'looked after better', particularly when they were under the supervision of PCWs who, according to her, were not always welcoming to the students and who tended to judge the worth of the students by how quickly they could finish tasks.

5.2.2 Aspirations for the PAR project

As Section 5.2.1 described, Jen wanted to improve both student and preceptor performance at RRACF with a view to extending the model to other facilities. Jen had also proposed preceptors needed to be good 'team player' role models if students were to be expected to work effectively in a team while they were on placement. However, Jen also acknowledged that there were currently no trained preceptors at RRACF (meeting notes, 20/11/13) and that any preceptor training for staff would have to include enrolled nurses and PCWs as these were the two groups most involved with students. She stressed that the PCWs particularly

needed to move from focussing on completing tasks to putting residents and their families at the centre of the care process. For example, PCWs should be able to ask students hypothetical questions about what they (the students) would do if a resident presented with delirium (meeting notes, 20/11/13). Thus, it was apparent that Jen wanted all staff working with students to take a more critically informed approach to their teaching. I was not aware that these aims had been communicated to all staff, but these aspirations indicated there was a positive attitude among management to developing staff teaching and learning skills.

My second meeting with the full management team (29/01/14) made it clear that although there had been some preceptor training at RRACF in the past this had been discontinued and teaching experience was currently gained on the job. The more experience staff gained in working with students the more likely they were to become a preceptor. Jen related that preceptors were chosen mainly from experienced enrolled nurses and PCWs at the facility but at the time of the meeting, and in the previous year, these staff were not receiving any preceptor training. This conclusion was reinforced by the results of the demographic questionnaire (see Appendix 7) that I had given to the group on the day I first met them. None of the preceptors in the facility had formal teaching qualifications; skills for precepting students appeared to be learned on the job when PCW students, as well as new staff, arrived in the facility. PCWs were able to be preceptors even for nursing students because they performed all the basic nursing functions that students needed to learn whether they were nursing students or Certificate 3 in Aged Care students. However, in this exchange among all members of the management team, Margaret observed that being used to students was not enough and that both staff attitudes to students and obtaining student feedback were areas that needed improvement:

Cath: But they're used to having the nursing students, they're here every year and the long-term staff are used to them

Margaret: Yeah but … they might be used to them…

Cath: That's right

Margaret: But there's a clear deficit on our part… (Microphone interference) so I saw it – you know… not that I have a lot of history here, but I saw it last year as something we could improve on … your attitude to students or what – how students feedback about supervision and what they're learning

Margaret: Until we have our ENs or PCWs trained as preceptors or mentors we're just, we're caught in just a recipe for disaster; we don't get good outcomes.

Margaret's sentiment appeared to be tacitly supported by Jen who questioned whether the team also needed to consider what the outcomes would be for the differing cohorts of students who would be mentored by the preceptors. The discussion then shifted to whether the preceptor training would be the same for all preceptors if preceptors were dealing with cohorts of students enrolled in different programs of study:

> Because there are three different levels of carer, do we then hone in on just training preceptors for one or two groups and then assume that that will extrapolate out to the third group maybe later on, I don't know. (Jen)

After a brief exchange, it was agreed that students, particularly those enrolled in diploma nursing (ENs) courses and the Certificate 3 in Aged Care program, had similar learning objectives for their placements at aged-care facilities. That the management team developed the discussion in this way suggested a shared view about the importance of having an effective program of learning and teaching for precepting staff and students as the ad hoc approach of the past had not produced satisfactory results for either RRACF, the education providers or the students. What was not so evident was the intended content for a training program, how the staff were to be involved, though Margaret argued that all staff needed to be trained, and how any program developed was to be implemented.

Often experience and informal learning that occurs in the workplace can go unrecognised and as I had not, at the time of this meeting, met the preceptor group, it was important not to pre-judge their educational practice solely on my discussions with the management team. Additionally, the learning needs of preceptors were identified by one of the management team and did not necessarily reflect the learning needs of those who would be involved.

Section 5.4 sets out the preceptors' views on what was needed to raise the teaching and learning performance at RRACF.

5.3 Professional and organisational requirements

After meeting the groups, I downloaded and reviewed the national competency standards for enrolled nurses, the sub-group who formed most of the preceptor group. My review made it clear that enrolled nurses did not need to achieve any specific competencies relating to the teaching, mentoring or precepting of others. However, the competency standards did recognise that all enrolled nurses 'have a responsibility for ongoing self-development to maintain their knowledge base to carry out their role' (Australian Nursing and Midwifery Council, 2002, p. 2). For preceptors at the village, teaching or precepting appeared to be a necessary part of their role. At a much later date I reviewed the Enrolled Nurse Accreditation Standards which act as a check on 'education providers and programs of study that provide a qualification for the purposes of registration in nursing and midwifery' (Australian Nursing and Midwifery Accreditation Council, 2017 p. 2). Standard 8.6 of this document, Management of Workplace Experience, states that:

> Teaching staff, nurse clinicians and other health professionals engaged in supervising and supporting students during workplace experiences are prepared for this role and seek to incorporate contemporary and evidence-based Australian and international perspectives on nursing practice. (Australian Nursing and Midwifery Accreditation Council, 2017, p. 19)

It would seem then, there is a need for staff in the workplace who are able to teach and support students, particularly where support from the education provider is limited. Indeed, during the first few months of the project Margaret gave me a copy of the position descriptions for team leaders, positions that were filled by the enrolled nurses in the preceptor group. These documents showed that team leaders were expected to give feedback, appraise, and provide support and coaching to members of their team who would be other enrolled nurses and PCWs, a role which extended beyond that outlined in the national competency standards. All these skills comprise the performance element of pedagogy. What was not apparent at the outset of the PAR study was how these skills were

to be attained. There seemed to be an assumption, also evident in the some of the previous statements about preceptors being used to students and preceptors learning on the job, that precepting is learned by osmosis or that the skills and knowledge of teaching can be transmitted directly to preceptors by an externally developed professional development program. These assumptions appeared to be at odds with the expressed desire to improve the teaching and learning at RRACF.

5.4 Meeting the preceptors

In my first meeting with the preceptor group, I asked members of the group to complete the consent form if they were willing to participate in the project (Appendix 17 and Appendix 19) and to fill in a short demographic questionnaire (Appendix 7) about themselves, their length of time at RRACF and their teaching experience. The purpose of the questionnaire was to gather informal data on participants' nursing and teaching/mentoring experience and/or knowledge. Obtaining background information such as level of prior knowledge is a recognised adult teaching principle (Knowles et. al. 2005) and one I regularly employ in teaching workshops. The questionnaires were anonymous, so it was not possible to match names with profiles. Table 5-2 details the demographic details of the participants. One of the participants did not provide any information beyond her profession.

		Profession	Years as an enrolled nurse	Years at RRACF	No. of years' experience precepting students	Teaching qualification	In-service training in teaching
1	F	Enrolled nurse	7[9]	10 months	3	None	None
2	F	Enrolled nurse	7+	6-7 years	None	None	None
3	F	Enrolled nurse	18	23 years	7	None	None
4	F	Enrolled nurse	36	10 years	Has experience but no. of years not indicated	None	None
5	F	Enrolled nurse	-	-	-	-	-
6	F	Registered nurse (Clinical Manager)	39	8 months	Not sure but many	None	1 workshop
7	F	Administrator	12-13 in admin	4 months	Has some teaching experience	None	None

Table 5-2: Preceptor demographic data

[9] Includes an unspecified number of years as a personal care worker

As Table 5-2 shows, all but one of the members of the group, the administrator, had prior nursing experience. Whether all this experience was gained in the aged-care sector was not indicated. However, participants 2, 3 and 4, were clearly not novices, having spent from 7 to 23 years in RRACF alone. Participant 1 had, in addition to her years as an enrolled nurse, spent time as a PCW in aged care.

In contrast to the discussions with Jen and the village management group, the first meeting with five preceptors, of whom all but one were enrolled nurses, and the clinical manager, was more circumspect, a situation perhaps attributable to the fact that they had not met me before and that they had been selected by the clinical manager for an undertaking of which they knew very little. This first meeting also presented a potential problem to collecting data. One of the group was very vocal in her refusal to be audio-recorded although everyone else was quite happy to do so and signed a form to this effect. However, without unanimous approval I was unable to make a recording so took notes instead.

To ensure the group were clear about what I intended to do, I reproduced the diagram Preparatory Action Research Cycle and Preceptor Development from the proposal I had written (Appendix 1), gave a copy to each member of the group and then explained it. The diagram illustrated the process I intended to implement; in retrospect, this diagram should have been simplified somewhat particularly as I found out in meeting 3, not everyone was familiar with the term preceptor, although they were aware that the role involved teaching and mentoring students. For the following meeting I prepared a PPT slide defining a preceptor and developed several questions such as: What do you think a good preceptor should be/do?; What do you find students like to do most?; How do you know they have learned something well? These questions provoked a discussion about preceptorship and by meeting 5, members of the group were using the term preceptor to describe their teaching role.

5.4.1 Experiences with students

Unlike the meetings with management, where the focus of the discussions had been to obtain an overall impression of the context and the state of existing preceptor training in the facility, I asked the preceptors two broad questions which aimed to explore their on-the-floor experience in precepting students:

1. What were your experiences of teaching students on placement?
2. How would you go about improving the situation?

The preceptors focussed mainly on the quality of the students, particularly the quality of Certificate 3 in Aged Care students, who preceptors described mainly in terms of what they could not do. Like the management group, preceptors maintained that this group of students had been dumped in the facility and demonstrated little enthusiasm or interest in aged care:

> Enthusiasm is not there – puts a wall up – if they don't show initiative I have no time. Residents are my priority. (Sally, M1 notes, 4/02/14)

> No matter what we do they're not interested. (Rosemary, M1 notes, 4/02/14)

Members of the preceptor group also expressed frustration at the apparent lack of accountability for students engaging in this type of behaviour, a frustration I had noted in my diary as the following extract shows:

> When I asked if they (preceptors) had the power to fail students I was told they did and in fact did so. However, the group claimed that this made little difference as one student, who had been considered unsuitable and was asked to leave RRACF, turned up in another institution where the same problems occurred. (M1 notes, 4/02/14)

In terms of teaching and learning issues, the preceptors provided several examples of where they felt that students were not performing at the desired level. The following extract from my meeting notes illustrates these concerns:

> (preceptors) reported that when students were shown and told how to do something like make a bed they often had to be shown three times –this was frustrating when time was limited and then there would be complaints from family members if beds were not neat. (M1 notes, 4/02/14)

The group also reported that Certificate 3 students asked few questions in contrast to nursing students who preceptors described as showing much more initiative. However, one member of the group did point out that nursing students came with an external educator.

To improve the situation regarding placements, the general view among the preceptors was 'the bar needed to be raised', a metaphor used frequently throughout subsequent conversations. There was also strong support for implementing an orientation program that identified underperforming students before they went out on the floor. Students would then either be excluded from continuing the placement or be provided support if they showed potential. At this point, one member of the group, Emily, got up unprompted and began recording, on a whiteboard, the group's ideas such as hands on training, videos, and expectations of the job that were being generated for the orientation (Figure 5-1).

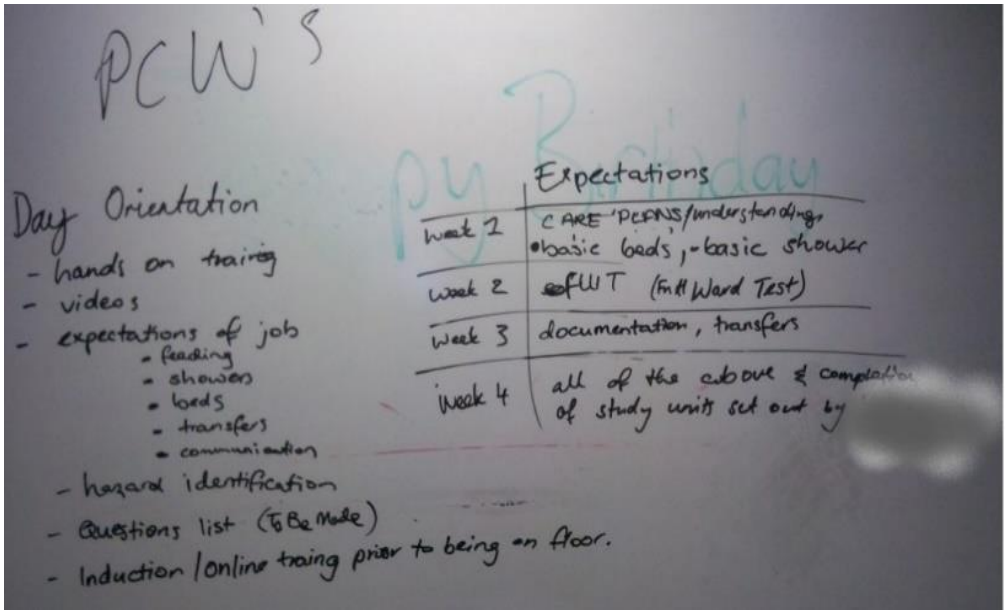


Figure 5-1: Suggested student orientation and placement program

Emily also added a list of expectations for students on a four-week placement in the facility. These expectations were all expressed as tasks, for example, making beds, feeding residents, and giving residents showers, which in fact were all responsibilities within a Certificate 3 in Aged Care student's scope of practice. What skills or knowledge students needed to perform these tasks and from whom they would learn them was not clear. However, at a later point in the discussion one of the group stressed that students needed to understand that they were still 'dealing with people's lives' (M1 notes, 4/02/14) and they need to 'understand why it was

important to do the tasks properly' (M1 notes, 4/02/14), an important aspect of learning that had not been mentioned when discussing the orientation program and expectations for the placement.

5.4.2 Improving the situation

While there were several mentions of the need to raise the bar in terms of the quality of Certificate 3 students being trained and a program was needed to 'educate them better' (M1, 4/02/14), most comments in the first meeting indicated that the preceptors considered these students a burden. Indeed, the preceptors' view of their role as teachers with the responsibility of helping to raise that bar appeared to be somewhat ambivalent. In contrast to Certificate 3 students, nursing students were viewed quite favourably because they reportedly showed more initiative and often came with an educator who provided guidance. The reported lack of initiative of Certificate 3 students was a concern for nearly all the group: Rosemary stated that they, the preceptors, were at a loss as to what to do if students did not show any initiative. The opinion that students could be an imposition was captured by Sally's comment that the preceptors were no more than baby sitters for students:

> Nursing students came with an educator whereas PCW students were on their own. It felt like PCWs had to be baby sat. (M1 notes, 4/2/14)

This opinion that they were baby sitters was endorsed by the others judging by their nods of approval. Sally also claimed that staff had to tutor students in things that should have been learned in their Certificate 3 course which led to the observation that preceptors often had no idea of what objectives the students had to achieve while on the placement.

As Table 5-2 has shown, there was limited teacher/preceptor training among members of the group. Based on this information, I had thought, in hindsight probably erroneously, that asking about teaching preparation would elicit little information beyond the response that they were not prepared. However, the comments that the group made about students on placements indicated that although they had had no formal preceptor education, their experiences and workplace knowledge made them aware of preceptor qualities that were needed to promote effective learning in the workplace. The two qualities they identified in this first meeting were for preceptors to be good communicators and to set expectations for the students. However as already described in Section 5.4, one of the preceptors, Sally, made

it clear that unless a student showed some initiative then, she was not interested in helping them; her priority was the resident.

As had been the case in the meeting with Jen, there was a clearly articulated desire among the team to make the experience of students on placement a positive one. The most strongly expressed concern among preceptors which appeared related to their educational role was their perceived lack of control over the suitability of students who undertook training in the village. The entire group asserted that they should have the opportunity to identify unsuitable students, a practice they believed could be more effective if students were put through a more thorough orientation than was presently conducted, before they went out on the floor. The existing orientation was a walk-through of the facility and instruction around occupational health and safety (OHS) issues. One preceptor, Liz, added that village staff should make clear their expectations of students who were training as PCWs. This idea was reiterated when the group were summing up the key points of the meeting.

By the conclusion of this first action cycle of meetings I was very aware that management and preceptors took much pride in their workplace and work and were concerned about the impact that unsuitable students and staff could have on residents at the village. However, there was also a recognition that the village needed to do more to encourage and support students and new staff.

5.5 Summary

This first PAR cycle was essentially a reconnaissance of the situation existing in RRACF at the time I commenced my research. Jen, who held a senior position at RRACF, viewed the Certificate 3 in Aged Care students as ill-prepared for the demands of aged care but at the same time wanted them to have a positive experience while undertaking their placements. This sentiment was echoed by the management team, who while admitting that students often appeared as though they had been dumped in aged care and had limited skills, also acknowledged students needed to be looked after better and that a closer relationship with the education providers was required if students were to benefit from their time at RRACF. There was also an admission that some of the supervision arrangements, where students were in the care of PCWs, were inadequate because the PCWs focussed on task completion rather than student learning.

In contrast to the management, the preceptors were initially somewhat ambivalent to my proposed project, possibly because they were unused to having the focus on them and being asked for their views. However, it was evident that their views were similar to those articulated by the management. The preceptor group insisted that the students were dumped in the facility and that to improve learning outcomes the bar needed to be raised so that underperforming students were identified either as needing more support or as being unsuitable for working in the aged-care sector.

In terms of their preparation for a teaching role in RRACF, the training was very much *ad hoc*. Historically, the only criterion needed to undertake a mentoring role had been experience in caring for aged residents, a view that equates with the apprenticeship model of education where an apprentice or learner shadows a more experienced practitioner regardless of whether that practitioner has any expertise in facilitating learning. However, meeting with Jen, Cath and Margaret in this first action cycle had shown that they thought experience in aged care was not enough to be a preceptor. To provide students with effective learning opportunities, the appropriate staff needed to be trained as preceptors and/or mentors.

The preceptors, who I met with only once in this first action cycle, appeared at first to have no preconceived ideas about training needed to be an effective preceptor. However, throughout the conversation it was evident from their comments that they considered good communication skills and setting expectations to be essential skills in ensuring effective learning. Most significantly, the group developed a draft outline for orientations and the conduct of placements.

The review of RRACF position descriptions highlighted the lack of clearly defined objectives for the role of enrolled nurses and PCWs in mentoring and teaching students, a finding which was unsurprising as national competency standards did not mandate these skills for those in these positions. Given that the majority of workers in the aged-care sector are PCWs and enrolled nurses (Mavromaras et al., 2017), as was the case in this study, thought needs to be given to expanding their roles to take on some responsibility for teaching students.

Chapter 6 presents accounts from the second PAR cycle which encompassed the planning phase for the upcoming student placements. The preceptors' perception of their role is explained, after which the development of an orientation program for Certificate 3 in Aged

Care students is described. The chapter highlights the role of language in creating the orientation. The first iteration of the orientation program is presented followed by a summary of the chapter.

Chapter 6 Action cycle 2: Planning

6.1 Introduction

Chapter 5 described the initial phase of the project which involved establishing relationships, visiting the location of the study, and negotiating my role. Chapter 6 presents accounts from the second action cycle which covered the period from the second meeting with the preceptor group to the seventh meeting, a time of approximately three months. This period encompassed the time before students commenced placements at RRACF and an introductory week of preparatory briefings for students who then commenced their placements the following week. This second action cycle involved eight participants all of whom were part of the preceptor group (Table 6-1). Margaret, the clinical manager, and Emily, an administrator, and myself attended every session. As for action cycle 1, all names used, except my own, are pseudonyms.

Meeting no.	Date	No. present	Attendees	Data Collection
2	13/2	6	Fiona, Emily, Liz, Louise, Margaret, Rosemary	Audio recording Transcript Meeting notes and summary Educational intermediary's diary
3	20/2	6	Fiona, Cindy, Emily, Liz, Margaret, Sally	Audio recording Transcript Meeting notes and summary Educational intermediary's diary
4	4/3	6	Fiona, Cindy, Emily, Liz, Louise, Margaret,	Audio recording Transcript Meeting notes and summary Educational intermediary's diary
5	13/3	5	Fiona, Cindy, Emily, Liz, Margaret,	Audio recording Transcript Meeting notes and summary Educational intermediary's diary
6	10/4	6	Fiona, Cindy, Emily, Liz, Margaret, Rosemary,	Audio recording Transcript Meeting notes and summary Educational intermediary's diary
7	1/5	7	Fiona, Cindy, Emily, Liz, Louise, Margaret, Rosemary	Audio recording Transcript Meeting notes and summary Educational intermediary's diary

Table 6-1: Action cycle 2 meetings

The chapter begins by describing the situation at the start of the second action cycle then moves on to explain the four aspects of being a preceptor that members of the group

perceived as important. Chapter 6 next details how the preceptors began designing an orientation program for incoming Certificate 3 in Aged Care students, added depth to the program through their discussions about factors that impacted on learning, and ultimately developed their own understanding of teaching and learning. The importance of a shared language in creating meaning and developing the program is also highlighted. Figure 6-1 presents the focus for each preceptor education meeting in action cycle 2, though as the accounts will demonstrate, discussions often diverged considerably from these foci. Also included in this chapter are extracts from my diary and marginal notes made in early versions of this thesis which exemplify two of the challenges I faced:

1) How to approach the teaching/facilitating aspect of my role
2) How, as an educational intermediary, I would interpret the data

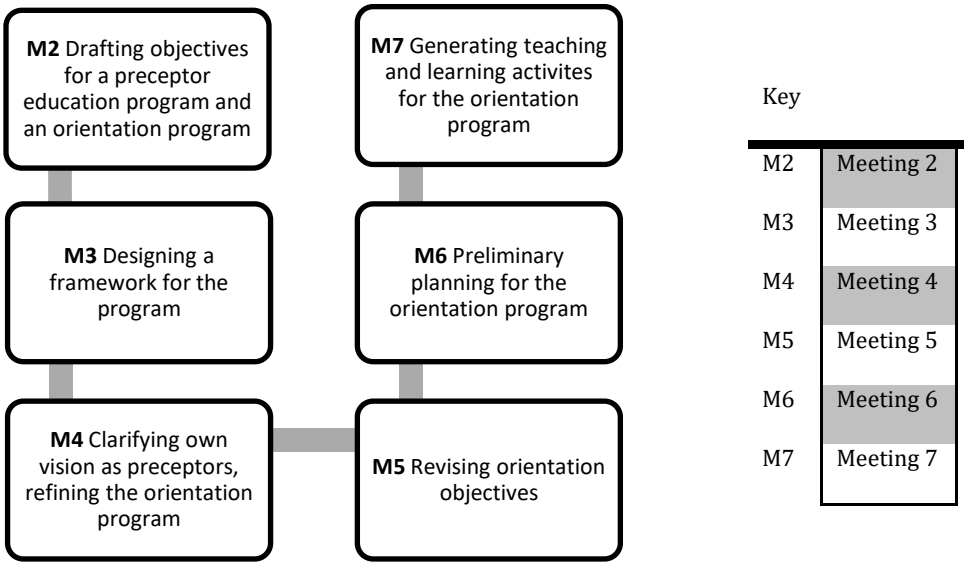
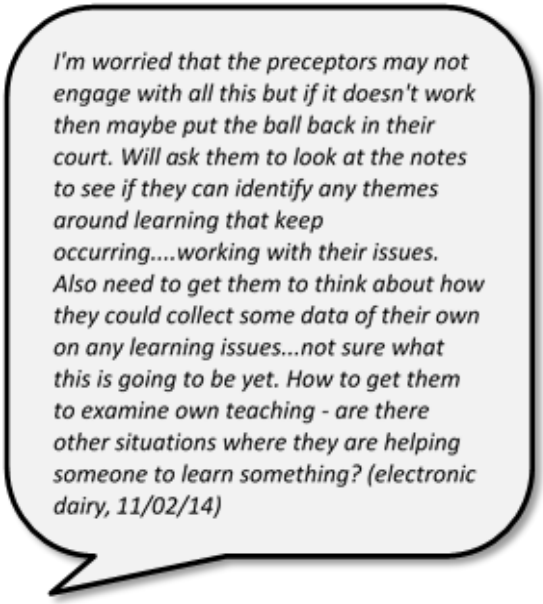


Figure 6-1: Meeting foci for action cycle 2

6.2 The initial situation

I began the second action cycle of research by reflecting on what had been produced in the first session with preceptors and reconsidering some of the aspects of the research design, which had been envisaged prior to meeting the preceptor group. It was evident the preceptor group would not necessarily consist of the same members from week to week and that scheduled meetings would be subject to the calls of the workplace. This meant that elements of my research design would possibly need to be amended or at least quite flexible to respond to these workplace challenges.



The text in the speech box is an extract from my Evernote diary and illustrates the uncertainty I felt as both an educational intermediary and as a researcher when this action cycle began. It also highlighted some of the assumptions I held at the beginning of the project: namely that the preceptor group would want to work from a written text to identify themes. This misjudgement would become evident later in the action cycle when I asked the group to respond to a section of transcript which I had received from the professional transcription service I had used to transcribe the audio files of meetings with preceptors.

The preceptors themselves also contributed to the way in which I would conduct the data collection during action cycle 2. At the beginning of this action cycle, the EN who had not wanted to be recorded was absent and the other members of the group present told me that they were quite happy for me to use a digital audio recorder. One of the group also offered to take notes for me. The preceptor who had not wanted to be recorded participated in only one more meeting before being assigned to a new role which, as was reported to me, prevented her from attending any more meetings.

6.3 Preceptors' perceptions of their role

The first research sub-question asked what preceptors' perceptions of their role were. Section 6.3 responds to that question. To access the context in which the preceptors worked and to gain some understanding of the day-to-day workings of RRACF, I would have had to

spend much time in the workplace observing their day-to-day practices and interactions, an option that was not available to me. However, the 90-minute meetings held every two to three weeks gave me some insight into this context. Though the meeting room was not the preceptors' usual working environment, the fact that the group members all knew and worked with one another, suggested that at least some of the interaction would be 'authentic'. This gave me the opportunity to listen, when preceptors were talking to one another, to ascertain how the preceptors viewed their role in enabling students to learn about aged care.

Preceptors' perceptions of their role as teachers were often evident in the way they talked about or described their own work. After coding discussions into topics and then categories (Section 4.4.2), I identified the following four activities as those that appeared to be the most important to preceptors when precepting students:

- Being caring/empathetic/supportive
- Identifying appropriate staff
- Using prior experiences to help students learn
- Monitoring students.

6.3.1 Being caring and supportive

The aspect of the preceptors' role which appeared to be the most important among the members of the group was caring and supporting. Given that providing safe, competent nursing care to allocated residents is stated in the position description for enrolled nurse team leaders at RRACF and indeed is a traditional aspect of the nursing profession, it is reasonable to assume that these qualities and similar would be evident in the way the preceptors talked about their work and the students with whom they interacted. In meeting 2, I asked the group,

> If I walked in right at this moment and you were, say Rosemary, you were teaching one of these students to make a bed, what would you be doing, what would I see and hear? (Fiona, M2).

Most preceptor responses emphasised affective factors as shown in the following examples:

> We need to care for them a bit more (Margaret, M2)

> I'd be involved in doing it with them (Rosemary, M2)
>
> I let Laura make mistakes (Emily, M2)
>
> I show hands on and I always show encouragement (Liz, M2)
>
> Waiting and seeing what they're actually like (before judging them). (Rosemary, M2)

Some of these comments were in direct response to the question 'what would I see and hear?'. Other preceptors, like Rosemary, answered the question after a digression. Rosemary was keen to make the point that some students were subject to much negative comment because of their appearance. Emily, who was an administrator, drew on her experiences in teaching other staff how to use some of the resident management software to show that she too was a supportive teacher. The sentiments expressed in these responses mirrored those given when I had asked the group, right at the beginning of meeting 2, what their expectations for the preceptor training were:

> We're happy with their level and they feel supported (Rosemary, M2)
>
> You can see that there's room there for a proper program you know to help the students and I think if we've got a more, a better program with the students I think it's only going to benefit them. (Liz, M2)

It was apparent that the preceptors were more focussed on ensuring that student learning experiences at RRACF were beneficial than they were on identifying their own learning needs. The importance of supporting students came up frequently. In meeting 4, I gave the group copies of an extract from the previous week's transcript and asked them to try and group some of their comments into themes; in effect to do some coding. I also provided a blank table for them to complete. They found the activity difficult to do but it did act as a trigger for a discussion on the qualities of a good teacher. Again, caring and support for students was prominent in this discussion as their comments show:

> There should be someone who goes with the students and assesses them like with them not against them but there with them and that's what I got out of that (Emily, M4)
>
> You don't put someone who is a meek and mild, like I said we're all individuals, you're not going to put a quiet little church mouse with someone that's going to hammer them into the ground (Liz, M4)
>
> Let's not leave them to their own devices (Cindy, M4)
>
> I just think I don't like anyone to be uncomfortable and I think if you can make their learning comfortable and enjoyable experience I think that goes a long way. (Rosemary, M4)

These comments emphasised the importance that preceptors attached to the caring aspect of their precepting work even when that work was described as peripheral to their core role of providing care to the residents of RRACF. Caring for students comprised providing emotional and pastoral support until they could carry out tasks on their own. This caring aspect also appeared to extend to shielding students from staff who were not considered helpful. Being caring and supportive contrasted with sentiments expressed in the first meeting where the newly assembled preceptor group appeared to have a less benevolent attitude towards working with students, particularly students from vocational training organisations. These students were viewed as an imposition and not interested in aged care. There was a possible explanation for this. One preceptor was quite negative in her comments about students and this attitude appeared to suppress more positive contributions from the others.

Over the course of this action cycle, the importance of being caring and supportive began manifesting itself in other ways. Whereas in meetings 2 and 3 comments pertaining to supporting students were focussed primarily on affective factors, such as caring for students and making them feel comfortable, by meeting 4 this was starting to shift to comments with a more educational focus as shown in these extracts when preceptors were discussing the possible content of an orientation program:

> Not too intense but within their guide and within their scope (orientation) (Liz, M4)

> Giving them an interview type thing to know where they're at in their learning and what their understanding of aged care is so that we know whether to start with their training. (Emily, M4)

These extracts indicated that with some pedagogical input and regular discussions preceptors had started to expand their understanding of caring and support to include responsibility for ensuring that the learning opportunities they provided for students were within the students' ability to manage. By meeting 5 the nature of the caring comments had shifted even further. The emphasis on emotional support was even less in evidence, though it was still there. Caring and support now included considering the placement from the learners' perspective and recognising that as preceptors, they needed to target their support to each individual. These small shifts to a more student-centred view of support and care was evident in these comments:

> Recognising individual needs (Margaret, M5)

> Putting ourselves into their (the students') body (Cindy, M5)

> Putting myself in shoes of students. (Liz, M5)

There was an acknowledgment that there needed to be a continuity of learning; that students needed to build confidence and allowing them to build their skills by working with the same residents rather than constantly shifting them from ward to ward was one way of doing this. The residents themselves, the main concern of preceptors and the Certificate 3 students with whom they would be working, were also not forgotten. An emphasis on ensuring students viewed the resident as the focus of their role as future PCWs was also in evidence as shown in comments from three of the preceptors:

> Helping them learn how to look after the residents (Liz, M5)

> Letting them be comfortable with the same residents (Emily, M5)

> Teaching them their focus should be the resident. (Emily, M5)

Emily's comment also raised the importance of consistency, that is, ensuring students were working with just one person so they could develop both caring and communication skills, rather than being rotated among several residents. Preceptors appeared to be aware of the vital role they played as representatives for elderly care, a role they could assume by inviting students to participate in a variety of nursing activities thus creating an enriched learning environment.

6.3.2 Identifying appropriate staff

This caring and supporting aspect of the preceptors' role also extended to who, besides themselves, would mentor the students. The group indicated that they should have some say in who was selected to be a preceptor as it became evident in later meetings that students could have a challenging time when placed with certain PCWs:

> Oh yeah and I think you need to be more selective on who the preceptors are (Emily, M4)
>
> It's all about who they're with whether they've got a Hitler or they've got a nice person (Liz, M5)
>
> It's like feeding them (new staff, students) to the wolves (Liz, M6)
>
> (the carers) They're very intimidating, very intimidating (Cindy, M6)
>
> Not putting certain staff with students that will teach them bad habits or they just give them absolute curry.[10] (Emily, M6)

These comments illustrated quite unequivocally that the preceptor group were clearly very much aware of and concerned about the potential problems that could arise if inexperienced and sometimes young students were placed with staff who had no training or little interest in mentoring others. As most of the group had also noted, these staff members were apparently interested only in ensuring that tasks were completed as quickly as possible. It was also mentioned that members of the preceptor group were aware that the culture of the RRACF

[10] Give students a hard time; make students' lives difficult

workplace, if not managed when students were undertaking their placements, could deter students from considering aged care as a potential career.

The unflattering comments about some of the other staff within the facility as shown in the extracts above, had been very much absent from the early meetings. It was also apparent that as the group became more comfortable with discussing work matters in an open forum and in my presence, they were prepared to talk about workplace practices they felt were unacceptable, particularly when their views were supported and verified by contributions from the other preceptors. This gradual disclosure of more layers of the culture in the RRACF workplace was an advantage of being in RRACF for an extended period and provided me with a rich picture of the context. This layered discourse was possibly richer than I would have been able to obtain with interviews alone because, particularly in the case of staff intimidation and bullying of students, I might not have broached the issue myself and it is impossible to know whether it would have emerged through other means.

6.3.3 Using prior experiences

It was apparent from these references to inappropriate staff behaviour that firsthand experiences of negative behaviour had also been a strong influence in influencing some of the preceptors' approaches to working with students. In response to my prompt in meeting 2, about how preceptors would teach a student to make a bed, Liz was adamant that preceptors did not need to bully their charges to ensure they learned:

> You don't need to bully someone to make them be a good nurse and I got bullied one time when I was on placement and I've cried. You know I was devastated and yet I went above and beyond in all my placements. (Liz, M2)

Later in the same meeting Liz stressed the impact that this bullying had had on her approach to teaching:

> You know what I mean like when I'm teaching someone like I hope that I never ever make anyone cry but I know that they'll come out to be a good nurse you know or a really good PCW. (Liz, M2)

Cindy too had had similar experiences in her student days. In meeting 3, the group were discussing how to ascertain student understanding of why procedures were performed a specific way. Cindy was talking about the need to make students feel comfortable, so they would not be afraid of asking questions, which led to this exchange:

Cindy: I saw what it was like.

Emily: That's a key thing.

Cindy: 15 years on and I still remember I was treated like shit, made me cry-

Emily: You were at the bottom of the food chain.

Like Liz, Cindy's negative learning experiences, had shaped the way in which she mentored students herself. As she stated to the group,

> That's my motto when people are coming in I say to them straight off the back it's okay, I want you to feel comfortable. (Cindy, M3)

Also notable about the exchange with Emily was the empathetic way Emily appeared to respond to Cindy's comments which acknowledged and validated Cindy's experience.

However, encouragingly, many previous learning experiences among the preceptors had been positive and also appeared to have had a beneficial effect on the preceptors' own approach to teaching students:

> I told about first showering someone and use that as how it was for me, that was an example, so they don't feel so (inaudible) but use reflective experience. (Liz, M4)

In all these examples, both positive and negative, the preceptors had reflected on their own experiences and chosen to use them as teaching tools; tools that were both pragmatic and contextual.

6.3.4 Selecting and monitoring suitability

The preceptor group also attached great importance to having suitable students undertake placements. According to the preceptors, students required vetting to not only confirm that

they were appropriate for aged-care work but also to ensure the care and safety of the residents. As the first meeting had already shown, there was a widely held concern that some students undertaking Certificate 3 in Aged Care training were not suitable and that the 'bar needed to be raised'. The remarks about selecting and monitoring students continued into subsequent meetings. For example, in meetings two and three preceptors talked of 'sifting' and 'weeding' students out. This 'sifting process' could be undertaken during an orientation program. The following comment from Liz was in response to me asking preceptors about their expectations for a preceptor training course. One preceptor had immediately stated that the group needed a better way to guide students which elicited Liz's contribution:

> They need a good orientation and that's certainly going to sift through those that are interested and that are capable to be going out on the floor and those that aren't so you can either help them or you'll soon know. (Liz, M2)

Despite feeling that unsuitable students should not be allowed on the floor, Liz, like some of the others, was willing to accept students who were interested in pursuing a career in aged care even though they would need support. Not all the group were so accommodating. This next extract, from meeting 3, came when I had asked the group to identify, from a transcript, the key challenges in teaching students that they had discussed in the previous week. Not only did the preceptor, Sally, identify the need for an orientation to both induct and select suitable students but she also added that several students, who had been at RRACF in the past were very unsuitable:

> Sally: Especially orientate them to aged care before they actually start their course is a brilliant idea, weed out
>
> Margaret: Weed them out?
>
> Emily: Before they even start?
>
> Sally: Yeah cause some of them are only through Centrelink and not classifying people and saying oh you know I just come through Centrelink we've got to do aged care because you have to but, in some cases, that is the case and it doesn't suit them, it doesn't suit us, it doesn't suit the aged person.

The view that certain students should not be allowed in the facility was expressed in several more anecdotes describing instances of inappropriate behaviour from some previous trainees. However, as the first of these two extracts suggest, there were also more indications that students who were at least interested and prepared to learn, should be supported:

> By just giving orientation like we said is going to - it's so important I believe- you're soon gonna work out who's the stronger, who wants to learn who's struggling to learn but wants to, [who wants help] who's not interested. (Liz, M3)

These perspectives advocating the need to identify suitable students appeared more frequently as the meetings progressed. Instead of talking about removing students deemed inappropriate, preceptors began to talk about their own role as one in which they supported students to learn about working in aged care. The following two extracts are from meeting 4 when we were discussing the design of a placement and orientation program for Certificate 3 students. I had prompted the preceptors by explaining it would be useful for them to understand students and their educational backgrounds. The two responses below demonstrate these shifts in perspective:

> Not necessarily say no we don't want you being a student here but giving them an interview type thing to know where they're at in their learning and what they're understanding of aged care is so that we know whether to start with their training (Emily, M4)

> Now last time we ended up saying no we didn't want the student here. But I think we've got to say why, people keep on saying why and how can you do it better, what we did wrong, (be)'cause we're not squeaky clean here. (Margaret, M4)

The second extract is noteworthy in that there was an admission that RRACF had made mistakes and needed to do more to support incoming students. The group acknowledged that their own teaching practice also needed to be monitored. Table 6-2 suggests that the

importance attached to being able to remove unsuitable students began to shift to a view that students should not be expected to be able to do everything immediately, and that not all were unsuitable so needed support. As can also be seen, the shift did not progress in clearly defined stages; rather it was a trend where most meetings demonstrated variance in pedagogical awareness. What was also evident was how the language describing students and interactions with students changed over time. The statements in column 3 demonstrate the progress the group was making in developing their own distinct discourse around monitoring student learning and demonstrated a greater awareness of pedagogical issues than was evident in the comments from the first three meetings (column 1).

1	2	3
Meetings (1-3)	Meetings (2-4)	Meetings (5-6)
• Weeding out • Sifting out • Saying no • Students are dumped • They're whacked on the unit • If that's the case then should we have them here? • Students not interested and that there did not appear to be any accountability for this behaviour • Need to raise the bar • There could be a truck driver or someone who is unemployed • All right you're coming to our facility and this is what we want	• Working out who's stronger • Giving an orientation • Giving them an interview • How can we do it better • Slower process with a better orientation • We could do a questionnaire • Students to know how the residents felt they went as well • Opportunity to identify students who were not up to the role or who could be given extra attention and help • Support them to get through	• Think by having intense orientation but not too intense but within their guide and within their scope you know what one person can do with ease another person can't do • You need to make sure students aren't doing more than what they're capable of doing or aren't overstepping the boundaries • Work within their current scope of practice because as they go they will obviously progress to a higher standard as they learn

Table 6-2: Shifting perceptions of selecting and monitoring students

Not only are the statements in meetings 5 and 6 longer, but they are also more linguistically complex encapsulating more than one pedagogical idea. For example, the first statement in column 3 suggests a tacit understanding of scaffolding and individual differences. This contrasts with the 'weeding out' in column 1 with its connotations of not being up to the mark and with little consideration of potential or previous experiences.

Monitoring of students extended beyond RRACF. For example, Margaret was quite vocal in stating that the relationship with certain registered training organisations (RTOs) needed to be strengthened so that RRACF had more control over the calibre of students who were sent

to undertake placements there. In other words, she was suggesting pre-empting the problem of unsuitable students being sent to the facility by developing relationships with the RTOs so these students could be identified before they entered RRACF:

> The important thing for me is getting at that relationship with our training. You know RTO1, it is RTO1 and have that strong partnership in what we expect from RTO1 as far as the calibre of students and what we can provide and then you know work through that and um have a bit more control over. (Margaret, M3)

There appeared to be no opposition to this view among the group which was unsurprising given that Margaret was the clinical manager and that all the members of the group had voiced concerns over some of the students who had been on previous placements in the facility.

6.4 Developing an orientation program

From the first meeting with the preceptors there had been an acknowledgment that a better orientation program than the existing one, which was an OHS-focussed walkthrough of RRACF, needed to be developed. The group's perceptions of their role as preceptors informed the way in which this eventuated. Because the process was not a linear one, quotes and exchanges among preceptors from meeting 2 are used to show how the program was developed.

6.4.1 Negotiating goals

Meeting 2, which was the first meeting in the PAR cycle 2, started when I asked the group a question that I have often used to begin professional development workshops, that is, what preceptor expectations were for a preceptor education program. Most of the comments indicated that preceptors were interested in ensuring they had some input into the way in which students, from Certificate 3 courses, were inducted and trained while on placement at RRACF. As was shown in Section 6.3.1, Liz was quite adamant that an orientation was needed and that it would need to be planned. She also viewed the orientation as a type of screening process where students could be assessed on their suitability to work in the sector.

Margaret was more concerned about knowing something about students before they began their placements so that preceptor expectations of what students could do would be realistic:

> They're just very basic when they've come out of their training. We need to take a step back and say alright, these are people who are basically off the street. You really do need to know their background. (Margaret, M2)

The demographic questionnaire (Appendix 7) I had asked the preceptors to complete in the first meeting showed that only one of the group had any form of formal teaching training although five members of the group had mentored students in the past. Margaret's comments suggest that she recognised this was not enough and that those staff working with students needed to consider other ways of promoting effective learning. The two other preceptors in the meeting did not get an opportunity at this point to contribute their thoughts because Liz interrupted to make the point again that an orientation would identify those who were suitable:

> I think by having that day orientation when they first come in, that's going to decide the fact. Remember that we spoke about this last week that those who are actually passionate about wanting to work in aged care or they're just doing it because they have to be doing it. (Liz, M2)

These views seemed to act as a trigger for making suggestions about what students could do for an orientation session. Members of the group suggested several possibilities for action, accepting some and rejecting others:

> Wouldn't it be best beneficial in the actual course structure they do that the first day of the course that they actually come and visit an aged-care facility and see what it actually does. (text omitted) A lot of people would just go nahhhh. That's just not me. (Emily, M2)

Like Liz, Emily saw this preview step as one which would exclude unsuitable students where students would make the decision themselves to either work in aged care or not. Emily's argument for having this preview, which appeared to be influenced by what she had experienced at RRACF, was rebuffed by Margaret who stated unequivocally that the curriculum was set; students did not get to visit aged-care facilities until after they had enrolled in a course and had completed part of the training. Rosemary also pointed out that

students would need to have a police check before being permitted to have a tour through the facility. Other suggestions for introducing students to the facility and aged care were also made, 'I reckon a DVD or something like that just showing them the type of work involved' (Rosemary, M2) to which two of the preceptors responded that DVDs were not as good as meeting people or having a brief tour and seeing what went on. Clearly preceptors were aware that providing students practical aged-care experience was crucial and that showing a DVD would not be enough to prepare them. In fact, in action cycle 3 members of the preceptor group complained that training DVDs often gave a distorted view of aged care by depicting the work of a PCW as providing cups of tea and having chats with residents. The exchanges demonstrated that although there was a consensus among the preceptors for a new orientation program there was not yet a consensus on either why an orientation was needed or what the orientation would comprise. Arguments for one activity or another were based very much on the preceptors' prior experiences with students and their own experiences as students themselves.

Suggestions made by the preceptors were often embedded in a wider discussion that sometimes digressed to operational matters or anecdotes about working at RRACF and thus were at risk of being forgotten or misremembered if they had not been recorded. To draw attention to the suggestions that the preceptors had made for improving the student learning experience while they were at RRACF, I listened to the audio recording of the meeting, summarised preceptor expectations and put them on a PowerPoint slide for comment and discussion at the next meeting. The sentiments and the words in the list below are those of the preceptor group:

- Find a better way to train and guide students
- (We) Need a good orientation to identify interested and capable students
- Need a program to educate students better and to make sure students can go out on the floor (safely)
- Students need to understand why it is important to do tasks properly
- Have a program to help students that benefits them, us, RRACF and everyone
- Want a better relationship with the training provider
- Raise the bar.

It is evident from the summary list that the key goal of the preceptors was to improve the standard of student education. Preceptors were beginning to engage with the project by identifying their priorities for an orientation program and making suggestions about how these priorities could be enacted. Also significant about the orientation ideas was that they were generated in discussion as members of the group responded to and elaborated on one another's contributions. In doing this the preceptors were providing a complex and nuanced description of the learning environment at RRACF. The interactions were also enriched by individual preceptors' anecdotes of their own student experiences which provided insights into their own views on learning and teaching.

Meeting 3 saw further progress towards developing an orientation program for students, particularly now that there was a written record of preceptor expectations. The need for a better orientation to 'weed out' unsuitable students was reiterated as was the concern that students needed to be supported and not just 'whacked on the unit' (Margaret, M3) without preceptors getting the opportunity to know them. However, there was a strong reaction from one of the preceptors to a PowerPoint slide showing the preceptors' expectations. Sally's response 'what about the poor person doing the work?' (M3) was her way of asking how preceptors would be recognised for the extra responsibilities that the list of expectations suggested they assume. This was the first time recognition for the role of preceptor had been mentioned in any of the meetings. Asking for more recognition seemed a reasonable request. In response, one of the other preceptors suggested that preceptors not be rostered on the floor, and instead should spend their time checking and mentoring students. Margaret deterred further discussion on this matter by stating that RRACF was unlikely to support such an initiative. Margaret's reaction was unsurprising: having enough staff on duty was a constant juggle with absences a daily occurrence. However, the discussion did exemplify one of the difficulties in attracting people to work in aged care, inadequate recognition and recompense.

6.4.2 Working within a scope of practice

By meeting 4, the development of a student orientation program became the focus of meetings. Of particular concern to the group was the 'scope of practice' in which students could work and learn, a concern which was motivated by legal and professional requirements as well as the need to support students. In the first three meetings scope of practice was

mentioned only once. However, by meeting 4 the importance of students working within a scope of practice became a key concern as the goals and the objectives of the orientation and placement program were refined. There also appeared to be several other reasons beyond the expected legal ones for stressing this requirement. Cindy was concerned about students being asked to administer medications:

> …this is what you've learnt and no you're not to be handing out medications, if anyone asks you or things like that… yeah potentials that might happen. (Cindy, M4)

Members of the group also recognised that sometimes the students overstepped the mark themselves:

> You need to make sure students aren't doing more than what they're capable of doing or aren't overstepping the boundaries, like as a PCW this is their scope of practice (Emily, M5)

> …they're very basic when they come in but they need to understand what the scope of practice means and if they don't, well their teaching should be telling them that you have a scope. (Cindy, M5)

Ensuring students worked within a clearly defined scope of practice provided preceptors with a transparent and acceptable way of monitoring student behaviour as well as a scaffold on which to align student levels of competency with an appropriately directed learning activity. In fact, the position description for team leaders at RRACF specifically stated that the leader (preceptor) had to help team members, including students including them in planning, organising and implementing care for residents, within their scopes of practice. Interestingly, no-one in the preceptor group mentioned the requirements of their position description throughout the entire 8-month PAR study. One possible explanation for this silence occurred in meeting 5 when the group were making suggestions for wording the placement program objectives. In the following exchange, Louise noted that groups of people, including carers and residents, were often referred to as stakeholders—a term she clearly disliked as did three others:

Louise: Are they referred to as stakeholders or something, that always gets me

Margaret: And I'm using it in the course I'm doing. Let's change it. Key stakeholders is not necessarily-

Cindy: - Well the key stakeholders means more a business thing-

Emily: But it's jargon let's get away yeah I agree with what Louise said.

Another of the group responded that these objectives were for the preceptors' own program so they could use the terms 'carers, residents and families' as they wished. These attitudes hinted at the potentially alienating nature of the language in many official healthcare documents such as position descriptions and policies.

6.4.3 Exchanging ideas and opinions

When developing the student orientation program, we had also explored perceptions of learning. After presenting a summary slide in meeting 3 of the discussion on learning held in meeting 2, I asked the group what they thought about the notion of competence and its relationship to learning. The next extracts were taken from the lengthy discussion that ensued:

> You can be confident but that doesn't mean you're not going to stop learning about that situation, so I find competency is really … you can be non-competent but you're up with your learning … when you're competent doesn't mean that you are 'cause you still need to learn (Cindy, M3)

> It's not black and white, it's gaining confidence. You're matching that with a criterion it uses like a bit of a tick box doesn't it? (Margaret, M3)

> Yeah to me in nursing…in the PCW… you are either competent or you're not competent and when you're competent it means you've got the skills

> and ability the basics of that competence but doesn't necessarily mean that you haven't got more to learn. (Emily, M3)

There is a sense in these statements that the simplicity of a 'tick box'[11] did not do justice to the complexity of the job nor did it indicate the level of knowledge or skill that a PCW might have or need to have. Of particular note was the acknowledgment that learning needed to continue even when the basics were mastered. Though only a small part of a larger conversation, the extracts illustrated how the group were starting to question whether existing placement standards were adequate or were focussing on what they, as preceptors, considered important aspects of their role. The preceptors were addressing matters that were of concern to them. A good illustration of how discussion highlighted such issues was the way the importance of work-based learning was stressed. For example, in talking about making a bed—a required student competency—the preceptors noted that factors such as friction, pressure, and back problems needed to be considered. To them there was more to the competency than just making a bed. This exchange triggered further discussion on the importance of history to their profession, in this case Florence Nightingale. The group felt that relating stories about the origin of nursing practices was a good teaching tool because, in the words of Liz, 'students love it when they hear stories'. This last comment exemplifies the way the preceptors spoke about the role and how they provided anecdotes and stories about their experiences to convey practical knowledge.

6.4.4 Making preceptors' contributions explicit

The catalyst for preceptor engagement in the process of developing a workplace-based learning environment was difficult to pinpoint but manifested itself as a ripple effect where one or more actions set in motion changes in the way things were usually done. However, the changes in educational practice were not always apparent to the preceptors. Through the meeting summaries I had prepared, preceptors were able to recognise their contributions to the orientation program as these three short interactions show:

[11] Tick box: a list of tasks or duties to be completed and then marked off the list

Fiona: That's all your work actually believe it or not, came from you not me, it's just I've put it in a nice form. So, you've already done quite a lot you don't realise it

Cindy: No, we don't (laughing)

and

Fiona: Last week also we talked about this and the quotes in blue are straight from what you said …

Emily: - Looks good doesn't it?

Margaret: [yeah]

and

Fiona: This is what you came up …

Margaret: I think it's great

Cindy: Yeah

Fiona: This came from you

Margaret: Yeah but you've put it down.

The comments indicated the preceptors were surprised and pleased to see what their discussions had produced, in this case, the first iteration of objectives for a placement program and their thoughts about student learning and competencies. Seeing their own words presented on PowerPoint slides in a more formal format than the transcript made their contributions explicit. The slides also provided preceptors with an opportunity to reflect on what they said, then prompted reconsideration, refinement and elaboration of that original contribution. The process also emphasised how this local oral knowledge could so easily be lost unless it was translated into a more permanent form.

The visual representation of preceptor achievements also served to raise the confidence of the group in developing their own approach to introducing students to aged care; indeed, as

later meetings would show, the preceptors began to control much of the discussion agenda. The reactions and actions of the preceptor group also drew attention to the need to reconsider learning in the workplace. Instead of a top-down agenda of externally prescribed learning, there seemed to be a growing case for integrating both the program preceptors were developing for the students and a professional development program for the preceptors that was driven by the preceptors themselves as they grappled with the teaching and learning issues that confronted them.

6.4.5 Collaborating and acquiring confidence

As described in Sections 6.4.2 and 6.4.3, preceptor contributions developed into more specific statements about what they wanted for a student training program and an orientation. There was also a notable change in how preceptors positioned themselves in the process. In earlier meetings the preceptors described the need for a program to assist students without discussing their own involvement. Comments in meeting 4 and subsequent meetings were evidence that preceptors were seeing themselves as integral to the process. In a sense, they were taking ownership of the planning process as the following comments illustrate:

> I think if we can get a good relationship with RTO1 and develop our own orientation program and so we know from each side what we expect (Margaret, M4)

> We don't want to just look at it on the day a student comes, we want it planned to say all right we've got a 3-week plan of who's going to preceptor, what unit and it's us taking control. (Emily, M4)

These comments also signalled a more collaborative attitude in planning the student orientation which was shown in the increased use of the first-person plural pronoun 'we' and its derivatives and a decreased use of the first person singular 'I' and its associated derivatives (Table 6-3).

Personal pronouns	M2	M4	M5	M7	Comments
I, I'd, I'll, I'm/I've	414	256	261	125	Very significant reduction in use
Me	57	31	19	13	Significant reduction in use
My	32	18	13	7	Very significant reduction in use
We, we'd, we'll, we're we've	132	239	176	191	Marked increase in use
Our/s	16	13	35	22	

Table 6-3: Changes in personal pronoun use in action cycle 1

The increasing use of collegial language across the meetings demonstrated more engagement and cohesion among members of the group. By sharing ideas and experiences with one another, individual preceptors validated their own contributions which gave them the confidence to suggest actions they could take as a group.

Also evident from the preceptors' words was how preceptor values such as caring and supporting underpinned the pedagogical concerns. Margaret was concerned about ensuring the program was structured so students and preceptors knew what to expect. The other three preceptors also wanted structures in place to support the students. As a result, after meeting 4, it was possible for me to collate the preceptors' statements about an orientation program and ideas for teaching students into three broad aims:

- Develop a placement program to educate/guide students and to make sure students can go out on the floor (safely). The program needs to benefit both RRACF and the students
- Develop a beneficial orientation/induction session to identify students who are capable and interested in aged care
- Ensure the placement program helps students understand why it is important to fulfil tasks properly.

These aims were in the words of the preceptors and constituted a significant element in the preceptors' model for the placement program as well as signposting the skills and knowledge required of the preceptors to implement the model.

6.4.6 Having a vision and a champion

Meeting 5 appeared to mark a turning point in the development of the orientation and in how the placement program was to be realised. Unlike all the previous meetings, I did not begin with any introduction. Instead Margaret set the tone for the meeting when she commented that RRACF was like a medical facility and students would encounter a range of conditions and co-morbidities while on placement. She indicated that preceptors had a responsibility to ensure students understood this and did not see RRACF as 'just a nursing home'. This aspiration led to the aim for that day's meeting:

> So, leading into what is really important from today is what the staff or team leaders think of their vision of this organisation and your values. I know RRACF's got theirs but if you're having students in your words, what would you say that is something to hold onto? (Margaret, M5)

It was apparent that Margaret wanted the group to consider more fundamental aspects of their preceptor role, that is, to move beyond the day-to-day duties and to consider the principles that would underpin their teaching. It also appeared Margaret wanted to raise the status of aged care and ensure that the preceptors were projecting a professional organisation. She made the point that the preceptor group needed to be clear about their vision and values, a view that she reiterated three times within the following five minutes:

> Preceptorship you need to know where you are in the picture to me before you can be a good preceptor or teacher (Margaret, M5)

> So, if you don't know what your goal and values are and objectives…you would be difficult to teach in an effective way 'cause you're not clear. So you need to understand what your philosophy is, what your model is. (Margaret, M5)

Emily asked whether the way preceptors taught students should stress that the focus of their role should be on residents, not tasks:

> Are you meaning that you're wanting us to put out or have a philosophy to say of how we want to teach them so that they come on board with a good philosophy of how to be a care giver at our residential facility and it's not just about doing the showers and it's about what is in the residents' best interest as stated in the guidelines. (Emily, M5)

Liz had a similar view describing preceptorship as a process of instructing students in her own values, which, as she had stated many times earlier, was treating every resident as a unique individual:

> I know what you're saying it's like my own personal thing is what I think I try to incorporate that into the students. (Liz, M5)

The conversation continued with the group providing examples of how residents could be treated more professionally. The interaction in this segment of the discussion provided further evidence that the preceptors were also starting to see that their role was more than instructing students in the performance of tasks and there was an imperative to pass on appropriate attitudes and values to future care-givers. Up until this point meetings had focussed on discussing how to teach the more tangible aspects of working in aged care. Now, the group was moving to considering the more fundamental aspects of being a preceptor; that values and beliefs needed to change. Margaret was also adamant that the group needed to move beyond discussion and produce a model of how education within the village would be implemented as her exchange with Emily shows:

> Margaret: It's all very well words but we've got to develop a model and like an agreement to say this is what we would like to do and move down the track with implementation so therefore-
>
> Emily: - It's got to be achievable-
>
> Margaret: So therefore, as preceptors and leaders we have to bring our staff along.

Emily's interjection saying that any model of training proposed by the preceptor group had to be achievable and by implication, a realistic option for their own context, appeared to prompt Margaret into concluding that the process would include all RRACF staff. She even made the

suggestion that working on a new model for placements might influence the management of the village into envisaging a new direction for RRACF:

> Yeah it might be when they're looking at their strategic planning that if we are developing a new model and concept that what we do here is incorporated you know the vision statement here might change. (Margaret, M5)

Margaret's democratic approach was evident throughout all the meetings and was another key element in keeping discussions candid. The discussion about a vision statement did not continue much past this point but Margaret did suggest that all the group consider a possible vision for RRACF before the next meeting. She also signalled that having a shared view of what they considered important as preceptors could be used at the commencement of student placements. Margaret's comment was then reconfigured by Emily and Liz as a need to set goals right from the beginning of student placements, a direct statement that emphasised the benefit of working collaboratively.

6.4.7 Promoting inclusiveness

Discussion about including other groups was, in the first two meetings, scarcely evident in any of the interactions. When the group was asked about their expectations for the program early in meeting 2 all the discussion focussed on what students needed and how unsuitable students could be identified before they went out on the floor. Only Margaret raised the possibility of including other groups in teaching students:

> Can I just throw in because of the work I'm doing with dementia and where does the resident and carers come in to this? (M2)

Margaret's concern about involving more people in educating students, specifically people directly affected by the actions of students, residents and their carers, was precipitated by her involvement in another training program which she had been undertaking outside RRACF. She was also keen to develop stronger relationships with Registered Training Organisation 1 (RTO1) as shown in calls for 'having a strong partnership with RTO1' and 'seeing a better relationship with RTO1' (M2). Her aspirations may have had some impact because later in the same meeting two of the other preceptors suggested 'exposing students to residents', 'a

program benefitting students, preceptors, and RTO1' (Emily, M2), and 'educating the staff too' (Rosemary).

The necessity of collaborating with other people in ensuring that effective learning experiences became more prominent in later meetings, in particular, meetings 4, 5 and 6. Although it was not possible to identify the precise catalyst for this shift, a request I made in meeting 5 for preceptors to identify sequences of conversation in the previous week's meeting transcript that suggested potential barriers to effective teaching, generated several contributions. The group was starting to appreciate that the placement program needed to assist more people than just students. I also presented a PowerPoint slide showing the objectives for our placement program, categorised into long-term goals and short-term goals, which I had originally compiled after meeting 2. By the end of meeting 5, the objectives were more specific and emphasised that other groups should benefit from the student placement program. The revised objectives represented the efforts of five discussions. Table 6-4 illustrates the development of the placement program objectives, from meeting 4 to 5. All the objectives were generated by the preceptors and are in their words.

Meeting 4	Meeting 5
Long-term Goals • Developing in students on placement at RRACF an appreciation of working in aged care including a good understanding of the role of the PCW and its importance in ensuring the best outcomes for the residents • Build a strong relationship with the training provider/s Short-term Goals • Develop a placement program to educate/guide students & to make sure students can practise safely. The program needs to benefit both RRACF and the students Objectives: • Ensure the placement program helps students to understand why it is important to do tasks properly • Develop a good orientation/induction session to identify students who are capable and interested in aged care • To be recognised for taking on the role of preceptor	Long-term Goals • Developing in students on placement at RRACF an appreciation of working in aged care including a good understanding of all staff roles ensuring the best outcomes for the residents, carers and families • Build a strong relationship with the training provider/s Short-term Goals • Develop a placement program to educate/guide students & to make sure students can practise safely within their scope of practice. The program needs to benefit RRACF, students, residents, residents' carers and families Objectives: • Ensure the placement program helps students to understand why it is important to do tasks properly • Develop a good orientation/induction session to identify students who are capable and interested in aged care • To be recognised for taking on the role of preceptor • Re-write Student/Volunteer Handbook

Table 6-4: Placement program goals and objectives

The most notable change between meeting 4 and meeting 5 was how the program was modified to ensure preceptors stressed to students how important it was to understand the roles of all staff in the facility and not just those involved directly in healthcare. Equally as noteworthy, was the inclusion of carers and families in the group of people who should benefit from an improved approach to healthcare and health education. The following discussion sequences illustrate how these ideas were developed and demonstrate how the preceptors began to take ownership of the program. This first example occurred as the group were looking at the document on goals and objectives which I had prepared from meeting 4 discussions. I had asked the group to add, modify or delete anything to accurately reflect what they wanted the program to be:

Margaret: And that's the big message that I have always said that ENs will say I'm just an EN or PCs will say I'm just down here I'm a nothing… well NO-

Emily: The 2 were part of the spider web.

Fiona: So how would you say that first one then?

Margaret: All staff roles.

…

Emily: And then you can say ensuring the best outcomes for the residents and read it that way.

Margaret: And again, it's not just the residents, it's the carers-

There was a desire to include more groups in the scope of the program and to ensure that everyone was recognised as part of a team. Though not shown in this extract, Louise also appealed for staff involved to be called by the roles they performed and not by using corporate terms like 'stakeholders'. Although Margaret was the most senior person in the group, all the group appeared to contribute to the conversation without reservation. Suggestions for changes to the program demonstrated how the group's vision for an orientation/placement program had expanded from the one originally proposed in meeting 2 to one that was more inclusive and pedagogically sound. In the next extract, the group was discussing whether students needed more than a 'good' understanding of the role of the PCW. Margaret took the lead stressing that students needed to understand the role of both

clinical and non-clinical staff and how these various groups of employees contributed to the care of the residents:

Margaret: It's not just you can say like a multidisciplinary team, it's not just good understanding of their role it's a good understanding of all roles whether it's cleaner or cook or a-

Liz: - So role of all staff.

Emily: Well developing students on placement at RRACF appreciation of working in aged care and ( ) good understanding of all staff roles.

These exchanges highlighted how the group were encouraged to see that the approach to the care of the residents could not be viewed in isolation; every person in the facility had a role to play. Margaret gave an example of how this worked in practice by reminding the group that cleaners could be valuable conduits of information about resident health because the cleaners often chatted with the residents. Thus, students needed to understand the importance of working with other members of the aged-care facility community and how these people could help them to learn. This discussion fragment was particularly valuable because it emphasised that a placement program was not just about increasing knowledge and developing competencies in one's own discipline but was also about interacting with others and developing an understanding of a complex system. As Emily remarked, it was crucial to 'bring the whole organisation with you'. More importantly though, in terms of learning, the interaction showed how, through a process of discussion, the scope of the original objective became more inclusive.

The impetus for involving other groups of people within the facility in the education of students continued into meeting 6. Residents were now included in the students' orientation program, an innovation that came at the suggestion of the preceptor group. This next extract illustrates how excited the preceptors were about these developments:

Margaret: But I'm excited that our brainstorming about orientation just all of a sudden had a resident come in and a carer coming in, fabulous

Liz: I thought about that too, I thought it was a good idea 'cause it's there in front of them you know-

Cindy: And that they're going to learn from those people

Liz: Yeah, you're a person not just get in there and do it.

Sharing ideas had been the catalyst for preceptors to reconceptualise the placement program as an opportunity for students to not only develop their practical competencies but also to appreciate the role that non-clinical staff and residents played in helping them to become effective care workers.

6.4.8 Creating meaning collaboratively

A discussion over a short-term goal in meeting 5 also demonstrated how the ideas and suggestions of individual preceptors were modified and developed in the process of reaching a consensus on what students should be expected to achieve. The original goal had been to suggest ways in which students could be supported to ensure that they could practice safely but Margaret challenged the group:

> It's not just about practise safely. I'm just going to question that, I think it's up to the rest to change it. (M5)

This precipitated an extended discussion, shown below, which began mainly as an exchange between Emily and Cindy about how the program would need to do more than educate students to practise safely. Emily suggested that a better understanding of roles was important. Cindy's response showed that ensuring students were working within defined parameters was important to her, a point she reiterated when Emily asked for clarification. Cindy then stressed that students needed to keep within their scope and to understand what that scope meant because there had been incidents where students had been asked to carry out tasks beyond their level of training:

Emily: In the short term the placement program (aims) to educate, guide students and to make sure students can practice safely

and … isn't it to make sure students understand their role? Like understand the importance of their role like not just practice safely?

Cindy: Practice safely and work within the entire scope of practice or learnings

Emily: Yeah practice safely and understand the scope of their, no is that right?

Cindy: Work within their current scope of practice because as they go they will obviously progress to a higher standard as they learn so they're very basic when they come in. But they need to understand what the scope of practice means and if they don't well their teaching should be telling them that you have a scope. This is what you've learnt and no you're not to be handing out medications, if anyone asks you or things like that.

The subject of scope of practice, as signalled earlier, was clearly an important one for the group. The discussion on this topic continued for several minutes. Eventually, as the educational intermediary, I suggested that the group needed to record the results of their discussion. An earlier comment about the time it took to explain something prompted the preceptors to consider using visual aids. Louise suggested 'you could have the circles'. She was referring to Emily's oral explanation of scope of practice which Emily had just finished giving. Emily then drew a series of colour-coded concentric rings (Figure 6-2) to show how she understood the concept of student scope of practice triggering a rapid-fire conversation as the group negotiated the meaning of student learning within that scope of practice.

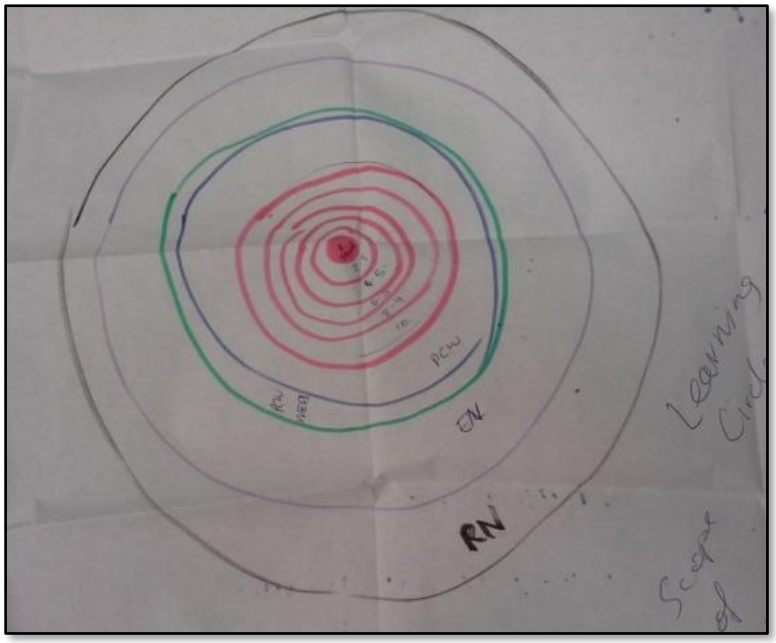


Figure 6-2: Student scope of practice as represented by preceptors

The red rings indicated where the students should be at the end of each week, in terms of the learning competencies. Figure 6-2 also made it quite clear, visually, that students should not be required to take on responsibilities that were those of staff who had more experience and training. For example, the green ring is the scope of practice of an EN which sits outside the scope of a PCW (blue ring) and inside the scope of practice of an RN (black ring). An extract from the conversation, below, that accompanied the construction of this diagram demonstrated how, after a prompt from Louise about circles, one of the group had come up with the idea of a visual aid to assist in promoting understanding. Then through oral interaction, the group negotiated a collective understanding of how this diagram was interpreted. Once this was agreed upon, it could be used with the students:

Emily: Yeah say this is week 2 to 3 and this is 3 to 4 and 4 to 5, 6 to 7. How many weeks do we have them for? Eight to 9 and then by week 10 they should be here, and the red is just the students and this is your ENs

Cindy: PCWs

Emily: No this is your students

Cindy: Yeah, you'd have your PCWs up

Emily: Oh yeah PCWs

Cindy: So they could get to that level

Emily: So PCW … students and then who are we, we go purple, ENs but before that you've got this line here in the green which-

Liz: PCW meds

Cindy: Yeah, I'm onto you

Liz: That's our bullseye

Emily: That's how you predict saying what their scope of practice is it's visual thing and it makes sense. So, this is the student here in their first week. (M5)

As the discussion over the diagram progressed the group were able to reflect on where there had been oversights in what they were planning. Near the end of the meeting one of the group noted that the diagram and the concentric rings referred only to the students and their scope of practice in relation to their preceptors, the ENs and the RN. Carers, residents, other non-clinical staff, families, and the organisation, would also need to be included as had been discussed in both the present meeting and previous meetings. These groups were added to the left-hand corner of the diagram but their influence on the students' scope of practice was not elaborated (this part of the graphic is not included as it is identifying information).

Collaboratively developing ways in which they could help students understand scope of practice was not a one-off occurrence. In meeting 7, the group were discussing details of the student orientation day and were trying to devise a way to explain to students the concept of person-centred care, a key tenet of RRACF's healthcare policy. In this extract, the group are discussing where to place activities on student-centred care and how to gather information on student expectations of preceptors in the orientation program:

Emily: And then after we've asked the students what they're expecting from us is that when we're going to ask them what they think person centred care is?

Rosemary: No, I think that should come before

Emily: Before what?

Margaret: I think early on

Emily: So before what, before we ask the students what they're expecting from us?

…

Rosemary: = Yeah that sounds good

…

Fiona: Can I just ask how you're going to record what their expectations are?

Rosemary: We'll write it all down (*laughter from the group*)

Margaret: Are we going to do a pre- and post-survey?

Rosemary: That I reckon would be a good idea see what they think before they go into it and what they think when they come out-

Margaret: What if we do that survey before we ask them that question, get them to do a pre thing so we're not going to brainwash them, do the pre and then we go into stuff

Louise: I had to do that in my div 2 training and had to write down what to expect and at the end of it we had to go back and read it

…

Margaret: = do the pre, like a reflection a reflective diary…

Emily: And we're going to ask them about person centred care? So we're going to say 'we follow a model of person centred care and what does that mean to you'?

The discussion moves forward through interactions among the preceptors. They overlap each other's contributions affirming one another, clarifying, questioning and reflecting on their own experiences, all of which serve to modify views of those involved. In the extract, preceptors were particularly concerned about when the student expectations survey should be conducted. Eventually, the group agreed the survey should be given to students before they undertook any learning activity, before they were 'brainwashed'. Also apparent was how the idea of conducting a pre- and post- survey on students evolved, through discussion, from just asking students what they thought of their experiences at RRACF, to getting them to write a reflection in their diaries both pre- and post- the placement program. In the extract, Louise's reflection on her own time as a student prompted Margaret to embrace the idea of conducting an informal evaluation by buying notebooks for students in which they could record their thoughts.

The exchange continued for some time discussing other ideas for the orientation most notable of which were encouraging students to brainstorm ideas about person-centred care on butcher's paper and bringing in residents to meet the students. The suggestion to include residents was expanded to include students having morning tea with the residents in a less-formal setting than the meeting room. Making orientations more inclusive was yet another indication of change in the way preceptors were viewing placements as previously there had been little planning around the conduct of student placements.

These exchanges were signs that most preceptors were beginning to adopt a more rigorous and pedagogically informed approach to teaching than they had done previously. The discussions were visible evidence of the depth of their engagement in the project and of the impact that a participatory approach was having. The emphasis of preceptors' discussions was now on active student learning. This emphasis demonstrated a significant shift from comments made in meetings 2 and 3 where preceptors were talking about showing students or telling them what they needed. Now there was a shared sense of purpose where all the group were contributing ideas to group discussions and a shift to a more inclusive learning

program. A growing confidence to innovate new teaching ideas was palpable. With this growing pedagogical confidence, my involvement as an educational intermediary was receding as the group negotiated their own program and their own understanding of this program.

6.4.9 Recognising factors impacting on learning

Group interaction also suggested a growing awareness of factors that impacted on learning. From meeting 4, members of the group had been questioning their role as preceptors in facilitating learning:

> So, shouldn't we be developing something as in we need to know who the students are, where they're at and things like that, not necessarily say no we don't want you being a student here. (Emily, M4)

Emily's comment that preceptors needed to know who the students were suggested a tacit understanding of learning, that it was necessary for the preceptors to have an idea of students' prior experiences and their level of ability to ensure that learning experiences could be structured appropriately. Unlike earlier discussions where preceptors had been talking about screening students who they felt were not appropriate, there was a suggestion here that such a course of action was presumptive, and that instead, students should be given a chance. Cindy's comment, in the next quote, about having an orientation within the students' scope was in fact an endorsement of an idea proposed earlier by Liz when Liz had stated that students should not be given tasks or responsibilities beyond their existing level of skill and knowledge:

> Yeah, I think by having intense orientation but not too intense but within their guide and within their scope. (Cindy, M4)

Cindy's comment was notable because in an earlier meeting (meeting 3) she had expressed exasperation that students were doing the course because they obtained benefits from Centrelink and that they were not interested in aged care. Her attitude in this later exchange was more conciliatory and by listening to the others' ideas she appeared to have moderated her opinions.

Knowing about students' cultural and social background was also raised as a requirement for effective precepting, a view that was raised only obliquely in previous meetings when one of the preceptors had asked for students and new staff not to be judged on their appearance. Although the term appearance was not elaborated on, anecdotes from the preceptors suggested it referred to a staff member's ethnic background. By meeting 4 an inclusive view was being articulated much more explicitly:

> You really do need to know their background and you need to care for them a bit more. (Liz, M4)

Notably, these contributions were generated through interactions among the preceptors and did not come in response to questions I asked. Table 6-5 illustrates how contributions from preceptors, in the first column, provided evidence that there were signs of an increasing awareness of pedagogical issues (column 2), even though the preceptors may not have considered their contributions in those terms.

1	2
Preceptor insights	Learning/teaching principles
I think if we can get a good relationship with RTO1 and develop our own orientation program and so we know from each side what we expect (Margaret, M4)	Aligning expectations of education providers, preceptors, and students
We don't want to just look at it on the day a student comes, we want it planned to say all right we've got a 3-week plan of who's going to preceptor, what unit and it's us taking control (Margaret, M4)	Importance of planning
Yeah, I think by having intense orientation but not too intense but within their guide and within their scope (Cindy, M4)	Scaffolding learning
You really do need to know their background and you need to care for them a bit more (Liz, M4)	Understanding student cultural/social background

Table 6-5: Preceptor pedagogical insights

Highlighting the significance of all such comments to the preceptors so that they could see how their comments on students could be interpreted in a way that pointed to the skills they needed to enhance student learning, would have been an ideal approach, but the time needed to undertake a close reading of the transcripts to identify all relevant comments did not permit me to do this between the meetings. However, it was certainly possible to identify some good examples and show them to the group which is what I did.

The next example (Table 6-6) is an extract from meeting 5 and epitomises how far the group's conceptions of learning had evolved during the five meetings that had been conducted. The left-hand column displays the trajectory of the discussion. The right-hand column is my interpretation of the learning principles that the preceptors invoked. The group was explaining to Margaret how they thought the student placement should be organised.

Discussion transcription	Learning/teaching principles
Liz: As Louise said you get a chance to put it in practice one day and the next day you're doing it, I think it would be more beneficial for them to have [2 days in a row] yeah 2 days in a row	Students need time to process what they learn
Emily: Maybe not from the start not while they're first starting to get to know how the organisation works and what their expectations are-	Experiences need to be introduced gradually/guided Developing confidence
Cindy: - Slowly weaning them in one day and then once they're comfortable ramp it up to the 2 days.	Scaffolding learning
Liz: Otherwise they're just there stressing	Stress affects ability to learn (affective factors)
Emily: Once their scope is getting bigger then that's when you start giving them 2 days rather than the 1 and it might be the case of an individual needs, so if someone after 3 weeks has got a better scope than the rest of the class then after 3 weeks if they want to come for 2 days they can come for 2 days whereas the rest of the class it might take another person 7 weeks to get to that stage where they come 2 days. Can't we do that bit of flexibility?	Scaffolding learning Students learn at different rates/have different learning needs/ Understanding student learning expectations Need to accommodate different levels of learning/
Liz: Yeah capability is all different. Perhaps (we're) too rigid.	Not using the same approach for all students Need to be flexible
Emily: Can't we have that flexibility for the students. Isn't one of our outcomes that we're actually teaching the students how to care for people?	By being flexible we are role-modelling concern for the aged person
Margaret: I just need to have a chat to RTO1.	Linking with education providers

Table 6-6: A growing understanding of factors impacting on learning

The preceptors described several reasons for why the students should be gradually introduced into the role, all of which suggested a growing understanding of factors impacting on student learning. In addition, the preceptors seemed to understand that students learn at

different rates and that each student came to RRACF with a different background. These factors meant the student program would need to accommodate these differences. However, the most significant aspect of this exchange was how the preceptors' contributions elaborated and modified the previous contributions. Gradually as the discussion progressed, the original ideas refined incrementally. For example, Liz suggested that students attend the facility two days a week so that they could build on their learning more easily than they could in just one day, an idea that was modified by Emily who suggested that while students were getting to know RRACF, one day a week would be enough. Cindy rephrased this idea in a more idiomatic way, a reformulation that was completed by Liz who provided the rationale for the approach. Emily then went on to outline anticipated learning situations which she used to argue for flexibility in the program. Clearly, more discussion would be required about the content of those two days in the workplace and, as Margaret noted, agreement would have to be obtained from education providers. However, the impetus for change had been set in motion.

6.4.10 Evaluating student performance

Evaluation of student learning and evaluation of preceptorship practices were not mentioned in early meetings. In meeting 4, this component of a balanced teaching and learning intervention was addressed by the group. The preceptors had been discussing the suitability of some of the students who were undertaking placements at RRACF. The exchange is mainly between Margaret and Emily:

> Emily: So do we have any say of what students that we get?
>
> Margaret: No
>
> Emily: So shouldn't we be developing something as in we need to know who the students are, where they're at and things like that, not necessarily say no we don't want you being a student here [no, no] but to know like giving them an interview type thing to know where they're at in their learning and what they're understanding of aged care is so that we know whether to start with their training

Margaret: Well that could be a part of orientation. We give them a questionnaire.

…

Cindy: You could note them (ideas for orientation) down

Margaret: But we could do a questionnaire on the day of orientation=

Emily: = but wouldn't we want to know that before their orientation to know where 'cause there might be 5 people out of the 6 that you take on that are here and only one of them is at the standard we're kind of thinking that they're all at so you would change that orientation to suit the student wouldn't you?

[Cindy: no, no]

Emily maintained more needed to be known about the abilities of the students who were coming into RRACF before they went out on to the floor. Margaret responded by suggesting a questionnaire. In fact, Margaret's suggestion acted as a reminder to the preceptor group that they had no direct influence over which students were given placements at RRACF. Indeed, the remainder of the conversation indicated this decision was up to the training providers. Preceptors could give feedback only to the educational intermediaries accompanying students. These restrictions on the preceptors seemed to me, as a professional educational intermediary, a barrier to effecting wide-ranging change in the facility because it appeared to diminish their expertise and experience. The issue of feedback and evaluation was raised again in the third action cycle (Section 7.4.3) and resulted, this time, in the creation of a student experience evaluation questionnaire (Appendix 15) developed solely by the preceptor group. A short time later in this same conversation, the topic of evaluation moved to the topic of RRACF staff performance and the need to include feedback, from residents, on student performance. Margaret had stated that RRACF was not without fault in promoting an effective learning environment for students. The next extract is the response:

Cindy: ((mumbling)) yeah and let's not leave them ((the students)) to their own devices

Margaret: That issue about doing our own survey we can talk to that RTO2 but we've certainly got a better relationships with RTO1

Emily: I think it will be good for the students to know how the residents felt they went as well

Margaret: Well that's what we're going to do post-

Emily: - 'Cause we can use that as a tool then to say to see if we wanted to keep them on as casual.

Not only was there an acknowledgment that RRACF staff made mistakes but also that residents had a role to play in assisting student learning by providing feedback on the way in which students interacted with them. Making suggestions for changes in how students were evaluated suggested that preceptors were feeling confident to share ideas that were a departure from the way in which evaluation was normally carried out. Emily provided a second reason for involving residents as evaluators: resident feedback on students could be used as a tool in assessing students for employment at RRACF. Again, the context and the unstructured discussion had provided an opportunity for preceptors to offer approaches to two workplace issues that may not have been broached in a conventional training workshop.

6.4.11 Becoming aware of effective preceptorship

Meeting 4 also exemplified how the preceptors displayed, through discussion, an increasing awareness of how their actions and actions of other staff were not always conducive to good preceptorship and student learning. These quotes from preceptors in meeting 4, show this appreciation:

Not leaving students to do their own thing (Cindy)

We're too critical sometimes of not understanding their backgrounds…what they've been through (Emily)

You can be a teacher but you're not teaching (Liz)

> I know it was a bad experience last year as preceptors… it would be good if we could be evaluated by the students. (Margaret)

There was an acknowledgment in all these statements that those in teaching and mentoring roles could sometimes be intolerant and unsupportive; that students needed time to develop and, perhaps more importantly, should be given the opportunity to evaluate their experiences with RRACF staff.

However, other admissions of unsatisfactory supervision of students generated a substantial amount of discussion about how challenges in precepting students could be managed. Attributes considered necessary for effective precepting were mentioned, often incidentally, throughout the discussion and were evident only after the transcript of the meeting had been re-listened to and analysed. The following list details the qualities that the group, through their discussion, primarily in meetings 4 and 5, identified as being important in a preceptor. These were:

- knowing something about the students' backgrounds
- caring about the students
- respecting each student's individuality
- being approachable, not intimidating
- being encouraging
- using own past experiences to make the learning experience memorable
- showing students how they (preceptors) have reflected on experiences and learned from them
- focussing on learning and not just on getting the task done. (RRACF preceptors)

All these attributes are listed in the preceptors' words which I presented to the group both as a handout and again on a PowerPoint slide at the following meeting (meeting 6). The list demonstrated that preceptors had a very holistic view of precepting; to them it was more than just showing students how to do something. As preceptors, they needed to engage with students and show they cared about both the students and their own preceptor roles.

6.4.12 Identifying own learning needs

Learning to be a preceptor was not always a matter of identifying what students needed. In several instances, throughout the second PAR cycle meetings, discussion around an incident at work prompted a member of the group to identify an aspect of workplace practice where more education or training was required. Bullying and harassment by some of the care staff appeared to be a regular concern. The need for bullying/harassment training was often linked by some of the preceptors to a need for cultural training because several staff from non-English-speaking backgrounds, who had limited English, reportedly were the targets for bullying. This extract is at the end of a short discussion in meeting 4 considering backgrounds of both staff and students:

> Emily: Maybe we need to do some staff cultural background stuff
>
> Margaret: Yeah that's also that bullying/harassment training. We need to do that and that would be probably picking up from this, what training do we need to put into the staff, and I think that's good that tolerance and understanding and that training.

These self-identified training needs were mirrored in the preceptors' perceptions of their teaching role where they had identified caring and supporting as key aspects. What was more notable however, was that the dynamics of the group permitted a frank exchange of opinions on what could be considered a sensitive topic. It is questionable whether, as an external educational intermediary, I could have conducted a session that would have addressed these issues in such a direct manner. The interactions of the group appeared to create their own internal dynamic and the topics and items for discussions were ones that were important to them, hence my diminishing role as an educational intermediary. This outcome is in keeping with PAR which emphasises 'changing the role of the researcher from director to facilitator and catalyst' (Cornwall & Jewkes, 1995, p. 1670).

6.4.13 Using a shared language

Preceptors used humour and metaphor throughout the study particularly to describe problematic topics and inappropriate practices. For example, to remove unsuitable students, preceptors talked about 'sifting through' and 'weeding out' those students who they felt were not suited to working in aged care. In this way, preceptors could 'raise the bar' as there

was clearly a shared concern that more control was needed over who was permitted to undertake placements. It was also noticeable that metaphors were often used to describe what appeared to be bullying behaviour by some RRACF staff towards the students. Amongst the more colourful expressions were Liz's descriptions of some of the care staff variously describing them as 'Hitlers' (M4) 'wolves' (M6) and 'hammering people into the ground' (M4). Similarly, Emily felt that certain staff would give students 'absolute curry' (M6). These comments appeared to provide some levity in what the group seemed to consider an unacceptable situation and one they attempted to avoid by ensuring students were placed with supportive staff. There did not appear to be many limits on what was discussed even though I was an outsider and some of these topics seemed, to me at least, matters that may have been considered sensitive, particularly those concerning the practices of some staff.

6.5 A learning-centred orientation program for students

The need to have an orientation which selected and prepared students to work in aged care more effectively than what was currently in place had been evident from the first meeting I had with the preceptor group (Section 4.4). By the end of PAR cycle 2 the original global statements about the need to change had been developed into a specific meet and greet orientation plan which was considerably more comprehensive, and student-learning centred than the OHS walkthrough that comprised the existing orientation (Figure 6-3).

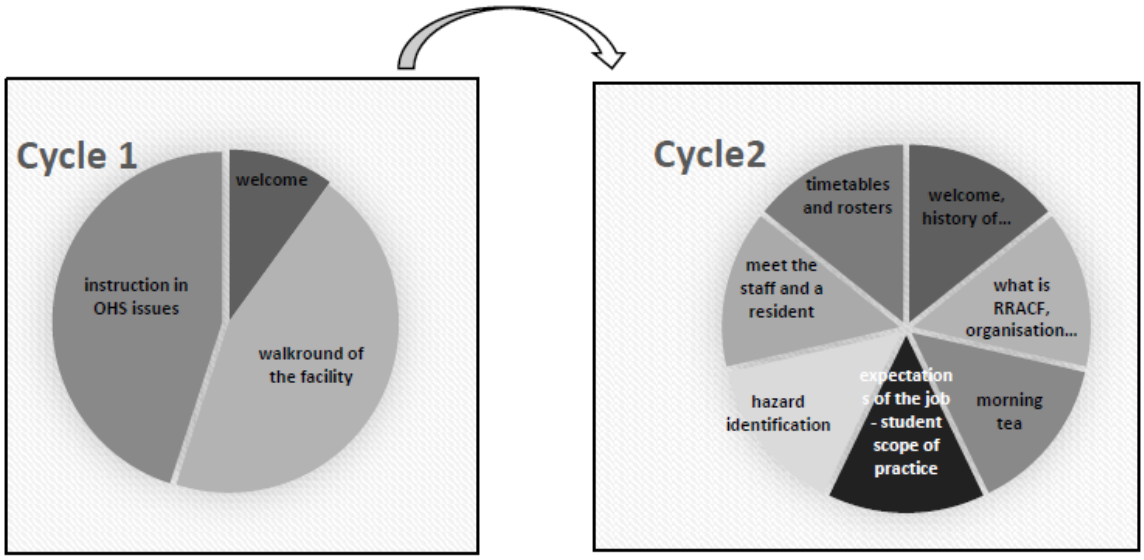


Figure 6-3: The development of the student orientation program action cycle 1 to action cycle 2

The process of developing this orientation plan had been uneven and gradual and was characterised by what appeared to be at times, almost random exchanges among the preceptors. However, without these interactions the new program would not have been developed in the way it was. Figure 6-4 illustrates how group interactions, such as exchanging ideas and opinions, led to the first iteration of the orientation program. The educational intermediary creates the conditions for preceptors to have unstructured group discussions, writes summaries of the key discussion points and presents these key ideas to the group at the following meeting. Preceptor ideas and opinions about teaching are bounded by what students are legally permitted to undertake in the workplace and by preceptors' perceptions of their role as preceptors.

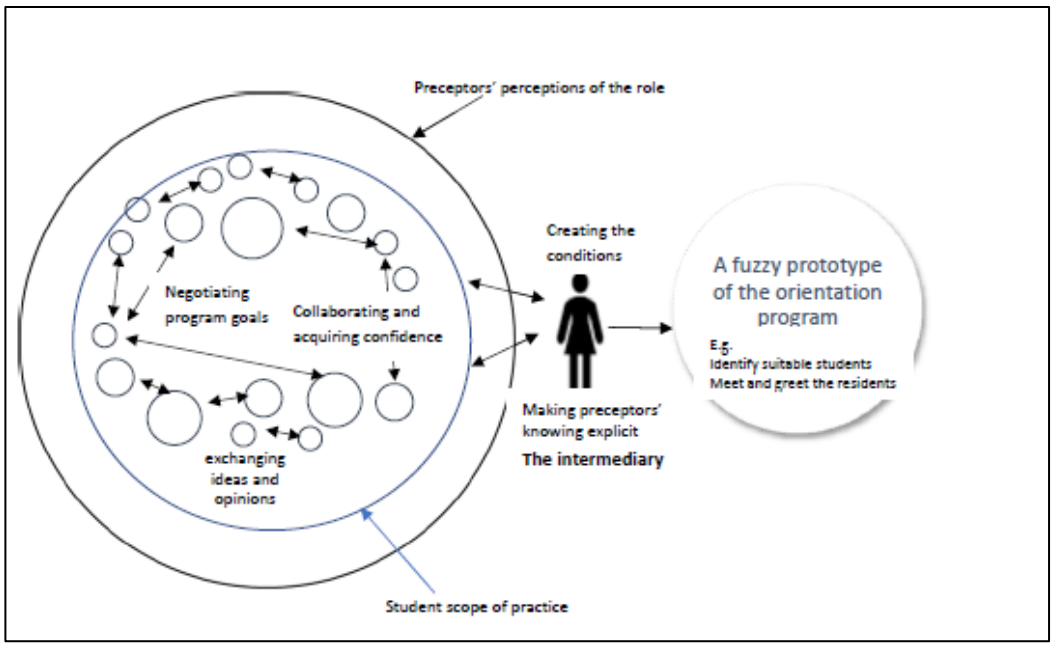


Figure 6-4: Generating the orientation program

By the end of the second action cycle, this process had led to the orientation program activities and five other key documents which underpinned and informed the orientation program:

1. Orientation program objectives
2. A draft framework for the entire placement
3. A list of qualities preceptors considered important in working with students
4. A scope of practice for students
5. The list of objectives for the preceptor program.

The process that led to the creation of all these documents and the orientation program was neither linear nor predictable. However, everything that was produced derived from the preceptors' responses to their own situation and were realised by my drawing together of these ideas, suggestions and anecdotes. This process occurred over a period of three months. Even though the composition of the group varied from week to week, it was still possible to keep the impetus going. This accumulation of local knowledge and practice was also an endorsement of the strength of collating collective knowing and highlighted the way in which they were constructed through interaction with others.

6.6 Summary

The accounts in this chapter addressed research sub-questions 1 and 2. What are preceptors' perceptions of the regional precepting role in aged care? How do preceptors prepare themselves for precepting in the regional aged-care sector? Thus, a unique insight was provided into firstly, the way in which a group of aged-care preceptors constructed their role in providing effective learning for vocational education students and secondly, the manner in which the same group went about setting up an orientation program for students while, at the same time, developing their understanding of pedagogical issues. The chapter concludes with the preceptors' evaluation of the impact of the program they developed and a summary of the key preceptor achievements.

The preceptors' perspectives were very much one concerned with resident comfort and safety where caring was paramount. This aspect extended to their perceptions of precepting which they saw initially also as caring for students. However, as preceptors increasingly engaged with the discussions and activities over the three months of action cycle 2, this viewpoint changed to one where preceptors saw themselves in a more active role, selecting students and providing guidance in helping them to reach their competencies, to practise safely and to understand the importance of performing tasks appropriately. Significantly, they wanted to make the orientation program more inclusive so both residents and non-clinical staff featured more prominently in the student placement experience.

The action cycle produce evidence of how the preceptors created their own new understanding of teaching and learning much of which was expressed in their own unique way. This understanding was generated in an indirect and collaborative manner. Essential components of understanding, not yet in a coherent whole, appeared in a discussion to be

taken up immediately and extended by the group or to reappear later in the discussion or in a different meeting entirely. The frequent interaction and the sharing of elements of understanding and their reformulation led to the development of a new and more extensive orientation program than had been previously conducted in RRACF. The new orientation was underpinned by a set of collaboratively developed learning goals and a common view of the preceptor role. Importantly, the boundaries in which the students could learn and apply their caring skills were included, explicitly, in the orientation.

Preceptor contributions, somewhat subdued in the first two or three meetings were very evident in the later meetings where I, as the educational intermediary, moved to the background and the preceptors assumed a greater share in ownership of the student orientation program; a satisfying outcome for a PAR undertaking where participants are active co-creators of knowledge and action (Cornwall & Jewkes, 1995; Reason & Bradbury, 2008). The down-to-earth and pragmatic nature of this discourse was crucial in influencing how the program developed and in the coherence of the final product. Too much educational and de-contextualised content and language from myself, the facilitator, appeared to inhibit discussion and was responsible at times for small misunderstandings and confusion. However, there was also evidence that the preceptors had taken on board some of the discourse and activities around teaching and learning that had been presented and discussed over the seven meetings indicating an increasing pedagogical rigour.

There were certainly times during this second action cycle that the situation felt somewhat chaotic. For example, the composition of the group changed from week to week, there would be frequent interruptions, or a planned session often ended up going in a direction I had not anticipated and ended in much amusement for all involved. However, on more than one occasion, rather than bring a session back to the teaching points that I had prepared, I let the discussion run its course. In allowing that to happen I believe that the learning arising was richer.

The next chapter, Chapter 7 begins by noting the personnel changes in the preceptor group. It then describes some of the impacts of the orientation program that had been revised by preceptors. The chapter focuses on how the preceptors took ownership and expanded the preceptor development program as their pedagogical skills developed. As for action cycle 2,

the preceptors used their own unique discourse and patterns of interaction to generate new ideas for teaching students and to express their growing understanding of teaching and learning.

Chapter 7 Action cycle 3: Reflection, consolidation and taking ownership

7.1 Introduction

The accounts in Chapter 7 encompass PAR cycle 3, the last action cycle of the study, and relate to the approximately 10-week period in which I continued to conduct regular meetings with the preceptors (Table 7-1). During this period, three groups of Certificate 3 students were on placement at RRACF which meant they participated in the revised orientation program. Preceptors were thus provided with an immediate opportunity to evaluate the program they had developed. Action cycle 3 also provided opportunities for preceptors and the educational intermediary to reflect on student learning experiences, a process that was the catalyst for ideas on how to develop the program further to accommodate the learning needs identified. Of the three Certificate 3 groups, I met with students from two: Registered Training Organisation 1 (RTO 1) and RTO 2 (Table 7-2). There was also a group of registered nursing students present in the facility during the later stages of the ten weeks. This latter group had with them their own registered nurse educator who mentored the students while they were on-site. I did have one meeting with these nursing students though the group of 12-14 was considerably larger than the groups from RTO1 and RTO2. Like the previous two action cycles, action cycle 3 involves both the preceptors and the educational intermediary engaging in all elements of an action cycle; planning, acting, observing, and reflecting, often undertaking two actions simultaneously so one action could illuminate the other (Baum et al., 2006). As for chapter 6, the abbreviations M8, M9, M10, M11, M12 are used to refer to the meetings I had with the preceptor group.

The chapter begins by describing the changes in the composition of the preceptor group before moving to explain the impact of the preceptor-developed orientation program. The views of students involved in the orientation are included to add depth to these outcomes. Chapter 7 then illustrates how the preceptor group took ownership of the preceptor development program and in doing so developed further teaching and learning tools and extended the orientation program. The preceptor group did not stop with improving learning experiences for students. The next part of the chapter details how preceptors identified other areas in RRACF that needed attention including the need to involve more staff in any teaching

learning initiatives. As in action cycle 2, the preceptors used a shared local discourse replete with metaphor and humour, to generate their ideas and then artefacts[12]. The chapter concludes with informal evaluations of the impact of the project from various members of the group and a summary of action cycle 3's key accounts. The exit strategy is also described.

Meeting no.	Date	No. present	Attendees	Data collection
8	20/05/14	6	Fiona, Liz, Louise, Margaret, Vicky, Shari	Audio recording Transcript Meeting notes and summary Educational intermediary's diary
9	03/06/14	7	Fiona, Emily, Liz, Louise, Margaret, Rosemary, Shari	Audio recording Transcript Meeting notes and summary Educational intermediary's diary
10	19/06/14	7	Fiona, Emily, Liz, Louise, Margaret, Shari, Vicky	Audio recording Transcript Meeting notes and summary Educational intermediary's diary
11	03/07/14	5	Fiona, Emily, Margaret, Louise, Vicky	Audio recording Transcript Meeting notes and summary Educational intermediary's diary
12	17/07/14	7	Fiona, Emily, Liz, Louise, Margaret, Shari, Vicky	Audio recording Transcript Meeting notes and summary Educational intermediary's diary

Table 7-1: Action cycle 3 preceptor meetings

Training Organisation	Date	No. present	Attendees	Data collection
RTO 1	19/06/14	6	Alicia, Christine, Ellen, Tania, Fiona, Margaret	Meeting notes and summary Educational intermediary's diary
RTO 2	20/5/14	5	Mary, Anne, Jenny, Fiona, Margaret	Audio recording Transcript Meeting notes and summary Educational intermediary's diary

Table 7-2: Action cycle 3 student meetings

To complement the data from the series of meetings with preceptors, I also conducted two informal interviews with two pairs of the preceptors after the program had concluded (Table

[12] According to The Sage Dictionary of Qualitative Inquiry, an artefact is a product of human workmanship or handicraft and can include texts. Artefacts carry meaning about the culture of their creators and users (Schwandt, 2007 p. 9).

7-3). My goal in these interviews was to obtain their perspectives on whether they thought the preceptor program had had any impact on learning and teaching practices in RRACF. Although these interviews were not the primary form of data used in Chapter 7 (see Section 4.3.5) they did provide a post-program insight into how the program was received.

I conducted one other informal meeting in this action cycle: this was with Margaret and Emily. The meeting took place off-site after the action cycle was over (4/9/14) and was organised to obtain their views on whether the preceptor program had had an impact on RRACF. The meeting was audio-recorded but the quality of the recording was poor because the recording environment was extremely noisy.

Preceptors	Date
Louise and Emily	04/09/14
Vicki and Shari	15/10/14

Table 7-3: Informal preceptor interviews

7.2 Changing personnel

The beginning of action cycle 3 marked the inclusion of the two new preceptors to the group, one an enrolled nurse and one a PCW (Nos. 8 & 9, Table 7-4). This development provided opportunities to generate more ideas and to hear another perspective, that of a PCW, on how to promote change.

	M/F	Profession	Years as an enrolled nurse/PCW	Years at RRACF	No. of years' experience precepting students	Teaching qualification	In-service training in teaching
1	F	Enrolled nurse	7[13]	10 months	3	None	None
2	F	Enrolled nurse	7+	6-7 years	None	None	None
3	F	Enrolled nurse	18	23 years	7	None	None
4	F	Enrolled nurse	36	10 years	Has experience but no. of years not indicated	None	None
5	F	Enrolled nurse					
6	F	Registered nurse	39	8 months	Not sure but many	None	1 workshop
7	F	Administrator	12-13	4 months	Has some teaching experience	None	None
8	F	Enrolled nurse				None	None
9	F	Personal care worker		10+ years	Informal mentoring	None	None

Table 7-4: Preceptor demographics action cycle 3

Significantly, the students who were in the facility at the time, Certificate 3 in Aged Care students, would be future PCWs themselves, so seeing and working with an experienced PCW in a senior role provided an excellent role model. This potential was recognised by Margaret (M8):

> Margaret: But see for you it's great for me it's great value 'cause you are a PC, you've seen the good and the bad and we often talk about it so we're in a great position to make a difference in your current positions
>
> Vicky: Love to, it's good.

In her role as the clinical manager, Margaret was in a position to promote change in the way in which student placements were managed but recognised that she was not able to do it without the support of staff on the floor. This promotion of one PCW to a preceptor role represented a significant change to the existing supervisory practice within the facility and demonstrated an understanding of the importance of a collaborative approach in

[13] Includes an unspecified number of years as a personal care worker

precipitating change. It also signalled an effort to encourage the participation of a group, PCWs, not normally involved in managing student placements, although they were the group with whom students of any profession undertaking placements at the facility would have the most contact.

7.3 Ripples from the orientation

7.3.1 A good start

During action cycle 2 the preceptors had progressed the orientation to cater for what they had identified as deficiencies in the students' training. The orientation now required more involvement from the students than it had previously. The emphasis was on student activity with the aim of raising student awareness of the key focus of the PCW role. Interacting with residents was a way to ensure students were aware that residents were people who needed care and support. They were not just objects to be cleaned and fed. In other words, the preceptors wanted students to understand that the job was an interpersonal one and not just a list of tasks to be completed. That the preceptors were so passionate about extending students' understanding of what the carer role was about was encouraging and had highlighted the potential capacity of the existing aged-care workforce themselves to improve the recruitment and retention of healthcare workers to the aged-care sector.

Just as importantly, Margaret, in her role as the clinical manager, alerted to concerns about some students by the discussions within the group and her own observations, was able to implement several initiatives. These proposals included visiting the students at their RTO before they came to the facility and then adjusting daily starting times to ensure that someone with good precepting skills was available for students as soon as they entered the facility. Bringing in students at 7am, the usual morning shift start time, would have left the choice of mentor to chance as preceptors were not available to work with students until after the morning routines were completed.

The new orientation program developed in action cycle 2 was conducted a short time before meeting 8 and had reportedly been very successful, even though not all that was planned had been implemented. In her report of the orientation day in meeting 8, Liz related that the students had had an introduction from some of the preceptors who had 'explained about

their journey and they (students) liked that' (Liz, M8). Bringing in a resident had also been a great success:

> Emily: We brought Joy in and she gave a bit of a spiel
>
> Liz: She did really well didn't she? She even came up with one liners that I wouldn't have even thought that I didn't think she would think of and I was like oh dear that was well said and like I learnt from that as well.

In presenting a resident's view, Joy had reportedly highlighted to students that residents were doing more than existing and being given three meals a day which, according to Liz, who was recounting the episode, had enabled students to see residents as people and not just as tasks to be performed. Liz admitted that she too, had benefitted from Joy's presentation because she (Liz) had heard about an aspect of Joy's life she had not been aware of.

At the debriefing session at the end of this first day Liz had shown her students a DVD on dementia which, as she related, had prompted students to contribute some of their own first day experiences in working with residents who had dementia:

> Liz: We grabbed them all at the end of the day, they came into the lounge, they watched a bit of the dementia video, they found that really interesting but like I said I did too and then someone piped up and said that they'd done a feed and someone else said that they did something else and I said do you have any questions so then the questions came and it was good. They all went out smiling and you could tell that they had a really good day and that's what we want.

Liz had used this DVD presentation, an activity she had not used before with students, and had seen its value in prompting student feedback about their workplace experiences while students themselves had used the opportunity to initiate discussion on aspects of aged care they may not have understood.

The DVD was also used to communicate Liz's passion for her work by highlighting how residents were people and not just tasks to get out of the way; she did this by stopping the DVD at a critical juncture, picking up on the point being made (how residents often only remember events that happened a long time ago (Palliative Care Dementia Interface: Enhancing Community Capacity Project, 2011) and relating her own experiences with a resident to supplement what was being shown. In doing this, Liz was also providing a hands-on interpretation of a resident's behaviour, and, judging by the way she talked about her own reactions and attitudes, demonstrating the qualities necessary for effective caring, in other words being a good role model. According to Liz, the students had loved these activities and had been very happy to be involved. Table 7-5 summarises the activities used to engage students during the orientation day and the reported benefits.

Activity	Reported learning consequences
DVD on dementia to promote reflection **Relating own experiences to the teaching point in the DVD**	• Prompted student feedback - enabled students to link experiences in RRACF to what they saw in the DVD • Prompted student questions • Gave students the opportunity to talk among themselves • Enabled the preceptor to talk about her own experiences as a PCW in similar situations which students enjoyed – 'in action' stories
Handover (end of the day)	• Gave students an opportunity to talk about what they liked – an opportunity to debrief
Reorganising the start time	• Enabled the students to be allocated to supportive mentors
Bringing in a resident to talk with students	• Enabled students to see residents as people with stories rather than just as the object of a task • The resident provided insights, some of which were humorous, into how she felt about the aged-care facility.

Table 7-5: Orientation activities and reported benefits

This new orientation had seemingly benefitted not only students but, just as importantly, had increased the confidence of the preceptor group because they now had a clearly articulated plan and expectations for working with the students:

> Liz: However, it's actually better for the students because they're getting a better orientation so they're actually going through that, it's like they've got to go through the gates here in an orientation before they can get out onto the floor. And then it's

also when they're on the floor making sure that it flows the way we expect it to flow and then if they have any problems with staffing and that sort of stuff.

Vicky: That's what it looks like to me.

Liz: Yeah it is. So, we've done it by saying what our expectations are so they know. (M8)

For this preceptor group, precepting and mentoring students had not been a large part of their role in RRACF previously, so there had been little in the way of an organised approach to ensuring that student placements were beneficial; now the preceptors had been instrumental in developing a new orientation program which expanded their own role while providing more support for students.

The improvements were noticed by preceptors and other staff. As soon as meeting 8 began, Margaret stated, 'I'm very impressed about the difference in the atmosphere on the units with the students'. The two new preceptors in the group also commented positively on these differences in the workplace. Vicky, the PCW, related how staff who had not been involved in action cycles 1 and 2 had noticed change in the way that placements were managed in the facility. This feedback was tangible evidence of the impact preceptor attempts to improve the student experience at RRACF was having. Later, when the program was over, I was informally interviewing both Vicky and Shari. They reaffirmed their comments about the impact that being part of the preceptor group had had on themselves and RRACF as shown in these extracts:

> [I've learnt] just to be more aware of the students on the floor and not, because we can get a bit, after a few years of students you just get a bit ho-hum about it, that sounds really rude and I don't mean that – but you go, oh no, not another student, so it's kind – you know how you just need refreshing, you know what I mean? (Vicky, 15/10)

> Yeah but I think because the awareness of the team leaders and the senior PCWs, I think for me I've seen a big difference, as I said, a big difference in

how to interact with the students and the level of … most of the staff too. (Shari, 15/10)

The common theme in these two responses, though made retrospectively, was the raised level of awareness among staff about interacting with students which underpinned the reason for undertaking the program at RRACF, to improve the students' experiences of aged care. The responses were encouraging because no formal training had been undertaken with all facility staff; it appeared that the ripples from the preceptor group initiatives had had an impact.

7.3.2 Engaged students

Students, the focus of the revised orientation program and placement program, appeared to have responded well to the changes. In an informal interview I conducted with three of the four Certificate 3 students from RTO2 during action cycle 3, I asked them about their experiences at RRACF. The feedback was uniformly positive:

Mary: I've loved working with the residents, talking to them, getting to know them and the work colleagues in RRACF have been nothing but helpful. They've been very supportive, very good, yeah, explaining things to me, all that sort of thing. Letting me have a go and sort of on my own if I'm feeling competent, they'll be just standing back and all this sort of thing so yeah, I've actually got no complaints except for sore feet

Ann: I don't know, maybe because it's keeping me on the go. Well like, it's like I used to just sit around at home and do nothing, where this is actually like getting me out and doing something

Jenny: I've really enjoyed it, I've found every – all the staff that I was with, they were really helpful, and I felt really confident – comfortable is the word – comfortable just being with them.

Mary and Jenny, in particular, stressed how supportive the staff had been and how they had made the students feel confident, comfortable and created the space to let the students work independently. This autonomy was particularly important to Jenny who was much

younger than Mary and admitted to 'yeah I don't really know what to say, I'm really bad at speaking'. In fact, the staff had recognised Mary's aptitude for aged care and were very supportive of her, seeking her out to work on their units within the facility. Ann, who reportedly had been a challenge to staff with her casual attitude, also seemed to be enjoying the experience because it was providing her with a focus, something she felt she normally lacked. The good feedback did not stop at these students. The next cohort of Certificate 3 students entering the facility, who were from RTO1, also reported good experiences particularly with staff who were mentoring them:

> Well just everyone was pleasant, they shared their knowledge – I'd ask questions all the time and they were more than happy to answer all my questions, no one ever said 'No I haven't got time' or whatever, everyone was just very eager to help me (Christine)

> They've been more than helpful. (Ellen)

Ellen went on to explain that staff would allow her to observe them until she felt confident to undertake little jobs on her own. This feedback about staff was very encouraging as according to some in the preceptor group, care staff would sometimes go off and have cups of tea and leave the work to students. The group of division 1 nursing students who had also completed a placement at the facility were as equally satisfied with the way they were supported at the facility, even though they had their own supervisor with them:

> They've all been supportive, and they talk you through each thing and tell you why they're doing it. (nursing student,17/10/14)

A few members of this group then gave the example of a PCW who had been particularly good in both showing and explaining the laying out of a body after a resident had died. The students did not know the name of the PCW, though it was unlikely that it was one of the preceptor group with whom I was working, because Vicky, the only PCW preceptor, had not mentioned it. However, the PCW's efforts in assisting students to understand the caring role in attending to a deceased resident, suggested that there was more focus in RRACF on ensuring that student learning experiences were positive, even in unhappy circumstances, and that students understood the rationale for undertaking particular procedures. The episode aligned well with Jen's expectations for staff working with students; that they must

have a positive attitude to training students and an ability to promote understanding. The unknown PCW and those who had worked with Christine and Ellen appeared to have met that expectation.

7.4 Creating a student-centred program

7.4.1 Knowing student backgrounds

Like many developments during the project, preceptor insights and ideas occurred at unexpected times. During an interaction with preceptors early in meeting 8, I had spent some time explaining an activity they could use to motivate students only to get no response. Reformulating the instructions to emphasise that the group could brainstorm ideas with one another produced little response. In retrospect, my instructions were probably not clear and even when, for a third time, I rephrased the activity using the objectives that the preceptor group had developed themselves in action cycle 2 the task was interpreted in ways I had not anticipated. Shari recounted an incident where a student had not understood what was required, which was not what I had intended from the activity:

> Shari: You're talking about knowing how to do the task, so I actually worked with a student who was an international student and she genuinely did not realise she had to use soap or something to bath someone.

However, as can be seen in extracts from the discussion that followed, Shari's anecdote was the trigger for an exchange between Margaret and Liz about educational diversity, including cultural background, age, the amount of work experience among the students and how the RRACF staff were not always aware of this and often made assumptions. The content of the discussion in fact was far richer in its understanding of diversity in the student cohort than what I could have anticipated. Margaret and Liz talked about interactions with students and how cultural expectations could hinder communication. As this extract demonstrates they did not use academic words like *cultural expectations* and *assumptions* to explain their views:

> Margaret: We should then reflect on we have a lot of students here from different ethnic backgrounds and I think we don't do it well

Liz: Plus we're assuming another example we're assuming that all female(s) are happy to have either male or female shower them

Margaret: We have to look at the individual like we've got patient-centred care we need to look at the student as an individual and maybe adapt our orientation program to the individual a bit more. So, when we see the issue about the cultural diversity we might need to do a bit of work there

Liz: They might have all gone through the same training place however we shouldn't assume they all have the same ideas

Margaret: Yeah but it's like a teaching thing, they hear it but to actually do it and learn from that doing is two different things. (M8)

Liz's points about preceptors making assumptions about residents' preferences for the gender of their carer and assumptions about students' existing knowledge was also perceptive because it hinted at the propensity of many staff to categorise students as an undifferentiated whole. She also highlighted the shortcomings of an education system that equated output, in the form of training undergone, as an indicator of what students had learned. As Liz suggested, learning to her was individual and idiosyncratic and could not be reduced to a simple input = output model. The exchange raised several other educational issues that provided an ideal basis for future discussions. Embedded in this segment of discourse was the need for preceptors to address:

- student ethnic/cultural diversity
- gender of carers
- residents' attitudes/beliefs
- differing student levels of competence
- differing student attitudes and levels of motivation
- the effect on learning of making assumptions.

Margaret's observation that all students were unique and could not be treated as a homogenous group was also prescient. Not only was her comment, and the discussion she had had with Liz, an acknowledgment that attitudes towards students needed to change, but it also implied that everyone had something to offer. In other words, it represented her unarticulated rejection of a deficit model of learning in which those who did not adhere to a received model of best practice were considered in need of more training. However, Margaret did not suggest ways in which acknowledging diversity could be addressed, which underlined the need for a range of expertise within the group where complementary skills could be drawn on to both highlight and address the issues raised. The preceptors were readily able to identify issues around learning and teaching but did not identify how they could act on those concerns.

Similarly, Margaret's comment 'they hear it but to actually do it and learn from that doing is two different things' drew attention to the gaps that often arise between the knowing, the knowing how, and the knowing why. While competency in performing a task is important, so too is understanding why the task must be performed in a particular way. Students are able to see the consequences that arise from not adhering to completing a task in the way that has been prescribed. Margaret's insight pointed to a need for preceptors to develop the communication skills necessary to address these gaps to assist student learning.

7.4.2 Highlighting practical knowledge

The third cycle also initiated discussions about the gap between what students had learned in the classroom, and their practice on the floor, a topic that had had only limited mention in the second action cycle:

> But I think a lot of it's like theory is easy in the way of bookwork, it's the practical the hands-on stuff learning that and understanding, trying to understand (Shari, M8)

> Yeah that's what happens isn't it you kind of get them and they have the knowledge but then putting that knowledge into practice and looking after an elderly person it's not a mean feat either (Vicky, M8)

> On Thursday, they said it was totally different to what they learnt, and I said it is. (Liz, M8)

In the extract above, Shari was emphatic that understanding the practical aspects of the job was more difficult than the theory learned in the classroom. Practical aspects included being empathetic and showing respect to the residents. For Shari, being a good preceptor meant students needed to not only know *how* to perform the care tasks but also to understand the nature of the social context in which they were working. Like Shari, Vicky's comment also suggested that students needed to understand the social context in which they were working, that of elderly people, and that just having knowledge was not enough. Students must know how to use that knowledge. In attempting to explain this lack of appreciation among the students about what was involved in caring for aged people, the consensus within the group was that the type of training that students received was partially responsible because it provided a very unrealistic view of aged care:

> I think sometimes too like we watched a DVD when we were students they didn't show to me, I didn't think they showed the true frail elderly person, it was still a bit clinical and the person could walk- (Shari, M8)

> Or it's the other way and they think they come into a place like this and they just make cups of tea and chat to old people. (Vicky, M8)

However, the group acknowledged the difficulty in making the care process realistic in the classroom; they felt that the subject matter was too confronting to develop visual teaching tools such as DVDs:

> (You're) not going to show a naked elderly person on a DVD and say well this is what you're going to do and you lift the breast up like this and you get under there (Shari, M8)

> But they're not going to show a video of you toileting are they like this is what it's really all about. (Liz, M8)

Margaret proposed that the group could make their own DVD if they got permission, a suggestion that led to great hilarity and some humorous suggestions about how this could be done. The idea did not progress but did signal a willingness of the group to consider innovative ways in which incoming students could be eased into the realities of aged care.

Despite Shari's earlier claim that the theory was easy, later in the meeting when we were talking about what students were expected to undertake while on placement, she related an incident where she had been helping a student to complete some competencies:

> I just read some of her book, I couldn't even understand what some of the bloody questions was to tell the truth. (Shari, M8)

The written text was not presented in a way Shari understood. Although, the manual was probably for visiting educators from the RTOs in which students were enrolled, it was the ENs who had to sign off on the students' competencies. Still, Shari's reaction was somewhat troubling particularly as Shari was a very experienced EN, who had worked in aged care overseas. It is interesting to speculate on whether the student she was with understood what was required. That an experienced EN did not understand what students were required to do suggested that some RTOs were not communicating fully with RRACF over what students were required to complete during their placements. The comment also highlighted the often-distancing nature of formal training documents, a characteristic that was also apparent in the RRACF induction manual given to students at the beginning of their placements. This discussion around the theory-practice divide, some of the potential reasons behind its possible cause, and an attempt to address the issues was again an indication of how the group had developed a pedagogically framed precepting persona even though some members of the group were new. The talk about trying to reject certain students, evident at the beginning of action cycle 2, had been replaced by a much more positive approach acknowledging that some students lacked any authentic learning experiences and that student training was not always preparing them adequately for what they were required to do while on placement.

As well as drawing attention to students' lack of practical knowledge, all three preceptors in meeting 8, expressed the lack of awareness among some students, about the nature of work in aged care. Vicky, while not as vocal as Shari, noted that students seemed to underestimate

the requirements of working with older people. In fact, in a later meeting (M11) Vicky pointed out that some young people may never have met an older person:

> Vicky: I don't know whether a lot of people come across older people sometimes. I'm just thinking of my own kids they haven't got grandparents [Margaret…that's right] and I don't know whether they come across a lot of old people in their workplace or anywhere else actually. (M11*)*

Vicki's comment suggests the difficulty that aged-care staff may experience when mentoring students who have little or no experience of interacting with older people. Her comments also suggest that aged-care staff may have untapped potential for modelling skills to students such as engaging with and caring for elderly residents, skills which Grealish et al. (2013) argue contribute to well-rounded healthcare students.

7.4.3 Generating an evaluation of student experiences

Now that students were on placement in the facility, the group were also keen to find out about how students were progressing. During meeting 9, the group was considering how to gather feedback on student performance:

> Emily: Maybe though once a week you just take them aside and see where they're at with the tick sheet.

Emily's suggestion appeared to be aimed at assessing their competencies. However, the conversation shifted to discussing how they could gather feedback on student experiences in the facility. In this exchange between Liz and Margaret, both surveys and verbal feedback are considered:

> Liz: What about getting them to give feedback like a survey thing, have you got you know like we do at the end of […] an in-service training and we give the good, excellent feedback thing […] So they don't have to front anybody they can put it down anonymously or they don't have to or if they would put their name on it I think would be better.

Margaret: Or maybe we can develop it, yeah it's that feedback form I think we want to do it, so I'm asking feedback every week so tomorrow at half past two they're coming in for an evening […] but I'll sit down with them for half an hour and get that feedback verbally from them.

The conversation suggests that the preceptors were not just interested in whether students met their competencies but were also perceptive enough to realise that this was not enough. Preceptors not only wanted to see what students had done but they also needed to gather more information on how students were experiencing the facility and where they (preceptors) and the organisation could improve the way in which they managed placements. However, Liz suggesting a survey to collect data and Margaret saying she would collect verbal feedback reflected some ambiguity in their preliminary approaches.

By meeting 10, a month later, more certainty about how feedback should be collected was evident in preceptor responses. There were also more participants in meeting 10 than there had been in either meeting 8 or 9. In meeting 10, I had asked the group to imagine I was interviewing students about their experiences of RRACF and that they, the preceptors, were to provide me with questions I could use with the students to gather this information. The resulting conversation was a rapid succession of suggestions all focussed on gathering feedback from the students:

Louise: What's the best thing they've learnt?

Vicky: Have they enjoyed themselves?

Emily: Have they enjoyed it?

Vicky: Has it been worthwhile?

Louise: Is it what they expected?

Fiona: Something that gives really meaty answers, good

Liz: What's their worst experience?

Emily: And how they think they've gone?

Fiona: Good yeah. 'Cause this is what I'm going to write up as how they think- …

Vicky: Do they feel like they have a connection with the older residents like with the residents?

Fiona: Yes 'cause you want to attract them back into -

Emily: - some of them (laughing)

…

Emily: What was the most difficult part?

Fiona: These are really good actually. Any other suggestions. I'll get these ready for you and send them to you

Vicky: Putting up with the roster lady that plays up-

Emily: That's got nothing to do with it- (laughing)

…

Shari: I suppose you could ask them what do you, *you* think you could put into aged care that might be different

Louise: What would you change?

Shari: What would you change in aged care?

Liz: Yeah what do you think you can give?

Shari: Yeah what you could offer?

Fiona: That's a really good list actually

Liz: The thing is though from when you do your course to going on the floor there's no comparison.

(a digression of about 30-40 seconds here on the confronting nature of aged care particularly for young students)

Emily: What about the questions to ask the students sorry, getting back to that what about something along the lines of 'how are you received as a student?' Just to give us some information of how we're actually… staff treated the students. Make that sound pretty and nice.

The suggestions were very specific, compared with 'the good excellent feedback thing' (Liz, M8) that was provided in the earlier meeting and conveyed a very practical concern with what students experienced – whether they liked working at RRACF and what they had enjoyed or not enjoyed. One of the most interesting questions proposed was one asking students whether they thought they had made a connection with the residents. This required a much more reflective response from students than many of the other questions. Students were asked to consider their own ability to communicate and interact with elderly people, a skill which preceptors had indicated was particularly necessary in younger students who, according to preceptors, were often unprepared for the realities of aged care. The question highlighted first, what preceptors understood as the focus of their role: caring and supporting. It also suggested that preceptors wished students to look at their motivations for working in aged care more critically. This concern for attracting genuinely interested students to aged care was reinforced with suggestions from the group for students to think about what they could offer to the sector and what they thought could be changed. There was also agreement, shown in the following responses, that as preceptors, they needed to be evaluated by students, a consideration already raised by Emily in the previous discussion extract:

> Well you need the positives and negatives (Shari, M10)
>
> Just so that we get more of an idea of what they think of us but it could also identify good other preceptors (Emily, M10)
>
> You need honest criticism not just […] but general and honest criticism as well as positive. (Liz, M10)

It was encouraging to hear the group say that they wanted students to identify areas in which they felt RRACF needed improvement and that there needed to be a question in the questionnaire to that effect. As Margaret had stated back in action cycle 2, the organisation

was not ‘squeaky clean’. Addressing this concern in an evaluation questionnaire was another indicator of changing attitudes and practices within the preceptor group.

Equally as significantly, in developing this evaluation questionnaire (see Appendix 15) all the group had participated in its composition and in doing so had increased the complexity of the questions. One preceptor would make a suggestion, and another would either agree or suggest another question. Each contribution elicited another contribution which served to gradually elaborate and increase the cognitive depth of the questions. For example, asking whether students enjoyed themselves might require a straightforward response whereas asking students what they thought *they* could contribute to aged care might require a more considered response.

Generating such a range of evaluation questions indicated the group had made considerable progress towards ensuring RRACF could provide an effective learning environment for students. There was surprise among members of the group that they had managed to come up with such a comprehensive questionnaire: as Emily noted after being shown the questionnaire in a written form in meeting 12, ‘that was a little bit smart’ and ‘these are good questions we came up with’. What it also demonstrated was the capacity of the group to generate ideas and resources among themselves, particularly when there was a specific need. Several factors may have contributed to this pedagogical development. Firstly, in meeting 10, there was a very specific prompt for the group: asking preceptors what questions they would ask students. Secondly, the group was larger, increasing the potential number of interactions and ideas and questions that these interactions could generate. Thirdly, the length of time between meeting 8, when the need to evaluate students arose, and meeting 10, with meeting 9 in between had perhaps given the preceptors the opportunity to reflect on these matters while they were working with the students or when they were talking with one another.

However, the exercise also pointed to the necessity of having someone there to record the ideas and turn them into a coherent document. Like other discussions throughout this study, much of the contextual know-how, expressed orally, would have been lost if I had not recorded the ideas and reproduced them in written form. By having the questionnaire in front of them, in written form, at the subsequent meeting, preceptors were able to see their

achievements and, importantly, in a data-driven era, have tangible evidence of their ability to run many aspects of the placement program themselves. This written document also provided potential support for their call to be recognised for their teaching duties, one of the objectives of the preceptor program.

7.4.4 Refining the orientation

The importance of giving feedback and evaluating experience did not pertain only to students. The preceptors had also determined that the placement program needed refining. In meeting 9, both Margaret and Liz indicated that more work was needed on the program content particularly as another cohort of students was scheduled to begin their placements soon:

> We haven't developed our orientation take yet and I think we've been…If you're off the floor you can still have the student with you in the office (Margaret, M9)

> See this is where we need to be more clear and concise on what is expected on what we want on that very first day which is what I thought this was, and we haven't done that. (Liz, M9)

From my point of view, it was encouraging to hear the preceptors taking time in discussions to reflect on what had gone well and what had not. However, it took until meeting 11 before any of the concerns about the orientation program were addressed. This was probably because the new cohort was due to begin so revisions had to be made before they arrived. In fact, meeting 11 was nearly postponed as there were several staff absences at the facility. Consequently, I had only four preceptors in the group, one of whom had not been present when the original orientation had been planned. We decided to conduct the meeting anyway mainly because the next meeting would be after the students had started. Despite small numbers, the meeting turned out to be very productive. The group spent much time discussing the orientation objectives and whether any learning activities needed to be removed or added to the model that had been developed. Eventually the group decided to extend the orientation from one day, as had been planned in action cycle 2, to two days in action cycle 3. As Table 7-6 , there was an effort to make sure that activities which were more fun and active for the students were included on the first day to keep them engaged. There

was also an awareness of the need to balance and pace the sessions, hence the placement of a learning activity after the organisational structure presentation and a morning tea after the introduction to care plans and online documentation system. As Emily explained, 'the boring bit' would be followed by an 'exercise to shake them up a bit' after which the students would have morning tea because 'their heads will be spinning' (M11). These planning changes indicated how the group were considering the learning implications of each activity.

	PAR Cycle 2	**PAR Cycle 3**		
	Meeting 5	Meeting 11		
	Day 1 Orientation program	Day 1 Revised orientation		Day 2
8-9am	Welcome Intro to person-centred care	Welcome What is RRACF? - Who we are - Organisational structure	9-10am	Introduction to care plans Manad (administration software)
9-10am	- What is RRACF? - Who we are - Organisational structure	Person-centred care activity and survey	10-10.30am	Morning tea
10-10.30am	Morning tea	Morning tea and meeting with staff and residents	10.30-11am	Student scope of practice
10.30–12.00pm	Expectations of the job Student scope of practice	Expectations of the job Roleplay?	11-12am	Lifebook project (possible)
12.00-12.30pm	Lunch	Lunch	12.00-12.30	
12.30–1.30pm	Hazard identification	Hazard identification	1.30-	Assigned to individual units
1.30 – 2.30pm	Meet the staff Meet a resident	Timetables and rosters		
2.30 – 3.00pm	Timetables and rosters			

Table 7-6: Revised orientation program compared with original

One of the changes that the preceptors had made in action cycle 2 was to bring a resident to the orientation to speak with the students thus emphasising that residents were the focus of students' work. The action was taken to counter the reportedly common practice among some personal care staff who saw the residents impersonally as tasks to be completed. This resident-perspective approach was also intended to give students an introduction to what working in the aged-care sector would be like and to illustrate the concept of person-centred care:

> Margaret: It also ties them into the model of care that this is a person who is 88 but she's someone's mother and all that and (this is her home) this is her home. (M11)

To strengthen the students' awareness of residents as people with lives and stories to tell and in keeping with the more active and person-centred nature of this revised orientation program, the group decided to move the resident activity to morning tea time. The original plan was to use a training room, but the group considered this would be too formal to encourage conversation. By making a change the group were attempting to ensure a supportive learning environment for students and a safe and social environment for residents. Intuitively, preceptors were employing good teaching practice. Other facility staff were invited to this morning tea, which reflected the wish of the preceptors to raise the profile of the new orientation program for students. These modifications emphasised the preceptors' desire for a more varied and inclusive experience for students, something that may not have been possible if a formal model of education emphasising acquisition of skills had been adhered to.

Another activity suggested for inclusion in the next orientation was a role-play. The impetus for this had come from several preceptors who had attended a simulation clinic, conducted by a local university department of rural health. The preceptors had found the clinic a very valuable learning experience and thought that providing a similar experience for students would be beneficial. However, it was evident from the discussion, illustrated in the two following quotes, that preceptors did not want a similar activity during the orientation; students would need to gain some experience in caring for residents before they could participate meaningfully in a roleplay. Again, it was encouraging to hear the group considering the suitability of a learning activity for students and ensuring it was based at the correct level, in this case novices:

> I think some of that role-playing thing I reckon in the middle of it somewhere after they've been here for a while and interacted with residents- (Vicky, M11)

> I think it could be the students the three of us role playing and then half way through their placement we'll put them in a role play. (Margaret, M11)

Because meeting 11 had only four of the care staff present, it was difficult to gauge whether the idea of roleplaying, either as facilitators or as participants, would be acceptable to the others in the group. In the following meeting, meeting 12, there was little more discussion about the inclusion of role-plays in a student program beyond the statement from Margaret that the ideas about role-plays, surveys and other things still needed to be brought together. However, there was considerable conversation and hilarity around their own experiences of role-playing in the recently held clinics. I was unaware of whether the role-playing eventually made it to either the orientation or to some other stage of the placement program as meeting 12 was my last session with the preceptor group. However, the key point to be taken from the discussion was that the group themselves had suggested the activity indicating a confidence in their ability to conduct such a session. Furthermore, reflecting on their own experiences in the simulation clinic, they had also decided that students would need some aged-care experience before being asked to participate in something similar—an observation that drew attention to their ability to anticipate the skills that students would need to undertake a simulation activity. The process of talking about their learning experiences in a group which then informed their ideas for a student activity was indicative of how important practical encounters and the opportunity to share these experiences were in facilitating preceptor learning. As a result, the group were able to translate these insights into appropriate suggestions for the student orientation. This had not been the case in action cycle 2 where the group had been less forthcoming in making suggestions for learning activities.

By the end of meeting 11, the expansion of the orientation program (Figure 7-1) had resulted in several modifications to existing activities and the inclusion of new ones. It was encouraging to hear the preceptors present suggesting that such an extended orientation might help to alleviate the challenge under-prepared students posed. This concern about students coming into the sector with little or no preparation and the need to ease them into their future roles had been raised initially in action cycle 2 when the group had argued that students needed to be weaned into the role and that perhaps they should only do a restricted

number of days until they were more attuned to the environment and the work involved. As one of the group noted at the completion of the meeting,

> That's covered everything that we had in the orientation day that instead of having it all in one day we split it into 2 they get more of a chance to absorb it and a little bit longer. (Emily, M11)

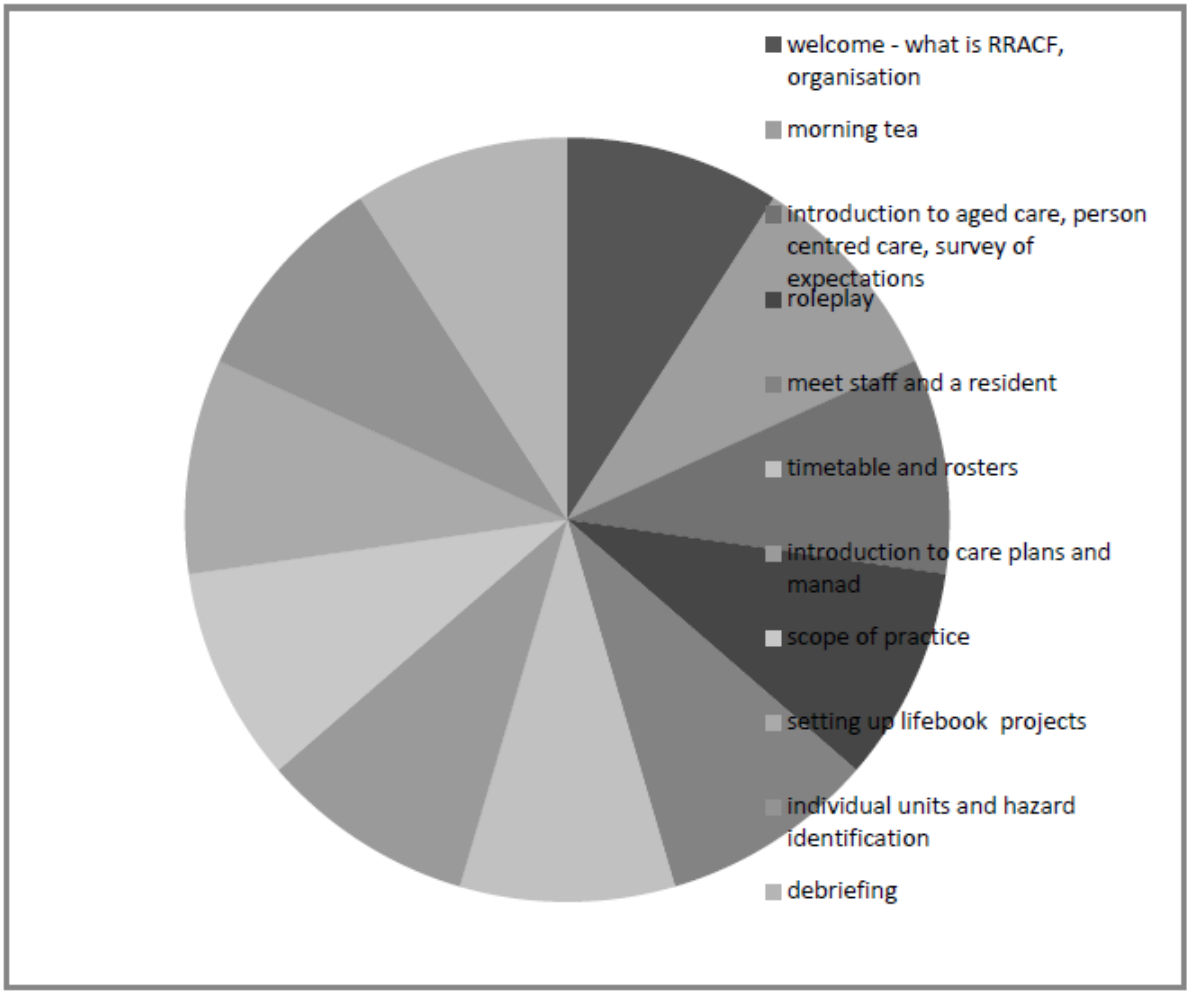


Figure 7-1: Expansion of the orientation program

Emily's comment implied that she was aware that pacing the orientation would lead to more effective learning by enabling students to reflect on their experiences. Louise saw the extension of the orientation program as an opportunity for students to adjust to working in aged care:

> (they need to) go home and get over the shock and then come back and concentrate. (Louise, M11)

With only one day to acclimatise, Louise indicated the students would not be able to focus on what they were required to do as part of their Certificate 3 course, if they were not given a little more time to reflect on their first day experiences. In other words, they needed time to familiarise themselves with the often-confronting nature of aged care without having to also worry about the requirements of their course. Both observations embodied elements of sound teaching practice. Allowing students more time to reflect could reduce the risk of students feeling pressured and of experiencing cognitive overload when presented with so many new experiences in a new and challenging placement environment.

7.4.5 Giving feedback on student performance

As Section 7.4.4 showed, a frequently discussed topic among preceptors was student evaluation of their RRACF experience. Equally as important for preceptors was to give feedback on student performance, prompted by requirements to provide information on student performance to students' education institutions. Initial discussion centred on ensuring that students completed their competencies. However, as had been raised in meetings early in action cycle 2, students in the past had sometimes asked to have their books signed saying that they had completed the mandatory assessment tasks, a situation which the preceptors were not happy about. By this third action cycle the group were beginning to display a much more pro-active attitude to student assessment. The group were not content to accept the students' word of task completion. One preceptor came up with the idea of gathering information, informally, on how well students were performing, during the handover communication at the end of a shift when students had to report on their day's activities. As Vicky observed, 'they're coming out with things in that handover and I think oh that's good you managed that well' (M8). She added that the questions the students asked were also a good indicator of how well they were performing. Both these suggestions demonstrated further developing pedagogical awareness; that students could be assessed on other achievements beyond their ability to perform prescribed competencies.

Gathering oral evidence of student progress seemed to offer an alternative though documenting it was going to present a problem according to the group. In meeting 9 when the topic was raised again, Emily suggested that she and other preceptors could talk with students while they were seated around a table at the end of their shift. Preceptors could either note down their responses in dot points or record them with a digital recorder. Other

suggestions for obtaining feedback on student performance included observing students and collecting feedback from other staff (M9). Additionally, preceptors felt that the way in which students were assessed needed to be widened; students should be judged on their time management skills and on their reflective journals where they could write about their positive and negative experiences. To illustrate their suggestions, preceptors drew on their own experiences as students where they had completed similar tasks themselves. Liz suggested that at the end of a student's rotation in each unit the team leader could write a short report on the student's performance which would then be discussed by the preceptor team. The student could also be asked to give some feedback on what they had learned and what they felt they still needed to learn—just 'like our placement book in the hospital' as Louise noted. Margaret immediately identified this as a way of tracking students which would allow any problems or issues to be recognised early and would also demonstrate how the student had changed or what they had learned:

> Margaret: And then we might have an issue in unit 1 with one student by the time they got to unit 4 that those issues were picked up and dealt with or whatever and then it would be a glowing report at the end
>
> Liz: Then they can track how they've changed too
>
> Margaret: That's what I mean. I hope we remember all this. (M9)

Margaret's comment about remembering the details was illuminating. It highlighted how easy it would have been to have overlooked this contribution as it had come out of a much longer discussion on supporting student learning and assessing performance where ideas were bounced backwards and forwards among members of the group. The benefit of having these discussions recorded and then summarised was evident.

By the end of meeting 9, the discussion had resulted in several suggestions for gathering feedback on student performance (Table 7-7).

Tool	When	Purpose
Pre-placement survey	Before placement	To gather student perceptions of aged care and expectations for the placement
Preceptor written report	During the placement	To provide feedback on student performance
Feedback from other staff (survey form)	During the placement	To provide feedback on student performance
Student's reflective diary	During the placement	For students to reflect on their experiences during the time they were in the facility

Table 7-7: Methods suggested for gathering feedback

These ideas were further evidence that preceptors were more invested in student performance then they had been previously. The following brief exchange between Vicky and Liz also reflected this growing awareness of the need to support student learning:

> Vicky: So, if we look at a student like Anne maybe it's something we can think about rather than being negative towards her how can we find out what's going on with her?
>
> Liz: I don't know.
>
> Vicky: Well it is probably asking those questions, isn't it? (M9)

As Vicky noted, it was not about focussing on student deficits but rather about developing positive aspects of their performance so that they had a beneficial learning experience while at RRACF.

These interactions demonstrated how the group were able to generate their own potential solutions to some of the challenges that arose in precepting students and how important the meetings were in enabling this to happen. What was not evident, at least in the time I was at the facility, was how all these feedback tools were to be implemented or even whether they *were* implemented. However, it was encouraging to see all these aspects of precepting and assessing students being discussed in such a proactive way and the increase in sound pedagogy. The discussions also illustrated how important the element of time was in this process. Giving feedback on student performance had been discussed in several meetings

and even to a limited extent in action cycle 2. Conducting meetings regularly appeared to allow preceptors time to reflect on discussions, suggest refinements and additional or alternative ideas, thus encouraging a more thoughtful approach to teaching and learning.

7.4.6 Taking responsibility for student learning

The discussion around extending the orientation had taken most of meeting 11 but it demonstrated that the group was keen to improve the overall student experience. There was a noticeable focus on how the program could benefit all involved. The group was adhering to the objectives they had developed in the second action cycle and ensuring, at least to some extent, that the activities they planned were reflecting these. In other words, the preceptors were acting as teachers and mentors. There was still discussion around achieving competencies which was necessary for ensuring that students were safe in how they performed their roles but the preceptors were also concerned that students acquired other skills, such as the ability to communicate and empathise with the residents. Students must understand person-centred care, the key concept that underpinned the nursing profession.

Also apparent with these planned orientation activities was that they were closely aligned with the objectives preceptors had developed in action cycle 2; that is, the placement program (which included the orientation program), needed to benefit the facility, students, residents, residents' carers and families. Including all staff and residents in the orientation for students was a far more inclusive and collaborative approach to both care and to the education of the students than had existed previously when neither of these groups were included. The orientation program demonstrated the ability of the group to create a program that was underpinned by objectives that the preceptors themselves had constructed.

7.5 Becoming a learning organisation

7.5.1 Identifying other areas for development

Preceptors understood attending to students was not the only factor in improving learning outcomes at RRACF. Improving the way in which student rotations through the four units at RRACF were organised (students spent two weeks in each of RRACF's units) was also vital. In meeting 9, Margaret reminded the group that every time a student was moved to a new unit, preceptors needed to maintain the momentum established when students first came to RRACF, that is, students still needed to be mentored and supervised. The resulting discussion

highlighted how preceptors were able to highlight shortfalls in the way learning activities were organised as well as suggest new learning opportunities for students in future placement programs. Firstly, the group identified aspects of their teaching that needed addressing. This included uncertainty about the scope of their role at each new rotation. There was clearly some confusion, over whether the preceptor role encompassed not only supervising students when they were on the floor carrying out care tasks, but also off the floor when documentation was being completed. Emily pointed out that even off the floor preceptors still had other duties to perform and that students needed to be made aware of this:

> What's wrong with getting the student although it might be up here to that level what's with showing them well this is what I do as a team leader is documentation. (Emily, M9)

The others agreed. Showing students the documentation required in caring for the residents would ensure that students were made aware of all aspects of working in an aged-care facility and not just the care tasks. In other words, students needed to understand the scope of other staff members' roles as well. However, it was evident that more planning and specificity would be needed if this initiative was to be undertaken. There was another suggestion from Margaret to enrich the learning experiences of the students by challenging them with tasks or roles that were beyond their normal scope. She suggested that when students were on the floor with the team leaders, team leaders should look for learning opportunities for students such as handing out medication:

> It gives them a taste of when they are PCWs they can get med endorsed. It might be over their head but if I was someone who was really keen about learning. (Margaret, M9)

Margaret argued that this experience, even though it might be beyond a student's existing level of competence, might motivate some students by making them aware that there were other aspects to the job which they may not have encountered in their VET course and to which they could aspire.

7.5.2 Making it a team effort

The increased responsibility, the documentation of what they were doing, and the constructive student feedback appeared to inspire the preceptors to want to let everyone at RRACF know about the positive experiences of the students. Preceptors also wanted it known this result was due to the efforts of not just the preceptors but also of the carers and ancillary staff; in other words, this growth had been a team effort. Vicky, who had been a PCW in RRACF for more than 10 years, made the point in meeting 9, that she thought it was great that the preceptors were undertaking such a project and although it was obvious to her that there was change in the way students were being introduced to aged care, most staff at RRACF did not actually know that this was happening. Liz confirmed Vicky's observations with her own report on how she (Liz) had talked about the new orientation to other staff who did not know anything about what was happening. Liz added, that the staff she had spoken to all supported the program when told about it, believing it was greatly needed. This prompted Margaret to acknowledge that all facility staff needed to be informed, including those who worked in the evenings as they were unlikely to have much contact with the students. Vicky suggested that if RRACF newsletters, produced by RRACF management, contained an item on the preceptor pedagogical education program and were left in the staffroom, staff would read them. The following exchange occurred in meeting 10 when the group were discussing what needed to go in this newsletter:

Fiona:	Do what … do you want a sort of description of what they've done?
Liz:	What we're doing for students basically and in here what we're doing
Margaret:	But couldn't you get the students like yesterday were just raving-
Liz:	I think it's good to put input for the staff, the carers to know that students were happy-
Margaret:	And it's a good news story
Vicky:	And we're doing this and yeah

Liz: We only ever hear of the you know negative you don't always hear of the positive

…

Vicky: Still they don't know about this… what's happening on the ward

Margaret: Okay we'll put this in the newsletter the outcome is for us to be better teachers and a better organisation and supportive and the students have good …

Vicky: And we teach our staff our new girls and hope that they'll join the team and work well with everybody.

The suggestion for preceptors to write an item for the newsletter was quite novel, as from what I had observed up to that point, writing about their role and new initiatives they had undertaken in the workplace was not within their usual scope of practice. However, as Vicky pointed out, there was little recognition of the positive aspects of working in aged care, so writing a newsletter piece would go some way towards redressing the imbalance. What was so encouraging about this exchange was how the preceptors had led the initiative; they were the ones making the suggestions to raise the profile of the project and to encourage others to become involved and make RRACF a more inspiring learning facility.

There was also a concern that all staff, whatever their role or level of expertise, should be recognised for the contribution they made. This point had also been made in action cycle 2 when Margaret had emphasised the importance of all staff, including the cleaners, in providing feedback on the residents' health. Keeping the lesser-qualified staff in the facility informed about positive student feedback not only acknowledged the important role these staff played but would also raise their morale as Liz had noted, 'I think it's good to put input for the staff, the carers to know that students were happy'. In RRACF, students were far more likely to encounter the PCWs than any other healthcare professional so having motivated staff would increase the likelihood of producing good learning experiences.

7.5.3 Changing the culture

Despite the positive feedback from students about many members of staff, and the preceptors' wish to have them recognised, preceptors still described some staff as negative influences on students. These views persisted throughout the study and were clearly an area of concern. Because the preceptors were mainly ENs and students were PCW trainees, the preceptors (as team leaders) often had to allocate students to PCW mentors. However, as was highlighted in the second action cycle, some PCWs had, in the past, proved to be quite inflexible as well as intolerant of students. This concern was still present in the third action cycle:

> A lot of staff here in this building were so rude to me when I was a student some of them were feral (Liz, M9)

> These people are what we used to call in a box and can't see outside of the box, it's their way or the highway. (Shari, M10)

However, the preceptors were able to offer several suggestions on how the problem could be approached. Among the suggestions made were the need to place students with appropriate staff highlighting the importance of the administrator in managing the rosters so appropriate staff were available to mentor students. There was also a suggestion for preceptors to identify other staff in the units who might make good preceptors. This action would not only ensure that staff performing well were acknowledged for their work, but also that there were enough people coming through to take on preceptor roles. Precepting staff appeared to become more proactive in addressing inappropriate practice by ensuring students were removed from situations where they might encounter negative experiences and ensuring they were placed with staff who would take a greater interest in their education:

> When I'm back on the floor I'll be like scooping her back up again and keeping – I think 'cause we're at the start of this new orientation and the start of the beginning … I think it is easier I know for me personally to keep an eye on what's going on and so I think it's sort of happened at a good time when it's all going to begin. So, I think that will be better as well 'cause we've got more control over who they're going with. (Liz, M8)

Liz was attributing her ability to be able to keep a closer eye on students to the impact of the new orientation program which she felt had given her more control over deciding who the students were placed with. This growing confidence among the preceptors in managing aspects of student placements was emphasised at the following meeting by Margaret who had noticed the change in the group and clearly felt they were able to manage any challenges:

> But I think that as your confidence grows and that we now we're on the same page about standards it's about RRACF and the students is that I think we should tackle it. (Margaret, M9)

Indeed, ensuring students were placed with appropriate staff was tackled quite decisively by some as this statement from Liz demonstrates:

> I move them out. As soon as I'm sitting at handover and I see a student come and I see who I've got and I'm like yeah nah you're out of here. (Liz, M9)

Similar support, in the form of an open-door policy for the students, was reportedly being provided by all members of the preceptor team, a development applauded by Margaret:

> And I think we've done this fairly well with these sorts of students. I know Liz said to them even if you're not in my team that there's something that you need to talk to someone about and don't feel comfortable going to that team leader you can come to me and I've heard Rose and Shari say it to their students. (Margaret, M9)

Comments in a similar vein were made about the need to change the culture from the one of '50 years ago' where it was claimed students were 'hit on the hand' (Vicky, M10) to one where students would trust the preceptors and feel supported. However, underpinning this commitment to improving the learning experience for students was the acknowledgment that staffing within RRACF needed to be stable if preceptors were to spend more time with students. As Emily remarked, it was often difficult to organise the rosters effectively when staff were absent or when there were insufficient people to fill vacancies. Although the group was clearly aware of the need to maintain the momentum generated by the new orientation,

the complexity of the situation within RRACF with so many uncontrollable variables made it a slow and challenging process:

> Margaret: Changing the culture here that's been an ongoing issue and it's challenging-
>
> Vicky: But it is changing.

Despite these difficulties the group saw themselves primarily as role models, setting the standards of behaviour and performance not only for the students but also for other staff in the facility:

> That's what we're here about we're a small group but we need to be handing out the culture that we want going out to the others. (Margaret, M9)

In the next meeting, the topic of role-modelling was raised again. Shari gave a lengthy explanation of how learning mediation skills could be employed to defuse potential confrontations in RRACF before they escalated:

> So, what I learnt through this mediation […] was if you've got a weak personality and you've got a strong personality if a few ground rules are set before you actually sit down with them and mediate them and just say Liz was going to cut you off I'd say excuse me Liz you need to wait until Louise's actually finished what she has to say. (Shari, M10)

Her account was informed by her own lengthy experience of working with a youth group outside RRACF and showed again, the depth of knowing that existed within the group, which had the potential to be harnessed and used to address some of the existing concerns within the workplace. There were also calls to role model consistent behaviour so that students would learn good habits. In fact, role modelling good practice had been brought up in several meetings both in action cycle 2 and action cycle 3 and seemed to reflect the group's concern that some students were picking up bad habits from PCWs.

By meeting 10 there was an acknowledgement that ensuring all staff were receptive to students was not going to be resolved fully in the immediate future but that the situation could be managed in a way that meant that no-one was placed in a situation where they felt uncomfortable. The group decided that staff who were considered unsuitable teachers would not be given students to mentor. The group further decided that those staff who were considered good preceptor material would need to display certain qualities. In meeting 12 we discussed what would make a good preceptor. The group identified four behaviours they thought were crucial:

- Has a positive attitude to elderly people
- Role-models good practice and doesn't teach bad habits
- Is patient
- Does not cut corners—and is holistic—thinks about the whole person, not just, 'quick let's go'.

It is apparent from this list that the group saw the preceptor role in very humanistic terms, a finding that was reflected in their conversation in the second action cycle as well. The preceptors constructed their role in ways that there was an expectation that they performed their roles professionally and without compromising care for the residents in any way. The professionalism extended even to the way in which they spoke with students: as one of the preceptors acknowledged, she was much more aware now of what she said to students while another stressed the value of being positive if they were to keep students engaged. The preceptors' aspiration then, was not one of meeting targets and outcomes but of providing quality care for the residents and ensuring that any students who were in the facility did the same while being treated respectfully themselves.

7.6 Sharing a world view

7.6.1 A collaborative discourse

Throughout action cycle 3, as for action cycle 2, the preceptors built on one another's contributions seemingly sharing a shared understanding of all the factors involved. For example, a comment by Margaret in meeting 8 about having students from different ethnic backgrounds was elaborated by Liz who drew attention to the fact that ignoring these cultural differences led to assumptions among staff about what students should be prepared to do. In

the same meeting, Louise's response to Vicky about students being made to undertake placements (as part of their Centrelink obligations) shifted Vicky's focus from talking about the varying background experiences of students to how this mandatory requirement to undergo training impacted on levels of motivation and ultimately on the reputation of RRACF. In both exchanges the transition from one speaker to the next was almost seamless, for example, Vicky: 'I'm not saying that the young ones-' Liz: 'that's a bad thing, no'; and Louise: 'They have to do it' Vicky: 'And that comes across'. The effect of these overlapping interactions was akin to finishing one another's sentences. Through a shared understanding of their role, individual experiences of practices were articulated, modified and elaborated upon, creating a shared discourse of the mentoring and precepting concerns facing preceptors on the floor.

This shared understanding of their preceptor role was also evident later in the action cycle. While revising the orientation program in meeting 11, the group were still concerned that the person-centred aspect of their job was not emphasised enough. The person-centred care learning activity developed in action cycle 2 had not been used in the first orientation at the commencement of action cycle 3. This omission precipitated further discussion over the form this activity should take. The following extracts came from that extended segment of conversation on how person-centred care was going to be introduced to students. The extracts occurred in the order reported here but took place over a period of 5 or 6 minutes so for economy are juxtaposed with one another. The underlined words and phrases show the links between utterances as preceptors took up ideas in one another's statements and continued to develop these to come to an agreement about a revised orientation:

> So, what is our objective, so the first thing is the welcome and an intro to person centred care so <u>what's our objective of doing that?</u> (Emily)
>
> O<u>ur philosophy is person centred care</u> and then we'll need to tease that out a bit. (Margaret)
>
> And that's the same with the <u>person-centred care model</u>… we're going to do a <u>PowerPoint</u>? (Emily)
>
> That <u>will be in the PowerPoint,</u> but I think we'll do, yeah <u>we'll add things later</u> it's all right (Margaret)

So we're going to present the PowerPoint and that will go into ask questions that then what will the preceptor do so we'll present the PowerPoint, we're going to ask questions at the end, ask them if they understood (Emily)

I'd like to ask them after the PowerPoint presentation what do you expect from your placement? (Fiona)

if there's any questions they want to ask us (Vicky)

Jenny actually asked me that last week, I had to explain it [person-centred care] to her, she wasn't sure what it was and it was good for me to be able to explain it (Louise)

When we were doing the person-centred care I remember one of you suggested that we asked students what their idea of- (person centred care was) (Fiona)

So ask if any questions or if they need any clarification (Emily)

It might be that we do something like although we've got it planned and we have butcher's paper rather than doing it on PowerPoint presentation we do it by saying well what do you think about it like you know that bullet thing you developed something like that is get them to show us what they think and get them to develop what they think so give them an exercise to do (Margaret).

The model of care we've just decided that we were doing person-centred model of care, understanding how that works within RRACF and then we're going to do an exercise on person centred care and then as preceptors we're going to be asking them to put what their person centred care is and so evaluate what they've come up with that's how we're going to know whether we've reached our objectives, is that correct, am I thinking right? (Emily)

As the extracts demonstrate, the person-centred activity for students was envisaged first as a teacher-centred activity in the form of a PowerPoint presentation and was gradually modified, through discussion, into a more student-centred activity where students might provide their own definitions of person-centred care. The definition would be evaluated by the preceptors. As the educational intermediary, I had had to remind the group of a suggestion to ask students about what their ideas of person-centred care were which had been discussed at a previous meeting. This interjection was almost immediately taken up by Margaret who suggested the use of butcher's paper to record ideas and then elaborated on by Emily who saw it as a means of both evaluating the students and determining how effective the preceptors had been in getting students to understand the centrality of person-centred care. This process was illuminating. There were no disagreements, just increments of change. The main drivers were Emily and Margaret with the other two adding comments that supported previous statements—both Vicky and Louise clearly endorsed the value of students asking questions. Also evident from the discussion, was the way in which the preceptors focussed on student learning over an extended period of time without digression. This pattern contrasted with action cycle 2 where discussions about student learning were more fragmented. In action cycle 3, the flow of conversation was more cohesive and learning-centred than it had been at the beginning of the study and led to an agreement on the way in which the revised orientation program would be conducted.

7.6.2 Drawing on own practical learning experiences

The preceptors were able to articulate many of the pedagogical challenges that existed within RRACF although may not necessarily have described them as that. This tacit knowing was implicit in the observations made by Vicky, one of the newcomers to the group in action cycle 3, who was reiterating concerns about varying levels of background knowledge among students. Vicky made it clear that some of the younger students not only had limited life experience to draw on when working with the residents but also had negative attitudes to aged-care work which had the potential to reflect badly on both preceptors and RRACF:

> Vicky: I think a lot of students that come… you can tell the older girls I mean not so much but the older women have more life experiences and they bring a lot more to a job don't they?

Liz: Yep they do. And yet you find that with-

Vicky: I'm not saying that the young ones-

Liz: That's a bad thing… no… and some of the young ones are really good as well with stuff like that but yeah a lot of them just don't-

Vicky: But you tend to get a lot of the young ones that don't know …

Louise: They have to do it -

Vicky: And that comes across when they're placed on the floor as well and I … I would worry about somebody like that going out into the community and saying that RRACF is not a nice place to do your placement because but it's actually not all of our fault, we need to look at that as well don't we?

Vicky appeared very aware of the different levels of background knowledge that each student brought to their placement while also reminding me, the educational intermediary, how much listening to the discussions of preceptors contributed to understanding the potential learning issues that existed with RRACF. Vicky's contributions also signalled that the new preceptors did not need to 'catch up' because they brought with them experiences and an understanding of the context. Thus again, the discussions were not only valuable in highlighting what was important to the preceptors in terms of student placements, but also in creating an agenda for local action. However, though the preceptors were able to recognise shortcomings and problems with student education within the facility, they were still unable to identify specific ways in which these issues could be approached.

Practical knowing was also made recognisable through the stories of the preceptors and their interactions with staff and residents. Their stories of interactions with other staff sometimes drew attention to the existence of tensions that often arose from differences in the way the care of residents was approached; whereas PCW staff reportedly often focussed on completing a task, the preceptors were focussed on person-centred care, a concept they wished to stress to students. The value of preceptors' practical knowledge was also evident in

their stories about residents. Liz related a story she had told students about a resident who associated having a shower with childhood memories of being hosed by her father in hot summer weather. The story highlighted a valuable learning point:

> It's the hose it's like standing, because apparently their dad used to stand there with the hose and it was like Dad's hosing.

Liz's was emphasising to the students that the woman was more than just a resident with dementia; she was a human being who had once been a child. According to Liz the students had 'loved it' (M8). This highlighted the unique way in which preceptors educated students about patient-centred care.

7.7 Evaluating the impact

As chapter 7 has explained, changes were incremental and unsystematic, exemplified in changing attitudes and the ways in which the group approached the precepting of Certificate 3 students. In the very informal interview conducted with Margaret and Emily at the end of the third action cycle, I was asking for tangible evidence of the impact of the preceptor program, that is, whether preceptors had observed any changes in learning/teaching practices at RRACF:

> Margaret: We believe the outcome of us working together has added greatly to students' placements and we've identified that by employing three =
>
> Emily: = And that's high, we only had how many students all up, eight?
>
> Margaret: Mmm, eight. (4 /9/14)

Recruiting more students was clearly a significant result as retention of staff was an ongoing concern for the facility exemplified by the departure of two of the original preceptor group by the time I conducted this interview. What was also notable about the extract was that Margaret explicitly linked the success of the placement program to working with an intermediary; a minute or so later she again acknowledged the importance of a collaborative relationship in effecting change:

Margaret: You've given us the impetus to go do things…you know…I had the issues with the students…now you've come along and given us that support and we're just going forward really. (4 /9/14)

The key word in the statement is 'impetus' to which could probably be added confidence. More than a few of the activities I had suggested for use with students over the course of the study had appeared to meet with little enthusiasm from the group. However, the resulting discussions, and the many digressions, were the catalyst for the group to address issues that were of concern to them. Many of the changes made were not ones that I, as an educational intermediary, would have suggested as they would have been outside my own field of expertise. Emily provided an example of how administrative practices had changed. The topic of using interviews as a selection tool had been discussed only briefly in the meetings we had had as a preceptor group, but it appeared as though this had been enough to initiate action:

Emily: So now we're interviewing students before we're accepting students and my understanding is that we didn't do that before

Margaret: No, no I don't want students in here that I don't =

Emily: =So we interview students and make sure they've got their police check before we agree to have them on board as students.

Organisational culture change was not a result I had envisaged when setting out to assist the group with their precepting skills, but it again demonstrated the unpredictable nature of working collaboratively with a group whose backgrounds were very different from mine. It also highlighted how changes to pedagogical aspects of student placements could influence change in non-pedagogical aspects of these placements which were also of concern to preceptors. Preceptors now appeared to have a much greater stake in what eventuated as they saw themselves as a catalyst that precipitated this change. Using local knowledge and a shared understanding of experiences in aged care, preceptors had assumed a much greater role in how the students were inducted into the sector and were able, as the next extract shows, to implement a process that gave potential students the opportunity to decide whether aged care was for them before commencing a placement:

Emily: From my understanding before we started doing this you and whoever didn't go to the RTO2 or didn't go to RTO1 and meet the students and they didn't come to RRACF and have a tour of the facility and get to meet a resident prior to their placement starting so I think that initial stage eliminated people who really weren't up to it or and allowed the ( )yeah and allowed the students to get a bit of a grasp of what happens before their first day…'cause a lot of students prior to changing our program had no idea had *no* idea

Fiona: Yes, that came through in some of the earlier interviews

Emily: So I think by having those extra couple of steps put in place before the placement starts that's actually been beneficial for both the students *and* the staff. (4/9/14)

As Margaret so succinctly stated below, the preceptors were taking ownership of the program, which for me, as the intermediary, was the key objective in undertaking a PAR approach in conducting the study:

> We've achieved a lot…I see a dramatic turnaround in one lot of students because of the attitudinal changes in staff. (Margaret, 4/9/14)

However, it was important to canvass the views of the other preceptors who were available and still working at RRACF, to gauge their views on the change within RRACF. In this next extract, from another meeting, Vicky was remarking on how the meetings had provided her with a greater range of views than those she was normally exposed to. The discussions in the meetings she had participated in had widened her understanding of the various roles people within the facility undertook:

Vicky: Because you get everybody else's idea and because you don't usually work with those people, so you get hints on what they do and don't do, or do mainly, because not many of them don't do anything. So yeah.

Fiona: = working in a group.

Vicky: Yep. Oh you've got to get more out of a team meeting than just single, yeah going off to … yourself, for sure, I think anyway. (15/10/14)

As a PCW herself, Vicky had enjoyed participating in the discussions and found the team approach an effective method for updating her knowledge. The discussions had also raised her awareness of student learning and the need to provide the students with practice:

> I've probably been a little bit more mindful of what's been happening with the students on the floor perhaps, you know what I mean? [Yeah] And trying to include them more I think. Yeah it just makes you more aware of them on the floor and not just following you around, not just observing, like giving them hands on, So, yeah, it's been good. (Vicki, 15/10/14)

Similarly, Louise, who had not been as active a participant in discussions as the others, had found listening to them a valuable way in which to reconsider her role as a preceptor, a role she had filled for some time:

> I think with Liz being so new into the role I think her ideas sort of made me 'cause I've been into it for a lot longer, that it's made me really stop and think 'cause she's somuch newer than me at the role how she wanted the students to be respected and I don't know- just listening (Louise, 4/9/14)

> I think it's been interesting all the different opinions and I think it's made us stop and think how we treat other staff not just the students. (Louise, 4/9/14)

For Louise, the principal learning point had been in raising awareness among members of the preceptor group of how students and other staff were often treated in a disrespectful way. The discussions had functioned as a form of consciousness-raising and as Louise herself said, 'created a more vested interest in staff in teaching students'. This had not been an anticipated outcome of the study when I wrote the proposal, but the concern had been present right from the beginning when several of the original precepting group had drawn attention to the need to care for the students. The increased focus on learning over the course of the study had also appeared to have prompted Louise to reflect on her practice when Emily, who had recently enrolled in a certificate course, had asked them, as part of her

course work, to write down what they, as preceptors, did for the day. By doing that, Louise had realised that much of what she did, she took for granted and that expecting students to do it right first time was perhaps unrealistic.

Shari's response also drew attention to the changes in the way that preceptors interacted with students, which she saw as an improvement on previous practices. However, she did not elaborate on how these interactions were different, because she indicated that she had not attended enough meetings to give a considered answer:

> I think for me I've seen a big difference, as I said, a big difference in how to interact with the students. (Shari, 15/10/15)

Both Louise's and Vicky's responses demonstrated how they were beginning to change the way in which they viewed their roles as preceptors, while Shari's remark implied that she was more aware of the importance of establishing a learning-focussed relationship with students. Less obvious was the way in which all the preceptors' comments emphasised the value of working as a group, where other views and ideas were expressed, to address educational issues within the facility. As a result, the learning was often peripheral to the main objectives. The remarks also highlighted the isolation in which much of precepting or mentoring work was conducted. The opportunity to communicate and share with others enabled the preceptors to reflect on their practices and consider changes that would benefit students, staff and residents.

7.8 Key achievements

At the end of Chapter 7, it is timely to summarise briefly the key achievements of action cycle 2 and action cycle 3. I have used the registers of language and discourses, activities and practices and social relationships and organisation (see Table 4-6) suggested by Kemmis and McTaggart (1988) and discussed in Chapter 4, to summarise these achievements.

Register	Key achievements
Activities and practices	• developed a new and more extensive orientation program in action cycle 2 • continued to make changes to orientation program in action cycle 3 based on what had worked and what the preceptors perceived was still needed • developed a set of broad educational objectives for placements • increased discussion focus on how students responded to learning activities • developed a student experience survey • came up with a statement of desired preceptor characteristics/behaviours • included residents in the orientation program • viewpoint changed to one where preceptors saw themselves in a more active role in selecting students and providing guidance to help them to reach their competencies, to practise safely and to understand the importance of performing tasks appropriately
Language and discourse	• increasingly sustained discussion around topics concerning student learning (e.g. developing the placement objectives) • discussed and agreed on the need for feedback on their own performance • looking to the future with ideas for future orientations • reflected on what was still needed after students were in the facility and could identify areas for improvement • clarified the student scope of practice in the workplace • wanted to make the program more inclusive by ensuring sure all staff were included and were aware of changes being made
Social relationships and forms of organisation	• changed start time for students in the mornings to ensure there were suitable staff to supervise them • one PCW promoted to the role of a preceptor • preceptors' increased role in determining the way in which students' learning was managed (increased agency) • allowing 1 ½ days for the orientation program rather than the previous half a day • more awareness of one another's strengths and views • increased acknowledgment of the need to have RTOs more involved

Table 7-8: Preceptor achievements over action cycle 2 and action cycle 3

As Table 7-8 illustrates there were many changes made *by* the preceptors throughout the project. While the redevelopment of the orientation program was a major innovation, some of the other changes, such as clarifying the student scope of practice, were significant and signalled a shift in the way these regional preceptors viewed their role as educators. Instead of focussing solely on student performance, they became more aware that as preceptors they needed make explicit to students, other facets of healthcare, such as context and limits of practice, concerns that were implicit in their own work with residents. There were also changes *in* the way preceptors engaged and contributed which illustrated an increasing sense of agency among members of the group. For example, as the project progressed preceptors

took more control of each meeting and over decisions of what should be included in a placement program for students.

The final words for action cycle 3 go to the preceptor group themselves. This discussion in meeting 12, which was the last I was to have with the preceptor group, was about extending the orientation program to all new staff, as well as the students. There was ample evidence that the group had internalised some of the program's focus on learning and had identified the changing of attitudes as a key barrier to overcome if the entire facility was to be learning centred:

> Margaret: But that's not the way we operate now 'cause it is about learning
>
> Fiona: changing that mindset
>
> Vicky: What can come [is] that new staff that come here like we really used to be task orientated didn't we, we've kind of learned not to be and new staff that come in and pick it up from somewhere. (M12)

As Vicky pointed out, new staff were still at risk of developing inappropriate work behaviours if working with those who had not been exposed to the new way of approaching student placements. However, the project had clearly been a catalyst for change. It was now a matter of making sure that the momentum continued:

> Margaret: I think we just now need to just bring everything together and the ideas about role playing or the surveys and things like that just need to work on
>
> Emily: We need to work on the surveys, what we're actually doing with these 2 orientations with the students the first 2 days in orientation and then on the floor or they are off for the second half of the day or morning and get that kind of down pat. (M12)

With two more orientations occurring in the immediate future, there was a clear imperative for ideas and activities that had been discussed and trialled to be formalised.

7.9 Exit strategy

In my last session with the group, a folder of all the materials and resources we had developed as well as summaries of all the meeting notes were given to the clinical manager. Because the preceptors spent most of their time on the floor and did not use computers extensively, only the clinical manager received electronic copies of these resources.

As I detailed in Chapter 7, two of the preceptors in the action cycle 2 group left RRACF before I had completed the project. After the project finished, at least 3 others who were involved also left. Thus, I am unable to present the thesis outcomes to all members of the group. However, I have kept in touch with the clinical manager, Margaret, since finishing the data collection in RRACF and although she has also since left RRACF, she is still keenly interested in the outcomes. Once this thesis is complete, I will send copies or, if they prefer, a summary of the key outcomes to both the CEO of RRACF and Margaret.

7.10 Summary

Chapter 7 continued the process of preceptor development through the third action cycle comprising a ten-week period of student placements and implementation of the revised orientation program which had been developed in action cycle 2. The original orientation comprising a walkthrough of RRACF and a presentation on OHS matters was extended to include activities on scope of practice and meeting residents.

Action cycle 3 began with a change in the composition of the precepting team; the loss of one of the original EN preceptors and the addition of a new EN and a PCW. These changes appeared to have little impact on the momentum of the group and in fact brought another dimension to the discussions: that of a personal care worker, a representative of the workers who provided a large part of the day-to-day care to the residents. The PCW also represented the profession that the Certificate 3 students on placement were training to be. In addition to staff changes, I stepped back in my role as an educational intermediary as the group began to direct the content and course of the meetings in response to their experiences with the students and as they began to adopt a more pedagogically sound approach to the education in the organisation.

Preceptors took more ownership of the induction process for students because they were able to identify students who needed more support or who were unsuitable to work in an

aged-care facility. The theme of ownership extended to preceptor discussions where preceptors, bringing insights from their interactions with students, made further changes to the new student orientation program they had recently implemented: extending it to two days to ensure that students had time to acclimatise to aged-care work and reflect on their experiences; were not overwhelmed with information; and were given a variety of learning activities including meeting with residents. This orientation represented an even more pedagogically informed model than the orientation program developed in action cycle 2. However, it was not implemented while I was at RRACF.

Changes made and planned by the preceptors also looked to the future in an inclusive way. At the preceptors' suggestion, students were allocated to selected staff ensuring that students were not placed in situations where their experiences might have been negative. There was also recognition that PCW students need not be restricted to learning about only the physical care aspects of their role; that their experience could be enriched by including off-the-floor administrative duties and observation of medication rounds both of which were outside the students' prescribed scope of practice. These proposals signalled attempts to ensure students had opportunities to learn in a supportive and safe environment and would remain within the aged-care sector.

Preceptor initiatives were concomitant with increasingly sustained discussions about student learning. The uncertainty and more negative tenor of interactions in action cycle 1 and the beginning of action cycle 2, while still apparent in places, was now more confident and concerned with the quality of student learning in the workplace and raising the profile of aged care. Whereas in the first and second action cycles preceptors had discussed student placements more in terms of what preceptors would do with students, the focus was now much more on how students had responded to the activities, how they interacted with each other, how they interacted with preceptors and residents and encouragingly, on the kind of learning students would be experiencing. The focus had shifted to what students were doing, what they were learning and how their experience of RRACF was to be evaluated. Here too, the preceptors were able to develop their own student experience evaluation form while also suggesting a range of ways in which to collect data on student performance. These shifts in preceptor focus were more evidence that their approach to precepting students was becoming more pedagogically informed.

Action cycle 3 marked an increasing awareness among the preceptors of the need to collect feedback from students on their performance as preceptors; several suggestions were made on how to do this. Although these suggestions were not acted upon in the time I was there, they indicated the progress the group had made in diagnosing what was needed in their own context and seeking possible solutions to address the concerns.

Underpinning all these changes, many of which were small and not yet implemented, were the generative discussions themselves, an understanding which supported that of Chapter 6. All the ideas and artefacts developed collaboratively by the group were the result of their oral interactions. The preceptors' shared individual experiences of the workplace and their own experiences as students formed a distributed practical knowledge that became visible only in response to one another. However, as the chapter has also shown, a catalyst was needed to set the process in motion. This catalyst comprised a supportive management, here mainly in the shape of the clinical manager with a non-hierarchical and non-prescriptive approach, and an educational intermediary who started in the role of an educator but assumed more and more the role of the intermediary informed by the academic voice of the researcher, who transformed the preceptors' pedagogical practice into a tangible and usable framework for future initiatives.

Action cycle 3 marks the completion of the participatory action research cycles. Chapter 8 presents the preceptor pedagogical framework that was developed from the accounts and understandings arising from these three action cycles. The chapter discusses the educational conditions which were created to engage the preceptors in developing their pedagogical program before explaining the features which made the preceptors' engagement so distinctive. Four significant contributions the research makes to regional aged-care preceptor education are then presented and the chapter concludes with the study's implications for regional aged-care preceptor education, education researchers, and the aged-care sector.

Chapter 8 Discussion, significance and implications

8.1 Introduction

This thesis aimed to explore how a responsive approach to regional aged-care preceptor pedagogical education could be developed collaboratively between the educational intermediary and a group of preceptors in their workplace. Chapters 5, 6 and 7 showed how this was achieved by the collaborative construction of an inclusive methodology, in situ, which enabled the preceptors to develop their own program of education, while simultaneously creating a placement program for incoming Certificate 3 in Aged Care students.

This chapter begins by presenting the social constructionist-inspired regional aged-care preceptor pedagogical program framework (Figure 8.1) developed through this research. The chapter next discusses the educational conditions that were created to engage the regional preceptors and to sustain that engagement, which led to the preceptors' achievements: placement program objectives, an orientation program, a placement program framework, a list of preceptor qualities for working with students, a scope of practice visual aid, and a student evaluation questionnaire. Section 8.3 identifies and explains the distinctive features of this engagement, which include its verbal nature, grounded in practical experience and informed by the preceptors' hierarchy of importance, that is their educational change priorities. The significance of the research is then discussed, showing how using social participation to facilitate workplace learning suggests the potential of the aged-care preceptor pedagogical program as a sustainable and inclusive form of preceptor education. Chapter 8 explains how the research has foregrounded the perspectives and practices of an under-researched group and highlighted how the use of a dynamic methodological approach enabled this to occur. The chapter concludes by drawing attention to the implications of this research for regional aged-care preceptor education, education researchers, and the aged-care sector.

8.2 The regional aged-care preceptor pedagogical framework

The regional aged-care preceptor pedagogical framework, a core outcome of this research, (Figure 8-1) was developed collaboratively among preceptors, the educational intermediary (Fiona) and the local champion (Clinical Manager, Margaret). The diagram illustrates how the framework was developed and how its elements relate to one another. This framework also scaffolds the discussion, although not all discussion headings and sub-headings are represented in the diagram as too much text compromises the diagram's clarity. The framework starts with the educational intermediary and the local champion creating the conditions for collaborative participation to which preceptors bring their perceptions of the preceptor role: caring and supporting; using prior experience; selecting and monitoring students; and identifying appropriate staff for mentoring students. The conditions enable preceptors to interact freely and create elements of an orientation program for students. The educational intermediary makes these elements explicit to preceptors and through more discussion the elements are gradually shaped into a revised orientation. The same process enables preceptors to create the other achievements, including a student evaluation questionnaire (shown in Figure 8-1)

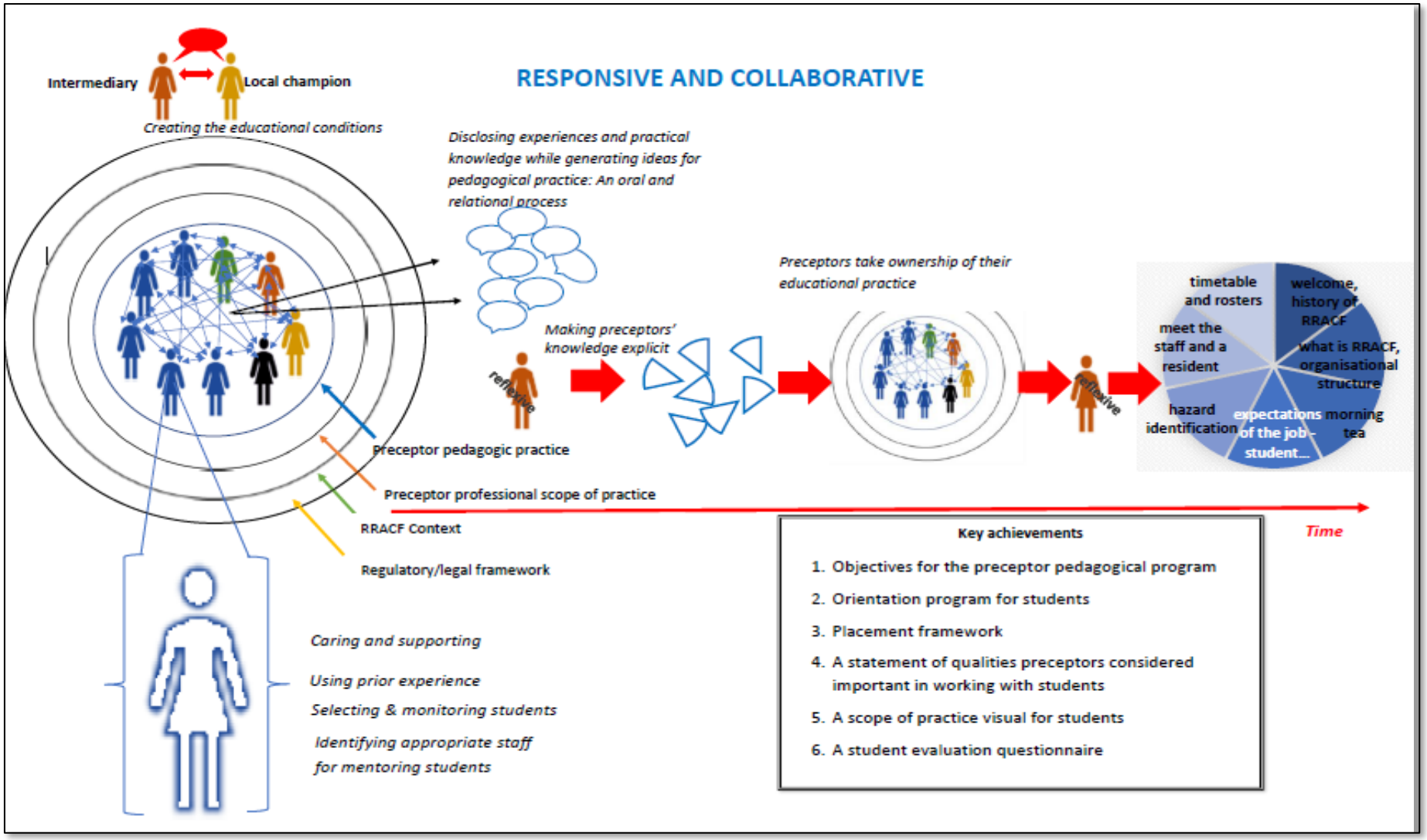


Figure 8-1: Regional aged-care preceptor pedagogical framework

8.3 Educational elements for fostering preceptor development

Of crucial importance to the development and success of the regional aged-care preceptor education program, and a central tenet of PAR (Gergen, 1985; Gergen & Gergen, 2008; Reason & Bradbury, 2008), was creating the conditions, a genuinely collaborative approach, to sustain preceptor engagement in the program development process. As demonstrated in Chapters 5, 6 and 7, maintaining the collaboration throughout the project enabled the preceptors to develop an awareness of their own unique body of knowledge, to create new knowledge, and then to use that knowledge to effect change in matters that impacted on them (Freire, 1970; Reason & Bradbury, 2001) in equal partnership with the educational intermediary (Xiao et al., 2012).

8.3.1 An enabling educational intermediary

This study highlighted the vital part the educational intermediary played in enabling the preceptors to assume a central role in determining their own pedagogical education program content and how that program unfolded. Throughout the study it was evident that preceptors had extensive knowledge of aged care, the day-to-day workings of RRACF and relationships that existed within, had worked with students in the past and had observed the impact students had on staff and residents when they undertook placements in the facility. In contrast, as the educational intermediary, I was equipped with a theoretical understanding of learning and teaching, experience in many different educational contexts and a literature-based view of the existing state of pedagogical training in the aged-care sector (Table 8-1, Quadrant 3). I also had limited knowledge of regional aged-care context. Table 8-1 makes it clear that much of the knowledge needed to address the issues in Quadrant 1 was embedded in Quadrant 2. Table 8-1 thus represents the challenge I faced at the beginning of the study: how to access the information in Quadrant 2 to inform preceptor development. Despite its seemingly modern genesis, it was John Dewey (1927) who argued experts must play a nuanced role in creating new and useful knowledge, and draw on the expertise and perspective of those whom the research is intended to benefit, a key principle in action research (Brydon-Miller et al., 2003; Reason & Bradbury, 2008).

	Educational intermediary understandings	Educational intermediary doesn't know
Preceptor understanding and experiences	**Quadrant 1** • Students often have negative learning experiences in aged-care facilities • It is difficult to recruit and retain people in aged care • Preceptors are generally minimally trained, if at all, in how to facilitate effective learning • RRACF needed to 'raise the bar' in terms of promoting effective learning for students on placement	**Quadrant 2** • The organisational routines in RRACF – how things are done and communicated • The regional aged-care context • How staff interact with students • How previous placements have been conducted • Problems students have faced when first placed in RRACF • How precepting staff mentor students • Preceptor perceptions of their role as teachers • The residents • How to care for the aged residents • How residents behave • What it is like to work in an aged-care facility day-to-day • Legal/professional requirements (scope of practice)
Preceptors may not know	**Quadrant 3** • Educational principles and theories • Ways of promoting effective learning • Ways of supporting preceptorship roles and contributions	**Quadrant 4** • How the preceptor program will unfold • How the knowledge and expertise of the two parties can be combined effectively to address the challenges in Quadrant 1 • What other challenges and opportunities the program will present • What the outcomes of the program will be • What others in the group know and can do • What attitudes and perceptions the other participants hold • How long the program will last

Table 8-1: Local knowledge and educator knowledge (based on Chambers, 2012)

To draw on this preceptor expertise and make it central to the preceptor program was not immediately obvious. Harvey et al. (2002) suggest that having the skill to apprise the situation and the flexibility to draw on the necessary expertise depending on the situation faced may be the qualities needed for such a challenge. As Baum et al. (2006) remind us, PAR is not about following a series of steps, but rather, acting and reflecting simultaneously so one aspect illuminates the other. Thus, my role as an educational intermediary in

facilitating this process would have to become a responsive one, not one where I followed a prescribed program pedagogical development.

Thus, as an educational intermediary, I was compelled to take a step back from guiding the preceptors in their learning and instead respond reflexively, that is, to have 'an ongoing conversation about the experience while simultaneously living in the moment' (Hertz, 1997, as cited in Finlay, 2002, p. 533). As reported in Chapter 6, early in the program I provided what I thought were appropriate learning activities to elicit preceptor views. By 'living in the moment' and noticing the impact the activities had, it was clear that the prepared material was inappropriate. The activities discouraged discussion and engagement by creating confusion and eliciting terse responses.

As the researcher, I interpreted this teaching misstep in two ways. Firstly, my actions as an educational intermediary violated the participatory action research process where there is a balance between bringing knowledge and incorporating knowledge from preceptors (Kidd & Kral, 2005). I had not incorporated the preceptors' knowledge of aged care or the regional context into the training program. In overlooking the preceptors' contributions, I had also forgotten one of the tenets of social constructionism which holds that knowledge is co-constructed. To develop a pedagogical education program in RRACF meant that preceptors must be active creators of the knowledge informing that program. Preceptors' contributions had to provide the basis for every meeting we had.

My role then took on another dimension which became more commensurate with the social constructionist epistemology framing the study. I became an educational intermediary who facilitated discussions, summarised preceptor contributions, replete with all their practical insights, and transformed these from an almost invisible corpus of knowledge to an explicit statement of their workplace practice and experiences. Initiating these actions helped generate a more inclusive approach to workplace-based learning and teaching. Preceptors' perspectives were foregrounded making their depth of practical knowledge about aged-care work explicit. Resources created by the preceptors were then used to initiate reflection on learning and teaching in their workplace and to suggest ideas for change. Consequently, a group not normally involved in decisions about education, was able to consider ways of promoting effective learning and to offer personal insights in their regional environment

that may have been overlooked in an externally delivered program of professional development (Heron & Reason, 2008; Wilkinson, Rees, & Knight, 2007). As an example, preceptors played a key role in deciding such matters as how students should be inducted into RRACF (See Section 7.4.4). By utilising preceptors' contributions as the principal component of each meeting, I was also helping to ensure that the preceptors engaged with the project and, more importantly, had both the opportunity and the confidence to take ownership of the educational program as it progressed. Preceptors were able to initiate and enact change themselves (Kemmis, 2009; Rushmer et al., 2004a).

Enabling preceptor engagement also involved thinking critically about what I said and what I did in sessions with preceptors. To do otherwise risked having my behaviour influence, and even devalue their responses (Cunliffe, 2008). In other words, I had to be aware that my view of knowledge and knowledge creation was not the same as that of the preceptors. Mitigating this risk meant first, putting egos aside, adopting a position of humility, and letting the participants talk (Bourbonnais & Kerr, 2007; Gergen & Gergen, 2008) and second, responding clearly and respectfully to what participants said and suggested. This course of action was a key element in encouraging preceptors to participate fully in the study

8.3.2 Making preceptor knowledge explicit

This research offers compelling evidence that a significant element in creating the conditions for preceptor participation and collaboration was making the preceptors' socially constructed knowledge and the way in which it was generated explicit. In presenting the preceptors' ideas and insights to them at each meeting, either as summaries in a Word document or as bullet points on PowerPoint slides, as the educational intermediary, I was able to give their words 'a greater rhetorical force' (Holman et al., 1997, p. 144). However, in giving the preceptors' words greater rhetorical force, I had to connect utterances in and across the discussions, ask questions about my own impact on what was said and then translate the result into a form that was meaningful to the preceptors. In other words, I had to interpret and then interrogate what was happening in the interactions. This was a complex process (Figure 8-2). The white boxes represent the actions I took as a researcher, whereas the shaded boxes represent preceptor discussions and my role as the educational intermediary in those discussions. As the researcher, many of the contributions from the preceptor group did appear confusing and somewhat random. Only after reading and re-

reading the transcripts was it evident that these discussions could form the basis of the preceptors' pedagogical education. To develop this basis, I had to trace the trajectories of the discussions and make links, summarise the issues and concerns that the preceptors raised, identify my own impact on the discussions, and then take this summary back to the group for clarification, elaboration, confirmation and further discussion.

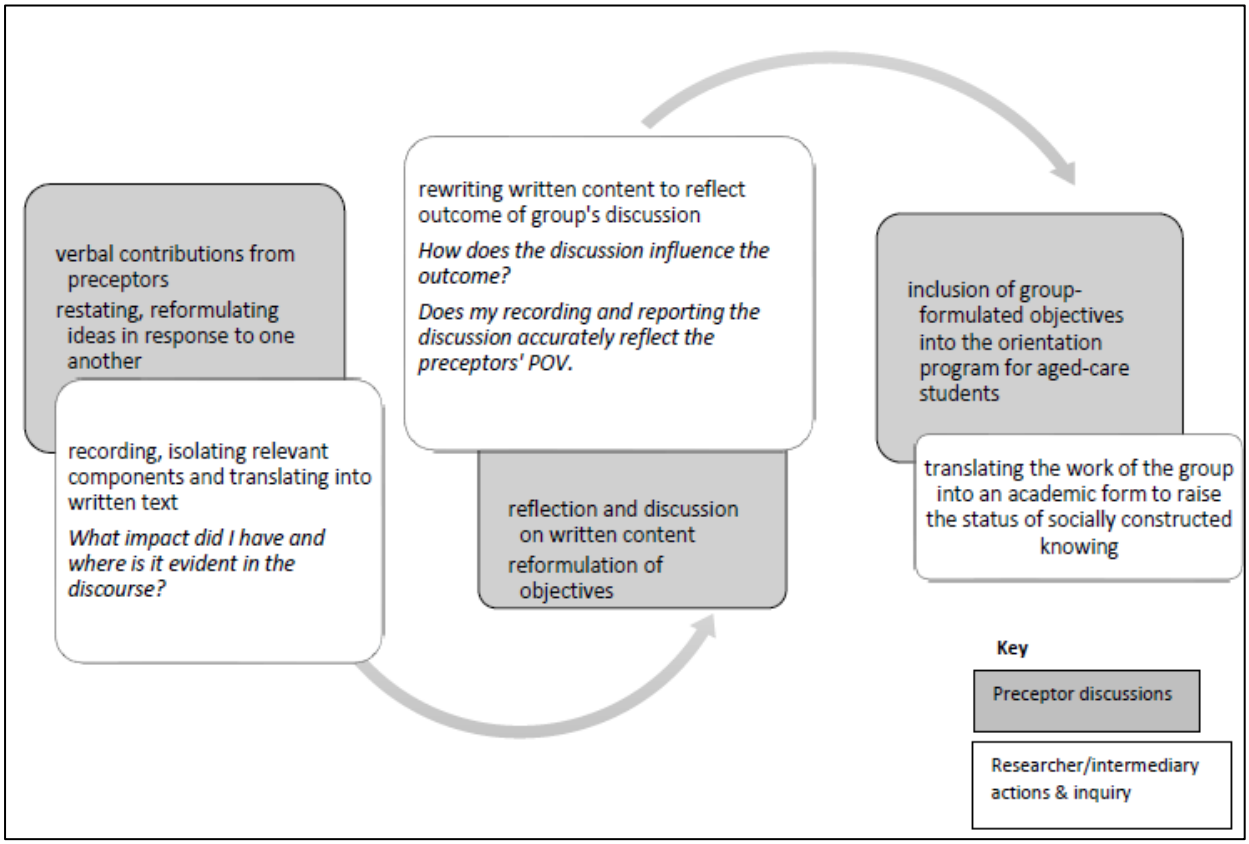


Figure 8-2: The actions of the educational intermediary/researcher

However, by exploring the preceptors' verbal interactions in this way, it was possible to show that the interactions among the members of the group constituted a form of externalised meaning and knowledge making where views, attitudes, experiences and practice were exchanged and modified, then combined to produce the actions and artefacts that eventually emerged. It was also possible to chart some of the impact I had as an educational intermediary on the discussions, an impact which was not always productive. Thus, as Figure 8-2 suggests, the educational intermediary played a key role in ensuring that the aged-care preceptors' perspectives and suggestions for change were acknowledged as legitimate in promoting change. Therefore, like a clinical facilitator who can have a significant impact on the clinical learning culture in an organisation (Grealish, Henderson,

Quero, Phillips, & Surawski, 2015; Harvey et al., 2002)an educational intermediary, responsible for encouraging pedagogical engagement, has the potential to initiate significant changes in how aged care and preceptors are perceived.

8.3.3 Having a local champion

Equally as central to creating optimal educational conditions for developing a successful preceptor pedagogical program, as many of the exchanges cited in Chapters 5, 6 and 7 have demonstrated, was the participation of a local educational champion, Margaret, the clinical manager. Margaret maintained the program's momentum and embraced its participatory character expressing her contributions in the same way as the preceptors, not in managerial terms. She also ensured that the focus of the meetings was on improving the learning experience for healthcare students in RRACF while reminding preceptors that other staff and residents were as important as the precepting group in creating an effective learning environment. She sustained this focus, periodically highlighting some of the challenges in creating an effective learning environment in the facility as well as bringing the group back to the task at hand when they diverged from the original topic of discussion. Margaret also pointed out potential issues that could arise from some of the courses of action suggested by the preceptors and reminded the group of some of the organisational requirements when mentoring students. This account supports Chenoweth et al. (2010) and Chenoweth and Kilstoff's (2002) claims that the actions of senior personnel like Margaret, for example her focus on improving circumstances for residents and their families, can help to promote practice change in the workplace.

Margaret's respect for the preceptors, evidenced in her willingness to listen to what they had to say and in engaging with their suggestions, signifies another key aspect to promoting change in an organisation: the importance of a flatter organisational structure in promoting engagement (Chenoweth et al., 2010). Accordingly, hierarchical structures may need to be reviewed to encourage opportunities for open communication to enable staff to share ideas and make decisions about their own practice (Chenoweth et al., 2010; Chenoweth & Kilstoff, 2002; Rushmer et al., 2004a). Although this study does not claim that hierarchical structures were eliminated in RRACF or that there was a major change in organisational practice, the study does demonstrate, on a small scale, how educational collaboration is possible, despite the difference in position between Margaret and the other preceptors. No one person, or

view was dominant in meetings, although there were occasions where one person would take the lead in expressing their point of view or suggesting a course of action. Even though Margaret had organisational responsibility for the group and wanted a program that benefitted students and RRACF she was also prepared to let the preceptors develop the program in their way, provided it met legal and professional requirements. This type of 'soft leadership' where those with responsibility for the performance of others are willing to become learners themselves, demonstrates that learning is valued and encouraged in that particular organisation (Rushmer, Kelly, Lough, Wilkinson, & Davies, 2004b p. 401).

Margaret's manner clearly encouraged members of the group to contribute their own ideas and to express alternative views to hers. In constructing this relationship with the preceptors, Margaret became a conduit to the RRACF management team, of which she was part, where she could give the preceptors' views a more 'persuasive linguistic formulation' (Holman et al., 1997, p. 144). In other words, Margaret was able to represent preceptor suggestions in a way that aligned with management's approach to addressing issues concerning student placements. In assuming this conduit role, Margaret also helped validate the perspectives and experiences of the group (Holman et al., 1997) when decisions concerning them and their role in promoting student learning were made.

8.4 Features of the preceptors' engagement in pedagogical development

Creating the pedagogical conditions for collaboration (Section 8.3) was the catalyst for generating engaged interaction which in turn led to several preceptor achievements including: an orientation program for vocational students undertaking placements at RRACF; a placement program framework; and, a student experience questionnaire. The remainder of Section 8.4 discusses the features of this engagement.

8.4.1 Oral

Oral interaction, or more simply, discussion, was the medium through which all the collaborative outcomes were generated throughout the eight months of the project and represents a major insight from the study. The discussions, particularly the often-humorous digressions around the care of specific residents and the behaviour of students, appeared to imitate many of the day-to-day interactions and banter of RRACF staff. Despite their sometimes unpredictable and discursive nature, discussions played a key role in promoting

participation and collaboration because they opened 'new "communicative spaces" in which dialogue and development can flourish' (Reason & Bradbury, 2008, p. 3). Discussions were characterised by a shared discourse, that is a shared way of communicating, which assisted preceptors in understanding what they had experienced (Lee & Dunston, 2011). Infused with humour and metaphor and understood by all members of the group (Cunliffe, 2008), this shared discourse enabled a rich exchange of opinions unconstrained by less flexible discussion parameters and potentially alienating academic language which may be present in more formal professional development training where the content of discussions and activities are often prescribed (Bleakley, 2006). Liz provided some particularly rich examples of this local discourse, using humour to make her points forcefully in highlighting some of her experiences as an EN. In a group discussion that I had initiated by asking about how people learn, Liz talked about her student days and provided examples of how people learned differently, 'everyone takes things in differently to how they're taught. I could get a lecturer when I was at school that by half way through his lecture I'm sitting there writing my shopping list in my diary'. Her comment elicited further comments from the group about the need for preceptors to allow students opportunities to ask questions. Indeed, these shared verbal exchanges may also act to develop a feeling of solidarity among group members establishing a relational identity (Boxer & Cortes-Conde, 1997, as cited in C. Wilkinson et al., 2007).

Enabling discursive discussions among members of the preceptor group led to ideas for action, some of which were acted upon, such as the suggestion to change start times for students on the mornings they began their placements at RRACF. Start times were then shifted to ensure suitable staff were available to mentor the students. Other ideas, such as Shari's experiences with international students (Section 7.4.1), not only elicited similar experiences with both local and international students from other preceptors, but precipitated a sustained discussion on the diversity of experience and maturity among students and how, as preceptors, they might be able to manage this. Though not precipitating immediate change, the interaction generated potential solutions. One idea was to introduce some cultural training into the facility and another was, during the orientation, to identify students who showed enthusiasm and interest in aged care, and, provided they showed enthusiasm and aptitude, to monitor them closely and ensure they were placed

with staff who would support them. Exchanges which generated these ideas demonstrate how in creating the conditions for open interaction, the participatory underpinning of this research, enabled the preceptors to offer their views on what was important to them and to listen and respond to others. In doing so the group generated new understandings of the challenges they faced in precepting students and developed their own locally conceptualised approaches to addressing these challenges. Importantly, these ideas, insights and actions suggest the need to recognise a form of distributed learning, where knowledge is created collaboratively and dynamically (Bleakley, 2010; Lingard, 2009). With the preceptors, the dynamism arises from their oral interactions.

Without the engagement this oral interaction generated, how the preceptors' understood their role and created new knowledge would not have been constructed. The length and non-directive format of discussions enabled a deep participation (Cornwall & Jewkes, 1995) and precipitated a gradual assumption of control of the project by those who were most involved in educating the students. This deep participation was exemplified most clearly by the way in which preceptors took on the redesign of the official orientation program which had previously been structured around Occupational Health and Safety (OHS) procedures. Among themselves, preceptors developed an expanded orientation program with a much greater focus on students and residents. This modification was a significant advance on the existing model and comprised elements that had not been included before. Working in a collaborative group gave the preceptors an opportunity to share and combine their understandings of aged care and mentoring students in building the program, a process that also challenged the way they thought about students.

However, the primarily verbal culture among the preceptors also highlights one of the potential problems that can face an organisation when staff leave or retire: the knowledge and expertise they have accumulated through their workplace experiences also leaves (Rushmer et al., 2004a). However, this cognitivist view of learning assumes that learning arises in the individual. Although there may certainly be gaps in the provision of care where the physical presence of a particular member of staff is required, this study argues that this absence does not need to extend to educational expertise. There does not need to be a diminishing of efforts to provide effective learning experiences for students undertaking both vocational and tertiary placements as other experienced staff can fill a vacancy and

add to the collective effort. In RRACF there was little loss of momentum when two of the original preceptor group left and new preceptors came on board. Maintaining the informal format of preceptor discussions ensured this continuity while also appearing to offer a safe environment in which the newcomers could participate. The group were still able to evaluate and then refine the orientation program even though two members had not been present in the development phase. It was also apparent that the oral input of these less-experienced preceptors was valuable as Margaret acknowledged when Vicky joined the group (see Section 7.2). Thus, meetings were able to draw on different insights distributed among members of the group because they were made visible in a verbal and collaborative context.

8.4.2 Relational

As topics discussed in meetings were linked to, or generated in response to, what other members of the group had said, the development of the preceptor program arose relationally (Bakhtin, 1981; Cunliffe, 2008). Through suggestions, responses and modifications the group adjusted and influenced one another's ideas (Fenwick, 2010a) as they planned the various elements of the orientation program and the other artefacts. While several of these relational interactions appeared to proceed in a haphazard manner, the depth of the outcomes achieved by the preceptors belied this perception. Revising the orientation program that had been developed in action cycle 2 was a good example of this. The discussion to extend this orientation program to two days for future students continued over much of meeting 11 as the preceptors suggested and rejected one another's ideas. Vicki's comment that some students probably had little contact with old people and often had the mistaken idea that aged care was about providing cups of tea, led to a conversation about the lifebooks[14] that staff created with the residents. After a digression about maintaining residents' language ability, another suggestion was made for students to assist residents in creating these lifebooks, which would help students to develop relationships with the residents. The idea was included in the framework for a future orientation. Thus, a comment from Vicky had been transformed through this oral relational exchange into a

[14] Diary-like book containing photos and mementoes that documented a resident's life

richly textured learning activity, a process that also enriched the preceptors' growing awareness of preceptorship.

Although individual contributions that formed these relational interactions did not always seem significant, when considered in relation to other preceptor comments, as a complete unit of discourse, a coherent conversational pattern could be discerned (Bleakley, 2006) and the meaning recognised. However, identifying how meaning was created in these discursive verbal exchanges took time. It was often difficult for me to make sense of the preceptor interaction during discussions and even more so when I started to analyse the data line-by-line. However, when looking at sustained stretches of discourse where the to and fro of conversation was maintained, it became evident that the preceptors' interactions offered them a medium through which they could construct a collaborative and alternative view of educational practice. At the same time, the interactions offered the educational intermediary insights into why preceptors acted or thought in the way they did, creating a more inclusive basis for ongoing collaborative action.

As a result, the preceptors' final creations were imbued with the experiences and understandings from all involved, providing tangible support for Bleakley's (2010) contention that ideas, insights and actions arising from verbal interaction are manifestations of a form of distributed learning. Preceptors' achievements were not the sum of individual contributions, but rather the result of a shared cognition (Bleakley, 2006, 2010), a cognition which encompassed the whole trajectory of preceptor interactions. As Mennin (2010, pp. 27-28) argues, 'knowing emerges in the space between participants' as participants grapple with and respond to one another's ideas and arguments. By chunking sections of discourse into individual contributions, as I had done initially, I had obscured these spaces in the preceptors' discussion trajectories, and so had initially missed the importance such relational links played in what they achieved.

However, as the educational intermediary I was also part of this relational process taking part in the discussions summarising conversations then presenting this 'shared cognition' (Bleakley, 2006, 2010) to the preceptors for their further comment and modification. What I did and said was in relation to what the preceptors did and said. Through this 'dynamic process of action, reflection and collective investigation' (Gaventa & Cornwall, 2001, p. 74)

occurring between myself and preceptors, preceptors were able to recognise how much they were able to contribute.

8.4.3 Incorporating a hierarchy of critical issues for action

Linked closely to the importance of local knowledge and another distinctive feature of the preceptors' interaction were the preceptors' perceptions of a 'hierarchy of importance' (Kitzinger, 1994). The hierarchy referred to the preceptors' tendency to focus on issues that were of most importance to them rather than what was on the lesson plan I had developed for the meeting. For example, in action cycle 2, when the group started talking about the sometimes–unacceptable behaviour of some of the care staff, a topic I had not raised, it was quite evident that this was of some concern to the group and something they wanted to address. To me, as an outsider, such digressions seemed, at least initially, to be peripheral. However, as the study continued, these digressions about unprofessional conduct kept occurring indicating the preceptors' views and the importance to them of professionalism in practice. On reflection, it became clear to me that this process was partial evidence to justify using a sociocultural model of learning in both the preceptor education program and in interpreting the constructions. These digressions represented the histories, perspectives and cultural norms (Bleakley, 2010; Fenwick, 2010b; Gergen & Gergen, 2008) which were triggered through social interaction in a conducive environment. Whether a more prescribed approach to preceptor education would have exposed these underlying concerns is arguable.

8.4.4 Grounded in practical experiences

Preceptor contributions, including the placement program objectives and outline of the orientation program were all grounded in the very task-driven nature of the work and the context in which preceptors worked, that is, their scope of practice. Unlike the codified knowledge of a formal theory or learning curriculum, the data presented in this thesis shows that the insights, knowledge and contributions of the preceptors were:

- infused with personal learning experiences
- responsive to what was happening in their own workplace
- focussed on developing affective factors (respect, caring, passion for aged care)

- aware of unconstructive relationships that existed within the facility
- co-constructed.

Some of these insights and experiences were illustrated in action cycle 2 when the preceptors were discussing how the placement program could be organised. Among the priorities discussed was the need to understand something about the students' backgrounds, supporting them in their introduction to aged care and giving them time to process what they had learned. These suggestions were based largely on challenges preceptors had encountered when mentoring students. The regular discussions had given them the time and opportunity to reflect on these challenges. Equally as important, the suggestions were informed by the preceptors' own experiences as students. This had been very evident with stories of being bullied, 'treated like shit', and being given little or no support (Section 6.3.3). It was apparent that the preceptors, in relating these experiences, had reflected on these incidents and the negative impact they had had, and then decided on a different course for their own mentoring/teaching practices. Wanting to change the status quo in this way suggests that the preceptors were also 'exercising intentionality and agency' (Billett & Somerville, 2004, p. 319) to ensure that the outcomes of the program were not only appropriate to their own context but were inclusive and reflected the caring and supporting perspective they expressed throughout much of the study (Greenwood et al., 1993).

There are potential risks in foregrounding practical knowledge, particularly with regards to learning. It is conceivable that ideas and practice may be poorly conceptualised, inappropriate, and outdated (Billett, 2002b). For example, misconceptions about learning were apparent in statements by the preceptors, one of whom described learning as 'absorbing knowledge', a view that implies that students would be expected to retain and reproduce knowledge presented to them (Bleakley, 2010). This view of learning contradicts current social theories of learning, which stress the active involvement of a learner and the importance of context in 'producing' knowledge and learning (Bleakley, 2010; Doolittle, 2014; Gergen & Gergen, 2008). Risks of misconceptions can be mitigated through professional development initiatives involving group discussions where preceptors are given the opportunity to interact and speak openly and incomplete understandings can be

identified. This reflective learning and teaching process highlights the importance of a group working collaboratively with an intermediary who not only helps to identify these pedagogical misconceptions but also assists preceptors in addressing them using the preceptors' wealth of practical experiences and insights as a basis to do so.

8.4.5 Occurring within the preceptors' scope of practice

Implicit in the development of this relational, situated approach to regional aged-care preceptor education was that student placement objectives and the way preceptors engaged with students had to align with the preceptors' scope of professional practice. As shown in Figure 8-3, preceptor pedagogic practice sat within an organisational culture which in turn sat within the broader regulatory and legal framework of aged care. Therefore, any actions the preceptors or similar groups may have wished to take to improve education practices could not compromise their professional and legal responsibilities as enrolled nurses or PCWs.

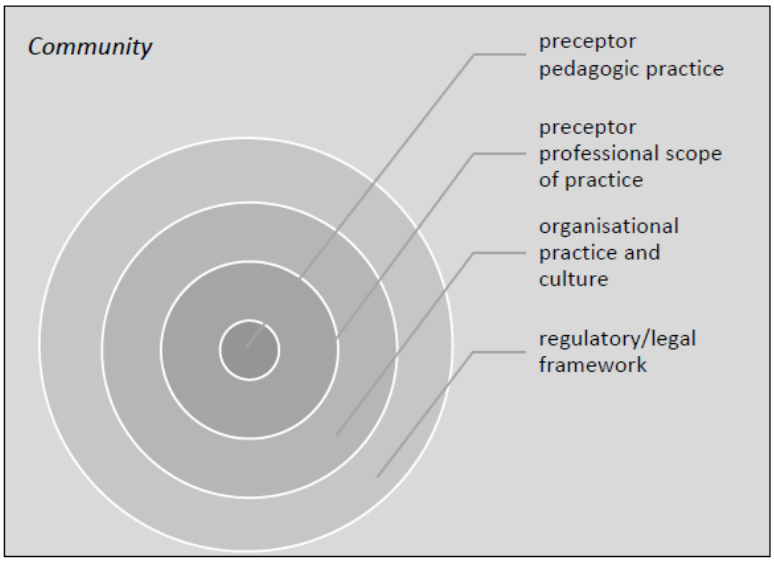


Figure 8-3: Preceptor scope of practice

The way the scope of practice manifested itself in the preceptors' approach in this study to teaching students was evident in many of their discussions. For example, when the group were developing the objectives for the preceptor training program, the scope of practice was deemed an important concept for preceptors to impart to students (Section 6.4.2). Consequently, the preceptors developed an orientation activity to assist students in understanding how scope of practice governed what students could do while on placement. The preceptors also appeared to use scope of practice as a scaffold for learning; once

preceptors observed that students had achieved the prescribed competencies at one level of practice, they would assist students to take on more challenging responsibilities. However, the group did not want students trying to undertake tasks outside what they, the preceptors, considered an appropriate level, a level which sat beneath the scope of practice for a PCW. Consequently, the objectives and the content of the placement program the preceptors developed had to reflect the level the students were at and what they could optimally achieve within these parameters in the time they were at RRACF.

8.4.6 Demonstrating an unarticulated pedagogical expertise

Enabling preceptors to produce a learning activity to stress to students the importance of scope of practice illustrated how the benefits of working collaboratively, drawing on a range of experiences, can lead to the design of a guided learning tool that is in line with current research on best practice workplace learning (Choy & Henderson, 2016). As Billett and Choy (2012) point out, students need to have explained to them what they can and cannot do in the workplace and what roles and responsibilities other workplace practitioners have. Concerns the preceptors expressed about supporting student learning including ensuring appropriate guidance and enabling students to progress at their own pace within clearly defined parameters (Section 6.4.2), highlighted aspects of pedagogical knowledge and expertise that already existed within the RRACF workplace. Indeed, making students aware of their scope of practice and the support they could expect while on placement (Billett & Choy, 2012) was identified in Chapter 2 as one of six activities that assist students to learn in the workplace. One of the contributions of this study has been to show how preceptors were able to recognise the need for these learning activities and to develop a solution themselves.

Similarly, many of the topics, stories, anecdotes and experiences comprising preceptor exchanges that were repeated throughout the project, also appeared to exemplify an understanding of teaching and learning (Boud & Middleton, 2003; Fowler & Lee, 2007). In Section 6.5.4, when the group were discussing the organisation of the placement program, there was an understanding that students needed to be supported and not pushed beyond their existing capability. Though not expressed in pedagogical terms, this instance and many others indicates that preceptors shared an understanding that learning needs to be scaffolded so that students are able to reach their learning goals, a principle which makes

reference to the work of Vygotsky (1978) and his theory of the zone of proximal development.

As identified in Section 8.3.4, there were calls within the group for the preceptors themselves to learn more about the students. Again, the need to know something about students' backgrounds and their level of prior knowledge is a recognised teaching principle (Knowles, Holton, & Swanson, 2005) and one the preceptors appeared to draw on intuitively. Section 6.5.6 provided another particularly good example of informal preceptor knowledge. The group generated a comprehensive list of what they considered were characteristics of effective preceptors. As the discussion of preceptor roles in Chapter 2 showed, role modelling, supporting students, providing guidance and integrating students into a community of practice were among the skills most cited as being necessary in precepting effectively. There was clearly an overlap between these researchers' lists and that of the preceptors. For example, showing students how they (the preceptors) had reflected on their own experiences in working with aged-care residents aligns with being a role model and expressing the need to focus on student learning rather than just getting them to complete a task aligns reasonably closely with guiding students. The preceptors again were seemingly demonstrating an unarticulated understanding of pedagogical notions of adult learning.

Significantly, as this study has established, preceptor pedagogical expertise and its importance must be made explicit to the preceptors themselves if they are to be engaged in, and confident about, participating in an education undertaking. Because the expertise is created and frequently embedded in the day-to-day practice and discourse of the preceptors, in what Kemmis (2005) calls situated knowledge, preceptors may not be aware of the depth and breadth of their capabilities. Consequently, any ideas they have for change may be undervalued or even overlooked as a source of innovation (Lee & Dunston, 2011; Schwandt, 2005). At RRACF, once preceptors saw their ideas being used as the basis for meetings and for structuring the orientation program, not only did they express pleasure, but they also became active participants in the sessions and began to direct the lesson plan for each meeting. The regular meetings provided a forum for preceptors to express their views and ideas and the opportunity to show that they could make changes in the way student placements were managed with limited need for assistance. The implication is clear.

Conducting preceptor pedagogical education as a collaborative enterprise can facilitate the creation of jointly constructed local solutions, a pedagogy of practice, which becomes the catalyst for a culture of learning and innovation within the workplace (Andrews et al., 2012; Heron & Reason, 2008) thus building the capacity of the facility to support future healthcare students.

Acknowledging the importance of situated pedagogical expertise and supporting preceptors to develop this expertise could help to build the capacity of regional aged-care staff to support students. Regrettably, situated or practical knowledge suffers from a lack of status among academics and much of the aged-care sector who regard propositional knowledge and its associated intellectual store of theories and facts as the main form of reality (Heron & Reason, 2008; Kidd & Kral, 2005). Indeed, some experts consider practical knowledge as irrational and underdeveloped (Schwandt, 2005). Others consider learning in workplaces inferior to a prescribed program of instruction undertaken in an education facility because it lacks a dedicated curriculum with certified teachers, learning objectives, learning activities and outcomes (Billett, 2010; Fowler & Lee, 2007; Lee & Dunston, 2011), a view which appeared to have been unconsciously internalised by the preceptors who, certainly early in the study, described themselves as 'not academic', 'dumb blondes' and their insights as 'not proven academia' (Margaret and Liz). As identified by researchers working within the constructionist paradigm, reliance on propositional knowledge, the 'intellectual knowing of ideas' (Heron & Reason, 2008, p. 367) enhanced by its appearance in influential written or verbal discourses, can obscure the experience that is necessary to act in a specific social setting (Holman et al., 1997). In other words, ignoring the potential uses of the preceptors' expertise and the expertise of groups like them may limit the ability of an educational development undertaking to generate a pedagogical practice that is 'relationally and culturally appropriate' (Fowler & Lee, 2007, p. 191). Having discussed the benefits that drawing on this local knowledge and expertise can offer, including promoting confidence, ignoring this resource would seem unwise in a sector where lack of status and lack of recognition are frequently cited as among the reasons for the limited appeal of working in aged care (Chenoweth et al., 2010; Lea et al., 2014; Lea et al., 2015) (see Section 2.2.3).

8.4.7 Highly situated

The relational, and intersubjective knowledge where 'people create meaning and realities with others in spontaneous, responsive ways' (Cunliffe, 2008 p. 126) is the result of a very specific set of circumstances. In this study, those circumstances comprised a series of discussions, each with their own unique pattern of interactions, among a group of people all of whom lived in the same regional area and contributed their own unique experiences. How the preceptors at RRACF interacted with and responded to one another, the issues they raised and the action that was generated cannot necessarily be replicated in another setting nor generalised to a similar context. Consequently, the knowledge that is produced is not a universal truth (Dachler & Hosking, 1995; Gergen & Gergen, 2008). Instead it is a situated truth created through the relational interactions of the preceptors and those with whom they interact in a specific context at a specific point in time (Bleakley, 2010; Cunliffe, 2008). Thus, the results the preceptors achieved, together with the way in which I, as an educator, intermediary and finally researcher responded to the preceptors and then interpreted their interactions and the artefacts they produced, were unique to RRACF, in other words it was a 'custom job' (Kidd & Kral, 2005). For those who wish to prescribe learning outcomes, these contextual idiosyncrasies make it difficult to predict, beyond a generic conjecture, the action, artefacts, and understandings that might emerge from similar undertakings.

8.4.8 Unfolding over time

As was evident in the growing level of engagement from the preceptors, a preceptor education program must also be long enough to build relationships of trust, accommodate discursive discussions, permit time to translate the preceptors' words between sessions, and allow time to reflect on, and respond to ideas and insights raised during the sessions. A shorter intervention might not have had the same impact. Having time, a luxury in today's outcomes-driven environment, enabled participants to establish a shared process for collaboration and action (Reason, 2006). This temporal aspect of the process is important because it allows for growth in the richness of preceptor discussion and reflection which, in turn, leads to constructive and considered outcomes. For example, when the preceptors discussed plans for the student orientation, what had originally been just a two-hour walkthrough of the facility became a two-day program involving more staff than previous

orientations and, critically, involved the residents themselves. This was only possible because the group had opportunities to modify, review and then modify again their ideas for the program. There is also a need to ensure that preceptor pedagogical education takes place within a period close to students' arrival in a facility and while students are in the facility, so discussions are relevant and not an abstract notion. Choosing this course of action comprises learning in action (Yonge et al., 2012). With students in the facility, preceptors in this study, had time to reflect on how the program had worked in practice, to consider what had not worked well and to hear of others' experiences before making suggestions for modifications to the program. This process of understanding is an 'unfolding movement' because it is not developed instantly and instead is characterised by its temporal 'shape' (Shotter, 2006, p. 592).

However, building collaboration and a democratic workplace does take time (Shotter, 2006) which has implications for educational practice. To participate in the meetings, preceptors are away from their regular work for periods of time requiring adjustments in the roster and for an aged-care facility to backfill staff absences, which may impact both on resident safety and the goodwill of other staff. Most importantly, given the budget-driven nature of modern healthcare, there are funding implications if similar projects are conducted over extended periods. Regional aged-care facilities are particularly vulnerable as staff shortages and backfill may be difficult to manage (Mavromaras et al., 2017).

8.5 Taking ownership

Enabling the preceptors to participate in collaborative action led to a key transformation. Through exchanges with others and 'their surroundings' (Shotter, 2006, p. 591), this research has explained how preceptors took increasing ownership of the preceptorship program making ever more sophisticated contributions both in the way in which they discussed matters and in the actions proposed. The confidence to make pedagogical change was fostered by the inclusive and non-hierarchical context of the meetings which 'increases empowerment and discretion amongst ordinary members of staff and hierarchical niceties and negotiations can be reduced to a minimum' (Rushmer et al., 2004a p. 380). In turn this democratisation provided the basis for the flourishing of relational dialogues, a mode of communication and meaning-making that aligned with the preceptors' verbal culture. As Lee and Dunston (2011 p. 487) point out, conversation is 'a consistent and necessary feature

of daily practice, crucial to building and refining understandings of experiences'. The meetings functioned in a comparable way to daily practice allowing preceptors the opportunity to negotiate, among other things, a design for an orientation program for students, and, once the program had been implemented, to reflect on how the program had been received and what changes, if any, needed to be made. Through further discussion, preceptors then developed their own solutions. As shown in action cycle 3, meeting 11, the group extended both the length of the orientation program they had designed in action cycle 2 and incorporated potential new activities for the next cohort of students without any input from me. They were taking a collective responsibility for the success of student placements. This outcome endorses that of Lee and Dunston (2011) who related how a group of health workers in New South Wales developed a new approach to their work through group action. This result stresses the exciting possibilities that can evolve from workplace learning initiatives and challenges a common view of workplace learning as inferior to that gained in an educational institution (Billett, 2010, 2016) (See Section 2.6.3).

Promoting preceptor ownership of the orientation program was maintained by foregrounding the perspectives and knowledge of the preceptors. As Section 6.4.4 showed, the main mode for doing this was when I made the preceptors' ideas for the orientation program the focus of meetings, by both summarising the previous meeting's notes so that topics for discussion were informed by what the preceptors said was important and by using preceptor words and ideas to create the tangible outcomes of the program. This ensured that preceptors' ways of talking (Cunliffe, 2008) and their understandings were driving the action. The preceptors themselves could see how much they had to contribute to the project and that they did not have to express themselves in unfamiliar language to do so. Enabling the group in this way so they were able to see they were capable of constructing and using their own knowledge has the potential to assist preceptors in undertaking new learning challenges and extending their knowledge and practice (Billett, 2004). Preceptors are recast as active agents in creating knowledge for events they are participating in, such as teaching and mentoring students, rather than as passive recipients (Cornwall & Jewkes, 1995) to whom professional development programs are delivered. Thus, preceptors are transformed from receivers of knowledge and the recipients of the actions of others

(Gergen, 2003) to being generators of knowledge with the power to influence decisions affecting their responsibilities as educators.

As the literature review emphasised, for those in regional aged care, this change in positioning can assist in generating a positive learning culture in the workplace which in turn generates effective learning opportunities for students (Grealish et al., 2015; Lea, Andrews, et al., 2017b). That the resulting outcomes of this action research project derive from the preceptors' ideas and actions is significant. The group themselves have ownership of what is produced because it is framed and enacted on their terms. The alternative, having someone deliver content, suggests a monological relationship and can potentially silence those who are not in a position of authority (Bakhtin, 1981; Gergen et al., 2004; Shotter, 2006). Barriers to participation, often embodied in an alienating discourse, were evident in preceptor reactions to some of the tasks I had developed in action cycle 2 and in their reported reactions to externally organised presentations where they had also not been permitted to ask questions. As Shotter (2006) stresses, refusing to participate in genuine dialogue not only shuts down the possibility of appropriate action, but it also diminishes those with whom we interact. The challenge, therefore, is to have preceptor knowledge and the practical applications they have created, couched as it is in a local discourse, recognised as academically legitimate. It is this role as a conduit between the preceptors and academia that falls to the educational intermediary emphasising the need for such an undertaking to be underpinned by collaboration.

8.6 Significance

This research makes four significant contributions to the field of regional aged-care preceptor education. These contributions are:

1. Proposes an inclusive approach to regional aged-care preceptor education
2. Highlights the potential of social participation in facilitating regional aged-care workplace learning
3. Foregrounds the perspectives and practices of regional aged-care workers
4. Demonstrates the potential of a dynamic methodological approach to regional aged-care workplace-based research.

8.6.1 Proposes an inclusive approach to regional aged-care preceptor education

On a practical level, the research offers an inclusive approach to regional aged-care preceptor pedagogical education because a group of regional aged-care preceptors were enabled to engage fully in and then take ownership of their own pedagogical development in their own workplace. Instead of external facilitators conducting a needs analysis and conducting the necessary training, the preceptor group were able to identify pedagogical issues in their own workplace, such as the existing orientation program for student placement, that were of concern to them. The preceptors then collectively constructed their own pedagogical approach to addressing these concerns with support from an educational intermediary. Simultaneously, the group developed their own preceptor pedagogical education program and enhanced their understanding of teaching and learning in the workplace. This contextualised approach which argues for ongoing training and for workplaces to afford occasions for staff and student learning contributes to and extends the limited body of literature that advocates for aged-care facility staff to play a greater role in supporting student placements and building staff capacity (Lea, Andrews, et al., 2017b; Robinson, 1999).

8.6.2 Highlights the potential of social participation in facilitating regional aged-care workplace learning

The study expands current understanding of how the pedagogical capacity of regional aged-care preceptors can be developed through social participation rather than by individual accumulation and reproduction of knowledge. Through a collaborative process of oral and relational interaction preceptors are able to develop their skills and create knowledge offering a dynamic alternative to the individual focus of competency-based approaches to education (Lingard et al., 2008). Thus, this research also provides a timely response to a recent call (Trede et al., 2016) for preceptorship to be reconceptualised as a sociocultural practice, by providing tangible evidence of how this can be practically achieved. Accepting workplace learning as being constructed relationally in the dynamic and unpredictable verbal interactions between members of the preceptor group not only expands views of knowledge creation but also assists preceptors to raise the status of their local knowledge and practice (Billett, 2002a; Cooper et al., 2004; Tosey, 2002). As Winter (1998, p. 53) contends, acceptance of an alternative social constructionist view contributes to

‘decentralising the production of knowledge’ so that situated knowledge, gained from practical experience like that of the preceptors, is valued as much as that gained in formal education settings (Fowler & Lee, 2007). Lingard (2009) similarly argues that embracing the situated and collective knowledge of a group like the preceptors offers another way of representing what constitutes professional competency. Preceptor pedagogical competence can then be conceptualised as a shared understanding of local issues and a shared approach to providing potential solutions to them (Lee & Dunston, 2011; Lingard, 2009).

8.6.3 Foregrounds the perspectives and practices of regional aged-care workers

In presenting the experiences, perspectives and achievements of regional aged-care preceptors, this research brings to the centre stage a group of workers often under-represented in educational research. This study elucidates the potential of preceptors to enable a positive learning environment for future aged-care workers if appropriate social and organisational conditions are created. As Robinson (1999) advocated nearly 20 years ago, aged-care reform does not need to be driven from above. Those who are at the coal face should be fully involved in the development of educational practices that will impact on them.

Foregrounding the preceptors’ achievements has similarly made visible a more democratic and inclusive form of knowledge (Gaventa & Cornwall, 2001), which may help to dispel the often-negative image of the aged-care sector because these achievements suggest the potential of personnel within the sector to effect beneficial educational change. This outcome may also contribute to overcoming the view of workplace learning, and those who participate in it, as somehow inferior because it lacks a formal curriculum or recognition (Billett, 2010).

8.6.4 Demonstrates the potential of a dynamic methodological approach to regional aged-care workplace-based research

Using a socially constructed view of knowledge creation to underpin a participatory action research approach enabled an in-depth understanding of the language and educational practices used by a group of regional aged-care preceptors to develop their precepting practice. In other words, the methodology illustrated a theoretically driven pedagogy in practice.

Among its other principles, a social constructionist view of learning recognises that the preceptors' experiences and views are legitimate and represent their values. Participatory action research, which acknowledges and responds to the agency of participants in creating understanding and generating change (Somekh & Zeichner, 2009), provides the vehicle through which these experiences and views can be expressed freely. In conducting this research, this dynamic relation between these two elements of methodology was emphasised. For example, the preceptors' views were evident in the development of placement program objectives and the language used to construct these objectives, the orientation program, and the student experience questionnaire. In foregrounding this language and how the preceptors used it to create meaning and new knowledge, this research has demonstrated how preceptors' perspectives can be legitimated and made explicit. Thus, as Baum (2016, p. 406) argues, if researchers and educators are to effect change in educational practices they must 'relinquish their position as the sole "experts" and accommodate their paradigms of thinking to those of others'.

8.7 Implications

There are three broad areas of implication for the study interpretations: for preceptor education; for research; and for the regional aged-care sector.

8.7.1 For preceptor education

A group-based approach to regional aged-care preceptor pedagogical education located in the preceptors' workplace offers regional preceptors the opportunity for professional development in their own local regional community. After having been involved in a program of education, a preceptor may identify or be offered other opportunities for professional development in the aged-care sector which could ultimately lead to career advancement. With government recommendations to increase the skills base of the regional aged-care workforce and for on-site access to training (Senate Community Affairs Committee Secretariat, 2017) the collaborative approach to preceptor education that this research presents, is a way in which this recommendation can be implemented.

The research also creates opportunities to conduct preceptor education programs that offer a way forward for preceptor education programs that encompass collectivist or group-level learning processes (Lingard, 2009). Conducting preceptor education as a collaborative undertaking promotes local ownership and endorses the use of action research to underpin

the way in which similar projects are conducted because the resulting relationship emphasises local solutions. Preceptors are at the centre of the undertaking. They can respond directly to immediate real-life teaching and learning issues in their own aged-care community creating new understanding and practices relevant to that context (Kemmis, 2009; Kidd & Kral, 2005; Phelps & Hase, 2002; Reason & Bradbury, 2008). In turn, these innovations can lead to changes in organisational culture, organisational placement systems and aged-care facility relationships with training providers.

The oral and collaborative way in which this preceptor education program was developed may present an alternative to text-based and modular learning, methods of education that are less familiar to preceptors, thus potentially alienating. However, if oral and relational education is to happen, sufficient time must be allowed for the often-discursive nature of discussions. Preceptors' insights can then be identified, made explicit, reflected upon and used to construct approaches to student learning. Additionally, space needs to be made available on a regular basis where discussions can take place free from workplace intrusions. Conducting these types of programs clearly also has funding implications. However, despite these constraints, as Grealish et al. (2015) remind us, new approaches to working and learning in aged care need to be investigated if we are to meet the challenges that an increasingly ageing population brings.

There are also implications in this research for those who conduct aged-care professional development programs. Educators must respond to the context, not impose their pedagogy on it. Thus, educators need to be appropriately trained in areas emphasising communication, teamwork and collaborative problem solving. Instead of imparting knowledge, educators become intermediaries, creating conditions to promote engagement and knowledge creation. Educators must be able to tolerate uncertainty and ambiguity and be able to respond to unexpected developments in an informed and respectful manner. As a start, educators, could draw on regional aged-care preceptors' own experiences of working with students, asking them to describe their context and what they believe is important in learning about aged care.

8.7.2 For research

Embracing learning theories that emphasise oral language and social interaction as central elements in creating meaning (Gergen & Gergen, 2008) presents one option for conducting future collaborative research into aged-care preceptor education in a complex healthcare setting. These social views of learning, which accord with social constructionism, enable the educational intermediary to consider the role of context and prior experiences in activating and encouraging educational change and give credence to forms of knowledge other than that found in 'the propositional, abstract theorising of academia' (Reason, 2006); for example, preceptor knowledge which was constructed, and acted upon, through oral interaction. Preceptors and other groups with local knowledge and experience can then become agents of the research, not objects of the research with the capacity to generate educational change. This agentic shift compels educational intermediaries to respond appropriately and reflexively to these changing circumstances and roles of the groups.

Conducting participatory research in an aged-care facility means long-term engagement in the organisation. The educational intermediary is collaborating with participants, so must be prepared to report on how they construct their own solutions to problems in collaboration with the educational intermediary. With a sufficient amount of time and by incorporating the participants' views and considering the impact of the context, this type of collaboration may offer a more inclusive approach than options which fail to account for these factors. The educational intermediary must also reconsider views of learning embedded in a propositional world, where knowledge comprises a codified body and may be organised in the form of modules (Fuller et al., 2005; Heron & Reason, 2008; Shotter, 2006). Instead, the educational intermediary should be prepared to include a dialogical and relational world view where those involved in a project create their own practical and situated understandings (Cunliffe, 2002, 2008; Gergen & Gergen, 2008). Adopting such an inclusive stance means that any practitioner, including preceptors lead the learning process (Schwandt, 2005) and the educational intermediary becomes the one who assists in creating and making explicit this shared understanding (Gergen & Gergen, 2008).

8.7.3 For the regional aged-care sector

Enabling regional aged-care workers to expand their skills and knowledge, through a collaborative program of pedagogical education offers a much-needed response to policy

modelling which suggests that productivity gains can be made in the healthcare sector through workforce reforms that enable workers to expand their scope of practice (Health Workforce Australia, 2013). However, any such initiative would have to ensure that participants in the scheme were recognised for their achievements and productivity gains made. Recognition could include financial recompense for assuming extra responsibilities or a formal certificate detailing the level of knowledge and skill achieved.

More importantly, given the budget-driven nature of modern healthcare, there are funding implications if similar projects are conducted over extended periods. Therefore, as argued in this thesis, if learning is reconceptualised as an ongoing and inclusive process that develops preceptor understanding and promotes change within the organisation, then this process needs to be reframed as a core component of developing a viable model of aged-care reform.

8.8 Summary

Chapter 8 began by presenting the regional aged-care preceptor pedagogical framework before discussing the three educational conditions that precipitated the development of the preceptors' program: an enabling educational intermediary able to respond and adapt to a changing context; making preceptor pedagogical knowledge and experience explicit; and having a local champion to promote and maintain the impetus of the program. The features of the preceptors' participation were then discussed. These features included an oral and relational nature, a grounding in practical experience and a highlighting of preceptor pedagogical knowledge. Of particular importance was the way in which the program unfolded over a sustained period of time and enabled preceptors to take increasing charge of their own development. Next, the significance of the research was highlighted, drawing attention to its potential for building the capacity of regional aged-care preceptors to accommodate healthcare student placements through the use of participatory action research. Lastly, Implications for preceptor education, research and the regional aged-care sector were discussed. For regional aged-care preceptor education, the study offers a participatory and practical approach that can be conducted in situ; for research, the study's social constructionist underpinning offers insights into how regional aged-care preceptors understand and construct their teaching role; and for the regional aged-care sector, a response to the Government's call for innovative approaches to training is proposed.

The next chapter, Chapter 9 concludes the thesis by responding to the aim of the research and the research questions arising from the aim. The chapter then emphasises the key understandings that arose from this study. The strengths of the study are highlighted after which the study limitations are acknowledged. Potential future directions for research are suggested before the thesis concludes with some reflections from the researcher and a summary.

Chapter 9 Conclusion

9.1 Introduction

Chapter 8 presented the regional aged-care preceptor pedagogical framework highlighting the role of the educational intermediary and a local champion in generating conditions that led to a group of regional aged-care preceptors creating their own approach to precepting healthcare students. The chapter then discussed the unique features of the preceptors' engagement in this process. Next, the way in which a participatory approach enabled aged-care preceptors to take ownership of their pedagogical development was explained. The significance of the research was argued after which implications for preceptor education, research, and for the regional aged-care sector were presented.

Chapter 9, the concluding chapter of this thesis, begins by restating the aim of the research and the research questions. The research sub-questions are then addressed before presenting this study's key understandings. Strengths and limitations of the research are acknowledged and recommendations for future regional aged-care preceptor research are indicated. The thesis concludes with personal reflections and a summary of the chapter.

9.2 Research aims and research questions

This year-long participatory action research study in regional south-east Victoria explored how a responsive approach to regional aged-care preceptor pedagogical education could be developed between the educational intermediary and a small group of preceptors. The project arose in response to a need for the regional aged-care facility to provide effective learning opportunities for healthcare students on placement.

The main research question was:

> How can a responsive approach to regional aged-care preceptor pedagogical education be developed collaboratively?

The research sub-questions were:

- What are preceptors' perceptions of the regional precepting role in aged care?
- How do preceptors prepare themselves for precepting in the regional aged-care sector?

- How does a participative research approach impact on the features of the resulting pedagogical model?
- What key educational understandings emerge as the model is developed?

9.3 A responsive approach to preceptor pedagogical education

Section 9-3 responds to the four research sub-questions outlined above. The response to each question contributes directly to achieving the main research question, to explore how a responsive approach to regional aged-care preceptor pedagogical education could be developed between the researcher and a group of preceptors. The understandings that arise as each question is addressed highlight the significance of this research and provide a compelling conclusion to this thesis.

9.3.1 Acknowledging preceptor perceptions of the regional aged-care preceptor role

The research has shown how care and respect for residents and the desire to encourage positive attitudes towards elderly people underpinned the regional aged-care preceptors' perceptions of the regional precepting role. These concerns were evident in many of their anecdotes about student interactions with residents and eventually informed core elements of the preceptors' pedagogical education program. For example: ensuring students practised within their scope of practice; ensuring students were placed with suitable staff who would role model positive attitudes towards aged care; and using the revised orientation program as an educational tool to identify students who were capable and interested in care of the elderly. Together with their demonstrated collective capacity to produce practical teaching resources, these qualities of care and respect for the residents establish the preceptors as legitimate workplace teachers who, in collaboration with others, were able to ensure students had effective and positive learning experiences in the regional aged-care facility. Future regional aged-care preceptor training could, therefore, consider basing programs of education around pedagogical issues of concern to the preceptors, for example, preceptors' desire to stress to students that aged-care work involved more than completing a range of tasks.

9.3.2 Preceptor preparation for preceptorship in the regional aged-care sector

Preceptors prepared for their precepting role by constructing the precepting role themselves, with support from an educational intermediary, rather than responding to what others had determined as skills and qualities important for preceptorship. As this research

explained, the preceptors created their role in a series of oral exchanges between themselves and the educational intermediary in response to an imminent student placement. These roles were manifested in the orientation program and other learning activities intended to induct students into regional aged care. Like the process of developing the orientation program, the resulting artefacts were grounded in preceptors' practical experiences and were produced using the preceptors' own workplace vernacular, distinguishing them from imported professional development programs with less accessible educational language. The dialogical and iterative manner in which preceptors constructed their role and the pedagogical artefacts reflected the preceptors' hierarchy of educational importance which was shaped by practical concerns for the care and safety of residents, by the preceptors' experiences of precepting students and by the preceptors' experiences as aged-care students themselves.

9.3.3 Impact of participative research approach on the resulting pedagogical model

As the preceptors so capably demonstrated, using a participatory approach to conduct this study enabled them, a group of novice preceptors, to become agents of change in matters affecting them and to eventually take ownership of the project. In effect, preceptors were able to work collaboratively to identify aspects of regional aged-care student placements that needed to change and then to use the medium of oral interaction to develop strategies to effect this change. In enabling the conditions for full participation, the educational intermediary and local champion ensured that preceptors had the opportunity to make their own pedagogical knowledge and educational concerns explicit. In Emily's words (M5), this had a ripple effect: preceptors went on to construct a student orientation program and associated artefacts; to develop a shared approach to addressing educational challenges: and to create new knowledge, specific to their own aged-care facility.

The research has also highlighted the significance of a participatory approach in informing how my role as the educational intermediary and researcher was undertaken. Participating fully meant responding to what was needed at the time, for example, adjusting expectations of what meetings could achieve when it became clear that what was planned was not appropriate, or revising learning activities to encourage meaningful preceptor engagement. Indeed, as the research highlighted, the educational intermediary must strike a balance between imposing ideas of what experts view as effective precepting and incorporating the

preceptors' views of effective precepting. Thus, as this research has so emphatically demonstrated, participatory research entails working with uncertainty and ambiguity.

9.4 Key understandings

The key understanding from this research is that those at who are at the front line working in the regional aged-care sector may offer potential solutions to addressing challenges in educating the future regional aged-care workforce. These front-line workers possess experiences and knowledge of working and teaching in the regional aged-care sector which is often overlooked. However, as the study has also stressed, this practical knowledge has to be activated, acknowledged as legitimate, and then made explicit to those who created it, that is the preceptors. To facilitate this process, as the three action cycles demonstrated, required the combined efforts of the educational intermediary and the local champion, Margaret. In such a supportive environment, this knowledge and experience was then harnessed and used to pursue a specific goal determined by the preceptors. This course of action may lead, as it did in the study, to the creation of new ideas and courses of action for the conduct of student placements.

The other key understanding generated by this study is that the research methodology, underpinned by a socially constructed view of knowledge creation, provided the conceptual lens with which to obtain a unique insight into how regional aged-care preceptors constructed and understood their teaching role. This insight was enabled by social constructionism's recognition of language, in this study the preceptors' oral interactions with one another and the educational intermediary, as central to creating meaning.

9.5 Strengths of the study

The main strength of this study lies in foregrounding how the preceptors used their perspectives, experiences and knowledge to construct a precepting role that responded to issues in their own regional aged-care facility. This approach to preceptor education contrasts with studies that assess successful preceptorship in terms of how preceptors measure up to a generic precepting model which may or may not address issues that are of concern to preceptors.

The other strength of this research was my year-long involvement in RRACF which allowed time to develop relationships with both the preceptors and the management of the facility. This relationship was exemplified by the preceptors' invitation to me to spend a day in the

facility shadowing one of them which I accepted. This gave me a further insight into the requirements of their work as well as the opportunity to meet some of the residents who preceptors talked about.

9.6 Limitations of the study

9.6.1 Maintaining rigour

Although there were a small number of participants in the study, this did not impede conducting a rigorous piece of research. Indeed, the aim of action research is to undertake small in-depth studies with people who are interested in and motivated to address their own workplace challenges to improve the status quo (Zuber-Skerrit & Fletcher, 2007), which was the situation at RRACF. Additionally, it may be difficult to replicate the research. In this study, individuals attending meetings changed from meeting to meeting and even during meetings. This staff movement continued over the eight months I conducted meetings with preceptors. Two of the preceptors left RRACF in that time and two new preceptors joined the group. However, this constant churn of staff represents the situation in many aged-care facilities: absences are common, and staff stability is often a luxury. Despite this unpredictability, this study was still able to enable preceptors to effect useful and important changes.

9.6.2 Collaboration and participation

The project was not exclusively participatory and collaborative. However, as the literature review noted it is unusual to have projects adhere completely to a participatory approach. Some of the elements of the project were planned before I had met either preceptors or management. Such pre-planning was difficult to avoid because writing a proposal before entering the research field is a pre-requisite of doctoral research. However, the original research plan was modified after meeting participants and continued to be modified throughout the study as chapters 5, 6 and 7 have demonstrated. Data were collated and analysed offsite although preceptors were given summaries, using their words, of the key points from every meeting and provided with the opportunity to modify these if they wished. Margaret, as the clinical manager was consulted regularly about what I planned to do and indeed when the meetings concluded we met regularly, with Emily, the roster administrator to discuss what the data had shown and share views on the results. Despite

these PAR infractions, the undertaking fulfilled the primary purposes of action research by involving those most likely to be affected by the research and producing practical outcomes useful to them.

9.6.3 Capturing everyday conversation and acknowledging researcher impact

The discussions recorded were not the same as everyday talk in the workplace. The focus groups were conducted with RRACF preceptors in a dedicated training space at the facility which was away from the work floor. To record preceptor interactions with one another and with students while on the floor would have been difficult to pursue and, even if allowed, highly intrusive. Focus group discussions were the most reliable and convenient method of gathering a range of close-to-natural interactions and examples of a group creating their own pedagogical understanding. Additionally, the initial meetings were guided by my objectives although, as the program progressed, the preceptors influenced the discussion topics. Despite preceptors taking a much greater part in conversations after meeting 3 or 4, what was said was moderated by both my presence and that of the clinical manager. However, I did not intervene to stop discussions even when the group digressed; the clinical manager was similarly accommodating on most occasions. To make my role in creating the data explicit, I have explained, comprehensively, my methodology, my role in meetings, and my assumptions. I have also used discussion extracts to support my data interpretation.

9.7 Future directions

The research was conducted in one regional aged-care facility, so further research is required in other regional aged-care facilities to determine whether an action research approach conducted in a comparable manner would achieve similar outcomes.

It is also not possible to determine whether these outcomes are typical of the regional context because the same approach has not been conducted in a metropolitan aged-care facility. A similar study in a metropolitan aged-care facility might provide some comparative data and clarify whether the outcomes in this study do have unique regional characteristics.

9.8 Final reflections

The accounts of the three action cycles and the discussion highlighted the role I played as an educational intermediary. That I have included myself so explicitly in this thesis is to be expected. Action research is a participatory undertaking and so our behaviour as

educational intermediaries and researchers will affect the way in which participants respond. Thus, presenting the research understandings as something that already existed in the data and as something waiting to be discovered would have ignored the role that I played as the educational intermediary in analysing and constructing meaning from the data. As two of the group acknowledged, "If you weren't here we wouldn't be going down this path now" (Emily), 'Yeah but you've pulled it out of us' (interview with Emily and Louise, 14/9/14). The preceptors were acknowledging that the process of activating local knowledge, creating new understanding and turning the resulting insights into pedagogical action was very much a collaborative one.

9.9 Summary

The conclusion to this thesis has reaffirmed how the use of a responsive participatory and socially-constructed approach to regional aged-care preceptor pedagogical education developed the capacity of a group of regional aged-care preceptors to host a learning-centred placement for healthcare students. This outcome challenges accepted views on how aged-care preceptor education can be conducted. The use of a responsive approach to preceptor education which acknowledged preceptors' existing perceptions of preceptorship, enabled preceptors, with support, to construct their own precepting role, and used a participative methodology to promote action and research, was emphasised. Key understandings arising from the study were then elucidated. These understandings highlighted the potential of regional aged-care preceptors to address challenges in educating future regional aged-care workers themselves and the use of a socially constructed view of knowledge creation to inform the way in which a program of preceptor education was planned, implemented and then evaluated. The outcomes of the research provide a way forward for regional aged-care healthcare providers who look to respond to calls for innovative approaches to aged-care workforce training from Australian Government enquiries.

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Appendices

Appendix 1: Research ethics application approval

MONASH University

Monash University Human Research Ethics Committee (MUHREC)
Research Office

Human Ethics Certificate of Approval

This is to certify that the project below was considered by the Monash University Human Research Ethics Committee. The Committee was satisfied that the proposal meets the requirements of the *National Statement on Ethical Conduct in Human Research* and has granted approval.

Project Number:	CF13/3065 - 2013001657	
Project Title:	Flexible and responsive: the clinical educator in a regional healthcare environment	
Chief Investigator:	Prof Judith Walker	
Approved:	**From:** 29 October 2013	**To:** 29 October 2018

Terms of approval - ***Failure to comply with the terms below is in breach of your approval and the Australian Code for the Responsible Conduct of Research.***

1. The Chief investigator is responsible for ensuring that permission letters are obtained, if relevant, before any data collection can occur at the specified organisation.
2. Approval is only valid whilst you hold a position at Monash University.
3. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval and to ensure the project is conducted as approved by MUHREC.
4. You should notify MUHREC immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.
5. The Explanatory Statement must be on Monash University letterhead and the Monash University complaints clause must include your project number.
6. **Amendments to the approved project (including changes in personnel):** Require the submission of a Request for Amendment form to MUHREC and must not begin without written approval from MUHREC. Substantial variations may require a new application.
7. **Future correspondence:** Please quote the project number and project title above in any further correspondence.
8. **Annual reports:** Continued approval of this project is dependent on the submission of an Annual Report. This is determined by the date of your letter of approval.
9. **Final report:** A Final Report should be provided at the conclusion of the project. MUHREC should be notified if the project is discontinued before the expected date of completion.
10. **Monitoring:** Projects may be subject to an audit or any other form of monitoring by MUHREC at any time.
11. **Retention and storage of data:** The Chief Investigator is responsible for the storage and retention of original data pertaining to a project for a minimum period of five years.

[redacted]

Professor Nip Thomson
Chair, MUHREC

cc: Ms Fiona McCook, Dr Natalie Radomski

[redacted]

ABN 12 377 614 012 CRICOS Provider #00008C

Appendix 2: RRACF preceptor development PAR project proposal

Introduction

The residential section of RRACF Aged Care Village currently has no trained personal care workers (PCW) preceptors to work with first year nursing students on placement. The Village management would like to introduce a preceptor training program for suitable PCWs to help ensure that future nursing students will go away with a positive experience of aged care and may consider a career in the sector as a rewarding and exciting undertaking. Currently many students see aged care as a less than desirable sector in which to work. Therefore, ensuring that their experience while at RRACF is one from which they benefit and enjoy is vital if attitudes are to change.

Currently personal care workers (PCWs) make up a sizeable proportion of the care staff at RRACF residential Care Village so that when first year nursing students come to RRACF on a placement they are working mainly with PCWs. During holiday periods some students are employed as PCWs themselves and so have the opportunity to learn about caring for elderly residents and to develop skills that will increase their likelihood of employment when they finish their training. The PCWs with whom they work may have extensive experience in aged care together with good knowledge and skills of their care role; however, they may not have learned the theory behind what is happening. Essentially they are very task focussed. This means that while the PCWs are able to demonstrate how they carry out their tasks they cannot always explain why these tasks must be done in a certain way, what the consequences will be if things are not performed correctly or the significance of certain behaviours in residents.

Goal

The main goal in undertaking this project is to co-develop, with RRACF Village staff, the precepting skills of a group of Personal care workers (PCWs) who work with 1st year nursing students undertaking placements/work experience at RRACF.

Anticipated Learning Improvement

The facilitator/ researcher will collaborate with all relevant RRACF Village stakeholders (including PCWs) in developing an approach/a program to prepare Personal care worker (PCWs) for their role in promoting effective learning among year 1 nursing students on placement at the Village.

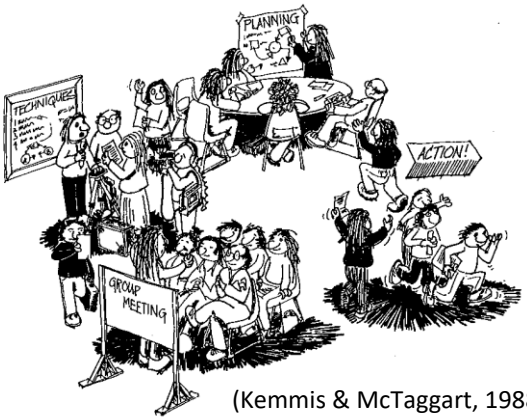
Participants will…

a. explore the way they communicate and work in their role as PCWs – this may include language used and knowledge considered important to do the job well
b. collect and share information and understanding of their current teaching practices when working with students
c. identify possible areas where first year student nurses can be assisted in learning about care-giving in aged care
d. develop appropriate teaching and learning strategies to support student nurses through their placement experience
e. develop an orientation program that sets up a positive learning experience in an aged-care setting

f. It is anticipated that the resulting model of PCW preceptor education would be a model on which other aged care environments could develop their own in-house program.

Action Research

This project is a participatory action research undertaking where I (Fiona) will be participating in the action and associated research with and not on those participating. The intention of PARas articulated by (Kemmis, 2009) is to change practices, people's understandings of their practices, and the conditions under which they practice. (p. 464) and would appear to be an appropriate choice of approach.



(Kemmis & McTaggart, 1988)

Figure 8 is an outline of a preparatory cycle of action that participants in the project would be part of. It should be noted that all activities are negotiated so what appears here is the 'ideal' which in practice may not eventuate. The cycle:

1. Provides an opportunity to explore their practices systematically;
2. Come to an initial diagnosis – shared information and understandings – share possibilities about how to go about things;
3. Identification of concerns that can be explored further in the first action cycle.

Because the PCWs have little or no experience of teaching, there may also need to be regular sessions of professional development.

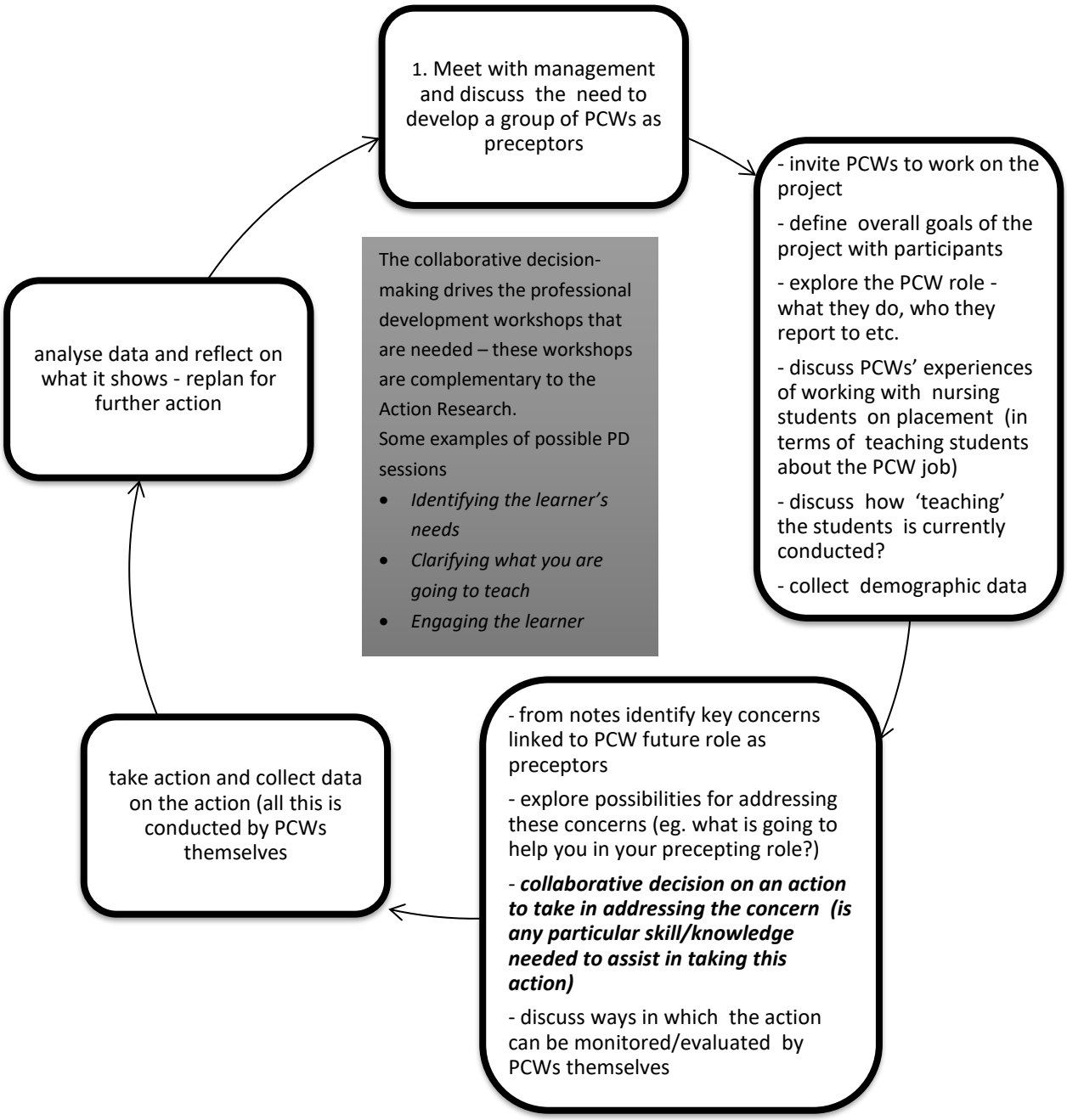


Table 10-1 Preparatory PARCycle and Preceptor Development

Assumptions

- All participants already have a range of practical skills and knowledge in aged care work
- All participants are motivated to enhance their role by undertaking educational responsibilities
- All participants are capable of making decisions about their own learning needs

Potential Professional Development Program

Currently student nurses are shown tasks by PCWs such as walking patients/clients, how to undertake observations, and laying out a body when a resident passes away. All these tasks provide potential learning opportunities for the student nurses: developing PCW s' precepting skills so they can exploit these experiences and so assist students in developing practical skills and knowledge contributes to ensuring the placement is a rich and rewarding experience. Support for PCW preceptors, where the need is identified, may include professional development sessions focussing on teaching in the workplace and may include sessions on

- Creating a learning environment
- Planning teaching
- Integrating teaching opportunities into day-to-day work activities
- Identifying learners' needs
- Checking understanding

(Radomski & Harvey, 2013)

Benefits to Personal care workers

The benefits to PCWs of a preceptor development and action research program is that participating

assists PCWs in recognising the range of skills and knowledge that they already have

encourages PCWs to look critically at what they do:

- Why are they doing this task?
- Why is this task important?
- Why does it need to be done this way?
- enables PCWs to understand what is expected of students
- supports PCWs in identifying 'teachable' moments or learning opportunities for students
- eg. Why was eating the pikelet such a significant experience for this man?
- enables PCWs to assist nursing students in learning how to manage residents
- enables PCWs to ask questions of students that make them think – critical thinking – hypothetical situations, so for example, if a patient present with delirium, what would you do?
- encourages PCWs to role-model best practice (Emphasis is on safety - NO <u>SHORTCUTS)</u>
- gives PCWs the opportunity to influence a future generation of caregivers and nurses to consider a career in aged care

Data Collection

In order to develop understandings of context, practices and then the impact of any actions taken, it is important to collect data. However, the method of collection used will very much depend on whether participants give their consent and whether they are prepared to also collect data. The possibilities are:

Field Note/Audio Recordings

At the discussions and planning sessions and with the participants' consent, the student researcher (F McCook) would either digitally record or take notes on the process. These would then be transcribed and summarised, the key themes or ideas identified and then presented to all participants to discuss at the subsequent meeting.

Observations

Again, if all participants and management were agreeable it would be beneficial to observe PCWs undertaking normal daily tasks (if this was possible, I would need to submit amendments to my ethics application) and at a later time, working with student nurses when they are at RRACF on placement.

Semi-structured Interviews/Focus Group

I would also like to be able to conduct 1-2 semi-structured interviews with individual participants and/or a focus group discussion to explore their reactions to and learnings from the undertaking. These would be in addition to the discussions and planning sessions and would take approximately 40 minutes to one hour.

Logs/Diaries/online posts

If PCWs have internet access it would be possible to set up a secure site for discussions, questions and comments as well as for the distribution of meeting notes.

Support needed

A space will be needed for all group gatherings and for any focus groups or interviews that are conducted. No desk space, telephone or internet facilities are needed.

Length of time in the Organisation

At this stage, I would anticipate being at RRACF for two semesters as first year nursing students do not undertake their placements until the second semester. The first semester could focus on preceptor development: exploring the workplace as a potential learning environment, understanding teaching and learning and identifying opportunities for active learning. The second semester would focus on evaluating the impact of preceptor development on their interactions with first year student nurses.

Potential benefits to RRACF

There are a number of potential benefits to the organisation in participating in this project.

- RRACF personal care workers have the opportunity to take an active role in their development as preceptors by undertaking research and applying what they learn
- Enables preceptors to develop, through exploration and analysis, an informed understanding of the educational issues that face them in precepting nursing students on placement
- Enables preceptors to build their own learning environment
- By working collaboratively, preceptors are able to share their knowledge and experience in formulating solutions to address these issues
- Builds a group of practitioners who have the skills and knowledge to pass on to their peers and potentially act as an advisory group in matters pertaining to preceptor education.
- Creates a culture of collaboration and innovation in educational undertakings
- By providing a positive learning experience, PCW raise the likelihood of nursing students considering coming to work in the aged care sector.

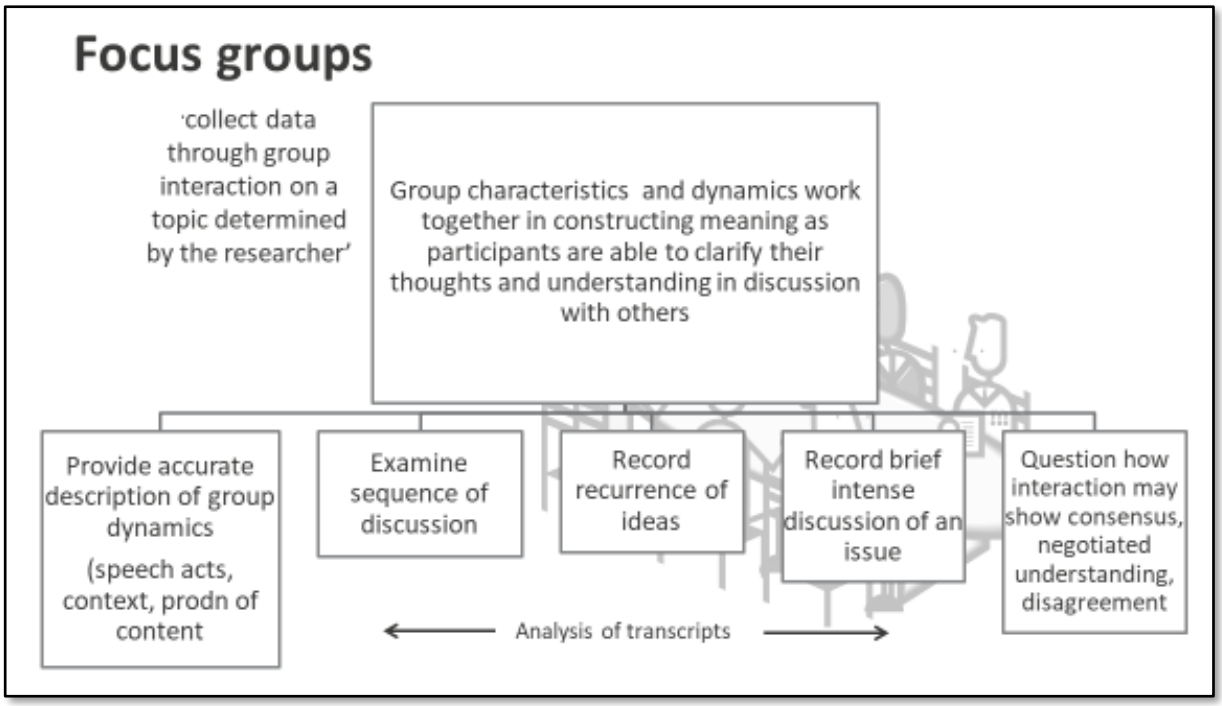
Appendix 3: Research framework alignment

Study objectives	Epistemological Assumptions	Methodology	Methods of data collection	Data Analysis	Knowledge representation	Criteria for Judging the Quality of the Inquiry
1. develop collaboratively a responsive approach to preceptor pedagogical education in a regional aged-care context **2. enable regional aged-care preceptors to analyse and respond to their own pedagogical concerns** **3. make recommendations for future professional development/continuing professional learning (CPL) programs tasked with pedagogical reform in the regional aged-care sector**	social constructionism (knowledge is socially constructed)	Participatory action research those participating participate fully and are co-creators of the body of knowledge produced)	Mainly qualitative methods of data collection • Focus group/meetings to emphasise interaction among members of the group Documentary data • Participant generated artefacts • Demographic survey • Researcher reflective diary	Inductive Focus group analysis -Mainly sequences of data showing interaction -coding into categories Documentary analysis	Interpretive description	• epistemological integrity • representative credibility • analytic logic • interpretive authority

Appendix 4: Data collection instruments and schedule

	Dec	Jan	Feb	Mar	Apr	May	J	Jul	A	Sep	Oct	N	Dec	Jan
	2013	2014												2015
Data collection instruments														
Primary data														
Meetings/focus groups (inc. meetings with management														
Artefacts produced by preceptors	Produced throughout the study and included charts, timetables, graphic representations of ideas being discussed, evaluation questionnaire													
Secondary data														
Demographic survey														
Informal interviews with preceptors														
Facilitator's teaching resources														
Peripheral data														
Meetings with students on placement														
Shift observation														
Documentary material														
Researcher reflective diary														

Appendix 5: Focus groups



Appendix 6: Simplified transcription symbols

Symbol	Example	Meaning
[	F1: cheat sheets 'cause I haven't [seen any F2: [only since I started	left brackets indicate the point at which a speaker's talk is overlapped by another's talk
=	F1: But that's normal = F2: =If she shouldn't win she doesn't win	Equal signs, one at the end of a line and one at the beginning, indicate no gap between the two lines
(.)	F1: I just (.) 'cause she was standing there	A dot in parentheses indicates a small gap of time
( )	F1: And you wonder where ( ) gets it from	Empty parentheses indicate inability to hear what was said
(( ))	F1: ((mumbling)) and let's not leave	Double parentheses contain researcher's descriptions rather than transcriptions
… (ellipsis)	Rosemary: = Yeah that sounds good … Fiona: Can I just ask how you're going to record what their	Speech omitted – superfluous to the exchange

(Silverman, 1993 p.118)

Appendix 7: Preceptor demographic questionnaire

The questions in this survey are to help me (Fiona) find out whether you have had any teaching/supervising experience and what type of experience you have had. This information will be used to help us develop a suitable preceptor education program for RRACF Village staff. (You will be part of the team that develops this program, if you are happy to be involved.)

General

1. What is your gender? *(Please circle your choice)*

   Male Female

2. What is your profession/occupation? *(Please circle your choice)*

   registered nurse enrolled nurse personal care worker administrator

3. How long have you been working in this profession/occupation?

4. How long have you worked with this service provider (RRACF)?

5. How far do you travel to work? (Please circle your choice)

less than 5kms 5-10kms 11-15kms 16-20kms more than 20kms

Teaching/Precepting/Supervising Experience

6. Do you currently teach/precept/supervise students who are on a placement? *(Please circle your choice)*

   Yes No

7. How many years of experience in teaching/precepting or supervising students do you have in your current role?

8. Have you had any experience in teaching/precepting or supervising student/s in other workplaces?

   Yes No

9. If you can remember, approximately how many students have you taught while working with this service provider (RRACF)?
10. Do you usually (most of the time) teach students…? (Please circle your choice)

Individually

In pairs

In small groups

11. Do you have any teaching qualifications? (Please circle your choice)

Yes No

12. If you have teaching qualifications, please name them.

13. What types of professional development programs, focussed on developing teaching skills/knowledge, have you attended which did not lead to a qualification? *(Please circle those that apply and describe what they were about)*

a. Seminar _____ _____ _____
b. Workshop _____ _____
c. Lecture/presentation _____ _____
d. On-line webinar _____ _____
e. On-line tuition package _____ _____
f. Conference/symposium _____ _____
g. None

14. What support do you receive in your current teaching/precepting/supervision role? Please explain.

Interests

15. What aspects of your teaching/precepting supervision practice would you like to develop or are interested in?

Thank you very much for your time and thoughts

Appendix 8: Documentary data

Document	Author/Authority	Purpose	Analysis Focus
National			
Senate inquiry on the future of Australia's aged care sector workforce (2016)	Aged & Community Services Australia		To contextualise the study - the current situation of the aged-care workforce – provided statistics
Stocktake and analysis of commonwealth funded aged care workforce activities: Final report (2015)	Department of Social Services		Regional, rural and remote access to services Workforce training, education and upskilling status Recruitment and retention of workers
National Competency Standards for the Enrolled Nurse (2002) **NB. Apr 2012: Nursing and Midwifery Board Australia advertised for people to review the Enrolled Nurse Competency Standards.** **http://www.nursingmidwiferyboard.gov.au/News/2012-04-20-Competency.aspx**	Australian Nursing and Midwifery Council	Outlines competency standards that are an integral component of the regulatory framework • to assist nurses and midwives to deliver safe and competent care • by which performance may be assessed to retain a license to practice as an enrolled nurse in Australia	Competencies pertaining to teaching/learning/supervising in the workplace
National Competency Standards **for the Registered Nurse (2006)**	Nursing and Midwifery Board of Australia	• To help nurses and midwives deliver safe and competent care. • To outline core competency standards by which performance is assessed to obtain and retain registration as a registered nurse in Australia.	Competencies pertaining to teaching/learning/supervising in the workplace
National guidelines for clinical placement agreements (2013)	Health Workforce Australia	These guidelines focus on the key common elements needed to assist stakeholders to develop useful and successful clinical placement agreements that	Pedagogical responsibilities of clinical trainers Student learning requirements

		• Define the roles and responsibilities of those involved in a clinical placement
		• Ensure patient-client care and safety are overriding considerations
		• Respect the confidentiality and privacy of patients-clients and others involved in a clinical placement
		• Support students undertaking clinical placements
		• Facilitate achievement of placement learning objectives
		• Establish necessary administrative and operational arrangements and requirements, including:
		  ○ administration and governance
		  ○ insurance and indemnity
		  ○ pre-placement conditions for students
		  ○ applicable employment and workplace policies and procedures
			learning objectives

National Guidelines for Clinical Placement Agreements (2011) **(applies across health sector** **education and training continuum inclusive of the vocational education and training (VET) sector, professional entry level to postgraduate students and vocational trainees in medicine, nursing and midwifery, dental and allied health)**	Health Workforce Australia	• To provide an overarching structure to link all projects • within the CSSP, so that consistent planning methodologies can be applied to each project • to reinforce the importance of the teaching and learning culture in the health sector, including support for inter-professional practice and collaboration • to provide a platform for dialogue across professions, jurisdictions and educational institutions • to facilitate a common understanding of the terminology used by HWA for clinical education and training within the health sector	How the teaching and learning culture is envisaged– and the underpinning pedagogical assumptions
National Clinical Supervision Competency Resource: Validation Edition (2013)	Health Workforce Australia	• Support clinical supervision across all locations and healthcare provider disciplines. • Establish a consistent and transparent approach to the provision of quality clinical supervision. • Provide a benchmark against which organisations can assess investments in clinical supervision training. • Provide a benchmark for clinical supervision performance. • Provide the basis for the development of self-assessment tools to enable supervisors to identify training needs and to confirm and/or further develop competency.	Contextual data

		• Provide for greater uniformity in the content and quality of clinical supervisor competency. • Provide clarity to the organisation, deployment and management of clinical supervision resources. • Promote interprofessional team learning of clinical competencies. • Foster a reflective approach to personal and professional practice.	
Training for Aged and Community Care in Australia (2013)	Australian Skills Quality Authority	To examine the efficacy of the current provision of training for aged and community care workers and to advise how this training can be improved	Data on how cert 3 students are currently prepared for aged-care work
Workplace Training practices in the Residential Aged Care Sector (2005)	National Centre for Vocational Education Research	To provide information to improve access for personal care workers to accredited vocational education and training	Contextual data
The Aged-care Workforce: Final Report (2012)	Australian Government: Department of Health and Ageing	To provide detailed information about the workforce that delivers aged care to old Australians in both residential and community care	Background info on aged-care workers – who will potentially be part of this study
Caring for Older Australians (2011)	Australian Government: Productivity Commission	To develop detailed options for redesigning Australia's aged care system to ensure it can meet the challenges facing it in coming decades	Contextual data
State			
Clinical Placements in Victoria: Establishing a Statewide Approach (2007)	Victorian Department of Human Services	• To articulate a broad strategy to promote an integrated approach that encourages best use of available resources, stimulates innovation, and facilitates more effective planning and funding of clinical placements required to meet these challenges • to develop a framework that recognises that the issues and drivers impacting upon delivery of clinical placements in this state are many and varied and draws these together to present a plan for future action	To ascertain how current study aligns with state policy directives Examine discourse around clinical placements

Victoria's strategic plan for clinical placements 2012–2015 Well placed. Well prepared. (2011)	Victorian Department of Health	identifies a vision, expected outcomes, strategic priorities and actions to be completed over the next four years, to ensure Victoria remains at the forefront of clinical education and training innovation nationally and Victorian communities continue to experience high-quality healthcare, no matter where they live or in which settings they receive healthcare	To ascertain how current study aligns with state policy directives Examine discourse around clinical placements
		Residential Aged Care Village	
Aged-care Village Student/Volunteer Handbook (2012)	Aged-care Village	No specific purpose stated • Village policies and procedures • history of the facility • OHS requirements • Behaviour and dress codes • Organisational structure	background information about the working environment
		Education Providers	
Overview of Units in Aged Care/HACC Course (2014)	Gippsland Education and Skills Training	Provides a very brief description of the topics that make up the Certificate 3 in Aged Care	

Appendix 9: Word frequency queries (NVivo)

1. Preceptor meeting 8 transcript

Word	Length	Count	Weighted Percentage	Similar Words
think	5	98	2.00	think, thinking
just	4	97	1.98	just
like	4	90	1.83	like, liked, likely
students	8	83	1.69	student, students, students'
know	4	82	1.67	know, knowing, knows
got	3	70	1.43	got
get	3	58	1.18	get, getting
going	5	57	1.16	going
one	3	57	1.16	one, ones
well	4	56	1.14	well
come	4	52	1.06	come, comes, coming
day	3	51	1.04	day, days
want	4	45	0.92	want, wanted, wanting, wants
see	3	42	0.86	see

2. RRACF student placement information booklet

Word	Length	Count	Weighted Percentage	Similar Words
student	7	33	7.33	student, students
placement	9	15	3.33	placement
care	4	12	2.67	care
organisation	12	9	2.00	organisation
training	8	9	2.00	training
registered	10	8	1.78	registered
aged	4	7	1.56	aged
must	4	7	1.56	must
service	7	6	1.33	service, services
experience	10	5	1.11	experience
mentor	6	5	1.11	mentor
organization	12	5	1.11	organization, organized
providing	9	5	1.11	provide, provided, providing
work	4	5	1.11	work

Appendix 10: Starter questions for interpreting the data

Language and Discourse

- What evidence is there that you are stimulating changes in people's understandings or agreements about precepting and student placements?
- What ways of thinking about precepting and student placements are you encouraging?
- Is there any evidence that agreements about ideas are spreading?
- What evidence is there of changes in the way that people use language to describe what they do, explain it or justify it?
- What evidence are you able to collect that some changes are being accepted?
- Can you find evidence of language use varying in terms of the roles of the speakers and the listeners in educational contexts?

Activities and Practices

- Are the activities you observe among students educational? What makes them educational? What evidence do you have to support your view?
- What interactions do you observe between preceptors or staff, students and residents? Are these interactions different from what they used to be? How would you interpret these differences if there are any?
- Is there any evidence that some educational activities are being accepted and established and others are being discontinued?
- Are there any struggles between people when undertaking educational activities?
- Can you find evidence that new activities around teaching and learning are being incorporated into the organisation of the village?

Social relationships and forms of organisation

- What changes have there been in the people taking different roles in educational situations?
- What data shows that organisational structures, routines and procedures concerned with education are changing?
- What evidence is there of competition over resources and rewards?
- Can you collect data to show that there is a different pattern of relationships of collaboration, cooperation, consultation, command or coercion control and resistance?
- Can you find evidence to demonstrate that the way people relate to each other is changing?
- Are there any mismatches in the ways people relate and what they say about how they should relate in the educational process? What evidence do you have?

Appendix 11: Questions addressed to preceptors

Personal Experiences

1. How would you describe your experience as a participant on the preceptor program?
2. What educational change have you helped to introduce during the time you have been on this program?
3. Do you think working collaboratively has contributed to your understanding of teaching and learning?

   Prompts:

   - *What sorts of things have you learned? or why not helpful for learning*
   - *What helped you to learn/develop new understandings?*
   - *Has your involvement changed your practice as a preceptor in any way?*
   - *Would you have a specific example of how your practice has changed?*

4. Could you tell me about any constraints or challenges you may have encountered in helping students to learn?

Workplace context

5. Has the way that you precept/mentor students on placement changed? How? Why?
   Prompt:
   - *Do you think you have helped or influenced others to change the way they relate to students*?

Regional context

6. How does working in a regional context impact on your practice as a preceptor?
7. In your experience, what are the unique features of a regional aged-care facility placement?
   Prompt:
   - *Are there any unique learning and teaching opportunities or challenges?*
8. Can you make any suggestions for other learning activities at this village that might help students achieve their learning goals?

Appendix 12: Questions addressed to students

1. What were your first thoughts about undertaking a placement in an aged-care facility?
2. What did you find you really needed to know to learn and work confidently on this placement?
3. Could you tell me about your preceptor supervision experiences?

   Prompts
   - What did you do and see that helped you to learn?
   - Could you share an example of a teaching experience that helped your learning during your placement?
4. Did your placement meet all your learning expectations? Why, Why not?
5. Have you noticed any special learning and teaching opportunities in the village that could be more explicitly built into placement for future students?
6. Overall, what is the thing that is most memorable about your placement?

Appendix 13: Preceptor artefacts

Preceptors want to…

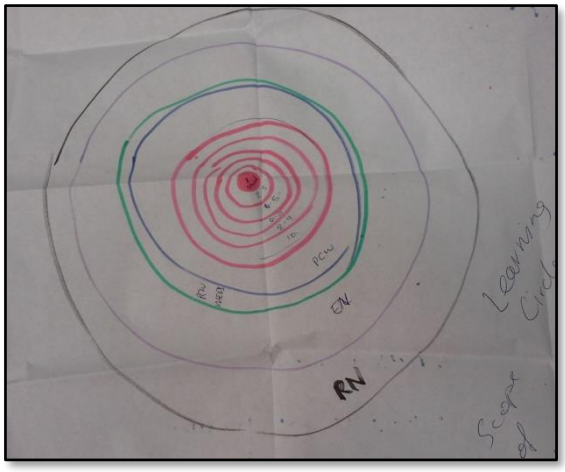
1. Develop a placement program to educate/guide students & to make sure students can practice safely within their range of competence. The program needs to benefit RRACF, students, residents, residents' carers and families
    - Ensure the placement program helps students to understand why it is important to do tasks properly
    - Develop a good orientation/induction session to identify students who are capable and interested in aged care
2. Be recognised for taking on the role of preceptor

Orientation program

Welcome
Intro to person-centred care
RRACF
- Who we are
- Organisational structure
Morning tea
Expectations of the job
Student scope of practice
Lunch
Hazard identification
Meet the staff
Meet a resident
Timetables and rosters

Preceptors should…

-know something about the students' backgrounds
-care about students
-respect each student's individuality
-not be intimidating
-be approachable
-be encouraging
-use their own past experiences to show students how they have reflected on these experiences and learned from them
-focus on learning and not just on getting the task done



The placement program…

- should not to be too intense – has to be within the scope of the student
- needs to consider suitability of students to staff member
- should monitor students while they are in the workplace - have someone go with the student to assess them

Orientation Day	Week 1	Week 2	Week 3	Week 4
Expectations of job feeding showers beds transfers communication hazard identification questions list (to be made	Care plans/understanding; basic beds; basic shower	Full Ward Test (FWT)	Documentation; transfers	All of what has been learned in the previous 3 weeks and completion of study units set out by RRACF
	Assessment	Assessment	Assessment	Assessment

Appendix 14: Sample lesson plan

Suggested plan for Thursday 13 February

Time: 11.30 – 12.00

Theme	Teaching/Learning Activity
vet my field notes and to add, delete of modify anything that needs it	discussion
complete a questionnaire about teaching experience	
What are your expectations for this preceptor training?	discussion
A brief introduction to Action Research	PPT Slides
Explore ideas about learning What is effective learning? " If I walked into the area where you were teaching a student to make a bed what would I see and hear?"	 Each preceptor to write a definition on a 'post-it' sticky note discussion
Explore commonly-used terms in talking about learning • understand • competency • training • curriculum • placement	discussion
DVD: Understanding Understanding	short clip – what does it say about learning? diagram
Look back at field notes…identify what you think are the key themes/ learning issues	How are you going to collect information/data to find out more about the situation?

Needed

- post-it notes
- highlighter pens
- projector
- DVD
- notebooks
- copies of field notes

Appendix 15: Evaluation of student experience questionnaire

Q1 Has your placement at RRACF provided you with the learning experiences you expected? (*Circle your answer*)

- Yes
- No

Q2 If you answered No for question 1, what did you expect to learn but did not have the opportunity to do so?

Q3 What was the best experience you had on your placement?

Q4 What was the worst experience you had on your placement?

Q5 What was the most difficult part of the placement?

Q6 What was the most confronting part of the placement?

Q7 How do you feel you were received as a student by staff at RRACF?

Q8 What part of your placement experience would you change?

Q9 What do you feel you could contribute to aged care if you were employed in an aged-care facility?

Q10 Do you feel you have a connection with older people? (*Circle your answer*)

- Yes
- No

Q11 Why do you feel you do/do not have a connection with older people?

Q12 Thinking about your learning, how do you feel you have gone on your placement at RRACF?

Thank you very much for completing this survey

Appendix 16: Media reports

Research partners create critical change

The story behind a Participatory Action Research (PAR) process underway with School of Rural Health MUDRIH researcher Fiona McCook and RRACF Aged Care Services has been described by both parties as "serendipitous".

The collaboration, which began in February and evolved from opportune "connections and conversations," has certainly proved to be mutually beneficial.

Last year, as the newly appointed Clinical Manager at RRACF, Margaret, identified gaps in the way the service mentored and supervised students and in the strength of its partnerships with Registered Training Organisations (RTOs).

With the support of CEO/DOC Jen, Margaret was able to pursue options to develop and enhance the program at RRACF

At around the same time Fiona was considering how to approach her PhD and, with a background in teaching, was keen to explore an opportunity in PAR.

"I've always been interested in working with people and I have never been one to sit in an ivory tower," Fiona said, of her attitude to research.

"I was looking for something I could sink my teeth into so when the opportunity arose to work with this preceptor group (at RRACF) to develop their teaching practice – and understanding of their teaching practice – in order to create change, I jumped at it."

Margaret shares Fiona's passion for creating quality learning environments. "I'm not an academic though so it took me a little while to understand what we were going to enter into with Fiona but the feedback already, after nine sessions, has been so positive," she said.

That feedback, from both staff and students, indicates the learning sessions – and the changes which have arisen from them – are lifting staff morale, transforming RRACF's workplace culture, enriching students' experiences and, ultimately, laying the foundations for a higher quality of care.

The process has been genuinely collaborative. "RRACF preceptors developed their own objectives for the preceptor training and for the student placement program," said Fiona, "this was all done by the team."

The learning sessions, facilitated by Fiona and involving RRACF's leadership team, took on "a life of their own, which is exactly how I hoped it would go," she said.

The outcomes, evident already, are testament to the enthusiasm with which staff embraced the opportunity to involve themselves in the process, according to Margaret.

"There has been a real flow-on effect, with team leaders letting their people know 'this is what we now expect in our unit' and they have met no resistance at all," she said.

Critical to the change process underway at RRACF has been an increased level of collaboration with their RTO's, GEST and TAFE, whose students undertake placements at the aged care hostel.

As part of a shared commitment to improving student experiences, both organisations have "come on board" and Margaret said she hoped for the same level of co-operation next year when Federation Training students commence placements at RRACF.

Key initiatives to stem from the PAR process have included enhancing the orientation process for students and ensuring reflections and feedback in students' competency books are more comprehensive. This has also helped Gippsland Employment Skills Training (GEST) and TAFE teachers to better track students' progress from each rotation.

"Each team leader now provides a constructive report to students at the end of their rotation in that unit, providing feedback on what a student might need to address and how they can do that, to ensure things are being done correctly," said Roster Coordinator Emily.

Margaret said this process also provided valuable insights into the most effective ways to teach students.

Additional components have also been built into RRACF's orientation procedures. "Team leaders now talk to students about their own journeys and students come in to have this orientation before their placement begins," said Margaret. "We have also revamped our orientation folder for the next round of students."

Emily said all of the changes evolving from the PAR process had collectively served to boost morale.

"Instead of there being a sense of 'here we go again' before placements commence, the culture has really shifted," she said. "The supervision is better; the debriefings are more regular…this is seen as an opportunity now and the staff are taking pride in the process."

Margaret said that sort of change was crucial to promoting aged care as a career path, respecting the complex responsibilities inherent in aged care and helping to develop a bank of good students for future recruitment.

For Fiona, the learning journey has been reciprocal.

"This has been a complete eye opener for me, to see what a fantastic job the people here do, and their commitment and passion," she said. "What has emerged for me also is how much they can do all of this themselves – the skills and knowledge are there, it has just been about raising awareness of teaching and learning issues and building confidence in their ability to create an effective learning environment."

Appendix 17: Preceptor consent form

MONASH University

CONSENT FORM

Project: Flexible and responsive: The clinical educator in a regional healthcare environment

Chief Investigator: Professor Judi Walker
Co-investigator: Dr Natalie Radomski
Student: Fiona McCook

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
Audio recording and note taking during planning meetings	☐	☐
Audio recording and note taking during the interview / focus group	☐	☐
Taking part in a focus group of up to 10 people	☐	☐
Audio recording/note taking of discussions where I am asked to reflect on my teaching and learning experiences	☐	☐
The use of my teaching plan or related items for discussion and analysis	☐	☐
The data that I provide during this research may be used by Fiona McCook in future research projects.	☐	☐

Name of Participant _____

Participant Signature _____ Date _____

Appendix 18: Student consent form

CONSENT FORM FOR STUDENTS

Project: Flexible and responsive: The clinical educator in a regional healthcare environment

Chief Investigator: Professor Judi Walker
Co-investigator: Dr Natalie Radomski
Student: Fiona McCook

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

I consent to the following:	Yes	No
Audio recording and note taking during the group interview	☐	☐
The data that I provide during this research may be used by Fiona McCook in future research projects.	☐	☐

Name of Participant _____

Participant Signature _____ Date _____

Appendix 19: Preceptor plain language statement

MONASH University

EXPLANATORY STATEMENT: PLAIN LANGUAGE

Project: Flexible and responsive: The clinical educator in a regional healthcare environment

Chief investigator's name

Professor Judi Walker

of Monash University School of Rural Health

[redacted]

Student's name

Fiona McCook

of Monash University School of Rural Health

[redacted]

Co-investigator

Dr Natalie Radomski

of Monash University School of Rural Health

[redacted]

As a clinical educator or someone involved in the education of students on clinical placement in a Gippsland healthcare organisation, you are invited to take part in this project 'Flexible and Responsive: the clinical educator in a regional healthcare environment' conducted by Fiona McCook from the Monash University School of Rural Health. Please read this Explanatory Statement in full before deciding whether or not you want to take part in this research. If you would like further information about any part of this project, please contact the researchers via the phone numbers or email addresses listed above.

I (Fiona McCook) am a PhD candidate with the School of Rural Health, Monash University, under the supervision of Professor Judi Walker and Dr Natalie Radomski. I am researching the preparation of regional clinical educators to teach undergraduate and postgraduate students on placement in regional areas. The aims of this research are to

- explore how clinical educators are prepared for their role (supervision, preceptorship) teaching students on placement in Gippsland

- for you and the researcher, to identify a matter in your teaching practice you wish to develop
- together, develop a plan to investigate area of interest that you have highlighted
- work with you to develop the skills to analyse and respond to your own clinical teaching questions and concerns
- make recommendations, based on what you learn, for future professional development/continuing professional learning (CPL) programs concerned with teaching

I am interested in how I can support you in your role as clinical teachers in Gippsland so that you are able to develop skills and knowledge as an educator which are meaningful and useful for you.

You can choose whether you wish to be part of this research. You will only be included if you give me your verbal and written consent. If you decide to participate and then change your mind, you may withdraw from the project at any time without giving a reason. Those who elect to be involved will be asked to participate in activities and tasks such as

- Completing an anonymous questionnaire to collect information about your teaching experience and qualifications. Please note that once you submit an anonymous questionnaire it will not be possible to withdraw it

- Attending planning meetings of 2 - 3 hours, where, with your agreement, I may observe or audio-tape you. I am only interested in the way you talk about teaching and learning issues. You may ask for the recording to be stopped, erased or edited at any time during the meetings. I will give you a copy of the transcript of all recordings which you can review and/or edit.

- Taking part in 1-2 interviews and/or focus groups of 1–2 hours which, if you agree, I will record. I am interested only in your thoughts on and learning and of your experiences taking part in the project. You may ask for the recording to be stopped, erased or edited at any time during the interviews. I will give you a copy of the transcript of recordings which you can review and/or edit.

- Participating in some form of reflective activities: these could include a general discussion or a log, which if you agree, we can analyse together to identify changes in language or understandings about clinical teaching

- Trialling a teaching/ learning activity in your workplace

I hope that by taking part in these activities you will develop some new ideas about teaching that you may wish to try when working with students.

I do not expect there to be any risks for you in taking part in this project. All information you provide will be confidential. When I write up the research, I will remove identifying details: I will not use your

real names and will change any information that could identify you. All information and data collected will be stored for at least 5 years in a locked filing cabinet in my office or on a password protected computer which only I can access.

Once the project is completed, I may use some of the information for articles in academic journals or reports. I will remove all identifying details.

The results of the study will be available to you as a summary of the findings and a report to RRACF Village. All identifying details will be removed. To request the summary, you can contact me at either [redacted](work).

If you have any concerns or complaints about the way the project is run, you are welcome to contact the Executive Officer, Monash University Human Research Ethics (MUHREC):

Executive Officer
Monash University Human Research Ethics Committee (MUHREC)
[redacted]

Thank you,

[redacted]

Fiona McCook

PhD Candidate
Monash University School of Rural Health

Appendix 20: Student plain language statement

MONASH University

EXPLANATORY STATEMENT FOR STUDENTS

Project: Flexible and responsive: The clinical educator in a regional healthcare environment

Chief investigator's name
Professor Judi Walker
of Monash University School of Rural Health
[redacted]

Student's name
Fiona McCook
of Monash University School of Rural Health
[redacted]

Co-investigator
Dr Natalie Radomski
of Monash University School of Rural Health
[redacted]

As a student on clinical placement in a Gippsland healthcare organisation, you are invited to take part in this project 'Flexible and Responsive: the clinical educator in a regional healthcare environment' conducted by Fiona McCook from the Monash University School of Rural Health. Please read this Explanatory Statement in full before deciding whether or not to participate in this research.

I (Fiona McCook) am a PhD candidate with the School of Rural Health, Monash University, under the supervision of Professor Judi Walker and Dr Natalie Radomski. I am researching the preparation of regional clinical teachers to teach you, the undergraduate and postgraduate students on placement in regional areas. The aims of this research are

- to explore how clinical teachers are prepared for their role (supervision, preceptorship) teaching students on placement in Gippsland
- for clinical educators, in collaboration with the researcher, to identify an issue in their teaching practice that they wish to address
- to develop collaboratively an appropriate approach to addressing this issue
- to enable regional clinical educators to develop the skills to analyse and respond to clinical teaching questions and concerns
- for clinical educators to make recommendations, based on what they learn on this project, for future professional development/continuing professional learning (CPL) programs tasked with developing clinical teaching skills

The key research question which I hope to answer is 'How can I (Fiona), as an education professional working in a university rural health department, co-develop with clinical educators and others involved in the education of students on clinical placement, a flexible and responsive approach to regional clinical teacher education that recognises the uniqueness of the Gippsland regional practice context? Thus, I am interested in how I can support clinical educators in Gippsland so they are able to provide you, the student, with a positive and rewarding clinical experience.

Participation in this research is your choice so you will only be included if you give your verbal and written consent. If you decide to participate and then change your mind, you may withdraw from the project at any time without giving a reason. If you elect to be involved you will be asked to participate in a group interview of 45 minutes to an hour which, if you agree, will be recorded by the researcher. The focus of the interviews will be

- your learning experiences on placement
- the unique features of a regional placement

You may ask for the recording to be stopped, erased or edited at any time during the interview.

There are no foreseeable risks for you in undertaking this project. All information you provide will be confidential. When writing up the research as a PhD study, all identifying details will be removed: pseudonyms will be used to protect your identity and where the information used could potentially identify you, details will be altered. All information and data collected will be stored for at least 5 years in a locked filing cabinet in the researcher's office or on a password protected computer accessible only to the researcher.

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics (MUHREC):

Executive Officer
Monash University Human Research Ethics Committee (MUHREC)
[redacted]

Thank you,

[redacted]

Fiona McCook

PhD Candidate
Monash University School of Rural Health
[redacted]